2019
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		120	SO .	. AEAHO	• 0 7
	*	Description Business Income Tay Batter	939	3 1 4 5 1 7 6 OMB No 1545-0687	123
	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	-	OND 10 1040 0007	
Form •		1		2017	
	3	For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 20 18 Go to www.irs.gov/Form990T for instructions and the latest information.	'		
	ent of the Treasury Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	Ope	n to Public Inspection for (c)(3) Organizations Only	
\Box	heck box if			r identification number	
	ddress changed pt under section	I LERANDISCAN SISTERS OF CHICAGO SERVICE CORFORATION	Employee	es' trust, see instructions.)	
	n(C)() (3,)	Print or Number, street, and room or suite no. If a P.O. box, see instructions.	3	6-3579767	
□ 40	8(e) 220(e)	Type 11500 THERESA DRIVE E U	I <mark>nrelated</mark> See instri	business activity codes	
<u> </u>	98A 🔲 530(a)	City or town, state or province, country, and ZIP or foreign postal code	266 1112111	uctions.)	
52		LEMONT, IL 60439-2727	541610)	. 1
at en	yalue of all assets of year	F Group exemption number (See instructions.) ► G Check organization type ► ☑ 501(c) corporation ☐ 501(c) trust ☐ 40	1(a) tru	st Other trust	4
<u></u>			r(a) tru	st U Other trust	- 1
		anization's primary unrelated business activity. (SEE STATEMENT) r, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	2	▶ V Yes □ No	•
		e name and identifying number of the parent corporation. FRANCISCAN SISTERS OF Controlled group			
		care of ► RICHARD D. TRUESDALE Telephone number ►		(331) 318-5200	
		ed Trade or Business Income (A) Income (B) Expens	es	(C) Net	
1a	Gross receipts	s or sales600,000			
b	Less returns and				
2		s sold (Schedule A, line 7)			
3		Subtract line 2 from line 1c		600,000	
4a		net income (attach Schedule D)		0	
b) (Form 4797, Part II, line 17) (attach Form 4797) 4b 0 0		0	
С 5	•	om partnerships and S corporations (attach statement) 5 0	+	0	
6		(Schedule C)	5	0	
7	,	(30.000.00)		0	
8				0	
9	Investment incom	ne of a section 501(c)(7), (9), or (17) organization (Schedule G))	0	
10	Exploited exer	mpt downly mooning (controller)	1	0	
11	_			0	
12		(See instructions; attach schedule) 12 3,959		3,959	
13 Part		ne lines 3 through 12	or oor	603,959	
rart		ns not taken Elsewhere (see instructions for limitations on deductions.) (Except is must be directly connected with the unrelated business income.)	ior cor	itributions,	
14		n of officers, directors, and trustees (Schedule K)	14	251,383	
15		wages	15	162,141	
16		naintenance	16	0	
17			17	0	
18		ch schedule)	18	0	
19		enses	19	0	
20		ntributions (See instructions for limitation rules)	20	0	
21 22		(attach Form 4562)	22b	13,089	
23	•		23	0	
24	Contributions	to deferred compensation plans	24	0	
25	Employee ber	nefit programs	25	80,141	
26		pt expenses (Schedule I) MAY. 21. 2019	26	0	
27		rship costs (schedule 3)	27	0	
28		ions (attach schedule)	28	85,995	
29			29	592,749	
30		siness taxable income before net operating loss deduction. Subtract line 29 from line 13	30	11,210	
31		loss deduction (limited to the amount on line 30)	31	11,210	
32 33		siness taxable income before specific deduction. Subtract line 31 from line 30 iction (Generally \$1,000, but see line 33 instructions for exceptions)	33	0	
33 34		isiness taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32.	33		
J .	enter the small	iller of zero or line 32	34	. 0	
For Pa		tion Act Notice, see instructions. Cat. No. 11291J	-,	Form 990-T (2017)	_

Part I	II Ta	ax Computation						
		zations Taxable as Corporations. ers (sections 1561 and 1563) check he		tion. Controlled grou	qı			
а	Enter ye	our share of the \$50,000, \$25,000, an	nd \$9,925,000 taxable income brad (3) \$	ckets (in that order)				
b	Enter o	rganization's share of: (1) Additional 5	5% tax (not more than \$11,750)	\$				
	(2) Add	itional 3% tax (not more than \$100,00	00)	\$				
C	Income	tax on the amount on line 34			> 3	5c	0	<u> </u>
36		Taxable at Trust Rates. See			on			
		ount on line 34 from 🔲 Tax rate sch	_ ,	•	<u>▶ [</u> 3	36		<u> </u>
37	Proxy 1	t ax. See instructions			<u> </u>	37		
38		tive minimum tax				38		ļ
39		Non-Compliant Facility Income. Se			_	39		ļ
		Add lines 37, 38 and 39 to line 35c or	36, whichever applies	<i>.</i>	4	40	0	
Part I		ax and Payments		T T T				_
	_	tax credit (corporations attach Form 11	•	41a				
		redits (see instructions)		41b	_			
		I business credit. Attach Form 3800 (s	•	41c				
		for prior year minimum tax (attach For	•	41d	<u> </u>		•	
e		redits. Add lines 41a through 41d .			<u> </u>	1e	0	+
42 43		at line 41e from line 40 \cdot . \cdot				12 13	0	+
43 44		ax. Add lines 42 and 43		Other (attach schedule)	_	1 3	0	-
		nts: A 2016 overpayment credited to		45a 0	<u> </u>	'''		
		stimated tax payments		45b 0				
		posited with Form 8868		45c				ŀ
d		organizations Tax paid or withheld a		45d				
e	-	withholding (see instructions)		45e				
		for small employer health insurance p		45f				
			2439					
5	☐ Form	_		45g 0				
46	Total p	ayments. Add lines 45a through 45g			4	16	0	
47		ted tax penalty (see instructions). Che				17		
48	Tax du	e. If line 46 is less than the total of lin	es 44 and 47, enter amount owed		▶ 4	48	0	
49	Overpa	ayment. If line 46 is larger than the tot	tal of lines 44 and 47, enter amour	nt overpaid	▶ 4	19	0	
50	Enter the	e amount of line 49 you want Credited to	2018 estimated tax ▶	0 Refunded	▶ 5	50	0	
Part	V Si	tatements Regarding Certain Ac	ctivities and Other Informatio	n (see instructions)				,
51	-	time during the 2017 calendar year, d	•	•			-	No
		financial account (bank, securities, or						
		Form 114, Report of Foreign Bank	and Financial Accounts. If YES, e	nter the name of the	toreig	gn countr	^у	<u> </u>
	nere >	· 		,				V
52	•	he tax year, did the organization receive a	•	or of, or transferor to, a	toreigi	n trust? .	-	-
50		see instructions for other forms the o	-	-u b 6			,	
_53		ne amount of tax-exempt interest recepenations of penjury, I declare that I have examined	<u>*</u>		a best of		dge and be	bef. it is
Sign		orrect, and complete. Declaration of preparer (other			dge			
Here) =	Suckard D. Janos le la	DIRECTOR	OF FINANCE		lay the IRS on the the the the the the the the the prepare the the the the the the the the the th		
Here		ure of officer	Date Title	OT THATIAGE	(s	ee instruction	ns)? ∐Y es	□No
Do:-7		Print/Type preparer's name	Preparer's signature	Date		\Box .	PTIN	
Paid						rployed		
Prepa		Firm's name ▶	-		Firm's			
Use (עוחכ	Firm's address ►	1 hadi -		Phone			
						F	00n_1	(2017

	· •											-3
Sche	dule A-Cost of Goods Sold.	Ente	r method of ir	ventor	ry valu	ation >						
1	Inventory at beginning of year	1	0		6 Ir	ventory a	at (end of year	6		0	
2	Purchases	2	0	1	7 C	ost of	go	ods sold. Subtract	•			
3	Cost of labor	3	0		lu	ne 6 fron	n li	ine 5. Enter here and			l	
4a	Additional section 263A costs				ır	Part I, III	ne	2	7		0	
	(attach schedule)	4a	0	<u> </u>				of section 263A (wit			Yes	No
b	Other costs (attach schedule)	4b	0		р	roperty p	oro	duced or acquired for	resale	apply		
	Total. Add lines 1 through 4b	5	0	1				zation?				
	dule C—Rent Income (From F	Real	Property and	l Perso	onal P	roperty	Le	eased With Real Pro	perty	/)		
	instructions)			_				<u> </u>		_		
	ription of property											
(1)	·											
(2)												
(3)								· · · · · · · · · · · · · · · · · · ·				
(4)	2. Rent red	owad 4	or accrued				_					
		T					\dashv	O(a) Dadications discatili				_
	m personal property (if the percentage of repersonal property is more than 10% but not more than 50%)		(b) From real an percentage of rent t 50% or if the rent i	for person	nal prope	rty exceeds		3(a) Deductions directly in columns 2(a) and				е
(4)							\dashv					
(1)		-					\dashv		-			
(2) (3)							\dashv					
(4)	<u></u>						\dashv					
Total		0 To	ntal .				0					
	al income. Add totals of columns 2(a)						Ť	(b) Total deductions. Enter here and on page	4			
	id on page 1, Part I, line 6, column (A)						0	Part I, line 6, column (B)				0
Sche	dule E—Unrelated Debt-Finar	nced	Income (see	ınstruct	tions)							
			•	2. Gro	ss incom	e from or		3. Deductions directly con debt-finance			able to)
	 Description of debt-financed p 	roperty	/	allocab		t-financed	H	a) Straight line depreciation		b) Other ded	uctions	
					propert	.y 	Ľ	(attach schedule)	,	(attach sche		
(1)												
(2)							L					
(3)							<u> </u>					
(4)							<u> </u>					
al	acquisition debt on or of locable to debt-financed debt-	or allo	djusted basis ocable to ed property chedule)	t	6. Colun 4 divide by colum	ed		7. Gross income reportable (column 2 × column 6)		Allocable ded mn 6 × total o 3(a) and 3	of colu	
(1)						%					·	
(2)						%	Ι					
(3)						%						
(4)						%						
								nter here and on page 1, Part I, line 7, column (A)		here and o I, line 7, co		
Totals						>	.]	0				0
Total d	ividends-received deductions include	ed in d	column 8									0

Schedule F—Interest, Ann	uities, Royalties,			Controlled Org	janizations (se	e instru	ctions)	
Name of controlled organization	2. Employer identification number	3. Net unre	lated income instructions)	T -	5. Part of colum included in the organization's gro	controlling	conn	eductions directly ected with income in column 5
(1)								
(2)								
(3)								
(4)	·						Ì	
Nonexempt Controlled Organiz	zations			•	•			-
7. Taxable Income	8. Net unrelated in (loss) (see instruc			otal of specified yments made	10. Part of column included in the coorganization's great transfer of the column included in the column included i	controlling	conne	eductions directly cted with income in column 10
<u> </u>					,		1	
(2)			-		-		1	
(3)								
(4)								
Totals					Add columns 5 Enter here and c Part I, line 8, co	on page 1,	Enter I Part I,	columns 6 and 11 nere and on page 1, line 8, column (B)
Schedule G-Investment	Income of a Sect	tion 501(c)(7), (9),	or (17) Organi	zation (see inst			
1. Description of income	2. Amount o	-	3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	ıs	5. To and s	otal deductions et-asides (col. 3 plus col. 4)
(1)			<u> </u>	·				·
(2)								
(3)								
(4)								
	Enter here and Part I, line 9, o							re and on page 1, ne 9, column (B)
Totals	. ▶		0					0
Schedule I-Exploited Exe	empt Activity Inc	ome, Ot	her Than	Advertising In	come (see inst	ructions	s)	
Description of exploited activ	2. Gross unrelated business inco from trade of business	ome conr or pro	Expenses directly nected with duction of nrelated ess income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)					<u> </u>	<u></u>		
Totals	Enter here and page 1, Part line 10, col (I, pag	here and on e 1, Part I, 10, col. (B) 0					Enter here and on page 1, Part II, line 26.
Schedule J-Advertising I	ncome (see instru			1				
	eriodicals Repo		Consoli	dated Basis				
		1000		4. Advertising				7. Excess readership
1. Name of periodical	2. Gross advertising income	1 1 1	. Direct tising costs	gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership ests	costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)			- _]]
(3)			_]]
(4)								
Totals (carry to Part II, line (5))	▶	0	0	0				0
								orm 990-T (2017)

Part II Income From Periodi 2 through 7 on a line-b		on a Separat	e Basis (For ea	ach periodical lis	sted in Part II	fill in columns
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0	0	, , , , , ,	4	-	0
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B)	,	4 31	· •	Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) ▶	0	0				0
Schedule K—Compensation of	Officers, Direc	tors, and True	stees (see instru	uctions)		
1. Name		2	. Title	3. Percent of time devoted to business		ion attributable to d business
(1) (SEE STATEMENT)			·- ·- ·- ·-	%		
(2)			·	%		
(3)				%		_
(4)				%		
Total. Enter here and on page 1, Part II, lir	ne 14			▶		251,383

D	escription	Amount
PART II		
(1) PARKING EXPENSES FOR QTF		3,959
	Total for Part I, Line 12	3,959

Other Income

Form 990T Part I, Line 12

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 Business or activity to which this form relates Identifying number Name(s) shown on return FRANCISCAN SISTERS OF CHICAGO SERVICE CORPO! 541610 36-3579767 **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 0 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 2,030,000 4 0 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 0 6 (a) Description of property (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 0 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 0 9 0 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 0 12 13 Carryover of disallowed deduction to 2018. 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 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2017 19,855 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction period service only—see instructions) 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 vrs h Residential rental 27 5 yrs MM S/L property 27 5 yrs MM S/L i Nonresidential real MM S/L 39 yrs. property MM S/L Section C-Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 0 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 19,855 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Cat. No 12906N

Form 4562 (2017)

For Paperwork Reduction Act Notice, see separate instructions.

Pal		a Propert for enterta	- ,					venic	ies, ce	rtain ai	rcran,	certair	Comp	iuters,	and pr	operty
		For any ve	•		•		•	rd mila	age rati	e or do	ductino	loaca	ovnonce	e comi	olete on	hr 245
		olumns (a)										icase '	expense	s, com	Jiele Oi	il y 24a,
		-Depreci										for pa	ssenger	autom	obiles.)	
24a	Do you have e									24b If						☐ No
	(a)	(b)	(c)	ĺ			(e)				(g)	T	(h)		(1)	
	e of property (list rehicles first)		Business investment percentag	use Cost or d	d) other basis		for depre ness/inve: use only	stment	Recover period	y Me	ethod/ vention		oreciation eduction	Ele	ected sect cost	
25	Special dep										25					·
26	Property use							•		<u> </u>						,
				%					·							
				%								ļ				
				%								ļ				
_27	Property use	ed 50% or	less in a		usiness	use:				T S/L						
		-	ļ	%	-	-				- S/L S/L		 		\dashv		
				%		-				S/L		-		\dashv		
28	Add amount	te in colum	n (h) line	, -	nh 27 E	nter he	re and	on line	21 nac		28			-		
29	Add amount													29		0
	Add amoun	is in colum	11 (1), 11110		ction B						•	• • •	·			
	plete this sect															vehicles
to yo	ur employees,	, first answe	r the que	stions in Se	ction C t	o see ıf	you me	et an e	xception	to com	pleting	this sec	tion for t	hose ve	ehicles.	
	Total busines			•		a) cle 1		b) ıcle 2		(c) icle 3		d) icle 4		e) icle 5		f) cle 6
	-the year (don		_						ļ				ļ			
	Total commun	·		•					ļ						-	
	Total other miles driven	·	· · ·					,								
33	Total miles lines 30 thro			year. Add	()	ı	0		0		0	(0	()
34	Was the ve				Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the veh															
36	Is another vel	nicle availab	le for pers	onal use?						1						
		Section	1 C-Que	estions for	Emplo	yers W	ho Pro	vide V	ehicles	for Use	by Th	eir Em	ployees	s	•	
	wer these que e than 5% ow			-		-	to com	npleting	g Sectio	n B for	vehicle	s used	by emp	loyees	who are	en't
37	Do you mail							rsonal	use of v	vehicles	, includ	ding co	mmutin	g, by 	Yes	No
38	Do you mai employees?															
39	Do you treat					-										
	Do you provuse of the ve	vide more f	than five	vehicles to	your e	mploye	es, obt									
41	Do you mee															
	Note: If you															
Pai	rt VI Amor	tization														
		(a)		(b)			(c)			(d)		(e) Amortiz			m	
		on of costs		Date amortiz begins	ation	Amo	rtizable ai	mount	C	ode section	on	period	or	Amortiza	ition for th	is year
42	Amortization	n of costs t	hat begir	s during yo	our 2017	tax ye	ar (see	instruc	ctions):							
													46			
	Amortization Total. Add		_	_		-						• •	43			0
77	i otali. Aud	arriourito II	, coluitii	vij. Oce ille	การแนบ	いいいうじ	,, vviicit	こいいロト	· · · ·				1 44 1			J

Part I, Line 1

Maximum Section 179 Limitation Calculation

Enter total cost of section 179 property (including qualified section 179 real property) placed in service during the tax year beginning in 2017	
The maximum section 179 deduction limitation for 2017	510,000
Enter the smaller of line 1 or line 2	0
If you have an enterprise zone business (see the instructions for Line 1, earlier), enter the smaller of \$35,000 or the cost of the qualified section 179 property that is also qualified empowerment zone property	
Add lines 3 and 4. Enter this amount here and on Form 4562, line 1	0
Enter the amount from line 1 here and on Form 4562, line 2	
Base maximum threshold cost of section 179 property before reduction in limitation for 2017. Enter this amount on Form 4562, line 3	2,030,000
Enter the smaller of line 1 or line 5. The total amount you enter on Form 4562, lines 6 and 7, column (c), cannot exceed this amount	0

Form			

Supplemental Information

Return Reference - Identifier	Explanation
FORM 990-T, SECTION H - ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	THE PRIMARY UNRELATED BUSINESS ACTIVITIES OF THE FRANCISCAN SISTERS OF CHICAGO SERVICE CORPORATION IS TO PROVIDE DEVELOPMENT AND THIRD-PARTY MANAGEMENT SERVICES TO UNRELATED ELDERCARE COMMUNITIES.

Form 990T P	art II, Line 20	Charitable Contributions							
•									
Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires			
2015	108	108			0				
Totals	108	108	0	0	0				

2017 Return FRANCISCAN SISTERS OF CHICAGO SERVICE CORPORATION- 36-3579767

Description	Amount
PART II	
(1) PURCHASED SERVICES	22,968
(2) LEASE	19,347
(3) INSURANCE	14,955
(4) EDUCATION	6,974
(5) TRAVEL	4,806
(6) SUPPLIES	4,499
(7) UTILITIES	4,033
(8) MISCELLANEOUS	3,122
(9) DUES & SUBSCRIPTIONS	2,176
(10) MILEAGE	1,226
(11) EQUIPMENT RENTAL	1,181
(12) PRINTING	708
(13) AMORTIZATION	0
Total	85,995
Total for Part II, Line 28	85,995

Form 990T Part II, Line 31	Net Operating Loss Deduction Carryforward Schedule
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Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2009	57,121		44,147	11,210	1,764	2029
2015	100,369				100,369	2035
Totals	157,490	0	44,147	11,210	102,133	

Form 990T	Part III, Line	35c
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Tax Computation Worksheet for Members of a Controlled Group

	T	T
1	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	0
2	Enter line 1 or corporation's share of the \$50,000 taxable income bracket, whichever is loss	
3	Subtract line 2 from line 1	
4	Enter line 3 or corporation's share of the \$25,000 taxable income bracket, whichever is less	
5	Subtract line 4 from line 3	
6	Enter line 5 or corporation's share of the \$9,925,000 taxable income bracket, whichever is less	
7	Subtract line 6 from line 5	
8	Enter 15% of line 2	
9	Enter 25% of line 4	
10	Enter 34% of line 6	
11	Enter 35% of line 7	
12	If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of (a) 5% of the excess over \$100,000, or (b) \$11,750 (see instructions for additional 5% and additional 3% tax)	
13	If the taxable income of the controlled group exceeds \$15 million, enter this member's share of the smaller of (a) 3% of the excess over \$15 million, or (b) \$100,000 (see instructions for additional 5% and additional 3% tax)	
14	Add lines 8 through 13 Enter here and on line 35c, page 2, Form 990-T	0

Form 8949

Sales and Other Dispositions of Capital Assets

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

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

2017

Attachment
Sequence No 12A

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

Name(s) shown on return FRANCISCAN SISTERS OF CHICAGO SERVICE CORPORATION

Social security number or taxpayer identification number 36-3579767

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 Short-Term. Transactions involving capital assets you held 1 year or less are short term. 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 If you enter an amount in column (g) enter a code in column (f) Gain or (loss). (c) (d) Cost or other basis (b) (a) See the separate instructions. Date sold or See the Note below Subtract column (e) Proceeds Description of property Date acquired and see Column (e) from column (d) and disposed of (sales price) (Example 100 sh XYZ Co) (Mo, day, yr) combine the result (Mo, day, yr) (see instructions) in the separate (g) Code(s) from Amount of adjustment with column (a) instructions instructions 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your

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

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

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Attachment Sequence No 12A

Page,2

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side FRANCISCAN SISTERS OF CHICAGO SERVICE CORPORATION

Social security number or taxpayer identification number 36-3579767

Before you check Box D, E, or F 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 II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-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 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss if you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss). Subtract column (e)
(Example 100 sh XYZ Co.)	(Mo , day, yr)				(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
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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 (2017)

above is checked), or line 10 (if Box F above is checked)