47		OO T	E	Exempt C)rganizati	on Busi	ness	Inc	ome	Tax Re	eturi	า	01	MB No 1545-0047
	Form	990-T		(:	and proxy t	tax undei	r sect	tion (6033((e))				@@ 4 ^
٠,			For cale	ndar year 2019 o	r other tax year b	eginning 0	7/01 ,	2019, a	and endu	ng 06/30	, 20,	20		2019
	Depàrtm	ent of the Treasury	l		w.irs.gov/Form						/	int		
		Revenue Service	▶ Dor	not enter SSN ni	umbers on this fo	orm as it may l	oe made	public	of your o	rganization	is a 5 01	19/9/5/	Open 1 501(c)	o Public Inspection for (3) Organizations Only
	A Z	heck box if ddress changed		Name of organiz	zation (k box if name c	hanged	and see	instruction	ons)				dentification number
		pt under section	Print	ST. JOHN ME	DICAL CENTER	R, INC						(Emp	loyees'	trust, see instructions)
	✓ 50	n(C)(O3)	or	Number, street,	and room or suite	no IfaPO be	ox, see ir	nstructio	ons		ļ			0579286
rB.	□ 40	8(e) 220(e)	Туре	C/O TAX DEP	ARTMENT, PO	BOX 45998							lated bu instruc	usiness activity code
1/2	☐ 40	8A 🔲 530(a)		-	ate or province, co	ountry, and ZIP	or foreigi	n postal	l code			,000	11130100	10113)
//	52			ST LOUIS, M		_								60000
[//	at en	value of all assets d of year			n number (See					14/-1/		4047	092	
10					tion type 🕨 [1(c) trust	Ⴞ	401(a		_=
		ter the number		_					1				• •	first) unrelated
		de or business												one, describe the or each additiona
5		de or business,	-		•	entence, co	mpiete	, all	s i aliu	ii, compie	ie a o	Ciledui	e ivi it	or each additiona
Σ,				_ 		n affiliated or	oun or	a narei	nt-eubei	diany contre	olled a	oun?	_	☑ Yes ☐ No
らと		Yes," enter the												
۱ م		e books are in o				o parone oo.	poratio			elephone r				314) 733-8000
7 L		Unrelated								Income		Expens		(C) Net
<i>u</i>	_	Gross receipts			1,327,822	2								
Ų	b	Less returns a	nd allov	vances	(c Balan	ice ▶	1c		1,327,822		,		
O	2	Cost of goods	sold (S	chedule A, lin	ie 7)	-		2		0		/		
1	3	Gross profit S	Subtract	line 2 from lin	ne 1c			3		1,327,822	/			1,327,822
Υ	4a	Capital gain ne	et incon	ne (attach Sch	nedule D) .			4a		0				0
	b	Net gain (loss)	(Form 4	1797, Part II, I	ine 17) (attach	Form 4797)		4b			<u> </u>			0
	С	Capital loss de						4c		0	<u> </u>			0
	5	Income (loss)			or an S co	rporation (a	ttach	_	/	_			ŀ	
		statement) .			. 60.	#54		5	/_	0	<u> </u>			0
	6	Rent income (S						6.5		0	ļ		0	0
	7	Unrelated debt				101, 401	-	7.7		0	 		0	0
	8	Interest, annuities,	, royaities	, and rents from	a controlled organ	Assiloulistued		8		0	 		0	0
<u></u>	9	Investment incom Exploited exen Advertising inco Other income	ne or a se		(9), or (17) organi	zation (Schedi	110-(B) 	10			<u> </u>		0	0
Š	10 11	Advertising inc	npi acii	obedule ()	SCHECKIN	ED ENTIT	Voc	10					0	0
0	12	Other income	(See ins	tructions: att	ach schedule)		i DEI	42		651			-	651
<u>0</u>) :	13	Total. Combin					• •	13		1,328,473				1,328,473
0		I Deduction				structions for	or limit		s on de			uctions	mus	
		connected	l with th	a unrelated	hueinaee inco	ma.Y				•	,			, ,
2	14	Compensation	of offic	ers, directors	, and trustees	(Schedule 4	P.FIVI	ED. IN	1 COH	160			14	0
	15	Salaries and w	ages			/	IRS	OS	C:17				15	431,183
2	16	Repairs and m	aintena	nce	/				root l				16	9,491
ڗڰۣ	17	Bad debts .			/.		· OC.	724	2021				17	0
SK)	18	Interest (attach			Y								18	0
豖	19	Taxes and lice					· AB	afn:	UTA	17			19	0
8	20	Depreciation (a									6	02,202		202 222
	21	Less depreciat										U	21b	602,202
Z	22	Depletion									•		22	0
SCANNELDINK 32220822	23	Contributions t			•							•	23	0 117,032
び	24 25	Employee bene Excess exemp											25	117,032
(V)	25 26	Excess exemp	-	· •*	•							,	26	
	20 27	Other deduction											27	167,914
",∕~	28	Total deduction											28	1,327,822
ϕ	29 29	Unrelated busin											29	651
70	30	Deduction for												
12		instructions) .											30	0
Ĺ	21	Unrelated busy										ŀ	31	651

Form **990-T** (2019) 5/13/2021 9:18:17 PM

Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 33 36 33 36 36 36 36 3	Dort	77	otal Unrelated Business Taxable Income	- 			1 age 2
33 Amounts pad for disallowed fringes 34 According to disallowed fringes 35 Amounts pad for disallowed fringes 36 Amounts pad for disallowed fringes 37 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33. 8 Deduction for net operating loss ansing in tax years beginning before January 1, 2018 (see instructions). 9 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35. 10 Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35. 10 Total of unrelated business taxable income. Subtract line 38 from line 35 from line 35. 10 Total of unrelated business taxable income. Subtract line 38 from line 35. 11 Total of unrelated business taxable income. Subtract line 38 from line 35. 12 Total of unrelated business taxable income. Subtract line 38 from line 35. 13 Unrelated business taxable income. Subtract line 38 from line 35. 14 Total xon line 37 from 1 from 1 from 25 line 20 from 104 line 38 from line 35 from 1 from 25 line 34 from					/	т	
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## Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) ## A6a ## Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) ## A6a ## A6b ## A6c ## A6c ## A6c ## Credit for prior year minimum tax (attach Form 8801 or 8827) ## Total credits. Add lines 46a through 46d ## Subtract line 46e from line 45 ## A0 ther taxes Check if from Form 255 Form 8611 Form 8697 Form 8666 Other (attach schedule) ## Total tax. Add lines 47 and 48 (see instructions) ## A9 ## S019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 ## S019 estimated tax payments ## D118 estimated tax payments ## D12 estimated tax payments ## D13 estimated tax payments ## D14 estimated tax payments ## D15 estimated tax payments ## D16 estimated tax payments ## D17 estimated tax payments ## D18 estimated tax payments ## D18 estimated tax payments, and payments, Form 2439 ## D17 estimated tax penalty (see instructions) ## D18 estim	44	Tax on	Noncompliant Facility Income. See instructions			44	
## Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) ## A6a ## Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) ## A6a ## A6b ## A6c ## A6c ## A6c ## Credit for prior year minimum tax (attach Form 8801 or 8827) ## Total credits. Add lines 46a through 46d ## Subtract line 46e from line 45 ## A0 ther taxes Check if from Form 255 Form 8611 Form 8697 Form 8666 Other (attach schedule) ## Total tax. Add lines 47 and 48 (see instructions) ## A9 ## S019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 ## S019 estimated tax payments ## D118 estimated tax payments ## D12 estimated tax payments ## D13 estimated tax payments ## D14 estimated tax payments ## D15 estimated tax payments ## D16 estimated tax payments ## D17 estimated tax payments ## D18 estimated tax payments ## D18 estimated tax payments, and payments, Form 2439 ## D17 estimated tax penalty (see instructions) ## D18 estim	45	Total.	Add lines 42, 43, and 44 to line 40 or 41, whichever applies.			45	0
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Gother credits, adjustments, and payments. Form 2439 Gother Form 4136 Gother Got	_						
Form 4136	-		, ,				
Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Toverpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amo	y			54-	0		
Estimated tax penalty (see instructions). Check if Form 2220 is attached . □				3191		∤ ====-	0
Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Statements Statem		•	·		_		0
Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid. ▶ 55 Enter the amount of line 55 you want				▶ '	U _.		
The state of the amount of line 55 you want Part VI Statements Regarding Certain Activities and Other Information (see instructions)	54		·				0
Statements Regarding Certain Activities and Other Information (see instructions) 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 ▶ 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 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 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 true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? □ Yes □ Not □ Yick PRESIDENT, TAX Paid Preparer Preparer Preparer's name Prim's name Firm's name	55	-		unt overpaid .		55	0
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 ▶ 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 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 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 true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge VICE PRESIDENT, TAX May the IRS discuss this return with the preparer shown below (see instructions)? □Yes □Nown bel	56	Enter th	e amount of line 55 you want	0 Refunded	d ▶	56	0
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 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 59 Enter the amount of tax-exempt interest received or accrued during the tax year 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 true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? Tes Note that the preparer shown below (see instructions)? Tes Note that the preparer store in the preparer shown below (see instructions)? Tes Note that the preparer store in	Part '	VI S	tatements Regarding Certain Activities and Other Information (see instructions)			
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 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 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 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 true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? Tyes Not the preparer shown below (see instructions)? Tyes Not the preparer shown below (see instructions)? Tyes Not the preparer use Only Print/Type preparer's name Preparer s signature Print/S name Print/Type preparer's name Preparer s signature Print/S name Print/S name	57	At any	time during the 2019 calendar year, did the organization have an interest	n or a signature o	r othe	er author	nty Yes No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here 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 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 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 true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Here Signature of fifteer		over a	inancial account (bank, securities, or other) in a foreign country? If "Yes,"	the organization	may	have to f	file Salar
bere ► 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 59 Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ 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 true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? Ves Now							
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If "Yes," see instructions for other forms the organization may have to file 59 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 0 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 true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? Test Interest	59			f or transferor to a	forein	n trust?	
Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ 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 true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ Not ☐ Yes ☐ Yes ☐ Yes ☐ Not ☐ Yes ☐ Y	30			1, or authoror to, a	lorong	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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 true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge May the IRS discuss this return with the preparer shown below (see instructions)? ☐ Yes ☐ Note Paid Preparer Print/Type preparer's name Preparer's name Preparer's name Preparer's name Preparer Use Only Firm's name Firm's EIN ▶	50			▶ €			
Sign Here	_59				a hact -	of my knowl	
Here Signature of officer Paid Preparer s name Preparer s signature Prim's name Firm's name Prim's name	C:	1	penames or perjury, i deciare that i have examined this return, including accompanying scredules are priect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which	preparer has any knowled	dge 💳		
Paid Preparer Use Only Signature of officer Date Title (see instructions)? Yes No.	-	I			٧		
Paid Preparer Use Only Pifficer Date Title Date Title Check if self-employed Firm's name ► Preparer signature Prim's name ► Firm's name ► Prim's name ►	Here		TO TO THE	NT, TAX			
Preparer Use Only Firm's name Firm's EIN		Signati	re of Afficer Date Title		<u>L</u>		
Preparer Use Only Self-employed Firm's name ▶ Firm's EIN ▶	Paid		Print/Type preparer's name Preparer's signature	Date	Chec	k 🔲 if	PTIN
Use Only Firm's name ► Firm's EIN ►		0202					
Use Only	•		Firm's name >		Firm's	EIN ►	
LIND A GUNESA F	Use (Unly	Firm's address ▶				

	30-1 (2019)	- 0-14 [بر گھ اسم جانج س			ali i mati mini. Di	_				٢	age 3
	dule A-Cost of Good		_	method of ir									
1	Inventory at beginning of	· -	1		<u> </u>	6	-	at end of year		_6_			0
2	Purchases	-	2		_ 0	7		oods sold. Subtract					
3	Cost of labor		3		0			5. Enter here and in F	-art				
4a	Additional section 263A		_							7	<u> </u>	V 1	0
	(attach schedule)	- F	4a_		0	8		es of section 263A (Yes	No
	Other costs (attach sche		4b		0			roduced or acquired t					
5	Total. Add lines 1 throug		5		0	1		inization?			• .:.		
	dule C-Rent Income	(From Re	eal F	roperty and	ı Per	sonai	Property I	Leased with Real F	rop	erty)			
<u> </u>	instructions)												
	nption of property										-		
(1)													
(2)													
(3)													
(4)								1					
		2. Rent rece	ved o	r accrued				_					
	om personal property (if the perce personal property is more than 10 more than 50%)		р	(b) From real ar ercentage of rent 50% or if the rent	for pers	sonal pro	perty exceeds	3(a) Deductions dire in columns 2(a)					е
(1)			1										
(2)			1										
(3)	, · · · ·				-		<u>-</u>					-	
(4)			\top										
Total			Tot	tal				0		_			
	al income. Add totals of colu							(b) Total deductions Enter here and on pa					
	nd on page 1, Part I, line 6, co			>				0 Part I, line 6, column					0
Sche	dule E-Unrelated Del	bt-Financ	ced	Income (see	ınstru	ctions	s)						
	1. Description of debt	-financed pro	pertv				come from or debt-financed	3. Deductions directly debt-fir	nancec	d proper	ty		
				-		pro	perty	(a) Straight line depreciation (attach schedule)	on		Other dedi ttach sche		<u> </u>
(1)					<u> </u>				_				
(2)					Ļ				_				
(3)					L				_				
(4)									\dashv			_	
	Amount of average acquisition debt on or llocable to debt-financed roperty (attach schedule)	of debt-fi	r alloc nance	justed basis cable to d property hedule)		4 dı	olumn vided Ilumn 5	7. Gross income reportab (column 2 × column 6)	ole	(column	ocable de 1 6 × total (3(a) and 3	of colu	
(1)					<u> </u>		%						
(2)							%						
(3)							%						
(4)							%						
					-			Enter here and on page Part I, line 7, column (A			ere and o line 7, co		
Totals				_			•		0				0
	ividends-received deductio	ns included	d in c	olumn 8				•					0
	<u> </u>										Form 99	0-T	(2019)

Sche	edule F-Interest, Ann	uities	, Royalties,	and R	ent	s From (Controlled Org	janizations (se	e instru	ctions)	
				Exem	pt C	Controlled	Organizations				
	Name of controlled organization		2. Employer fication number			ated income nstructions)	4. Total of specified payments made	5. Part of column included in the corganization's great street in the corganization of the corganization of the corganization of the column in	controlling	conn	eductions directly ected with income in column 5
(1)									·		
(2)	·							 		1	
(3)										1	
(4)											
None	xempt Controlled Organia	zations	 S				· · · · · · · · · · · · · · · · · · ·				
	7. Taxable Income		. Net unrelated incloss) (see instructi				tal of specified iments made	10. Part of column included in the corganization's great transfer or the corganization of the corganization of the column in the	controlling	conne	eductions directly cted with income in column 10
(1)					\perp				_	↓	
(2)					4						
(3)					\perp						
(4)											
								Add columns 5 Enter here and c Part I, line 8, co	on page 1,	, Enter h	columns 6 and 11 here and on page 1, line 8, column (B)
Totals							<u> </u>			0	0
Sche	edule G-Investment I	ncon	ne of a Sect	ion <u>50</u>	1(c			zation (see ins	truction		 -
	1. Description of income		2. Amount of	income		direc	Deductions ctly connected ach schedule)	4. Set-aside (attach sched		and s	otal deductions et-asides (col. 3 olus col. 4)
(1)											
(2)										,	
(3)											
(4)											
			Enter here and Part I, line 9, c								re and on page 1, ne 9, column (B)
Totals		•			0	1	<u> </u>				0
Sche	edule I - Exploited Exe	empt	Activity Inco	ome, C	Oth	er Than	Advertising In	icome (see inst	tructions	s)	
	1. Description of exploited activi	ty	2. Gross unrelated business incoi from trade o business	me c	di onne orodi uni	xpenses rectly ected with uction of related ess 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	attribu	penses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)					,						
(3)											
(4)											
Totals			Enter here and page 1, Part line 10, col (A	l, [age	ere and on 1, Part I, 0, col (B)					Enter here and on page 1, Part II, line 25
	edule J-Advertising I	ncom	ne (see instruc								<u> </u>
Par					ı a	Consoli	dated Basis	· · · · · · · · · · · · · · · · · · ·			·
	1. Name of penodical		2. Gross advertising income		3.	Direct ising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than
							cols 5 through 7				column 4)
(1)											
(2)											
(3)											
(4)				$\Box \Box$							
	s (carry to Part II, line (5))	>		0		0	0				0
	· · · · · · · · · · · · · · · · · · ·	-								F	orm 990-T (2019)

Page 5

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising costs (column 6 minus column 5, but 2. Gross gain or (loss) (col 3. Direct 5. Circulation 6. Readership 2 minus col 3) If 1. Name of periodical advertising advertising costs ıncome costs not more than column 4) a gain, compute cols 5 through 7 ıncome (1) (2) (3) 0 0 0 Totals from Part I \blacktriangleright Enter here and Enter here and on Enter here and on on page 1, Part II, line 26 page 1, Part I, page 1, Part I, line 11, col (A) line 11, col (B) 0 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable to 2. Title time devoted to 1. Name unrelated business % (1) % (2) % (3) % (4)

Form **990-T** (2019)

0

"Form 990T Part I, Line 12	Other Income			
•	Description		Amount	
EXTERNAL BUSINESS SERVICES				
(1) EQUIPMENT RENTAL				651
		Total for Part I, Line 12		651

Form 990T Part II, Line 27

Other Deductions

Description	Amount
EXTERNAL BUSINESS SERVICES	
(1) PURCHASED SERVICES	4,441
(2) SUPPLIES	72,108
(3) POSTAGE	656
(4) PRINTING AND DUPLICATING	2,260
(5) UTILITIES	61,772
(6) MANAGEMENT FEES AND OTHER EXPENSES	26,677
Tota	167,914

Department of the Treasury

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No 179

Internal Revenue Service (99) Business or activity to which this form relates Name(s) shown on return Identifying number ST JOHN MEDICAL CENTER, INC 560000 73-0579286 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,020,000 2 Total cost of section 179 property placed in service (see instructions) . . . 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 3 1,020,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 0 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 1,020,000 (b) Cost (business use only) (a) Description of property 0 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 0 9 0 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 0 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 0 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 0 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 0 15 Property subject to section 168(f)(1) election 15 0 16 Other depreciation (including ACRS) 0 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2019 602,202 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (a) Depreciation deduction placed in (business/investment use only—see instructions) period 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs h Residential rental 275 yrs MM S/L 275 yrs MM S/L property 39 vrs ММ S/L i Nonresidential real ММ S/L Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L b 12-year S/L 30 yrs MM c 30-year S/L d 40-year 40 yrs MM Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 0 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 602,202 23 For assets shown above and placed in service during the current year, enter the n

Form 4562 (2019) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) (b) (a) Business/ Basis for depreciation Method/ Depreciation Elected section 179 Type of property (list Date placed Recovery Cost or other basis (business/investment vestment use deduction period Convention cost vehicles first) in service percentage use only) Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: S/L -% % S/L -% 5/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ٥ 29 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B-Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (c) (d) (e) Vehicle 6 Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven Total miles driven during the year. Add lines 30 through 32 . . . Λ n No Yes No Yes No Yes No Yes No Yes No Yes 34 Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person? . . 36 Is another vehicle available for personal use? Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization Amortization (c) Date amortization Amortization for this year Description of costs Amortizable amount Code section period or begins 42 Amortization of costs that begins during your 2019 tax year (see instructions):

Form **4562** (2019)

0

0

43

44

43 Amortization of costs that began before your 2019 tax year

44 Total. Add amounts in column (f). See the instructions for where to report

Section 1.263(a)-3(n) Capitalization Election

St. John Medical Center, Inc. hereby elects on behalf of itself to capitalize repair and maintenance costs under Treas. Reg. § 1.263(a)-3(n). The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records.

Taxpayer Name	EIN	Address
St. John Medical Center, Inc.	73-0579286	1923 SOUTH UTICA AVENUE, TULSA, OK 74104-6502

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

St. John Medical Center, Inc. on behalf of itself is making the de minimis safe harbor election under Treas. Reg. § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year.

Taxpayer Name	EIN	Address	
St. John Medical Center, Inc.	73-0579286	1923 SOUTH UTICA AVENUE, TULSA, OK 74104-6502	