

Form **990-T**

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

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service

For calendar year 2019 or other tax year beginning and ending  
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

**A** Check box if address changed ☐

**B** Exempt under section  
☒ 501(c)(3) ☐ 220(e) ☐ 530(a)  
☐ 408(e) ☐ 408A ☐ 529(a)

**C** Book value of all assets at end of year **1474682154**

**D** Employer identification number (Employees' trust, see instructions) **38-1360584**

**E** Unrelated business activity code (See instructions) **621500 624410**

**F** Group exemption number (See instructions) **4**

**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 **3** Describe the only (or first) unrelated trade or business here  
**LAB SERVICES, DAY CARE, ETC.** 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  
**SPARROW HEALTH SYSTEM 38-2542859**

**J** The books are in care of **WILLIAM HOWE** Telephone number **517-364-6102**

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <b>16,949,515</b>			
b Less returns and allowances <b>4,810,575</b>			
c Balance	<b>12,138,940</b>		
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit Subtract line 2 from line 1c	<b>12,138,940</b>		<b>12,138,940</b>
4a Capital gain net income (attach Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c Capital loss deduction for trusts			
5 Income (loss) from partnership and S corporation (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions, attach schedule) <b>SEE STMT 1</b>	<b>45,970</b>		<b>45,970</b>
13 Total. Combine lines 3 through 12	<b>12,184,910</b>		<b>12,184,910</b>

**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)		
15 Salaries and wages		<b>2,137,754</b>
16 Repairs and maintenance		
17 Bad debts		
18 Interest (attach schedule) (see instructions)		
19 Taxes and licenses		
20 Depreciation (attach Form 4562)	<b>32,497</b>	
21a Less depreciation claimed on Schedule A and elsewhere on return		<b>32,497</b>
22 Depletion		
23 Contributions to deferred compensation plans		
24 Employee benefit programs		<b>585,952</b>
25 Excess exempt expenses (Schedule I)		
26 Excess readership costs (Schedule J)		
27 Other deductions (attach schedule)		<b>9,724,394</b>
28 Total deductions. Add lines 14 through 27		<b>12,480,597</b>
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13		<b>-295,687</b>
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		
31 Unrelated business taxable income Subtract line 30 from line 29		<b>-295,687</b>

**Part III** For Paperwork Reduction Act Notice, see instructions.

**Part IV** For Paperwork Reduction Act Notice, see instructions.

**Part V** For Paperwork Reduction Act Notice, see instructions.

**Part VI** For Paperwork Reduction Act Notice, see instructions.

**Part VII** For Paperwork Reduction Act Notice, see instructions.

**Part VIII** For Paperwork Reduction Act Notice, see instructions.

**Part IX** For Paperwork Reduction Act Notice, see instructions.

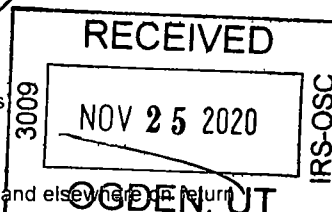
**Part X** For Paperwork Reduction Act Notice, see instructions.

**Part XI** For Paperwork Reduction Act Notice, see instructions.

**Part XII** For Paperwork Reduction Act Notice, see instructions.

DAA For Paperwork Reduction Act Notice, see instructions.

SCANNED MAY 13 2021



Part 1

SEE STATEMENT 2

914  
18

**Part III Total Unrelated Business Taxable income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	32	99,539
33	Amounts paid for disallowed fringes		33	
34	Charitable contributions (see instructions for limitation rules)		34	
35	Total unrelated business taxable income before pre 2018 NOLs and specific deductions Subtract line 34 from the sum of lines 32 and 33	5	35	99,539
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	7	37	99,539
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38	1,000
39	<b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	11	39	98,539

**Part IV Tax Computation**

40	<b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)	1	40	20,693
41	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		41	
42	<b>Proxy tax.</b> See instructions		42	
43	Alternative minimum tax (trusts only)		43	
44	<b>Tax on Noncompliant Facility Income.</b> See instructions		44	
45	<b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies	7	45	20,693

**Part V Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	
e	<b>Total credits.</b> Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	20,693
48	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (all sch)	48	
49	<b>Total tax.</b> Add lines 47 and 48 (see instructions)	49	20,693
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 3	50	
51a	Payments. A 2018 overpayment credited to 2019	51a	242,343
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	51g	
52	<b>Total payments.</b> Add lines 51a through 51g	52	242,343
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	<b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	0
55	<b>Overpayment.</b> If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	221,650
56	Enter the amount of line 55 you want <b>Credited to 2020 estimated tax</b> 221,650 <b>Refunded</b>	56	

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

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year		X

**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.

Signature of officer *Julie M. Pfeifle*

Date 11/12/2020

Title SRVP/CFO/TREASURER

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
JULIE M. PFEIFLE	<i>Julie M. Pfeifle</i>	11/11/2020		P00751307
Firm's name	Firm's EIN			
ANDREWS HOOPER PAVLIK PLC	38-3133790			
Firm's address	Phone no			
4295 OKEMOS RD STE 200 OKEMOS, MI 48864-6201	517-706-0800			

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

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>				
<b>4a</b> Additional sec. 263A costs (attach schedule)	<b>4a</b>		<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>b</b> Other costs (attach schedule)	<b>4b</b>				
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				

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

(see instructions)

<b>1</b> Description of property		
(1) <b>N/A</b>		
(2)		
(3)		
(4)		
<b>2</b> 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)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ►
<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) ►		

**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	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) <b>N/A</b>				
(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 x column 6)	<b>8</b> Allocable deductions (column 6 x 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)	Enter here and on page 1, Part I, line 7, column (B)
<b>Total dividends-received deductions</b> included in column 8				

**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) <b>N/A</b>					
(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** ▶**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) <b>N/A</b>				
(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** ▶**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) <b>N/A</b>						
(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** ▶**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) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals</b> (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) <b>N/A</b>						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> ▶						
<b>Totals, Part II (lines 1-5)</b> ▶	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

**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) <b>N/A</b>		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 ▶			

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

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

OMB No 1545-0047

**2019**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

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

► 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

**EDWARD W SPARROW HOSPITAL**

Employer identification number  
**38-1360584**

Unrelated Business Activity Code (see instructions) ► **624410**

Describe the unrelated trade or business ► **DAYCARE REVENUE**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c Balance</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit Subtract line 2 from line 1c		<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from partnership and S corporation (attach statement)		<b>5</b>		
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions, attach schedule) <b>SEE STMT 1</b>		<b>12</b> 565,807		565,807
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 565,807		565,807

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	5,831
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	
<b>22</b> Depletion	<b>21b</b>	0
<b>23</b> Contributions to deferred compensation plans	<b>22</b>	
<b>24</b> Employee benefit programs	<b>23</b>	
<b>25</b> Excess exempt expenses (Schedule I)	<b>24</b>	
<b>26</b> Excess readership costs (Schedule J)	<b>25</b>	
<b>27</b> Other deductions (attach schedule) <b>SEE STATEMENT 2</b>	<b>26</b>	
<b>28 Total deductions.</b> Add lines 14 through 27	<b>27</b>	460,437
<b>29</b> Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>28</b>	466,268
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>29</b>	99,539
<b>31</b> Unrelated business taxable income Subtract line 30 from line 29	<b>30</b>	
	<b>31</b>	99,539

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

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

**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 , and ending

► 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

Name of the organization

Employer identification number

**EDWARD W SPARROW HOSPITAL**

**38-1360584**

Unrelated Business Activity Code (see instructions) ► **900099**

Describe the unrelated trade or business ► **PASSTHROUGH UBTI**

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

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

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

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

Form **990-T****Schedule M Loss Carryover Calculation****2019**Description **NONPATIENT SERVICE REVENUE**

Name

**EDWARD W SPARROW HOSPITAL**

Taxpayer Identification Number

**38-1360584**Unincorporated Business Income Tax Code **621500** Activity **MEDICAL AND DIAGNOSTIC LABORATOR**

- 1 Activity income
- 2 Activity deductions
- 3 Activities income or loss, after deductions
- 4 Losses carried over to this year (do not include amounts prior to 2018)
- 5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive
- 6 Take the lesser of Line 4 or Line 5 Enter here and on Line 30 of Form 990-T or Schedule M
- 7 Remaining losses to be carried forward to 2020 (Subtract Line 6 from line 4)
- 8 If line 3 is less than zero, enter that amount here as a positive number
- 9 Total loss carried forward to 2020 (Add lines 7 and 8)

1	12,184,910
2	12,480,597
3	-295,687
4	74,228
5	
6	
7	74,228
8	295,687
9	369,915



**Federal Statements****Statement 1 - Form 990-T, Part I, Line 12 - Other Income**

<u>Description</u>	<u>Amount</u>
NONPATIENT SERVICE REVENUE	\$ 45,970
TOTAL	\$ 45,970

**Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions**

<u>Description</u>	<u>Amount</u>
DRUGS & PHARMACEUTICALS	\$ 8,526,935
SUPPLIES	625,255
OUTSIDE SERVICES	572,204
TOTAL	\$ 9,724,394

**Federal Statements****Daycare Revenue****Statement 1 - Form 990-T, Schedule M, Line 12 - Other Income**

Description	Amount
DAYCARE REVENUE	\$ 565,807
TOTAL	\$ 565,807

**Daycare Revenue****Statement 2 - Form 990-T, Schedule M, Line 28 - Other Deductions**

Description	Amount
SUPPLIES	\$ 4,319
OUTSIDE SERVICES	456,118
TOTAL	\$ 460,437

**Federal Statements****Passthrough UBTI****Statement 3 - Form 990-T, Schedule M, Line 5 - Income (Loss) from Partnerships or S-Corps**

<u>Name of Partnership or S-Corp</u>	<u>Gross Income</u>	<u>Direct Deductions (Part. only)</u>	<u>Net Income</u>
MMRDC PASSTHROUGH UBTI	\$ <u>                    </u>	\$ <u>                    </u>	\$ <u>                    </u>
TOTAL	\$ <u>                    0</u>	\$ <u>                    0</u>	\$ <u>                    0</u>

Form **990-T****Business Income Activity Summary****2019**

Name

**EDWARD W SPARROW HOSPITAL**

Taxpayer Identification Number

**38-1360584****Business Activity Income (and allocation of Prior-2018 NOL)**

A. Total Pre-2018 Net Operating Loss used by 2019 income (See NOL Worksheet)

**N/A**

	Unrelated Business Income Activity with Income	Code
1.	<b>DAYCARE REVENUE</b>	<b>624410</b>
2.	<b>PASSTHROUGH UBTI</b>	<b>900099</b>
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.	All other revenue	
16.	Total taxable income	

	Pre-2018 NOL (Limited to Income)	Net Income before Loss
1.	0	99,539
2.	0	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		99,539

**Business Activity Losses**

	Unrelated Business Income Activity with Losses	Code
1.	<b>NONPATIENT SERVICE REVENUE</b>	<b>621500</b>
2.		
3.		
4.		
5.	All other activities	
6.	Totals	

	Current Year Loss
1.	-295,687
2.	
3.	
4.	
5.	
6.	-295,687

Form <b>990-T</b>	<b>Form 990-T - Cumulative Income Review Worksheet</b>	<b>2019</b>
For calendar year 2019, or tax year beginning _____, and ending _____		

Name <b>EDWARD W SPARROW HOSPITAL</b>	Employer Identification Number <b>38-1360584</b>
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Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <b>16,949,515</b>			
b	Less returns and allowances <b>4,810,575</b>			
c Balance ▶		<b>1c</b>		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b>		
3	Gross profit Subtract line 2 from line 1c	<b>3</b>		<b>12,138,940</b>
4a	Capital gain net income (attach Schedule D)	<b>4a</b>		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
c	Capital loss deduction for trusts	<b>4c</b>		
5	Income (loss) from partnership and S corporation (attach statement)	<b>5</b>		
6	Rent income (Schedule C)	<b>6</b>		
7	Unrelated debt-financed income (Schedule E)	<b>7</b>		
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)	<b>8</b>		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
10	Exploited exempt activity income (Schedule I)	<b>10</b>		
11	Advertising income (Schedule J)	<b>11</b>		
12	Other income (See instructions, attach schedule) <b>SEE STMT</b>	<b>12</b>	<b>611,777</b>	<b>611,777</b>
13	Total. Combine lines 3 through 12	<b>13</b>	<b>12,750,717</b>	<b>12,750,717</b>

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)			
14	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
15	Salaries and wages	<b>15</b>	<b>2,137,754</b>
16	Repairs and maintenance	<b>16</b>	<b>5,831</b>
17	Bad debts	<b>17</b>	
18	Interest (attach schedule) (see instructions)	<b>18</b>	
19	Taxes and licenses	<b>19</b>	
20	Depreciation (attach Form 4562)	<b>20</b>	<b>32,497</b>
21	Less depreciation claimed on Schedule A and elsewhere on return	<b>21a</b>	<b>32,497</b>
22	Depletion	<b>22</b>	
23	Contributions to deferred compensation plans	<b>23</b>	
24	Employee benefit programs	<b>24</b>	<b>585,952</b>
25	Excess exempt expenses (Schedule I)	<b>25</b>	
26	Excess readership costs (Schedule J)	<b>26</b>	
27	Other deductions (attach schedule) <b>SEE STATEMENT</b>	<b>27</b>	<b>10,184,831</b>
28	Total deductions Add lines 14 through 28	<b>28</b>	<b>12,946,865</b>
29	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	<b>29</b>	<b>-196,148</b>
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	
31	Unrelated business taxable income. Subtract line 31 from line 30	<b>31a</b>	<b>-196,148</b>

Part III Deductions For Loss Arising after January 1, 2018 deductions must be directly connected with the unrelated business income			
32	Losses carried over to this year (do not include amounts prior to 2018)	<b>32</b>	<b>74,228</b>
33	Enter 80% of the amount on Line 29 ( if positive)	<b>33</b>	
34	Take the lesser of Line 32 or Line 33 Enter here and on Line 30 above	<b>34</b>	
35	Remaining losses to be carried forward to 2020 (Subtract Line 34 from line 32)	<b>35</b>	<b>74,228</b>
36	If line 29 is less than zero, enter that amount here as a positive number	<b>36</b>	<b>196,148</b>
37	Total loss carried forward to 2020 (Add lines 35 and 36)	<b>37</b>	<b>270,376</b>