

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e)) *2004*

2019

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20

▶ 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

Department of the Treasury
Internal Revenue Service

A <input checked="" type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c) <u>3</u> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) ASCENSION ST JOHN HOSPITAL	D Employer identification number (Employees' trust, see instructions) 38-1359063
		Number, street, and room or suite no. If a P O box, see instructions C/O TAX DEPARTMENT, P O BOX 45998	E Unrelated business activity code (See instructions) 620000
		City or town, state or province, country, and ZIP or foreign postal code ST LOUIS, MO 63145-5998	

C Book value of all assets at end of year **420,361,390**

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. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ **HEALTH 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-subsidiary controlled group? ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ **ASCENSION HEALTH ALLIANCE 45-3358926**

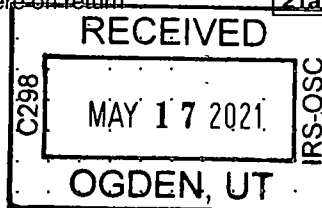
J The books are in care of ▶ **SARA O'BRIEN** Telephone number ▶ **(314) 733-8000**

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	18,094,260		
b Less returns and allowances	0		
c Balance ▶	18,094,260		
2 Cost of goods sold (Schedule A, line 7)	0		
3 Gross profit. Subtract line 2 from line 1c	18,094,260		18,094,260
4a Capital gain net income (attach Schedule D)	0		0
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	0		0
c Capital loss deduction for trusts	0		0
5 Income (loss) from a partnership or an S corporation (attach statement)	0		0
6 Rent income (Schedule C)	0	0	0
7 Unrelated debt-financed income (Schedule E)	0	0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
10 Exploited exempt activity income (Schedule I)	0	0	0
11 Advertising income (Schedule J)	0	0	0
12 Other income (See instructions; attach schedule)	0	0	0
13 Total. Combine lines 3 through 12	18,094,260	0	18,094,260

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)			0
15 Salaries and wages			10,329,575
16 Repairs and maintenance			0
17 Bad debts			0
18 Interest (attach schedule) (see instructions)			0
19 Taxes and licenses			814,041
20 Depreciation (attach Form 4562)	20	973,499	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	0	973,499
22 Depletion			0
23 Contributions to deferred compensation plans			0
24 Employee benefit programs			906,319
25 Excess exempt expenses (Schedule I)			0
26 Excess readership costs (Schedule J)			0
27 Other deductions (attach schedule)			3,955,743
28 Total deductions. Add lines 14 through 27			16,979,177
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			1,115,083
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			0
31 Unrelated business taxable income. Subtract line 30 from line 29			1,115,083



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[Signature]

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payment details.

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

Table with 3 columns: Line number, Description, and Yes/No columns. Includes lines 57-59 regarding foreign activities and interest.

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.

Sign Here: Signature of officer (Tanya M...), Date (5-12-21), Title (VICE PRESIDENT, TAX). Includes a box for IRS discussion consent.

Paid Preparer Use Only section with fields for name, signature, date, firm name, EIN, and phone number.

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

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

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

(see instructions)

1. Description of property		
(1) RENT INCOME		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	698,148	381,951
(2)		
(3)		
(4)		
Total	0	Total
	698,148	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
698,148		381,951

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

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions 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)
Totals			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)
Totals		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 25
Totals		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)						
Totals (carry to Part II, line (5))		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)						
Totals from Part I	0	0				0
Totals, Part II (lines 1-5)	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)		%	
Total. Enter here and on page 1, Part II, line 14			0

**SCHEDULE M
(Form 990-T)**

**Unrelated Business Taxable Income from an
Unrelated Trade or Business**

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20.

▶ 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

Department of the Treasury
Internal Revenue Service

Name of the organization
ASCENSION ST JOHN HOSPITAL

Employer identification number
38-1359063

Unrelated Business Activity Code (see instructions) ▶ 560000

Describe the unrelated trade or business ▶ EXTERNAL BUSINESS SERVICES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>1,899,728</u>			
b	Less returns and allowances <u>0</u>			
	c Balance ▶	1c		
		<u>1,899,728</u>		
2	Cost of goods sold (Schedule A, line 7)	2	<u>0</u>	
3	Gross profit Subtract line 2 from line 1c	3	<u>1,899,728</u>	<u>1,899,728</u>
4a	Capital gain net income (attach Schedule D)	4a	<u>0</u>	<u>0</u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	<u>0</u>	<u>0</u>
c	Capital loss deduction for trusts	4c	<u>0</u>	<u>0</u>
5	Income (loss) from a partnership or an S corporation (attach statement)	5	<u>0</u>	<u>0</u>
6	Rent income (Schedule C)	6	<u>698,148</u>	<u>381,951</u>
7	Unrelated debt-financed income (Schedule E)	7	<u>0</u>	<u>0</u>
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	<u>0</u>	<u>0</u>
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9	<u>0</u>	<u>0</u>
10	Exploited exempt activity income (Schedule I)	10	<u>0</u>	<u>0</u>
11	Advertising income (Schedule J)	11	<u>0</u>	<u>0</u>
12	Other income (See instructions; attach schedule)	12	<u>0</u>	<u>0</u>
13	Total. Combine lines 3 through 12	13	<u>2,597,876</u>	<u>381,951</u>
				<u>2,215,925</u>

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	<u>0</u>
15	Salaries and wages	15	<u>314,948</u>
16	Repairs and maintenance	16	<u>0</u>
17	Bad debts	17	<u>0</u>
18	Interest (attach schedule) (see instructions)	18	<u>0</u>
19	Taxes and licenses	19	<u>35,544</u>
20	Depreciation (attach Form 4562)	20	<u>0</u>
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	<u>0</u>
22	Depletion	21b	<u>0</u>
23	Contributions to deferred compensation plans	22	<u>0</u>
24	Employee benefit programs	23	<u>0</u>
25	Excess exempt expenses (Schedule I)	24	<u>23,283</u>
26	Excess readership costs (Schedule J)	25	<u>0</u>
27	Other deductions (attach schedule)	26	<u>0</u>
28	Total deductions. Add lines 14 through 27	27	<u>1,281,384</u>
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	28	<u>1,655,159</u>
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	29	<u>560,766</u>
31	Unrelated business taxable income Subtract line 30 from line 29	30	<u>0</u>
		31	<u>560,766</u>

For Paperwork Reduction Act Notice, see instructions.

Cat No 71329Y

Schedule M (Form 990-T) 2019

Description	Amount
HEALTH SERVICES	
(1) PAYROLL TAXES	790,492
(2) CITY OF DETROIT TAXES	23,549
Total	814,041
EXTERNAL BUSINESS SERVICES	
(3) PAYROLL TAXES	24,093
(4) CITY OF DETROIT TAXES	11,451
Total	35,544

Description	Amount
HEALTH SERVICES	
(1) SUPPLIES	3,951,973
(2) PURCHASED SERVICES	2,389
(3) OTHER MISCELLANEOUS EXPENSES	1,381
Total	3,955,743
EXTERNAL BUSINESS SERVICES	
(4) OTHER DEDUCTIONS	24,694
(5) UTILITIES	873
(6) SUPPLIES	49,756
(7) PURCHASED SERVICES	1,206,061
Total	1,281,384

Date	Amount
12/15/2019	56,000
03/15/2020	50,000
06/15/2020	40,000
	Totals

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.
▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return ASCENSION ST JOHN HOSPITAL	Business or activity to which this form relates 620000	Identifying number 38-1359063
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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)	1	1,020,000
2 Total cost of section 179 property placed in service (see instructions)	2	0
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,020,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	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	5	1,020,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7		
7 Listed property. Enter the amount from line 29	7	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562	10	0
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	12	0
13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12	13	0

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	0
15 Property subject to section 168(f)(1) election	15	0
16 Other depreciation (including ACRS)	16	0

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	17	973,499
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 <input type="checkbox"/>	18	

Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			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					
b 12-year			12 yrs		S/L
c 30-year			30 yrs	MM	S/L
d 40-year			40 yrs	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	0
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	973,499
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	0

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .						25	0			
26 Property used more than 50% in a qualified business use:										
		%								
		%								
		%								
27 Property used 50% or less in a qualified business use:										
		%				S/L -				
		%				S/L -				
		%				S/L -				
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .						28	0			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 .								29	0	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32	0	0	0	0	0	0	0	0	0	0	0	0
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2019 tax year (see instructions):					
43 Amortization of costs that began before your 2019 tax year				43	0
44 Total. Add amounts in column (f). See the instructions for where to report				44	0