

FINAL RETURN

2,000

OMB No 1545-0047

Form 990-T

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

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30 2020

2019

Department of the Treasury Internal Revenue Service

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

Form header section including: A Check box if address changed, B Exempt under section 501(c)(3), C Book value of all assets, D Employer identification number, E Unrelated business activity code, F Group exemption number, G Check organization type.

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. 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? [X] Yes [] No. If "Yes" enter the name and identifying number of the parent corporation ATCH 1.

J The books are in care of THOMAS P LICHTENWALNER Telephone number (484) 526-4000

Table for Part I Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Includes a RECEIVED stamp dated NOV 25 2020.

Table for Part II Deductions Not Taken Elsewhere. Rows 14-31. Includes Total deductions and Unrelated business taxable income before net operating loss deduction.

For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)

ENVELOPE POSTMARK DATE NOV 1 0 2020

SCANNED MAY 21 2021

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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.

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 payments.

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

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 57-59.

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 (Norris P. ...), Date (11/6/2020), Title (SRVP - FINANCE).

Paid Preparer Use Only: Print/Type preparer's name (SCOTT J MARIANI), Preparer's signature, Date (11/05/2020), Firm's name (WITHUMSMITH+BROWN, PC), Firm's EIN (22-2027092), Firm's address (200 JEFFERSON PARK SUITE 400, WHIPPANY, NJ 07981-1070), Phone no (973-898-9494).

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

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

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

(see instructions)

1 Description of property		
(1)		
(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)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions Enter here and on page 1, Part I line 6 column (B) ▶
(c) Total income 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)

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 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I line 7, column (A)	Enter here and on page 1, Part I, line 7 column (B)
Totals				
Total dividends-received deductions 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)					
(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)				
(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)						
(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)						
(2)						
(3)						
(4)						
Totals (carry to Part II line (5))						

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1 Part I line 11 col (A)	Enter here and on page 1 Part I, line 11 col (B)				Enter here and on page 1 Part II, line 26
Totals, Part II (lines 1-5)						

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

1 Name	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		

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

ST. LUKE'S HEALTH NETWORK
23-2384282

**ST LUKE'S HOSPITAL MONROE CAMPUS
EIN 46-5143606
FORM 990-T
FOR THE YEAR ENDED JUNE 30, 2020**

THE TAXPAYER'S FINAL FEDERAL FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN, IS BEING FILED TO REFLECT A REFUND OF THE ESTIMATED TAXES REMITTED WITH RESPECT TO INTERNAL REVENUE CODE §512(A)(7) DUE TO THE RETROACTIVE REPEAL OF INTERNAL REVENUE CODE §512(A)(7), THE TAXPAYER NO LONGER HAS A REQUIREMENT TO FILE A FORM 990-T ANNUALLY AND THE ESTIMATED TAXES REMITTED SHOULD BE REFUNDED