

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e)) 1912

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

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

- A Check box if address changed
- B Exempt under section
 - 501(c)(3)
 - 408(e) 220(e)
 - 408A 530(a)
 - 529(a)

Print or Type

Name of organization (Check box if name changed and see instructions)
SAINT LUKES SOUTH HOSPITAL INC

Number, street, and room or suite no. If a P O box, see instructions
12300 METCALF AVENUE

City or town, state or province, country, and ZIP or foreign postal code
OVERLAND PARK, KS 66213

D Employer identification number
(Employees' trust, see instructions)
48-1203262

E Unrelated business activity code
(See instructions.)
446110

C Book value of all assets at end of year
255,644,471

F Group exemption number (See instructions.) ▶

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 ▶ RETAIL PHARMACY. 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. ▶ SAINT LUKE'S HEALTH SYSTEM 43-1747502

J The books are in care of ▶ MATTHEW MARINO Telephone number ▶ (913) 317-7900

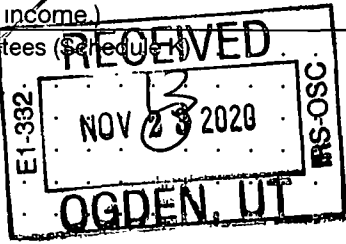
SCANNED SEP 28 2021

Part I Unrelated Trade or Business Income

	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	2,134,132		
b Less returns and allowances	0		
c Balance ▶	2,134,132		
2 Cost of goods sold (Schedule A, line 7)	1,758,207		
3 Gross profit. Subtract line 2 from line 1c	375,925		375,925
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
13 Total. Combine lines 3 through 12	375,925	0	375,925

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	0
15 Salaries and wages			15	179,362
16 Repairs and maintenance			16	0
17 Bad debts			17	0
18 Interest (attach schedule) (see instructions)			18	0
19 Taxes and licenses			19	0
20 Depreciation (attach Form 4562)		0	20	
21 Less depreciation claimed on Schedule A and elsewhere on return		0	21a	0
22 Depletion			22	0
23 Contributions to deferred compensation plans			23	0
24 Employee benefit programs			24	41,486
25 Excess exempt expenses (Schedule I)			25	0
26 Excess readership costs (Schedule J)			26	0
27 Other deductions (attach schedule)			27	303,581
28 Total deductions. Add lines 14 through 27			28	524,429
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13			29	(148,504)
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			30	0
31 Unrelated business taxable income. Subtract line 30 from line 29			31	(148,504)



For Paperwork Reduction Act Notice, see instructions.

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Lines 32-39.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 40-45.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 46a-56.

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

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

Sign Here: Under penalties of perjury, I declare that I have examined this return... Signature of officer: Matt Marone, Date: 11/3/20, Title: CFO.

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 ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	1,758,207	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	1,758,207
3 Cost of labor	3	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a	0			
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	1,758,207			

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	0	Total 0
(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)
0		0

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)		%		
Totals			0	0
Total dividends-received deductions included in column 8				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
	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) ▶	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

Description	Amount
RETAIL PHARMACY	
(1) MISCELLANEOUS	7,400
(2) SUPPLIES	2,527
(3) FACILITY AND ADMINISTRATIVE EXPENSES	290,963
(4) PURCHASED SERVICES	2,691
Total	303,581

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2001	63,206		26,992		36,214	
2004	37,020				37,020	
2005	72,372				72,372	
2006	87,968				87,968	
2007	78,893				78,893	
2008	111,457				111,457	
2009	484,215				484,215	
2010	98,340				98,340	
2011	90,295				90,295	
2012	150,857				150,857	
2013	166,411				166,411	
2014	113,073				113,073	
2015	56,978				56,978	
2016	101,734				101,734	
2017	152,502				152,502	
2018	225,970				225,970	
Totals	2,091,291	0	26,992	0	2,064,299	