

Form 990-T

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

OMB No 1545-0687

For calendar year 2018 or other tax year beginning 1812 and ending

2018

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 sections A, B, D, E, F, G, H, I, J. Includes fields for address (PROVIDENCE HEALTH SYSTEM - SO, CALIFORNIA), book value (1,902,254,815), and organization type (501(c) corporation).

Section C: Book value of all assets at end of year 1,902,254,815. Section G: Check organization type (501(c) corporation).

Section H: Enter the number of the organization's unrelated trades or businesses (1). Describe the only (or first) unrelated trade or business here: MOVIE STUDIO REVENUE.

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes.

Section J: The books are in care of JO ANN ESCASA-HAIGH. Telephone number 949-381-4000.

Table: Part I Unrelated Trade or Business Income. Columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13. Total income 465,050.

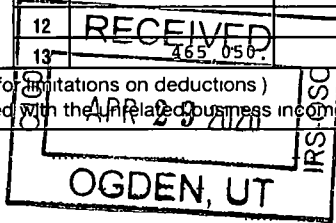


Table: Part II Deductions Not Taken Elsewhere. Columns: (A) Income, (B) Expenses, (C) Net. Rows 14-32. Total deductions 173,405. Unrelated business taxable income 291,645.

SCANNED JUL 01 2020

21 Received in AUG 17 2020 Batching Ogden

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Part III Total Unrelated Business Taxable Income

Table with 2 columns: Line number and Amount. Lines 33-38 showing business taxable income calculations.

Part IV Tax Computation

Table with 2 columns: Line number and Amount. Lines 39-44 showing tax computation steps.

Part V Tax and Payments

Table with 2 columns: Line number and Amount. Lines 45a-55 showing tax credits, payments, and tax due.

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

Table with 3 columns: Question number, Question text, and Yes/No response.

Signature and preparer information section including name, date, title, and firm details.

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

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		
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

**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			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)	
<b>Totals</b>			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)
<b>Totals</b>		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 26
<b>Totals</b>		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)						
<b>Totals (carry to Part II, line (5))</b>		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)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (Lines 1-5)</b>	0. <small>Enter here and on page 1, Part I, line 11, col (A)</small>	0. <small>Enter here and on page 1, Part I, line 11, col (B)</small>				0. <small>Enter here and on page 1, Part II, line 27</small>

**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)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

Form 990-T (2018)

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

CHARITABLE CONTRIBUTIONS COMPUTATION

UBI

<b>Part II, Line 32</b>	Movie Studio Revenue	\$	323,939
	UBI (excluding fringe benefits)		323,939
	<b>Subtotal:</b>		323,939
	Less: NOL prior to 2018		-
	Less: Specific Deduction		(1,000)
	<b>Subtotal - Income for CC limitation</b>		322,939
	* 10% limitation		10%
	<b>Total</b>	\$	32,294
	<b>2018 Charitable Contributions</b>	\$	183,550
	<b>Charitable Contribution Deduction (lesser of the two)</b>	\$	32,294
<b>Apportionment</b>	Movie Studio Revenue	100%	\$ 32,294
	Charitable Contribution Deduction		990-T Reference 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**

<u>Tax Year</u>	<u>Charitable Contributions</u>	<u>Utilized in PY</u>	<u>Utilized in CY</u>	<u>Carryforward</u>
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
<b>TOTAL</b>	<b>1,016,620</b>	<b>125,901</b>	<b>32,294</b>	<b>858,425</b>

Form 990-T

Other Deductions

Statement 2

Description

Amount

SUPPLIES

1,050.

OTHER DIRECT EXPENSES

1,322.

Total to Form 990-T, Page 1, line 28

2,372.



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Form 990-T      Parent Corporation's Name and Identifying Number      Statement 3

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<u>Corporation's Name</u>	<u>Identifying No</u>
PROVIDENCE ST. JOSEPH HEALTH	81-1244422