Form 990	-T E	empt Organization (and proxy tax		siness Income der section 6033(rn	OMB No 1545-0047
	For cale	ndar year 2019 or other tax year begin		•		20	2019
Department of the Tr		► Go to www irs.gov/Form990					Open to Public Inspection for
Internal Revenue Sen		not enter SSN numbers on this form a					Open to Public Inspection for 501(c)(3) Organizations Only
A Check be address of		Name of organization (Check be	ox II nai	me changed and see instructions	5)		oyer identification number oyees' trust, see instructions)
B Exempt under s	ection	FRANCISCAN ALLIANCE	. TN	ıc.			
X 501(C)		Number, street, and room or suite no				35-1	330472
408(e)	or or						ated business activity code
408A	^{220(e)} Type _{530(a)}	1515 DRAGOON TRAIL				(See in	structions)
529(a)	- `	City or town, state or province, countr	y, and 2	ZIP or foreign postal code			
C Book value of all	l assets	MISHAWAKA, IN 46544				52	
at end of year		up exemption number (See instruct					
5673773		ck organization type 🕨 🐰 501			trust	401(a)	trust Other trust
H Enter the nu	mber of the orga	nization's unrelated trades or busine	sses			_	(or first) unrelated
	ness here $\triangleright A'$						e than one, describe the
		end of the previous sentence, cor	mplete	Parts I and II, complete a Se	chedule M for ear	ch addition	nai
	ness, then comple						<u> </u>
		corporation a subsidiary in an affili			ontrolled group?		▶ Yes X No
		identifying number of the parent co ACHARY LESH	rporation		e number ▶ 57	4-254-	-6268
		or Business Income		(A) Income	(B) Expen		(C) Net
		Dusiness income		(A) moonie	(b) Expen		(c) Net
	and allowances	c Balance ▶	10		-		
		ule A, line 7)	$\overline{}$				
-	•	2 from line 1c	3				
		ttach Schedule D)	4a	3,092,481.			3,092,481.
		Part II, line 17) (attach Form 4797)	4b	2,893,110.			2,893,110.
c Capital los	ss deduction for t	rusts	4c				
		r an S corporation (attach statement)	_5	-2,371,521.	ATCH 2		-2,371,521.
			6_				
	debt-financed in	come (Schedule E)	7				
	· ·	ents from a controlled organization (Schedule F)					
		1(c)(7), (9), or (17) organization (Schedule G)					
		ncome (Schedule I)	10				
		fule J)	11				
		ough 12		3,614,070.			3,614,070.
		Taken Elsewhere (See insti			eductions.) ([Deduction	
		ne unrelated business incom					,
14 Compens	ation of officers,	directors, and trustees (Schedule K)				14	
15 Salaries a	ind wages				. 	15	
16 Repairs a	nd maintenance			The state of the s	and the same of th	16	•
17 Bad debts				MECEIVE	4.21	17	
18 Interest (a	attach schedule)	(see instructions)		· m	121	18	
19 Taxes and	l licenses	(see instructions)		18 NOV 17 2020	J . \&	19	69,291.
20 Depreciat	ion (attach Form	4562)		· C 20			
		on Schedule A and elsewhere on re				21b	ļ
							
		compensation plans					-
	-	Schedule I)					
		chedule J)					
		chedule)					-
		s 14 through 27					69,291.
		le income before net operating					3,544,779.
		g loss arising in tax years beginning					
		e income Subtract line 30 from line	_		•		3,544,779.
		lotice, see instructions.					Form 990-T (2019)

	t III Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	Instructions)	32	4,	906,	075.
33	Amounts paid for disallowed fringes	33			
34	Charitable contributions (see instructions for limitation rules)	34			
5	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
	34 from the sum of lines 32 and 33	35	4,	906,	075.
6	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	Instructions)	36	4,	906,	075.
,	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			•
8	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38			
9	Unrelated business taxable income Subtract line 38 from line 37 If line 38 is greater than line 37,				
	enter the smaller of zero or line 37	39			0.
Par	t IV Tax Computation				
0	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
1	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on		ŀ		
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)	41	<u> </u>		
?	Proxy tax. See instructions	42	<u> </u>		
3	Alternative minimum tax (trusts only)	43			
ļ	Tax on Noncompliant Facility Income. See instructions				
5	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
ar	t V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)				
	Other credits (see instructions)				
	General business credit Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827),		1		
е	· · · · · · · · · · · · · · · · · · ·	46e			
•	Subtract line 46e from line 45	47			
3	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	48			
)	Total tax. Add lines 47 and 48 (see instructions)	49			0.
)	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
	Payments A 2018 overpayment credited to 2019				
	2019 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments Form 2439				
_	Form 4136 Other Total ▶ [51g]				2
2	Total payments Add lines 51a through 51g	52			2.
3	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	-		
4	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54_			
5	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			2.
6	Enter the amount of line 55 you want Credited to 2020 estimated tax >2. Refunded	56			
	tVI Statements Regarding Certain Activities and Other Information (see instructions	•			N.
7	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		-	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	-			
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	toreig	n country		
_	here ►SEE ATTACHMENT 20			X_	Х
В	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trus	t,	-	^
	If "Yes," see instructions for other forms the organization may have to file				
_				1 '	<u> </u>
i9	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	act of s	ny kaoulodao	and holi	- · · ·
	Under penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the buttue correct and complete. Peclaration of prenary (other than taxpaver) is based on all information of which prenary has any knowledge.	est of n	ny knowledge	and bel	ef, it is
Sigr	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the brune, correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	y the	IRS discuss	this r	etum
igr	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bittie, correct, and complete beclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge SR. Vias Pasiau- May with	y the	IRS discuss	this r	etum pelow
igr	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the brune, correct, and complete beclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May	y the	IRS discuss preparer sitions)?	this r	etum
igr ler	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the british correct, and complete beclaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May with Signature of officer Date D	y the n the instruct	IRS discuss preparer situons)? X Y	this r hown t	return pelow No
Sigr Here	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the british correct, and complete declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Signature of officer Print/Type preparer's name ERIC M MCNEIL Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the british correct, and complete pectarethas any knowledge Signature of officer Date Title Check self-er	y the the instruct	IRS discuss preparer sitions)? X Y. f PTIN f P004	this r hown t	return pelow No
Sigr Here Paid Prep	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the british correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Signature of officer Print/Type preparer's name Preparer's signature ERIC M MCNEIL Firm's name PRICEWATERHOUSECOOPERS LLP Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the british properties of the british property in the british properties has any knowledge Title Date 11/09/2020 Check self-er Firm's name PRICEWATERHOUSECOOPERS LLP	y the the instruct	IRS discuss preparer sitions)? X Y. f PTIN f P004	this rehown to	return pelow No

Form 990-T (2019)								Page 3	
Schedule A - Cost of G	oods Sold. Er	ter method	d of inventor	y valuation	>				
1 Inventory at beginning of	year 1			5 Inventory	at end of yea	ar	6		
2 Purchases	2					ld Subtract line			
3 Cost of labor				6 from lir	ne 5 Enter	here and in Part			
4a Additional section 263A c				l, line 2			7		
(attach schedule)	4a] ;			section 263A (w	th respect to	Yes No	
b Other costs (attach sched				property	produced	or acquired for	resale) apply		
5 Total Add lines 1 through				to the orga	anization?	<u></u>		X	
Schedule C - Rent Incom	e (From Real P	roperty a	nd Persona	al Property	Leased V	Vith Real Proper	ty)		
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)		_							
	2 Rent recei	ved or accru	ed						
(a) From personal property (if the	e percentage of rent	(b) F	rom real and po	ersonal property	(if the	3(a) Deductions dir	ectly connected with i	the income	
for personal property is more t	age of rent for p	ersonal property	exceeds) and 2(b) (attach sch				
more than 50%	50% 0	r if the rent is ba	ased on profit or	income)					
(1)									
(2)						,			
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of o	columns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6	6, column (A)	▶				Part I, line 6, colum			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruction	ıs)		<u> </u>			
			2 Gross in	come from or	3 [eductions directly con		e to	
1 Description of de	bt-financed property		allocable to	debt-financed	(a) Straigh	debt-finance		(b) Other deductions	
			pro	perty		ch schedule)	(attach sched		
(1)									
(2)									
(3)									
(4)									
4 Amount of average	5 Average adju		6.00	olumn			8 Allocable ded	uctions	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed		4 dı	vided		ncome reportable n 2 x column 6)	(column 6 x total o	fcolumns	
property (attach schedule)	(attach sche		by co	lumn 5	(00101111	1 2 x 00iuiiii 0)	3(a) and 3(b)))	
(1)				%					
(2)				%					
(3)				%			<u> </u>		
(4)				%					
						e and on page 1, e 7, column (A)	Enter here and or Part I, line 7, colu		

Form **990-T** (2019)

FRANCISCAN ALLIANCE, INC. 35-1330472 Form 990-T (2019) Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5 Part of column 4 that is 2 Employer 6 Deductions directly 1 Name of controlled 4 Total of specified 3 Net unrelated income organization identification number included in the controlling connected with income (loss) (see instructions) payments made organization's gross income ın column 5 (1) (2) (3) (4) Nonexempt Controlled Organizations 11 Deductions directly 10 Part of column 9 that is 8 Net unrelated income 9 Total of specified included in the controlling connected with income in column 10 7. Taxable Income payments made (loss) (see instructions) organization's gross income (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Enter here and on page 1, Part I, line 8, column (A) Part I. line 8, column (B) Schedule G-Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3 Deductions 5 Total deductions 4 Set-asides and set-asides (col 3 directly connected (attach schedule) 1 Description of income 2 Amount of income (attach schedule) plus col 4) (1) (2)(3)(4) Enter here and on page 1, Enter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (B) Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) 3 Expenses 7 Excess exempt 2 Gross from unrelated trade directly connected with 5 Gross income from activity that expenses (column 6 minus unrelated or business (column 6 Expenses 2 minus column 3) If a gain, compute cols 5 through 7 business income from trade or attributable to 1 Description of exploited activity is not unrelated business income production of column 5, but not column 5 more than unrelated business income column 4) (1)(2) (3) (4)Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I on page 1. line 10, col (A) line 10, col (B) Part II, line 25 Schedule J-Advertising Income (see instructions) Income From Periodicals Reported on a Consolidated Basis Part I 7 Excess readership 4 Advertising gain or (loss) (col costs (column 6 2 Gross 3 Direct 5. Circulation 6 Readership 1 Name of periodical minus column 5, but advertising 2 minus col 3) If advertising costs ıncome costs income a gain, compute not more than cols 5 through 7 column 4) (1)(2)(3)

Form 990-T (2019)

(4)

Totals (carry to Part II, line (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)						
Totals from Part I ▶						
	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 26
Totals, Part II (lines 1-5)				,		

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

1. Name	3 Percent of ime devoted to business	4 Compensation attributable to unrelated business
(1)	%	
(2)	%	
(3)	%	
(4)	%	
Total Enter here and on page 1, Part II, line 14		

Form **990-T** (2019)

Form 8868

(Rev January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

Go to www irs.gov/Form8868 for the latest information.

OMB No 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/e-file-providers/e-file-for-charities-and-non-profits

							<u> </u>	_
	6-Month Extension of Time. Only subm							
	ions required to file an income tax return othe		, -	0-C filers), partnerships,	RE	MICs,	, and trusts	
must use F	orm 7004 to request an extension of time to f	ile income	tax returns					
	IN.	-4						_
Type or	Name of exempt organization or other filer, see in	structions		Taxpayer identification nu	ımbe	r (TIN))	
print	FRANCISCAN ALLIANCE, INC.			35-133047	2			
File by the	Number, street, and room or suite no. If a P.O. box	v coo inctriu	ctions	33 133047				_
due date for	1515 DRAGOON TRAIL	x, seestrut	Ciloris					
filing your retum See	City, town or post office, state, and ZIP code For	a foreign ad	dress see instructions					—
Instructions MISHAWAKA, IN 46544								
	<u> </u>						0 7	т
Enter the R	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			[]	L
Application		Return	Application		-		Return	_
ls For		Code	Is For		Code			
Form 990 c	r Form 990-EZ	01	Form 990-T (corporat	ion)			07	_
Form 990-E		02 Form 1041-A					08	_
	(individual)	03	Form 4720 (other than individual)				09	_
Form 990-P		04	Form 5227			10	_	
Form 990-1	(sec 401(a) or 408(a) trust)	05	Form 6069	-			11	_
Form 990-1	(trust other than above)	06	Form 8870				12	_
Telephor	MARGUERITE EICHI AS are in the care of \blacktriangleright 1515 DRAGOON TRA THE NO \blacktriangleright 574 254-6268 The language of the care of	AIL MISE business in	HAWAKA IN 46544- Fax No ► In the United States, chec	ck this box				
	for a Group Return, enter the organization's for					_	this is	
	le group, check this box If		art of the group, check t	nis dox		and a	ittach	
	e names and TINs of all members the extension of time ur		11/16 20 1	20 , to file the exempt	orc		tion roturn	_
	e organization named above. The extension is			to me the exempt	. Org	alliza	illon return	
101 1110	organization hamed above. The extension is	ior the org	ganization's return to					
▶ X	calendar year 20 <u>19</u> or			•				
	tax year beginning	20	and ending		20			
	tax your boginning	,	, and onding	<u>. </u>				
	tax year entered in line 1 is for less than 12 m Change in accounting period	onths, ched	ck reason Initial re	eturn Final return	1			
3a If this	application is for Forms 990-BL, 990-PF, 99	90-T, 4720	or 6069, enter the	tentative tax, less any		•		_
nonre	fundable credits. See instructions	•			3a	\$	() <u>.</u>
b If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	fundable credits and			_	_
	ited tax payments made. Include any prior yea				3b	\$	(<u>.</u>
	ce due. Subtract line 3b from line 3a Include		ent with this form, if red	quired, by using EFTPS		1		
	ronic Federal Tax Payment System) See instru				3с			<u>.</u>
	ou are going to make an electronic funds withdrawal	(direct deb	it) with this Form 8868, se	e Form 8453-EO and Form	887	'9-EO	for paymen	
instructions								_
For Privacy	Act and Paperwork Reduction Act Notice, see instr	uctions			Fom	1 886	8 (Rev 1-20)	20)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ______, 2019, and ending _

c Balance ▶ 1c

► 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)

(A) Income

7,052,013.

Open to Public Inspection for

(C) Net

Name of the organization

1a Gross receipts or sales

b Less returns and allowances

FRANCISCAN ALLIANCE, INC.

Part I Unrelated Trade or Business Income

Employer identification number 35-1330472

(B) Expenses

Unrelated Business Activity Code (see instructions) ► 44

Describe the unrelated trade or business ► PHARMACY

7,052,013.

						
2	Cost of goods sold (Schedule A, line 7)	2				-
3	Gross profit Subtract line 2 from line 1c	3	7,052,013.			7,052,013.
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	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				
12	Total. Combine lines 3 through 12	13	7,052,013.			7,052,013.
13	rt II Deductions Not Taken Elsewhere (See Instructio			ns) (Deductions i	must b	e directly
Pai	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income)	ns for	· limitations on deduction			e directly
13 Par 14	Deductions Not Taken Elsewhere (See instructio connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K)	ns for	Ilmitations on deduction		14	
13 Par 14 15	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	Ilmitations on deduction		14	728,010.
13 Par 14	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	Ilmitations on deduction		14 15 16	728,010.
13 Par 14 15 16	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	Ilmitations on deduction		14 15 16 17	728,010.
13 Par 14 15 16 17	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	Ilmitations on deduction		14 15 16 17 18	728,010.
13 Par 14 15 16 17 18	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	Ilmitations on deduction		14 15 16 17 18 19	728,010.
13 Par 14 15 16 17 18 19	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	Ilmitations on deduction		14 15 16 17 18 19	728,010.
13 Par 14 15 16 17 18 19 20	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562).	ns for	Ilmitations on deduction	25,027.	14 15 16 17 18 19	728,010. 711.
13 Par 14 15 16 17 18 19 20 21	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on research and selection contents.	ns for	Ilmitations on deduction	25,027.	14 15 16 17 18 19 21b	728,010. 711.
13 Pai 14 15 16 17 18 19 20 21 22	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on reductions.	ns for	Ilmitations on deduction	25,027.	14 15 16 17 18 19 21b 22 23	728,010. 711.
13 Par 14 15 16 17 18 19 20 21 22 23	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on reductions. Contributions to deferred compensation plans Employee benefit programs	ns for	Ilmitations on deduction	25,027.	14 15 16 17 18 19 21b 22 23 24	728,010. 711. 25,027.
13 Par 14 15 16 17 18 19 20 21 22 23 24	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on reductions. Contributions to deferred compensation plans	ns for	Ilmitations on deduction	25,027.	14 15 16 17 18 19 21b 22 23 24	728,010. 711. 25,027.
13 Pat 14 15 16 17 18 19 20 21 22 23 24 25	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	limitations on deduction	25,027.	14 15 16 17 18 19 21b 22 23 24 25 26	728,010. 711. 25,027. 178,614.
13 Pat 14 15 16 17 18 19 20 21 22 23 24 25 26	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	limitations on deduction	25,027.	14 15 16 17 18 19 21b 22 23 24 25 26	728,010. 711. 25,027. 178,614. 5,130,399. 6,062,761.
13 Par 14 15 16 17 18 19 20 21 22 23 24 25 26 27	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages	ns for	Ilmitations on deduction	25,027.	14 15 16 17 18 19 21b 22 23 24 25 26 27	728,010. 711. 25,027. 178,614.
13 Par 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on reductions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule J). Other deductions (attach schedule) Total deductions. Add lines 14 through 27	ns for	limitations on deduction 20 21a deduction Subtract line	25,027. 25,027. ATCH 4	14 15 16 17 18 19 21b 22 23 24 25 26 27	728,010. 711. 25,027. 178,614. 5,130,399. 6,062,761.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

989,252.

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 g

Attachment

Department of the Treasury ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No 179 Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number FRANCISCAN ALLIANCE, INC. PHARMACY 35-1330472 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 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 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 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 See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 25,027 Part III MACRS Depreciation (Don't include listed property See instructions. 17 MACRS deductions for assets placed in service in tax years beginning before 2019 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 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (g) Depreciation deduction (e) Convention (f) Method placed in service (business/investment use only—see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. S/L g 25-year property h Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L i Nonresidential real 39 yrs. MM S/L MM S/L Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L MM S/L c 30-year 30 yrs. MM S/L 40 yrs d 40-year 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 instructions 22 25,027 23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

Form	4562 (2019)															Page 2
	rt V Liste	d Proper		clude auto			ertain ,	other	vehicle	s, ce	rtain a	aircraft	, and	prope	erty us	
				which you								lease	expens	e, com	plete o	ıly 24a
				(c) of Section					-							
24-				nd Other In												<u> </u>
_248	Do you have e		upport the	business/inve	estment	use clain	ned /	Yes				s the ev	idence v	vntten?	Yes	∐ No
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27	Property us	ed 50% or	less in a		isiness	use		-		S/L-		1		<u> </u>		
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	plete this sector of the plant															vehicles
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	the year (don Total commu	ting miles dr	ıven durır	ng the year												
32	Total other miles driven	-	l (nonce	ommuting)												
33	Total miles lines 30 thro		ring the	year Add										_		
34	Was the veh	ncle availab	ole for pe	ersonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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	than 5% ow		•													
36	Is another ve				<u> </u>		ļ	<u> </u>			<u> </u>	L				
	wer these que e than 5% ow	estions to d	letermine		t an exc	eption					-				who ar	en't
	Do you mai	ntain a writ	<u></u>				s all pe	rsonal	use of v	/ehicles	s, ınclu	ding co	mmutir	ng, by	Yes	No
38	Do you mai employees?	ntain a writ												your		
39	_							011100	o, an oot	010, 01			*****			
40	Do you pro-	vide more t	than five	vehicles to	your e	mploye		taın ın	formatio	n from	your e	mploye	es abo	ut the		
41	Do you mee						nobile r	demon	stration i	use? S	ee instr	uctions	.			
	Note: If you	-		_	-										-	
Par		tization		,,,		_,,		,								***
		a) on of costs		(b) Date amortiza begins	ation	Amor	(c) rtizable ar	nount	Co	(d) ode section	on	(e) Amortiza period	or	Amortiza	(f) ation for th	ıs year
42	Amortization	n of costs th	hat begir	ns during yo	ur 2019	tax ye	ar (see	ınstruc	tions)			percent	<u> </u>			

43 Amortization of costs that began before your 2019 tax year

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

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB	Nο	1545-00	47

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning _

_ , 2019, and ending _

881,286.

► 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

881,286.

Name of the organization

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472 Unrelated Business Activity Code (see instructions) ▶ 62

Describe the unrelated trade or business ► LAB SERVICES & MASSAGE THERAPY Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1,025,532. Gross receipts or sales 1,025,532. þ Less returns and allowances Cost of goods sold (Schedule A, line 7). 2 Gross profit Subtract line 2 from line 1c 1,025,532. 1,025,532. 3 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b 4c Income (loss) from a partnership or an S corporation (attach -144,246 statement) ATCH. 5 . -144,246.5 6 Unrelated debt-financed income (Schedule E). Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17) Exploited exempt activity income (Schedule I) 10

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

11

12

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		,
16	Repairs and maintenance ,		
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	ſ	
20	Depreciation (attach Form 4562)	Γ.	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans		
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	$\overline{}$	652,490.
28	Total deductions. Add lines 14 through 27	28	652,490.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	228,796.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	, _	
	instructions),	1	
31	Unrelated business taxable income Subtract line 30 from line 29	31	228,796.

For Paperwork Reduction Act Notice, see instructions

Advertising income (Schedule J)

Other income (See instructions, attach schedule)

Total Combine lines 3 through 12.....

Schedule M (Form 990-T) 2019

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning _______, 2019, 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

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472

Unrelated Business Activity Code (see instructions) ▶ 72

Schedule A, line 7) It line 2 from line 1c me (attach Schedule D) 1797, Part II, line 17) (attach Fon for trusts partnership or an S corporat	m 4797)	1c 2 3 4a 4b 4c	5,14			5,141
schedule A, line 7)	m 4797)	2 3 4a 4b				5,141
t line 2 from line 1c		3 4a 4b	5,14	11.		5,141
ne (attach Schedule D) 1797, Part II, line 17) (attach Fo n for trusts partnership or an S corporat	rm 4797)	4a 4b	5,1	11.		5,141
1797, Part II, line 17) (attach Fo n for trusts partnership or an S corporal	m 4797)	4b				
n for trusts partnership or an S corporat	ion (attach					
partnership or an S corporat	ion (attach	4c				
	· I					
	[5				
le C)		6	•			
ced income (Schedule E)		7				
yalties, and rents from a con	trolled					
e F)		8				
f a section 501(c)(7), (9), or	(17)					
e G)		9				
vity income (Schedule I) .		10				
Schedule J)	[_	11				
structions, attach schedule)	[_	12				
3 through 12		13	5,14	11.		5,141
	le F)	le F)	le F)	le F)	le F)	le F)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15_	3,375.
16	Repairs and maintenance	16	
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	_
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	737.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	912.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	6,414.
28	Total deductions Add lines 14 through 27	28	11,438.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-6,297.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	_	
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-6,297.

For Paperwork Reduction Act Notice, see instructions

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

2019

Attachment Department of the Treasury ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Sequence No 179 Internal Revenue Service (99) Business or activity to which this form relates Name(s) shown on return Identifying number FOOD SERVICES FRANCISCAN ALLIANCE, INC. 35-1330472 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 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 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 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. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 737 Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2019 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 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in usiness/investment use only—see instructions) 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L i Nonresidential real 39 vrs MM MM S/L property Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L b 12-year 12 yrs MM S/L c 30-year 30 yrs. MM S/L 40 yrs. d 40-year 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 instructions 22 737

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the

Form	4562 (2019)																	Page 2
	rt V Liste	d Propert	•	nclude auto				ertain	other	vehi	cles	, cei	tain a	aircraft	, and	prop	erty us	
				ion, or amu		•	•											
				r which you i (c) of Section										lease	expens	se, com	plete o	nly 24a
_				nd Other In										for pas	senae	r autom	obiles 1	
248	Do you have e										$\overline{}$					written?		□ No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Busines investmen percenta	tuse Cost or o	d) ther ba			(e) for depreness/investuse only	stment	(f) Reco	very	Me	(g) thod/ vention		(h) preciation	n E	(ı) ected sec cos	
25	Special dep		lowanc	e for qualific				erty pla	ced in				- 1					
26	the tax year								e See	msm	JCHO	ms	25	1				
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35	Was the veh		-	-						-	l		1					
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	wer these que	estions to de	etermin	e if you mee	t an e	xce	ption										who ar	en't
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37	Do you mai		en pol	icy statemen	t that	pro	hibit	s all pe	rsonal	use (of ve	ehicles	, ınclu	ding co	mmuti	ng, by	Yes	No
38	your employ Do you mai		en nol	icy statemen	t that	nro	hihiti	e naren	nal ue	e of v	/ohic	م عماد	vcent	commu	tına h	V VOUE		
30				ons for vehicl												y your		
39							-	-										
40	Do you provuse of the ve			e vehicles to the informati				es, obt	tain inf	forma	tion	from	your e	mploye	es abo	ut the		
41	Do you mee							nobile d	lemon	stratio	on us	se? Se	ee instr	uctions	;			
			37, 38	, 39, 40, or 4	11 is "\	Yes,	"" doi	n't com	plete S	Section	n B	for the	cover	ed vehi	cles			
Par	t VI Amor	tization			т		•								ı			
	(Description	a) on of costs		(b) Date amortiza begins	ation		Amor	(c) tizable an	nount		Cod	(d) le sectio	on	(e) Amortiza period percent	or	Amortiza	(f) ation for th	nis year
42	Amortization	of costs th	at beg	ns during yo	ur 201	19 ta	ах уе	ar (see	instruc	ctions)							
					I		,						1		1			

43 Amortization of costs that began before your 2019 tax year
 44 Total. Add amounts in column (f) See the instructions for where to report

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning ____

_____ , 2019, 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

Name of the organization

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472

Unrelated Business Activity Code (see instructions) ▶ 81

Describe the junctional trade or business ▶ LAUNDRY SERVICES

Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 599, 632.				
b	Less returns and allowances	1c	599,632.	-	·
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	599,632.		599,632.
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	599,632.		599,632.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	324,081.
16	Repairs and maintenance	16	54,251.
17	Bad debts	17	1
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	15,636.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	78,482.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	1	
27	Other deductions (attach schedule)	27	151,792.
28	Total deductions. Add lines 14 through 27	28	624,242.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-24,610.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-24,610.

For Paperwork Reduction Act Notice, see instructions

Form 4562

Department of the Treasury

Internal Revenue Service (99

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No 1545-0172

2019

Attachment Sequence No 179

Name(s) shown on return Business or activity to which this form relates Identifying number FRANCISCAN ALLIANCE, INC. LAUNDRY SERVICES 35-1330472 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) Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 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. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 15,636 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 2019 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 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (f) Method (g) Depreciation deduction placed in (e) Convention (business/investment use only-see instructions) 3-year property 19a **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. S/L g 25-year property 27.5 yrs. MM S/L h Residential rental 27.5 yrs. MM S/L property 39 yrs MM S/L i Nonresidential real MM S/L property Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L b 12-year 12 yrs. 30 yrs. MM S/L c 30-year 40 yrs MM S/L d 40-year 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 instructions 22 15,636 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

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Га		d Proper tainment, i	•	clude aut on, or amu			Jertain	otnei	VEIII	CIES	, C C	taiii 4	ancrait	, and	prope	erty us	ea ioi
				which you (c) of Section									lease	expens	e, com	plete or	nly 24a
				nd Other In									for pas	senaei	r autom	obiles)	
24a	Do you have e			_												☐ Yes	☐ No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Busines investment percenta	use Cost or d	(d) other bas		(e) is for depre siness/inve use only	stment	(f) Reco	very	Me	(g) thod/ vention		(h) preciation eduction	n E	(i) ected sec cost	
25	Special dep		llowance	e for qualifi								25					
26	Property us	ed more tha	an 50%	ın a qualıfıe	d busır	ess u	se					· ·					_
				%													
			<u> </u>	%									-				
27	Droportuus	od 50% or	lees is s	%	1010000										<u> </u>		•
27	Property us	ea 50% or	iess in a	%	usiness	use		1			S/L-		T				
			<u> </u>	%							S/L-		+				
			 	%		<u> </u>					S/L-			"			
28	Add amoun	ts ın columi	n (h), line	es 25 throug	jh 27 E	Enter h	ere and	on line	21, p	age	1	28					
29	Add amoun	ts in columi	n (ı), lıne	26 Enter h	ere and	d on lir	ne 7, pag	e 1							29		
_		_					rmation										
	plete this sect																vehicles
to yo	our employees	, iirst answe	r the que	35(10) 15 111 36	1		-T	_	T							1 -	
30	Total business/investment miles driven during the year (don't include commuting miles)					(a) nicle 1		(b) icle 2	\	(c) ehicle			(d) licle 4		(e) ncle 5		f) cle 6
31 32	Total commu Total other	tıng mıles dr r personal	ıven durii	ng the year													
33	Total miles	driven dur	ing the	year Add													
34	Was the veh	nicle availab	· ·	ersonal	Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
35	use during of Was the vehicles than 5% ow	nicle used p	orimarily	•											İ	<u> </u>	
36	Is another ve		-			+	+		+	+			 				
- 00	15 tillottici vo			estions for	Emplo	yers '	Who Pro	vide V	ehicle	es fo	or Use	by Ti	neir Em	ployee	·s		
	wer these que e than 5% ov	estions to d	letermin	e if you mee	et an ex	ceptic										who ar	en't
37	Do you mai		ten poli	cy statemer	nt that	prohib	oits all pe	ersonal	use o	of ve	ehicles	s, inclu	ding co	mmutii	ng, by	Yes	No
38		ntain a writ													y your		
39	Do you trea					_											
40	Do you pro-							taın ın	forma	tion	from	your e	mploye	es abo	ut the		
41	Do you mee							demon	stratio	on us	se? S	ee insti	ructions	;			
	Note: If you		37, 38,	, 39, 40, or 4	41 ıs " <u>Y</u>	es," d	on't com	plete	Sectio	n B	for th	e cove	red veh	cles			
Par	t VI Amoi	rtization															
	Description ((a) on of costs		(b) Date amortiz begins	ation	Am	(c) nortizable ai	mount		Cod	(d) le section	on	(e) Amortiza period percent	ation or	Amortiza	(f) ation for th	is year
42	Amortization	n of costs th	hat begi	ns during yo	our 201	9 tax	year (see	ınstru	ctions)							
								_	+								
									1			- 1		- 1			

43 Amortization of costs that began before your 2019 tax year
44 Total. Add amounts in column (f) See the instructions for where to report

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning ____

____ , 2019, and ending ___

323,997.

(A) Income

► 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)

2

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

(C) Net

Name of the organization

FRANCISCAN ALLIANCE, INC.

1a Gross receipts or sales

b Less returns and allowances

Part I Unrelated Trade or Business Income

2 Cost of goods sold (Schedule A, line 7).....

Employer identification number

35-1330472

(B) Expenses

Unrelated Business Activity Code (see instructions) ▶ 90

Describe the unrelated trade or business ► KINDRED SERVICES

-	0000 01 90000 0010 (001100001071, 1111077)				
3	Gross profit Subtract line 2 from line 1c	3	323,997.		323,997.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	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)				
13	Total Combine lines 3 through 12	13	323,997.		323,997.
14 15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages				
15 16	_			_	
17	Repairs and maintenance				
18	Interest (attach schedule) (see instructions).				
19	Taxes and licenses				
20	Depreciation (attach Form 4562)				1
21	Less depreciation claimed on Schedule A and elsewhere on re			21b	
22	Depletion		•	. 22	
23	Contributions to deferred compensation plans			. 23	
24	Employee benefit programs			. 24	
25	Excess exempt expenses (Schedule I)			. 25	
26	Excess readership costs (Schedule J)			. 26	
27	Other deductions (attach schedule)				205,963.
28	Total deductions. Add lines 14 through 27				205,963.
29	Unrelated business taxable income before net operating				118,034.
30	Deduction for net operating loss arising in tax years	_		1 -	
	instructions)			. 30	1

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

___ , 2019, and ending For calendar year 2019 or other tax year beginning

► 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)

Name of the organization

FRANCISCAN ALLIANCE, INC.

Employer identification number 35-1330472

Unrelated Business Activity Code (see instructions) ▶ 56 Describe the unrelated trade or business ▶ DUPLICATION, OPTICAL MANAGEMENT FEES, AND ANSWERING SERVICES

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 408,607.				
b	Less returns and allowances	1ç	408,607	and are market and	A
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	408,607.		408,607.
4a	Capital gain net income (attach Schedule D)	4a		f	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	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	408,607.		408,607.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		277,546.
16	Repairs and maintenance	I .	5,252.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21Ь	37.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	66,430.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	89,771.
28	Total deductions. Add lines 14 through 27	28	439,036.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-30,429.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-30,429.

For Paperwork Reduction Act Notice, see instructions

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No 1545-0172

Attachment

Sequence No 179 Internal Revenue Service (99) Business or activity to which this form relates
DUPLICATION, OPTICAL MANAGEMENT FEES, &
ANSWERING SERVICES Name(s) shown on return Identifying number FRANCISCAN ALLIANCE, INC. 35-1330472 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) 2 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions). 3 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 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 See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year See instructions. 14 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 37 Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2019 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 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (business/investment use (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in only-see instructions) 3-year property 19a **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs g 25-year property 27.5 yrs MM S/L h Residential rental 27.5 yrs MM S/L property i Nonresidential real 39 vrs. MM S/L MM S/L property Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs. MM S/L c 30-year 30 yrs. 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 instructions 37 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

Form	4562 (2019)															Page 2
	t V Listed	Propert		lude auto			ertaın	other	vehicle	es, ce	rtaın	aircraft	, and	prope	erty us	
		•		on, or amu which you		•	ctondo	rd mula	anna rata	- or do	duatia	a looso	0vn 0n0		nloto e	.b. 24a
				c) of Section									expens	e, com	piete oi	II y 24a
	Section A-												ssenge	autom	obiles)	
24 a	Do you have evi	dence to su	pport the	business/inve	estment	use claii	med?	Yes	No	24b If	"Yes,"	is the ev	idence v	vntten?	☐ Yes	□ No
	(a) e of property (list vehicles first)	(b) Date placed in service	(c) Businessi investment i percentag	use Costorò	d) ther bas		(e) for depre ness/inve: use only	stment	(f) Recovery period		(g) ethod/ evention		(h) preciation eduction	n E	(ı) ected sec cosi	
25	Special depre		llowance	for qualifie							25					
26	Property used					_						<u> </u>				
				%												
				%												
		1.500/		%												
27	Property used	1 50% or 10		qualified bu	isiness	use		I		S/L-		- 1				
				%		_				S/L-		 				
				%		_				S/L-		<u> </u>		\neg		
28	Add amounts	ın column	h (h), line:	s 25 throug	h 27 E	nter he	ere and	on line	21, pag	e 1	28					
29	Add amounts	ın column	n (i), line 2											29		
^	-1-4-41	- 6							e of Vel					16		
	plete this sectio our employees, f															venicies
	ar omproyous, n		quo	7.101.0 111 000		(a)	i ·	b)	, -	c)	1	(d)	т	(e)		f)
30	Total business/ the year (don't			•		icle 1		icle 2		icle 3	Ve	hicle 4		icle 5		cle 6
	Total commutin	-														
32	Total other miles driven	personal	(nonco	mmuting)												
33	Total miles d lines 30 through		ing the y	ear Add												
34	Was the vehic	le availab	le for pe	rsonal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off	•				<u> </u>	ļ							<u> </u>		
35	Was the vehice than 5% owner															
36	Is another vehic		-			┼	<u> </u>		+	-	<u> </u>	+	 			
30	is another venic			stions for	Emplo	vers V	/ho Pro	vide V	ehicles	for Us	e bv T	heir Em	plovee	 S		
	wer these ques e than 5% own	tions to de	etermine	ıf you mee	t an ex	ception					_				who ar	en't
37	Do you maint		ten polic	y statemen	t that	prohibit	ts all pe	rsonal	use of	vehicle	s, ıncl	uding co	mmutı	ng, by	Yes	No
29	your employed Do you maint		ten nobe	v statemen	t that	nrobibi	le norce	nal uc	a of uch	uclos a	vcon+	comm.	itina h	, vo.:-		
20	employees?													y your		
39	Do you treat a															
40	Do you providuse of the veh						ees, ob	taın ıni	formatio	n from	your	employe	es abo	ut the		
41	Do you meet t	-					mobile d	demon	stration	use? S	ee ins	tructions				
	Note: If your	answer to		-												
Par	t VI Amorti	zation														
	(a) Description	of costs		(b) Date amortiza begins	ation	Amo	(c) rtizable ar	nount	C	(d) ode secti	on	(e) Amortiz perioc percen	ation I or	Amortiza	(f) ition for th	ııs year
42	Amortization of	of costs th	nat begin	s during yo	ur 201	9 tax ye	ear (see	ınstruc	ctions)							

43 Amortization of costs that began before your 2019 tax year

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

43

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ______, 2019, 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

FRANCISCAN ALLIANCE, INC.

Employer identification number

LIANCE, INC. 35-1330472

Unrelated Business Activity Code (see instructions) ▶ 52

Describe the unrelated trade or business ▶ INSURANCE

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 1,180,782.				
b	Less returns and allowances C Balance	1c	1,180,782.	•	
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	1,180,782.		1,180,782
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	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		l	
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)				
12	Other income (See instructions, attach schedule)				
13	Total. Combine lines 3 through 12		1,180,782.		1,180,782

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	1,087,530.
16	Repairs and maintenance	16	14.
17	Bad debts		
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	210,176.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	130,112.
28	Total deductions. Add lines 14 through 27	28	1,427,832.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-247,050.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-247,050.

For Paperwork Reduction Act Notice, see instructions

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _____

___ , 2019, and ending ___

► Go to www.irs.gov/Form9907 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

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472

Unrelated Business Activity Code (see instructions) ▶ 23

Describe the unrelated trade or business ► CONSTRUCTION Part I Unrelated Trade or Business Income (A) income (B) Expenses (C) Net 1a Gross receipts or sales c Balance Less returns and allowances Cost of goods sold (Schedule A, line 7)...... 2 Gross profit Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b Income (loss) from a partnership or an S corporation (attach 25,214 25,214. statement) ATCH, 12 6 Unrelated debt-financed income (Schedule E). Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J)........ 11 11 12 Other income (See instructions, attach schedule) 12 25,214. 25,214. Total. Combine lines 3 through 12...... 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	1	
17	Bad debts		
18	Interest (attach schedule) (see instructions),	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	25,214.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29		25,214.

For Paperwork Reduction Act Notice, see instructions

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _______, 2019, 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

Employer identification number

35-1330472

FRANCISCAN ALLIANCE, INC.

Unrelated Business Activity Code (see instructions) ▶ 54

Describe the unrelated trade or business ► COOPERATIVE MANAGED CARE

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales					
	Less returns and allowances c Balance ▶	1c				Í
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				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement) ATCH 13	5	-272,330.			-272,330.
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)	l				
	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)		070 220			270 220
13	Total. Combine lines 3 through 12	13	-272,330.			-272,330.
	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income)				r	e directly
14	Compensation of officers, directors, and trustees (Schedule K)				14	<u></u>
15	Salaries and wages					
16	Repairs and maintenance					
17	Bad debts					
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1 1			
20	Depreciation (attach Form 4562)					
21 22	Less depreciation claimed on Schedule A and elsewhere on re				21b 22	
23	Contributions to deferred compensation plans					
23					1 23	
24						
24	Employee benefit programs				24	
25	Employee benefit programs				24 25	, , , , , , , , , , , , , , , , , , , ,
25 26	Employee benefit programs	 	• • • • • • • • • • • • • • • • • • • •		24 25 26	,
25 26 27	Employee benefit programs				24 25 26 27	,
25 26 27 28	Employee benefit programs				24 25 26 27 28	-272,330.
25 26 27 28 29	Employee benefit programs		deduction Subtract line	28 from line 13	24 25 26 27	-272,330.
25 26 27 28	Employee benefit programs	loss	deduction Subtract line	28 from line 13	24 25 26 27 28	-272,330.

For Paperwork Reduction Act Notice, see instructions

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service **Capital Gains and Losses**

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

► Go to www.irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

2019

Employer identification number FRANCISCAN ALLIANCE, INC. 35-1330472 Yes X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Short-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter or (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part I. line 2. column (d) and combine This form may be easier to complete if you round off cents to (sales once) (or other basis) column (g) the result with column (g) whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 2,224,907. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h 2,224,907. Part I Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on (q) Adjustments to gain (h) Gain or (loss) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). Howe if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 502,783. Enter gain from Form 4797, line 7 or 9 364,791. Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) Net long-term capital gain or (loss) Combine lines 8a through 14 in column h 867,574. 15 Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 2,224,907. 16 867,574. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 3,092,481. 18 Note. If losses exceed gains, see Capital Losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

9E 1801 1 000

2128PU 1467

V 19-6.5F

Schedule D (Form 1120) 2019

Form **8949**

Sales and Other Dispositions of Capital Assets

► Go to www irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

Attachment Sequence No 12A

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Social security number or taxpayer identification number 35-1330472

FRANCISCAN ALLIANCE, INC.

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

broker and may even tell you which box to check

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss 1 If you enter an amount in column (g) (e) (h) enter a code in column (f) (c) (d) Cost or other basis Gain or (loss) (b) (a) See the separate instructions See the Note below Date sold or Proceeds Subtract column (e) Date acquired Description of property and see Column (e, disposed of (sales pnce) from column (d) and (Mo , day, yr) (Example 100 sh XYZ Co) in the separate (Mo, day, yr) (see instructions) combine the result Code(s) from Amount of adjustment instructions with column (g) instructions SHORT TERM CAPITAL GAIN FROM PASS THROUGH ENTITIES 2,224,907 2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B 2,224,907 above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

above is checked), or line 10 (if Box F above is checked)
Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form **8949** (2019)

502,783

JSA 9X2616 2 000

2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Form 4797

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No 1545-0184

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

Sequence No 27

Name(s) shown on return Identifying number FRANCISCAN ALLIANCE, INC. 35-1330472 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) 2 (d) Gross sales price (a) Description (c) Date sold (mo, day, yr) basis, plus (b) Date acquired allowed or Subtract (f) from the of property (mo, day, yr) allowable since improvements and sum of (d) and (e) expense of sale acquisition PARTNERSHIP INVESTMENTS 329,560. IRC SECTION 1231 GAIN FROM 3 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 35,231 6 Gain, if any, from line 32, from other than casualty or theft 6 364,791. 7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows . . . Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below 8 Nonrecaptured net section 1231 losses from prior years. See instructions. . . . Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less) ORDINARY INCOME FROM SALE OF PTPS 2,893,110. Loss, if any, from line 7 11 12 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 2,893,110. 17 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16 (Do not include any loss 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4 18b Form **4797** (2019) For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)				5-1330472	Page 2
Part III Gain From Disposition of Propert (see instructions)	y Und	der Sections 124	5, 1250, 1252,	1254, and 1255	
19 (a) Description of section 1245, 1250, 1252, 1254,	or 125	55 property	-	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)
A IRC SECTION 1250	_				(1110 ; day, y. /
В				<u> </u>	
С					
D					
		Property A	Property B	Property C	Property D
These columns relate to the properties on lines 19A through 19	₽ ▶	Property A	r roperty b	Property C	r Toperty D
20 Gross sales price (Note. See line 1 before completing)	20				
21 Cost or other basis plus expense of sale	. 21				
22 Depreciation (or depletion) allowed or allowable	. 22				
23 Adjusted basis Subtract line 22 from line 21	. 23				
24 Total gain Subtract line 23 from line 20	. 24	35,231.			
25 If section 1245 property.					
a Depreciation allowed or allowable from line 22	25a				
b Enter the smaller of line 24 or 25a				· ·	
26 If section 1250 property If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
a Additional depreciation after 1975. See instructions	. 26a				
b Applicable percentage multiplied by the smaller of	1				
line 24 or line 26a See instructions	. 26ь				
c Subtract line 26a from line 24 If residential rental property	1				
	. 26c				
d Additional depreciation after 1969 and before 1976					
e Enter the smaller of line 26c or 26d	. 26e				
f Section 291 amount (corporations only)	\Box				
g Add lines 26b, 26e, and 26f	. 26g				
27 If section 1252 property Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership					
a Soil, water, and land clearing expenses	. 27a				
b Line 27a multiplied by applicable percentage. See instructions	. 27b				
c Enter the smaller of line 24 or 27b	. 27c				
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits,					
mining exploration costs, and depletion. See instructions .	. 28a				
b Enter the smaller of line 24 or 28a	. 28b		· - ···		
29 If section 1255 property:					
a Applicable percentage of payments excluded from					
income under section 126 See instructions	. 29a				
b Enter the smaller of line 24 or 29a See instructions. Summary of Part III Gains. Complete proper		lumns A through [D through line 2	Oh hefore going to	line 30
Summary of Fart in Gains. Complete proper	ty CO	dillis A tillough	D tillough line 2	.ab before going to	11116 30.
30 Total gains for all properties Add property columns	A throu	igh D. line 24			35,231.
31 Add property columns A through D, lines 25b, 26g,					
32 Subtract line 31 from line 30 Enter the portion fro					
other than casualty or theft on Form 4797, line 6		•	·		35,231.
Part IV Recapture Amounts Under Section (see instructions)					
				(a) Section	(b) Section
				179	280F(b)(2)
33 Section 179 expense deduction or depreciation allow	vable II	n prior years		33	
34 Recomputed depreciation See instructions		•	[**	34	
35 Recapture amount Subtract line 34 from line 33 Se				35	
					Form 4797 (2019)

Fom 3800

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.

➤ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return

OMB No 1545-0895
2019
Attachment

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

FRANCISCAN ALLIANCE, INC

Identifying number

Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT (See instructions and complete Part(s) III before Parts I and II.)		<u> </u>	<u>-</u>
1	General business credit from line 2 of all Parts III with box A checked	1	1	1,394
2	Passive activity credits from line 2 of all Parts III with box B checked 2			
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3		
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with		<u> </u>	
•	box C checked See instructions for statement to attach	4		1,619
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with			
_	box D checked See instructions	5		
6	Add lines 1, 3, 4, and 5	6		3,013
Part II	Allowable Credit	•	•	·
7	Regular tax before credits			
	Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44	7		
8	Alternative minimum tax			
	• Individuals Enter the amount from Form 6251, line 11	1		
	• Corporations Enter -0	8		
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54)			
9	Add lines 7 and 8	9		
b	Foreign tax credit	10c		
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11		
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-	-		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See			
14	Tentative minimum tax	1		
	• Individuals Enter the amount from Form 6251, line 9			
	• Corporations Enter -0			
	• Estates and trusts Enter the amount from Schedule I (Form 1041),	7		
	line 52			
15	Enter the greater of line 13 or line 14	15		
16	Subtract line 15 from line 11 If zero or less, enter -0	16		
17	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17		
• • •	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization			
For Pan	erwork Reduction Act Notice, see separate instructions.	1	Form	3800 (2019)

Part			
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ent	er -0-	on line 26
18	Multiply line 14 by 75% (0 75) See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0	20	
21	Subtract line 17 from line 20 If zero or less, enter -0	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked 23	-	
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0	27	:
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27 If zero or less, enter -0	29	
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32	- -	
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	. =
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	14,411
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	14,411.
37	Enter the smaller of line 29 or line 36	37	- <u> </u>
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c	38	

	3800 (2019)		114	Page 3
	s) shown on return		Identifying number	
	NCISCAN ALLIANCE, INC.		35-1330472	
Par		structi	ons)	
Com	plete a separate Part III for each box checked below See instructions			
A	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
C		l Busii	ness Credit Carryforwa	ırds
D (General Business Credit Carrybacks H Reserved			
	f you are filing more than one Part III with box A or B checked, complete and attach first an a li with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
	On any line where the credit is from more than one source, a separate Part III is needed for ethrough entity	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		630.
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		764.
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>		
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936).	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
Z 2	Other Oil and gas production from marginal wells (Form 8904) and certain			
_	other credits (see instructions)	1zz		1 204
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		1,394.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b	-	
۲ C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835)	4d 4e		
, e f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4e 4f		
	- Employer cooler accounty and injurious texes paid on certail employee tips (Form 0040)	71		

1,394.

4g

4h

4i

4j

4z 5

6

Increasing research activities (Form 6765)

Add lines 4a through 4z and enter here and on the applicable line of Part II .

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Employer credit for paid family and medical leave (Form 8994).....

z Other

Name(s) shown on return		Identifying number			
FRA	FRANCISCAN ALLIANCE, INC. 35-1330472					
Par		structi				
	plete a separate Part III for each box checked below. See instructions					
A	General Business Credit From a Non-Passive Activity E Reserved					
в	General Business Credit From a Passive Activity F Reserved					
С	General Business Credit Carryforwards G Eliqible Small	Busi	ness Credit Carryforwa	ards		
D	General Business Credit Carrybacks H Reserved		,			
1 1	f you are filing more than one Part III with box A or B checked, complete and attach first an a	additio	nal Part III combining ar	mounts from all Parts		
	II with box A or B checked Check here if this is the consolidated Part III					
	(a) Description of credit		(b)	(c)		
Note:	On any line where the credit is from more than one source, a separate Part III is needed for e	each	If claiming the credit from a pass-through	Enter the appropriate		
	through entity		entity, enter the EIN	amount		
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
b	Reserved	1b				
С	Increasing research activities (Form 6765)	1c	27-1891570	8.		
d	Low-income housing (Form 8586, Part I only)	1d				
е	Disabled access (Form 8826) (see instructions for limitation)	1e				
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	27-2858691	764.		
g	Indian employment (Form 8845)	19				
h	Orphan drug (Form 8820)	1h				
i	New markets (Form 8874)	1i				
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>				
k	Employer-provided child care facilities and services (Form 8882) (see					
	instructions for limitation)	1k				
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
m	Low sulfur diesel fuel production (Form 8896)	1m				
n	Distilled spirits (Form 8906)	1n				
0	Nonconventional source fuel (carryforward only)	10				
р	Energy efficient home (Form 8908)	1p				
q	Energy efficient appliance (carryforward only)	1q		<u>-</u>		
r	Alternative motor vehicle (Form 8910)	1r				
s	Alternative fuel vehicle refueling property (Form 8911)	1s				
t	Enhanced oil recovery credit (Form 8830)	1t				
u	Mine rescue team training (Form 8923)	1u				
٧	Agricultural chemicals security (carryforward only)	1v				
W	Employer differential wage payments (Form 8932)	1w				
X	Carbon oxide sequestration (Form 8933)	1x		 _		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
Z	Qualified plug-in electric vehicle (carryforward only)	1z				
aa	Employee retention (Form 5884-A)	1aa				
	General credits from an electing large partnership (carryforward only)	1bb				
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain					
	other credits (see instructions)	1zz		770		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		772.		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a_				
b	Work opportunity (Form 5884)	4b				
c C	Biofuel producer (Form 6478)	4c		·		
d	Low-income housing (Form 8586, Part II)	4d				
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				
g	Qualified railroad track maintenance (Form 8900)	4g				
h ;	Small employer health insurance premiums (Form 8941)	4h				
i	Increasing research activities (Form 6765) Employer credit for paid family and medical leave (Form 8994)	4i				
,		4j				
ž	Other	4z 5		·		
5 6	Add lines 2.3 and 5 and enter here and on the applicable line of Part II	6		772		

` '	hown on return		Identifying number	
	SCAN ALLIANCE, INC.		35-1330472	
Part III		structio	ins)	
	te a separate Part III for each box checked below See instructions			
<u> </u>	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved	_		
2 H	· · · · · · · · · · · · · · · · · · ·	Busin	ess Credit Carryforwa	rds
ΡШ	General Business Credit Carrybacks H Reserved			
	u are filing more than one Part III with box A or B checked, complete and attach first an a			
III W	th box A or B checked Check here if this is the consolidated Part III			
lote On	(a) Description of credit any line where the credit is from more than one source, a separate Part III is needed for	each	(b) If claiming the credit	(c) Enter the
	ugh entity		from a pass-through entity, enter the EIN	appropriate amount
	vestment (Form 3468, Part II only) (attach Form 3468)	1a		
b Re	eserved	1b		
c In	creasing research activities (Form 6765)	_1c	27-3125579	1
	w-income housing (Form 8586, Part I only)	1d		
	sabled access (Form 8826) (see instructions for limitation)	1e		
f R	enewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g In	dian employment (Form 8845)	1g		
	rphan drug (Form 8820)	1h		
i Ne	ew markets (Form 8874)	1i		
	nall employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
	mployer-provided child care facilities and services (Form 8882) (see			
	structions for limitation)	1k		
I Bi	odiesel and renewable diesel fuels (attach Form 8864)	11		-
	ow sulfur diesel fuel production (Form 8896)	1m		
n Di	stilled spirits (Form 8906)	1n		
o No	onconventional source fuel (carryforward only)	10		
p E	nergy efficient home (Form 8908)	1p		
q E	nergy efficient appliance (carryforward only)	1q	•	***
r Al	ternative motor vehicle (Form 8910)	1r		
	ternative fuel vehicle refueling property (Form 8911)	1s		
	nhanced oil recovery credit (Form 8830)	1t		
u M	ne rescue team training (Form 8923)	1u		
v Ac	gricultural chemicals security (carryforward only)	1v		
w Er	mployer differential wage payments (Form 8932)	1w		
x C	arbon oxide sequestration (Form 8933)	1x		
v Q	ualified plug-in electric drive motor vehicle (Form 8936)	1y		
	ualified plug-in electric vehicle (carryforward only)	1z		 -
aa Fr	nployee retention (Form 5884-A)	1aa		
bh G	eneral credits from an electing large partnership (carryforward only)	1bb		
	ther Oil and gas production from marginal wells (Form 8904) and certain	100		
	her credits (see instructions)	1zz		
2 Ac	dd lines 1a through 1zz and enter here and on the applicable line of Part I	2		1
	nter the amount from Form 8844 here and on the applicable line of Part II	3	_	
	vestment (Form 3468, Part III) (attach Form 3468)	4a	- -	
	ork opportunity (Form 5884)	4b		
c Bi	ofuel producer (Form 6478)	4c	- -	
d la	ww-income housing (Form 8586, Part II)	4d	· · · · · · · · · · · · · · · · · · ·	
	enewable electricity, refined coal, and Indian coal production (Form 8835)	4u		
	nployer social security and Medicare taxes paid on certain employee tips (Form 8846)	46 4f		
			· ·	
	ualified railroad track maintenance (Form 8900)	4g		
	mall employer health insurance premiums (Form 8941)	4h		-
i In	creasing research activities (Form 6765)	4i		
	nployer credit for paid family and medical leave (Form 8994)	4j		
z 01	ther	4z		
	Id lines 4a through 4z and enter here and on the applicable line of Part II	5		
6 A0	Id lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1
2 2 000				Form 3800 (

- 01111	800 (2013)			i age C
Name(s) shown on return		Identifying number	
FRAI	NCISCAN ALLIANCE, INC.		35-1330472	
Part		truction	ons)	
	plete a separate Part III for each box checked below. See instructions		<u> </u>	
	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
_ F	- -	Rucu	ness Credit Carryforwa	arde
c		Dusii	less Credit Carrylorwa	arus
D L				
	you are filing more than one Part III with box A or B checked, complete and attach first an a			
	I with box A or B checked Check here if this is the consolidated Part III	• • •		
	(a) Description of credit		(b) If claiming the credit	(c) Enter the
	On any line where the credit is from more than one source, a separate Part III is needed for e	each	from a pass-through	appropriate
	hrough entity		entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c	83-3479442	470.
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h		1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1i		
k	Employer-provided child care facilities and services (Form 8882) (see			
•	instructions for limitation)	1k		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Low sulfur diesel fuel production (Form 8896)	1m		
	Distilled entits (Form 8006)	1n		
n	, , , , , , , , , , , , , , , , , , , ,			
0	Nonconventional source fuel (carryforward only)	10		
þ	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		•
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		_
X	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	Employee retention (Form 5884-A)	1aa		
bt	General credits from an electing large partnership (carryforward only)	1bb		
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		470.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		· · · · · · · · · · · · · · · · · ·
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a	"	
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478).	4c		
d	Low-income housing (Form 8586, Part II)	4d		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
e •		4f		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		-	
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	4j		
Z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5, and enter here and on the applicable line of Part II	6		470.

	hown on return		Identifying number	
	ISCAN ALLIANCE, INC. General Business Credits or Eligible Small Business Credits (see ins	truct	35-1330472	
art lil		structio	ons)	
	te a separate Part III for each box checked below. See instructions			
\vdash	General Business Credit From a Non-Passive Activity			
	General Business Credit From a Passive Activity F Reserved	_		
X	·	I Busir	ness Credit Carryforwai	rds
	General Business Credit Carrybacks H Reserved			
	u are filing more than one Part III with box A or B checked, complete and attach first an a ith box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
	any line where the credit is from more than one source, a separate Part III is needed for eagh entity	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriat amount
la In	vestment (Form 3468, Part II only) (attach Form 3468)	1a		
b Re	eserved	1b		
c In	creasing research activities (Form 6765)	1c		1,
	ow-income housing (Form 8586, Part I only)	1d		-
	sabled access (Form 8826) (see instructions for limitation)	1e		·
	enewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g In	dian employment (Form 8845)	1g		
	rphan drug (Form 8820)	1h		
	ew markets (Form 8874)	1i		
	nall employer pension plan startup costs (Form 8881) (see instructions for limitation)	1i		
-	mployer-provided child care facilities and services (Form 8882) (see			
	structions for limitation)	1 k		
	odiesel and renewable diesel fuels (attach Form 8864)	11		
	ow sulfur diesel fuel production (Form 8896)	1m		
		\vdash		
n D	istilled spirits (Form 8906)	10	 	
	onconventional source fuel (carryforward only)			
p E	nergy efficient home (Form 8908)	1p		
	nergy efficient appliance (carryforward only)	1q		
r Al	ternative motor vehicle (Form 8910)	1r		
	ternative fuel vehicle refueling property (Form 8911)	1s		
	nhanced oil recovery credit (Form 8830)	1t		
	ine rescue team training (Form 8923)	1u		
	gricultural chemicals security (carryforward only)	1v		_
	mployer differential wage payments (Form 8932)	1 I		
x C	arbon oxide sequestration (Form 8933)	1x		
	ualified plug-in electric drive motor vehicle (Form 8936)	1y		
	ualified plug-in electric vehicle (carryforward only)	1z		
aa E	mployee retention (Form 5884-A)	1aa	<u> </u>	
bb G	eneral credits from an electing large partnership (carryforward only)	1bb	_	
zz 0	ther Oil and gas production from marginal wells (Form 8904) and certain			
ot	her credits (see instructions)	1zz		
	dd lines 1a through 1zz and enter here and on the applicable line of Part I	2		1,
3 E	nter the amount from Form 8844 here and on the applicable line of Part II	3		
a In	vestment (Form 3468, Part III) (attach Form 3468)	4a		
b W	ork opportunity (Form 5884)	4b		
c B	ofuel producer (Form 6478)	4c		-
d Lo	ow-income housing (Form 8586, Part II)	4d		
	enewable electricity, refined coal, and Indian coal production (Form 8885) 3	4e		14,
	mployer social security and Medicare taxes paid on certain employee tips (For®IE826)4	4f		
	ualified railroad track maintenance (Form 8900)	4g		
	mall employer health insurance premiums (Form 8941)	4h		
	creasing research activities (Form 6765)	4i		
; E	mployer credit for paid family and medical leave (Form 8994)	4j		
		4z	- ···	
	ther	5		1 /
	dd lines 4a through 4z and enter here and on the applicable line of Part II	\vdash		14,
6 A	dd lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		16,

LINE 1C - CARRYFORWARD OF CREDIT FOR INCREASING RESEARCH

TAX YEAR	AVAILABLE	UTILIZED	CARRYFORWARD
12/31/2016 12/31/2017 12/31/2018 12/31/2019	247. 1,353. 5. 630.		247. 1,353. 5. 630.
TOTALS	2,235.	·	2,235.

TOTAL CARRIED FORWARD FROM PRIOR YEARS

1,605.

LINE 1AA - CARRYFORWARD CREDIT FOR AFFECTED DISASTER AREA EMPLOYERS

TAX YEAR	AVAILABLE	UTILIZED	CARRYFORWARD
12/31/2017	14.		14.
TOTALS	14.		14.

TOTAL CARRIED FORWARD FROM PRIOR YEARS

14.

LINE 4E - CARRYFORWARD OF RENEWABLE ELECTRICITY CREDIT (PART II)

TAX YEAR	AVAILABLE	UTILIZED	CARRYFORWARD
12/31/2013 12/31/2014 12/31/2015 12/31/2016 12/31/2017 12/31/2018	2,486. 2,815. 2,412. 1,828. 2,315. 2,432.		2,486. 2,815. 2,412. 1,828. 2,315. 2,432.
TOTALS	14,288.		14,288.

TOTAL CARRIED FORWARD FROM PRIOR YEARS

14,288.

LINE 4F - CARRYFORWARD OF POST-2006 FICA CREDIT

TAX YEAR	AVAILABLE	UTILIZED	CARRYFORWARD
12/31/2013 12/31/2016	76. 47.		76. 47.
TOTALS	123.	=======================================	123.

TOTAL CARRIED FORWARD FROM PRIOR YEARS

123.

ATTACHMENT 2

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

INCOME FROM PARTNERSHIPS

-2,371,521.

INCOME (LOSS) FROM PARTNERSHIPS

-2,371,521.

EIN: 35-1330472

FOR THE YEAR ENDED DECEMBER 31, 2019

FORM 990-T, PART II, LINE 36 DETAIL

_	Year	Amount Senerated		irrent Year Amount Used	Cor	haritable ntributions erted to NOL	C	Amount Carried to Next Year
*	12/31/2014	\$ 1,441,083	\$	1,441,083	\$	-	\$	-
	12/31/2015	1,902,419		1,902,419		-		-
	12/31/2016	361,102		361,102		-		-
	12/31/2017	 4,688,290		1,201,471		200,266		3,687,085
		\$ 8,392,894	\$	4,906,075	\$	200,266	\$	3,687,085
	\	NET OPER	ATING	LOSS CARRY	/EOD\W/	N PD TO 2020	•	3,687,085

^{*} AS A RESULT OF THE RETROACTIVE REPEAL OF IRC SEC. 512(A)(7), THE PRIOR YEAR NET OPERATING LOSS HAS BEEN ADJUSTED.

ATTACHMENT	4	

SUPRLIES	25,614.
MEDICAL SUPPLIES	3,565.
DRUGS & PHARMACEUTICALS	4,996,730.
PURCHASED SERVICES	48,308.
DIETARY	39.
UTILITIES	12.
INSURANCE	425.
MINOR EQUIPMENT	6,462.
TRAVEL	1,451.
MISCELLANEOUS)	47,793.

PART II - LINE 28 - OTHER DEDUCTIONS

5,130,399.

	35-1330472
ATTACHMENT	5

LAB SERVICES & MASSAGE THERAPY

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-144,246.

ATTACHMENT	6	

LABORATORY EXPENSES MISCELLANEOUS

527,935. 124,555.

PART II - LINE 28 - OTHER DEDUCTIONS

652,490.

ATTACHMENT	7_		
<u></u>			
		4,124.	
		2,406.	
		-116.	

SUPPLIES PURCHASED SERVICES MISCELLANEOUS

PART II - LINE 28 - OTHER DEDUCTIONS

6,414.

ATTACHMENT	8	

SUPPLIES	57,043.
MEDICAL SUPPLIES	1,549.
UTILITIES	36,791.
MISCELLANEOUS	8,467.
PURCHASED SERVICES	18,860.
MINOR EQUIPMENT	3,052.
TRAVEL	39.
OVERHEAD ALLOCATION	16,130.
AUTOMOTIVE SERVICES	9,861.

PART II - LINE 28 - OTHER DEDUCTIONS

151,792.

39,130. 134,142. 20,478. 12,213.

PART II - LINE 28 - OTHER DEDUCTIONS

205,963.

	ATTACHMENT 10
FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS	
SUPPLIES PURCHASED SERVICES UTILITIES TRAVEL MISCELLANEOUS	1,401. 10,761. 67,730. -313. 10,192.
PART II - LINE 28 - OTHER DEDUC	CTIONS89,771.

,	ATTACHMENT 11
FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS	•
SUPPLIES PURCHASED SERVICES UTILITIES INSURANCE MISCELLANEOUS TRAVEL MINOR EQUIPMENT	7,406. -100. 5,280. 33,674. 65,227. 15,855. 2,770.

PART II - LINE 28 - OTHER DEDUCTIONS

130,112.

FRANCISCAN ALLIANCE, INC

	35-	1330472	
יייוא יבו	12		

ATTACHMENT 12

CONSTRUCTION

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

25,214.

LVWNCIDCWN WDDIWNCD' INC	FR	ANCI	SCAN	ALLIANCE,	INC
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	35-1330472
TACHMENT	1.3

COOPERATIVE MANAGED CARE

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-272,330.

2128PU 1467

EIN: 35-1330472

FOR THE YEAR ENDED DECEMBER 31, 2019

FORM 990-T, PART II, LINE 20

CHARITABLE CONTRIBUTIONS CARRYOVER

_	Year	_	Amount enerated		Amount iously Used	An	ent Year nount lsed		ntributions nverted to NOL	С	Amount arried to lext Year
*	12/31/2014	\$	27,794	\$	9,096	\$	-	\$	18,698	\$	-
*	12/31/2015		21,801		-		-		21,801		-
	12/31/2016		10,358		-		-		10,358		-
	12/31/2017		131,165		•		-		131,165		
	12/31/2018		107,176		107,176		-		-		-
	12/31/2019		18,244				-		18,244		-
		\$	316,538	\$	116,272	\$	•	\$	200,266	\$	-
С	HARITABLE CO	ONTRIB	UTION CAR	RYOVE	R EXPIRED	IN 201	•			\$	-
С	HARITABLE CO	ONTRIB	UTION CON	VERTE	D TO NOL IN	ł 2019				\$	200,266
С	CHARITABLE CONTRIBUTIONS CARRYOVER TO 2020										-

^{*}AS A RESULT OF THE RETROACTIVE REPEAL OF IRC SEC 512(A)(7), THE PRIOR YEAR CHARITABLE CONTRIBUTION CARRYFORWARD HAS BEEN ADJUSTED

EIN: 35-1330472

FOR THE YEAR ENDED DECEMBER 31, 2019

FORM 990-T, SCHEDULE M, LINE 30 DETAIL FOOD SERVICES

Year	-	amount enerated	Current Year Amount Used		Amount Carried to Next Year	
12/31/2018 12/31/20 ₁ 9	\$	6,143 6,297	\$		\$	6,143 6,297
	\$	12,440	\$	-	\$	12,440
NET OPERA	ATING LO	SS CARRYF	ORWAR	D TO 2020	\$	12,440

EIN: 35-1330472

FOR THE YEAR ENDED DECEMBER 31, 2019

FORM 990-T, SCHEDULE M, LINE 30 DETAIL

LAUNDRY SERVICES

Year	-	mount enerated	Current Year Amount Used		Amount Carried to Next Year	
12/31/2018 12/31/2019	\$	12,334 24,610	\$	-	\$	12,334 24,610
12/01/2010	\$	36,944	\$	-	\$	36,944
NET OPERA	ATING LO	SS CARRYF	ORWAR	D TO 2020	\$	36,944

EIN: 35-1330472

FOR THE YEAR ENDED DECEMBER 31, 2019

FORM 990-T, SCHEDULE M, LINE 30 DETAIL

DUPLICATION, OPTICAL MANAGEMENT FEES, AND ANSWERING SERVICES

Year	-	Amount Generated		rent Year mount Used	С	Amount arried to ext Year
12/31/2018 12/31/2019	\$	70,178 30,429	\$	-	\$	70,178 30,429
12.0 1120 11	\$	100,607	\$	-	\$	100,607
NET OPERA	ATING L	OSS CARRYF	ORWAF	RD TO 2020	\$	100,607

EIN: 35-1330472

FOR THE YEAR ENDED DECEMBER 31, 2019

FORM 990-T, SCHEDULE M, LINE 30 DETAIL

INSURANCE

Year	Current Year Amount Amount ear Generated Used		Amount Amou		С	Amount arried to ext Year
12/31/2018 12/31/2019	\$	422,278 247,050	\$	- -	\$	422,278 247,050
	\$	669,328	\$	-	\$	669,328
NET OPERA	ATING L	OSS CARRYF	ORWAR	D TO 2020	\$	669,328

EIN: 35-1330472

FOR THE YEAR ENDED DECEMBER 31, 2019

FORM 990-T, SCHEDULE M, LINE 30 DETAIL COOPERATIVE MANAGED CARE

Year	-	Amount Generated		Current Year Amount . Used		Amount Carried to Next Year	
12/31/2018 12/31/2019	\$	87,427 272,330	\$	-	\$. 87,427 272,330	
	\$	359,757	\$	-	\$	359,757	
NET OPER	RATING L	OSS CARRYF	ORWAR	D TO 2020	\$	359,757	

EIN: 35-1330472

FOR THE YEAR ENDED DECEMBER 31, 2019

FORM 990-T, PART V, LINE 1

FOREIGN COUNTRIES

ARGENTINA

AUSTRALIA

AUSTRIA

BELGIUM

BRAZIL

CANADA

CHILE

CHINA

COLOMBIA

CZECH REPUBLIC

DENMARK

EGYPT

EUROPEAN UNION

FINLAND

FRANCE

GERMANY

GREECE

HONG KONG

HUNGARY

INDIA

INDONESIA

ISRAEL

ITALY

JAPAN

REPUBLIC OF KOREA (SOUTH KOREA)

MALAYSIA

MEXICO

NETHERLANDS

NEW ZEALAND

NORWAY

PERU

PHILIPPINES

POLAND

PORTUGAL

QATAR

SINGAPORE

SOUTH AFRICA

SPAIN

SWEDEN

SWITZERLAND

TAIWAN

THAILAND

TURKEY

UNITED KINGOM

FRANCISCAN ALLIANCE, INC. EIN: 35-1330472 FOR THE YEAR ENDED DECEMBER 31, 2019

FORM 990-T

INTERNAL REVENUE CODE SECTION 751 STATEMENT

THE TAXPAYER HAS REPORTED ORDINARY INCOME UPON THE DISPOSITION OF UNITS IN THE BELOW PARTNERSHIPS AS PROVIDED BY THE PARTNERSHIP. THE AMOUNT WAS DETERMINED IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 751. DETAILED INFORMATION IS AVAILABLE FROM THE PARTNERSHIP UPON REQUEST

ANDEAVOR LOGISTICS LP
ANTERO MIDSTREAM PARTNERS LP
BP MIDSTREAM PARTNERS LP
BUCKEYE PARTNERS LP
CROSSAMERICA PARTNERS LP
CRESTWOOD EQUITY PARTNERS LP
DCP MIDSTREAM LP
DOMINION MIDSTREAM PARTNERS LP
ENABLE MIDSTREAM PARTNERS LP
ENERGY TRANSFER LP
ENLINK MIDSTREAM PARTNERS LP
ENTERPRISE PRODUCTS PARTNERS LP
EQM MIDSTREAM PARTNERS LP
EQM MIDSTREAM PARTNERS LP
GENESIS ENERGY PARTNERS LP

HESS MIDSTREAM PARTNERS LP
MAGELLAN MIDSTREAM PARTNERS LP
MPLX LP
NGL ENERGY PARTNERS LP
NOBLE MIDSTREAM PARTNERS LP
NUSTAR ENERGY LP
OASIS MIDSTREAM PARTNERS LP
PBF LOGISTICS LP
PHILLIPS 66 PARTNERS LP
PLAINS ALL AMERICAN PIPELINE LP
WESTLAKE CHEMICAL PARTNERS LP
WESTERN GAS PARTNERS LP
WESTERN MIDSTREAM PARNTERS LP