

Form **990-T**

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

1912

**2018**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury  
Internal Revenue Service

- A  Check box if address changed
- B Exempt under section
  - 501(c)(3)
  - 408(e)  220(e)
  - 408A  530(a)
  - 529(a)
- C Book value of all assets at end of year: 462,590,944

**Print or Type**

Name of organization (  Check box if name changed and see instructions )  
**ASCENSION PROVIDENCE HOSPITAL**

Number, street, and room or suite no. If a P O box, see instructions  
**16001 WEST NINE MILE ROAD**

City or town, state or province, country, and ZIP or foreign postal code  
**SOUTHFIELD, MI 48075**

**D Employer identification number**  
(Employees' trust, see instructions)  
**38-1358212**

**E Unrelated business activity code**  
(See instructions)  
**561499**

**F Group exemption number** (See instructions.) ▶ **0928**

**G Check organization type** ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **EXTERNAL BUSINESS SERVICES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation ▶ **ASCENSION MICHIGAN 38-2631907**

**J** The books are in care of ▶ **SARA O'BRIEN** Telephone number ▶ **(314) 733-8070**

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <b>0</b>			
<b>b</b> Less returns and allowances <b>0</b>			
<b>c</b> Balance ▶	<b>1c</b> 0		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b> 0		
<b>3</b> Gross profit Subtract line 2 from line 1c	<b>3</b> 0		0
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 0		0
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b> 0		0
<b>c</b> Capital loss deduction for trusts	<b>4c</b> 0		0
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b> 0		0
<b>6</b> Rent income (Schedule C)	<b>6</b> 212,640	200,945	11,695
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b> 0	0	0
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b> 0	0	0
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b> 0	0	0
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b> 0	0	0
<b>11</b> Advertising income (Schedule J)	<b>11</b> 0	0	0
<b>12</b> Other income (See instructions, attach schedule)	<b>12</b> 0		0
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 212,640	200,945	11,695

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	0
<b>15</b> Salaries and wages	<b>15</b>	0
<b>16</b> Repairs and maintenance	<b>16</b>	0
<b>17</b> Bad debts	<b>17</b>	0
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	0
<b>19</b> Taxes and licenses	<b>19</b>	0
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	0
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	0
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	0
<b>23</b> Depletion	<b>23</b>	0
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	0
<b>25</b> Employee benefit programs	<b>25</b>	0
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	0
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	0
<b>28</b> Other deductions (attach schedule)	<b>28</b>	0
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	0
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	11,695
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	11,695

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For Paperwork Reduction Act Notice, see instructions.

Cat No 11291J

Form **990-T** (2018)

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ENVELOPE MAY 15 2020 POSTMARK DATE

SCANNED OCT 26 2020

46 Received in Balancing Ogden AUG 26 2020

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax and payments.

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

Table with 3 columns: Line number, Description, and Yes/No boxes. Includes lines 56-58 regarding foreign interest and tax-exempt interest.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year	<b>6</b>	0
<b>2</b> Purchases	<b>2</b>	0	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	0
<b>3</b> Cost of labor	<b>3</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>	0			
<b>b</b> Other costs (attach schedule)	<b>4b</b>	0			
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	0			

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

<b>1.</b> Description of property		
(1) PHYSICIAN TIME SHARE		
(2)		
(3)		
(4)		
<b>2.</b> Rent received or accrued		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	212,640	200,945
(2)		
(3)		
(4)		
<b>Total</b> 0	<b>Total</b> 212,640	
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►
212,640		200,945

**Schedule E—Unrelated Debt-Financed Income** (see instructions)

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 × column 6)	<b>8.</b> Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A) 0	Enter here and on page 1, Part I, line 7, column (B) 0
<b>Total dividends-received deductions</b> included in column 8			0	0

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)	
<b>Totals</b>			0	0	

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
<b>Totals</b>		0	0	

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
<b>Totals</b>		0	0			0

**Schedule J—Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0	0	0		0

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0	0				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b>	0	0				0

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

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

Date	Amount
04/10/2019	50,000
<b>Totals</b>	<b>50,000</b>

**MEI INCOME**

(1) PHYSICIAN TIME SHARE	Description	Amount
	PHYSICIAN TIME SHARE	200,945
<b>Total for Schedule C, Line 3(a), Deductions directly connected with the income in columns 2(a) and 2(b)</b>		<b>200,945</b>

**Section 1.263(a)-3(n) Capitalization Election**

Ascension Providence Hospital hereby elects on behalf of itself to capitalize repair and maintenance costs under Treas. Reg. § 1.263(a)-3(n). The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records.

<b>Taxpayer Name</b>	<b>EIN</b>	<b>Address</b>
Ascension Providence Hospital	38-1358212	16001 West Nine Mile Road Southfield, MI 48037



**Section 1.263(a)-1(f) De Minimis Safe Harbor Election**

Ascension Providence Hospital on behalf of itself is making the de minimis safe harbor election under Treas. Reg. § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year.

<b>Taxpayer Name</b>	<b>EIN</b>	<b>Address</b>
Ascension Providence Hospital	38-1358212	16001 West Nine Mile Road Southfield, MI 48037