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Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 31 from line 30 173, 409 29 173, 409 30 291, 649 31 291, 649		•	•	•		Con Chiham	· - 2		0.370
Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 31 from line 30 30 291,641 30 291,641		•		•		see statemen			
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 31 from line 30 31 291, 64				_	ne luna Ca) from line 12	ν	- 	
32 Unrelated business taxable income Subtract line 31 from line 30 32 291,641									231,043.
		•	•		ary I, ZL	TO (SEE INSUBCTIONS)	2		291,645.
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions. Form 990-T (20						· ·		1 32	Form 990-T (2018)

Form 990-	1 (2018)	CALIFORNIA				21-02	10003			raye a
Part	III T	Total Unrelated Business Taxab	ole Income							
33	Total	of unrelated business taxable income compute	ed from all unrelated trades or bus	sinesses (see instructions)		33		291	,645.
34	Amo	unts paid for disallowed fringes					34	T	_	0.
35		iction for net operating loss arising in tax years	beginning before January 1, 2018	8 (see inst	tructions)		35			
36		of unrelated business taxable income before s		-						
		33 and 34					36		291	645.
37		ific deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)		•	3	8 37		1	,000.
38	•	lated business taxable income. Subtract line		or than lin	na 36	2	' ਁ Ĭ	 		<u>, </u>
30		the smaller of zero or line 36	37 Hom file 30 H file 37 is great	Ci tilali ili	ic 50,	3	$q \mid \frac{1}{38}$		290	,645.
Part		Tax Computation					1 30			,
		·	20 hy 040/ (0.04)			110.0	1 40	т		,035.
39	_	nizations Taxable as Corporations. Multiply li				40	► <u>39</u>	 		,033.
40	Irus	is Taxable at Trust Rates. See instructions for	·	ne amour	it on line 38 from:		<u> </u>	-		
		Tax rate schedule or Schedule D (For	m 1041)				► 40 1.	+		
41		y tax See instructions				,	► 4 <u>1</u>	\vdash		
42		native minimum tax (trusts only)					42	—		
43		on Noncompliant Facility Income. See instruc				11.	43			
44	_	. Add lines 41, 42, and 43 to line 39 or 40, whi	chever applies			પ્	5 44		61	,035.
Part '	V	Tax and Payments								
45 a	Fore	gn tax credit (corporations attach Form 1118; t	rusts attach Form 1116)		45a		_	İ		
b	Othe	r credits (see instructions)			45b					
C	Gene	ral business credit. Attach Form 3800			45c					
d	Cred	it for prior year minimum tax (attach Form 880	1 or 8827)		45d					
е	Tota	credits. Add lines 45a through 45d					45e			
46	Subt	ract line 45e from line 44					46		61	,035.
47	Othe	r taxes. Check if from: Form 4255	Form 8611 Form 8697	Form 8	8866 🔲 Other	(attach schedule	e) 47			
48		tax. Add lines 46 and 47 (see instructions)					Q 48		61	,035.
49		net 965 tax liability paid from Form 965-A or F	form 965-B. Part II. column (k). Iir	ne 2	_		49			0.
		nents: A 2017 overpayment credited to 2018		514	50a	15,53				
	-	estimated tax payments		slb	50b	278,00	0.			
		deposited with Form 8868		516	50c	75,00				
		gn organizations: Tax paid or withheld at source	e (see instructions)	416	50d	<u> </u>				
		up withholding (see instructions)	o (See mondonomo)		50e					
		it for small employer health insurance premium	ne (attach Form 8041)		50f		-			
f			rm 2439		1 1					
g	Ullie			Total	► - 50g					
	T-4-		her	Total	1 308 1		\$1		368	,538.
51		payments. Add lines 50a through 50g	0000 is attached					 		, 330.
52		nated tax penalty (see instructions). Check if Fo					<u>52</u> ► 53	 		
53		fue If line 51 is less than the total of lines 48,				4	_H.	\vdash	307	,503.
(6 5 4		payment If line 51 is larger than the total of lin			207 502 -		► 54 ► 55	 		
C 1655		the amount of line 54 you want: Credited to 2 Statements Regarding Certain				efunded)	<u>> 55</u>	<u> </u>		0.
Part '						<u>'</u>			- 	1
56		y time during the 2018 calendar year, did the o	-	-					Yes	No
		a financial account (bank, securities, or other)							-	
	FinCl	EN Form 114, Report of Foreign Bank and Finar	ncial Accounts. If "Yes," enter the r	name of th	ne foreign country					- <u>-</u> -
	here				 _				_	X
57		ng the tax year, did the organization receive a d		ntor of, or	transferor to, a fo	reign trust?				X
		es," see instructions for other forms the organiz						•		
58		the amount of tax-exempt interest received or								
C:		nder penalties of perjury, I declare that I have examined prect, and complete Declaration of preparer (other than					wledge and	belief, it is	i true,	
Sign		0121-		.		,-	May the IP	S discuss	this return	with
Here		C 2 2 2 2 -		P/ASSIS	STANT TREASU	RER			below (see	
			Date Title	` _			instruction	s)? X	Yes	No
		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PT	iN		
Paid			Sur Vivole With	1 6	03/05/3030	self- employ	ed			
Prepa	arer	EVA NITTA	NICOGO N UM		03/05/2020		P	012863	320	
Use (Firm's name > ERNST & YOUNG U.S.	LLP			Firm's EIN	>	34-65	65596	
USE (Jiny	560 MISSION STR								
		Firm's address > SAN FRANCISCO,	CA 94105			Phone no.	415-89	4-800	0	
823711 0	1-00-10	-						Form	990-T	(2019

Form 990-T (2018) CALIFORNIA 51-0216589 Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation Inventory at beginning of year 6 Inventory at end of year 6 2 Purchases 2 7 Cost of goods sold. Subtract line 6 3 Cost of labor 3 from line 5. Enter here and in Part I, 4 a Additional section 263A costs Yes No 8 Do the rules of section 263A (with respect to (attach schedule) 4a b Other costs (attach schedule) 4b property produced or acquired for resale) apply to 5 Total. Add lines 1 through 4b 5 the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of property (1) (2) (3) (4) 3(a) Deductions directly connected with the income in (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 columns 2(a) and 2(b) (attach schedule) of rent for personal property exceeds 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total Total 0 (b) Total deductions (c) Total income. Add totals of columns 2(a) and 2(b). Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 3. Deductions directly connected with or allocable to debt-financed property 2 Gross income from or allocable to debt-(b) Other deductions (attach schedule) (a) Straight line depreciation 1. Description of debt-financed property financed property (attach schedule) (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) Average adjusted basis of or allocable to debt-financed property (attach schedule) 8. Allocable deductions Column 4 divided Gross income by column 5 reportable (column 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) (1) % % (2)(3)%

Form 990-T (2018)

0.

0.

Enter here and on page 1,

Part I, line 7, column (B)

(4)

Totals

%

Enter here and on page 1,

Part I, line 7, column (A)

0

Total dividends-received deductions included in column 8

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Form 990-T (2018)

Part II	Income From	Periodicals Reported on a Separate Ba	asis	(For each p	periodical listed i	n Part II, fill ir	n
	columns 2 throug	ih 7 on a line-by-line basis)					

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 27
Totals, Part II (lines 1-5)	▶	0.	, o.				0

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

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

Form 990-T (2018)

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PROVIDENCE HEALTH SYSTEM - SO. CALIFORNIA EIN: 51-0216589 FOR THE TAX YEAR ENDED: DECEMBER 31, 2018 990-T

CHARITABLE CONTRIBUTIONS COMPUTATION

UBI

Part II, Line 32	Movie Studio Revenue			ᡐ	323,939
	UBI (excluding fringe benefits)	oenefits)			323,939
	Subtotal:				323,939
	Less: NOL prior to 2018	m			ı
	Less: Specific Deduction	uc			(1,000)
	Subtotal - Income for CC limitation	C limitation	u.		322,939
	* 10% limitation				10%
	Total			ဟ	32,294
	2018 Charitable Contributions	outions		S	183,550
	Charitable Contribution Deduction (lesser of the two)	n Deduction	(lesser of the two)	v	32,294
			Charitable		
			Contribution		
Apportionment			Deduction	1-066	990-T Reference
	Movie Studio Revenue	100%	\$ 32,294	Part I	Part II, Line 20

PROVIDENCE HEALTH SYSTEM - SO. CALIFORNIA

EIN: 51-0216589

FOR THE TAX YEAR ENDED: DECEMBER 31, 2018

990-T

CHARITABLE CONTRIBUTION CARRYFORWARD

Tax Year	Charitable Contributions	Utilized in PY	Utilized in CY	Carryforward
12/31/2015	39 , 650	39,300	-	350
12/31/2016	63,050	35,921	-	27,129
12/31/2017	730,370	50,680	-	679 , 690
12/31/2018	183,550	_	32,294	151,256
TOTAL	1,016,620	125,901	32,294	858,425

Form 990-T	' Other Deductions	Statement 2
Description		Amount
SUPPLIES OTHER DIRECT EXPENSES		1,050. 1,322.
Total to Form 990-T, Page 1,	line 28	2,372.

— F	orm 990-T	Parent	Corporation's	Name	and	Identifying	Number	Statement 3
Co	orporation's	s Name						Identifying No
PI	ROVIDENCE ST	JOSEPI	H HEALTH					81-1244422