3	Gross profit Subtract line 2 from line 1c	3			<u> スケ 管</u> 場	2,73	
4a	Capital gain net income (attach Schedule D)	4a	35,594.	學問情報	被犯额	47	35,594.
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	23.		<u> </u>		23.
c	Capital loss deduction for trusts	4c		當於刑職結束			
5	Income (loss) from a partnership or an S corporation (attach statement)	5	-298,658.	ATCH	Z: :::	ازاره و تلک دعی	-298,658.
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8	وا		,		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12		"我们是我们		. ```.'	
13)	Total. Combine lines 3 through 12	13	-263,041.				-263,041.
Par	t II Deductions Not Taken Elsewhere (See instr				(Exce	pt fo	or contributions,
ANIX	deductions must be directly connected with the	he/ur	related business inco	ome-)			
14	Compensation of officers, directors, and trustees (Schedule)			္တ		14	
नड 16	Salaries and wages		👸 4 . :		[15	
16	Repairs and maintenance			5020	[16	
17	Bad debts					17	
78	Interest (attach schedule) (see instructions)		IOGDEN	, U.T [[18	
19	Taxes and licenses				[19	
20	Charitable contributions (See instructions for limitation rules)					20	
21	Depreciation (attach Form 4562)		21	_	8		
22	Less depreciation claimed on Schedule A and elsewhere on re	turn	22a		;	22b	
23	Depletion					23	
24	Contributions to deferred compensation plans					24	
25	Employee benefit programs					25	
26	Excess exempt expenses (Schedule I)				[26	
27	Excess readership costs (Schedule J)				[27	
28	Other deductions (attach schedule)					28	
29	Total deductions. Add lines 14 through 28					29	
30	Unrelated business taxable income before net operating					30	-263,041.
31 ,	Deduction for net operating loss arising in tax years beginnin					31	
32/	Unrelated business taxable income Subtract line 31 from line			<u></u> .	4 [32	-263,041.
For F	aperwork Reduction Act Notice, see instructions.						Form 990-T (2018)
8X2/4	° 1105800 ¹³ 987		•	OY 🔨	0		PAGE 13
				1 %		\sim	1

(A) Income

Form 990-T

Department of the Treasury Internal Revenue Service

B Exempt under section

X 501(C)(D3)

C Book value of all assets at end of year

, 2599479060.

1a Gross receipts or sales b Less returns and allowances

408(e)

408A

529(a)

Check box if

address changed

220(e)

530(a)

trade or business here ▶ ATCH 1

trade or business, then complete Parts III-V.

The books are in care of ▶ERIC E. SCHICK

Part I Unrelated Trade or Business Income

Cost of goods sold (Schedule A, line 7)....

Print

Type

SAINT FRANCIS HOSPITAL, INC.

6600 S YALE AVE SUITE 400

Group exemption number (See instructions) ▶ 0928

Check organization type ► X 501(c) corporation

TULSA, OK 74136-3319

H Enter the number of the organization's unrelated trades or businesses. ▶ 6

If "Yes," enter the name and identifying number of the parent corporation.

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

City or town, state or province, country, and ZIP or foreign postal code

1c

2

900

		990-Т (2018)			F	age 2
	Par	t III Total Unrelated Business Taxable Income		_		
	33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
		instructions),	33	6,1	44,7	707.
	34	Amounts paid for disallowed fringes	34			
	35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
		instructions),	35	6,1	44,7	707.
	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				-
	-	of lines 33 and 34	36			
	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) DOVA	.31		1.0	000.
		Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36.	101			
	38	enter the smaller of zero or line 36				0.
	D-		38			
1		t IV Tax Computation	 			
•		/Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39			
	40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on				
		the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)				
	41	Proxy tax. See instructions				
	42	Alternative minimum tax (trusts only).	42			
	43	Tax on Noncompliant Facility Income. See instructions	43			
	44	fotal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
	Par	t V Tax and Payments				
1	45/a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
	b	Other credits (see instructions)				
	~	General business credit. Attach Form 3800 (see instructions)				
	d		1 1 1			
	_	Total credits. Add lines 45a through 45d	45e			
		Subtract line 45e from line 44	\rightarrow			—
	46					—
	47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule).				0.
	48	Total tax. Add lines 46 and 47 (see instructions)				
	49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 21	49			
		Payments A 2017 overpayment credited to 2018	1 1 1			
	þ	2018 estimated tax payments	1 11			
	C	Tax deposited with Form 8868				
	d	Foreign organizations Tax paid or withheld at source (see instructions)	1 1			
	е	Backup withholding (see instructions)] []			
	f	Credit for small employer health insurance premiums (attach Form 8941)				
	g	Other credits, adjustments, and payments Form 2439				
		□ Form 4136 Other Total ▶ 50 g				
	51	Total payments. Add lines 50a through 50g	51			
	52	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	52			—
	53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			—
	54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			—
	55					
	حت	Enter the amount of line 54 you want Credited to 2019 estimated tax	55			—
		Statements Regarding Certain Activities and Other Information (see instruction			V	N.
	56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or		·	Yes	No
		over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	•			
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		
		here >				X
	57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trust?,			X
		If "Yes," see instructions for other forms the organization may have to file.				i
	58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
		Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my	knowledge a	nd beli	ef, it is
	Sigr	true, correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	u tha in	C dina:	this -	otion
	Her		-	tS discuss reparer sho		
			e instruction	s)? X Yes	s 🗀	No
		Print/Type preparer's name		PTIN		إبضم
	Paid	Check Market Mar		P0011	1676	0
	Prep	arer - Thurst - Volume - Volum	mployed	34-6565		
	Use			7-335-1		—
		Phone	3 UO OT /			(0010)
	JSA			Form 99	υ-I ((2018)

JSA

Form 990-T (2018)						Page 3	
Schedule A - Cost of Go	ods Sold. Er	ter method	of inventory valuation	n ▶			
1 Inventory at beginning of y	ear 1		6 Invent	ry at end of ye	ar	6	
2 Purchases	2		1		old. Subtract line	1 1	
3 Cost of labor			6 from	n line 5 Ei	nter here and in	·	
4a Additional section 263A co	osts		Part I,	me 2		7	
(attach schedule)	4a				section 263A (with respect to Yes No	
b Other costs (attach schedu					or acquired fo		
5 Total. Add lines 1 through	4b - 5		to the	organization?.		X	
Schedule C - Rent Income	(From Real P	roperty a	nd Personal Prope	ty Leased \	With Real Prope	erty)	
(see instructions)				_	-		
1. Description of property							
(1)							
(2)		-					
(3)							
(4)							
	2. Rent recei	ved or accru	ed				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent			rom real and personal prop age of rent for personal pro if the rent is based on pro	erty exceeds		directly connected with the income 2(a) and 2(b) (attach schedule)	
(1)		 			 		
(2)		 			 		
(3)		 					
(4)							
Total		Total			 		
(c) Total income. Add totals of co					(b) Total deducti		
here and on page 1, Part I, line 6	• •				Enter here and of Part I, line 6, colu		
Schedule E - Unrelated De			e instructions)		T are it into 0, cone	(5)	
Oniciale E Officialea D	obt i manoca i	1001110 (30	<u> </u>	3.	Deductions directly co	onnected with or allocable to	
1 Description of deb	t-financed property		Gross income from callocable to debt-finance	a }		nced property	
·	, , ,		property	(a) Straig	ht line depreciation ach schedule)	(b) Other deductions (attach schedule)	
						(41120, 53133213)	
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adju of or alloca debt-financed (attach sche	ble to property	6 Column 4 divided by column 5		income reportable in 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%			
(2)				%			
(3)				%			
(4)				%			
··					re and on page 1,	Enter here and on page 1,	
					ne 7, column (A).	Part I, line 7, column (B).	
Totalo							
Totals				- L			

Schedule F—Interest, Annu	anies, noyalies			ntrolled Or				, manucut	,113 <i>j</i>	
1 Name of controlled organization	2 Employer identification numb	er	3. Net unrela (loss) (see a		1	of specific	included	f column 4 the control on the contro	olling	6 Deductions directly connected with income in column 5
(1)							_			
(2)										
(3)					<u> </u>					_
(4)				.	<u>. </u>		<u> </u>			
Nonexempt Controlled Organiz	zations					40.5		0.45 - 4 -		<u> </u>
7. Taxable Income	8 Net unrelated in (loss) (see instruc		1	Total of specific ayments made		ınclu	art of column ided in the co iization's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)				•						
(3)										
(4)			<u> </u>							
	, .	•		,		Ente	d columns 5 a r here and on t I, line 8, colu	page 1,	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
Totals	<u>.</u>				▶					
Schedule G-Investment Ir	come of a Sec	tion 50	01(c)(7),	(9), or (17) Orga	nizatio	n (see ins	tructions)		<u> </u>
1. Description of income	2 Amount of	ıricome		3 Deduction directly core (attach sch	nected			t-asides schedule)	-	5. Total deductions and set-asides (col 3 plus col 4)
(1)							•			·
(2)		•	ı					_		
(3)										
(4)					•					
,	Enter here and Part I, line 9, c					XX.				Enter here and on page 1 Part I, line 9, column (B)
Totals ▶ Schedule I – Exploited Exe	mnt Activity In	come	Other Th	an Advert	isina Ir	come	(see instru	otions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Ei du conne produ uni	expenses rectly ected with uction of related ess income	4 Net incor from unrelat or business 2 minus col If a gain, cols 5 thm	ne (loss) led trade (column lumn 3) ompute	5 Gr from a	oss income activity that t unrelated ess income	6. Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								 		
<u>(1)</u> (2)			<u></u>							
(3)				 						
(4)				 					_	
e	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising In				177 7 4 34	<u> </u>	177 · Sac.	* # - 3 - Ware	1-8/4 (3/4)	* 12 75T	<u> </u>
			- Cl	dakad Da						
Part I Income From Per	odicais Report	ea on a	a Consol	idated Bas	SIS	·				
1 Name of periodical	2. Gross advertising income		Direct ising costs	4. Advertigain or (los 2 minus co a gain, co cols 5 thre	s) (col ol 3) If mpute		rculation ncome	6. Read	•	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				- T.	17. SE 2001					AND THE RESERVE OF TH
(2)				1						
(3)	, -			111990,789		,				
(4)							,			
Totals (carry to Part II, line (5))	1	-	-			,				34784
	<u> </u>		_	L						Form 990-T (2018

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	(== 1.0)						, ago e
Part II	Income From Per 2 through 7 on a	riodicals Reported on line-by-line basis.)	a Separate E	Basis (For	each periodical	listed in Part II,	fill in columns
			4.	Advertising			7. Excess readership

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 27
Totals, Part II (lines 1-5)		t	建华科·西		"你说	

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)			%	
otal. Enter here	and on page 1, Part II, line 14			

Form **990-T** (2018)

OY

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06}{}$

► 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

Name of organization SAINT FRANCIS HOSPITAL, INC.

Employer Identification number 73-0700090

Unrelated business activity code (see instructions) ► 561110

Describe the unrelated trade or business ► ADMINISTRATIVE SERVICES

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 713,505.			学家运搬运搬运	
b	Less returns and allowances C Balance	1c	713,505.		
2	Cost of goods sold (Schedule A, line 7)	2			1181 2665 T.A.I
3	Gross profit Subtract line 2 from line 1c	3 '	713,505.	"少安设置"强"举"。	713,505.
4a	Capital gain net income (attach Schedule D)	4a		7.30 A 34 42.74	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		刘建。张兴兴发习	
С	Capital loss deduction for trusts	4c		とい数・本の数と数	
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)				,
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule) ATCH, 3	12	139,713.	2. 第20位数分别	139,713.
13	Total. Combine lines 3 through 12	13	853,218.		853,218.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K).	14	
15	Salaries and wages	15	227,102.
16	Repairs and maintenance		124,400.
17	Bad debts		344.
18	Interest (attach schedule) (see instructions)		1
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	136,010.
23	Depletion	23	
24	Contributions to deferred compensation plans		4,655.
25	Employee benefit programs		6,774.
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	296,906.
29	Total deductions. Add lines 14 through 28	29	796,191.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	57,027.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	57,027.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning $\frac{07/.01}{}$, 2018, and ending $\frac{06/3}{}$

► 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 5

Name of organization .
SAINT FRANCIS HOSPITAL, INC.

Employer identification number 73-0700090

Unrelated business activity code (see instructions) ▶ 621511

Describe the unrelated trade or business ▶ LABORATORY TESTING, ASHM PRE-DRE, BRIGHT HORIZONS CHILDCARE

Par	t I Unrelated Trade or Business Income		(A) Income ·	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,956,682.				
b	Less returns and allowances c Balance ▶	1c	1,956,682.		
2	Cost of goods sold (Schedule A, line 7)	2		四点会に対い動力観点	斯·罗·俄,郑·邓
3	Gross profit Subtract line 2 from line 1c	3	1,956,682.	14.10gg / \$40.10gg / 10.00gg / 10.00g / 10.00gg / 10.00gg / 10.00g / 10.00gg / 10.00gg / 10.00gg / 10.00gg / 10.00gg / 10.00g	1,956,682.
4a	Capital gain net income (attach Schedule D)	4a		の難い はいばら	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		に、解析を会所 確け	
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach		,		
	statement) ATCH 5 .	5	-790,263.		-790,263.
6	Rent income (Schedule C)	6		•	.,
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				1
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		4、杨宁德· (南) 杨宁镇	
13	Total. Combine lines 3 through 12		1,166,419.		1,166,419.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	·
15	Salaries and wages	15	299,075.
16	Repairs and maintenance		8,188.
17	Bad debts	17	72,892.
18	Interest (attach schedule) (see instructions)	Г	
19	Taxes and licenses		2,972.
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)	公	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	48,019.
23	Depletion	23	
24	Contributions to deferred compensation plans		18,596.
25	Employee benefit programs		32,016.
26	Excess exempt expenses (Schedule I)		
27 :	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	28	1,258,106.
29	Total deductions. Add lines 14 through 28.	29	1,739,864.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-573,445.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	5. 42. 1	
	instructions)	31	ACALCAL TO-ASC
32	Unrelated business taxable income Subtract line 31 from line 30	32	-573,445.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

OY

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning $\frac{07/01}{100}$, 2018, and ending $\frac{06/30}{100}$, 20 $\frac{19}{100}$

► 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

Name of organization

SAINT FRANCIS HOSPITAL, INC.

Unrelated business activity code (see instructions) ▶ 713940

Employer identification number 73-0700090

Describe the unrelated trade or business ▶ RELATED HEALTH SERVICES S-CORPORATION

1 a Gross recepts or sales b is an information of demensions Cost of goods sold (Schedule A, line 7). 2 Cost of goods sold (Schedule A, line 7). 2 Cost of goods sold (Schedule A, line 7). 3 Gross profit. Subtract line 2 from line 1c. 3 A Capital gain net income (factars Schedule D). 4 a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 4 b Capital loss deduction for funsts income (loss) from a partnership or an Scorporation (attach statement). 4 Capital loss deduction for funds income (Schedule B). 5 Rent income (Schedule C). 6 Capital loss deduction for funds income (Schedule B). 7 Unrelated debt-financed income (Schedule B). 7 Increlated debt-financed income (Schedule B). 7 Increlated debt-financed income (Schedule B). 7 Investment income of a section 501(c/f), (9), or (17) organization (Schedule B). 8 Investment income of a section 501(c/f), (9), or (17) organization (Schedule B). 9 Investment income of a section 501(c/f), (9), or (17) organization (Schedule B). 10 Exploited exempt activity income (Schedule I). 11 Advertising mocome (Schedule J). 11 Advertising mocome (Schedule J). 11 Cottle combine lines 3 through 12. 12 Other income (See instructions, attach schedule). 12 Other income (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages 16 Repairs and maintenance. 16 Badaires and wages 19 Contributions (See instructions). 19 Taxes and licenses 19 Contributions (See instructions). 19 Taxes and licenses 19 Contributions (See instructions). 20 Contributions to deferred compensation plans 21 Employee benefit programs 22 Contributions to deferred compensation plans 23 Contributions and deferred compensation plans 24 Excess exempt expenses (Schedule I). 25 Contributions of the form of the partial plans are structions or after January 1, 2018 (see) 10 Contributions of the form of the partial plans are structio	Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	i	(C) Net
2 Cost of goods sold (Schedule A Ine 7). 3 Gross profits. Subtract line 2 from line 1c. 3 Gross profits. Subtract line 2 from line 1c. 4 Capital gain net income (attach Schedule D). 4 Note gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). 5 Capital loss deduction for trusts. 5 Income (loss) from a partnership or an S corporation (attach statement). 4 Capital loss deduction for trusts. 5 Rent income (Schedule C). 6 Rent income (Schedule C). 7 Unrelated debt-financed income (Schedule E). 7 Interest, annuties, royalties, and rents from a controlled organization (Schedule F). 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F). 10 Exploited exempt activity income (Schedule I). 11 Advertising income (Schedule J). 12 Other income (See instructions, attach schedule). 13 Total. Combine lines 3 through 12. 13 1 -1, 696, 825. PART II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages. 15 Grantable contributions (See instructions). 16 Repairs and maintenance. 16 Janeau and debts. 17 Interest (attach schedule) (see instructions) or limitations on deductions.) 18 Taxes and licenses. 19 Depreciation (attach Form 4562). 20 Depreciation (attach Form 4562). 21 Less depreciation (attach Form 4562). 22 Less depreciation (attach Form 4562). 23 Contributions to deferred compensation plans. 24 Employee benefit programs. 25 Employee benefit programs. 26 Excess exemple expenses (Schedule I). 27 Contributions to deferred compensation plans. 28 Excess exemple expenses (Schedule I). 29 Other deductions (Add times 14 through 28. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 J. 1, 696, 825.	1a	Gross receipts or sales	Γ –		S-120-30-51	3. 1	第一篇·被外籍:201
3 Gross profit. Subtract line 2 from line 1c	ь	Less returns and allowances - C Balance	1c				RANGE LA PORTO
3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a 4b 4c 4c 4c 4c 4c 4c 4c	2	Cost of goods sold (Schedule A, line 7)	2		\$. C 1994	1. A.M.	(2017年/第7番/1971年)
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). c Capital loss deduction for trusts	3	Gross profit. Subtract line 2 from line 1c	3		· 李江新· · 秦		
c Capital loss deduction for trusts 5 Income (loss) from a partnership or an Scorporation (attach statement). ATCH, 7, 5 -1,696,8251,69	4a	Capital gain net income (attach Schedule D)	4a	v	強くな ひこと	·	
1 1 1 1 1 1 1 1 1 1	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		養民國際工作的政策	P TO SECTION	
1 1 1 1 1 1 1 1 1 1	С	Capital loss deduction for trusts	4c		第17条1500条	200 July	
8 Rent mome (Schedule C). 6 7 Unrelated debt-financed income (Schedule E). 7 9 Investment income or a section 501(c)(7), (9), or (17) organization (Schedule G). 9 10 Exploited exempt activity mome (Schedule I). 11 11 Advertising income (Schedule J). 12 20 Other income (Schedule J). 12 21 Other income (Schedule J). 12 13 Total. Combine lines 3 through 12. 13 3 -1,696,8251,696,825. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K). 14 5 Salaries and wages 15 6 Repairs and maintenance 16 6 Repairs and maintenance 16 7 Repairs and maintenance 16 7 Repairs and maintenance 19 7 Charitable contributions (See instructions) for limitation rules 19 7 Depreciation (attach Form 4562), 20 10 Depreciation (attach Form 4562), 21 11 Depreciation (attach Form 4562), 22 12 Less depreciation (attach Form 4562), 23 13 Depletion, 25 14 Contributions to deferred compensation plans 24 15 Employee benefit programs 25 15 Excess exempt expenses (Schedule I), 27 16 Excess readership costs (Schedule I), 26 17 Excess readership costs (Schedule I), 27 18 Other deductions (Sation schedule) 19 19 Other deductions (Sation schedule) 19 20 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 20 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 21 Deductions (Interest taxable income before net operating loss deduction. Subtract line 29 from line 13 21 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).	5	Income (loss) from a partnership or an S corporation (attach			100 m m m m m m m m m m m m m m m m m m	امرا	
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9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8	Interest, annuities, royalties, and rents from a controlled	 				
organization (Schedule G)		organization (Schedule F)	8_				
Exploited exempt activity income (Schedule I)	9	Investment income of a section 501(c)(7), (9), or (17)	1	ı			r
Advertising income (Schedule J). 11 1 12 13 15 15 15 15 15 15 15 16 16 16 16 16 16 16 16 16 16 16 16 16		organization (Schedule G)	9	·	·		
12 Other income (See instructions, attach schedule) 12 13 -1,696,825 .	10	Exploited exempt activity income (Schedule I)	10			* [
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Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) (A Compensation of officers, directors, and trustees (Schedule K)	12	Other income (See instructions, attach schedule)	12				
deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K)	13	Total. Combine lines 3 through 12	13	-1,696,825.			-1,696,825.
Salaries and wages		deductions must be directly connected with the ur	relate	ed business income.)			·
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Interest (attach schedule) (see instructions). Taxes and licenses Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) 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).							<u> </u>
Taxes and licenses						1	<u></u>
Charitable contributions (See instructions for limitation rules) Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) 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).							
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Depletion		· ·				المشتحد	
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Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) 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). 31						-	
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27 Excess readership costs (Schedule J)							
Other deductions (attach schedule) 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). 31							
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Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 -1,696,825. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)							-1 696 825
instructions)						30	1,030,023.
	J 1		-	•	• •	24	V-12/02/18/19/19/19/19/19/19/19/19/19/19/19/19/19/
	32					_	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

OY

Unrelated Business Taxable Income for Unrelated Trade or Business

2018

Department of the Treasury

For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

<u>Inte</u> ma	Revenue Service	Do not enter SSN numbers on the	is form as	it ma	be made public if your orga	nization is a	501(c)(3).		501(c)(3) Organizations Only
Name	of organization				•		Employer i	den	tification number
		HOSPITAL, INC.			·		73-070	00	90
		ss activity code (see instructions)							
-	Describe the unr	elated trade or business ► SAINT	FRANC	IS F	HARMACY SERVICES	3			
Par	t I Unrelated	d Trade or Business Income			(A) Income	(B) E	xpenses		(C) Net
1a	Gross receipts of	r sales .							
b	Less returns and allow	wancesc B	alance 🕨	.1c					
2	Cost of goods s	old (Schedule A, line 7)		2		1. 1900年	Control Comments		公然外籍实现的现代
3	Gross profit Su	btract line 2 from line 1c	[3		200 Test	<u>37</u> 7. [2]		
4a	Capital gain net	ıncome (attach Schedule D)		4a					
ь	Net gain (loss) (F	Form 4797, Part II, line 17) (attach Form 4	797)	4b		ಚಿತ್ರಗಳು ಬಿಕ್ಕೆ ಇ		\(\sigma\)	
С	Capital loss ded	uction for trusts		4c		TOWN TOWN		,-,-	
5	Income (loss) fr	om a partnership or an S corporation	(attach					%a 2	
	statement)	ATO	CH. 8 .	5	1,104,022.	1 2 Mg 1 1 2 Mg		`` <u>*</u> :	1,104,022.
6	Rent income (So	chedule C)		6		,			
7	Unrelated debt-	financed income (Schedule E)	[7	,				
8	Interest, annuiti	es, royalties, and rents from a controll	ed						,
	organization (Sc	hedule F)		8					
9	Investment inco	me of a section 501(c)(7), (9), or (17)						_	
•	organization (Sc	hedule G)	:	9					
10	Exploited exemp	t activity income (Schedule I)		10					
11	Advertising inco	me (Schedule J)		11					
12	Other income (S	See instructions, attach schedule)		12		\$ 1 E		<u>.</u>	
13	Total. Combine	lines 3 through 12	<u></u>	13	1,104,022.				1,104,022.
Par	deduction	ns Not Taken Elsewhere (See in s must be directly connected wit	h the un	relate	ed business income)			ribu 	tions,
14		of officers, directors, and trustees (Sch					_	14	
15	Salaries and wag	ges					<u> 1</u>	5	<u> </u>
16	Repairs and ma	intenance				,	1	16	
17								7	
18	Interest (attach	schedule) (see instructions)					1	8	<u> </u>
19		es						19_	
20		ibutions (See instructions for limitatio					2	20	
21		tach Form 4562)						` :	
22		on claimed on Schedule A and elsewh					2	<u>2b</u>	
23	Depletion					<i>.</i>	2	23	
24		deferred compensation plans					_	24	
25		it programs						25_	
26		expenses (Schedule I)						26	
27		ip costs (Schedule J)						27	
28		s (attach schedule)						28	
29	Total deductions	s. Add lines 14 through 28			· · · · · · · · · · · · · · ·		2	29	
30		ess taxable income before net of	_				-	10	1,104,022.
31	Deduction for	net operating loss arising in tax	years	begin	ning on or after Janua	ny 1, 201	8 (see 🌋	<u> </u>	
								31_	
32	Unrelated busin	ess taxable income. Subtract line 31	from line	30 .			3	32	1,104,022.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending

► 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)

Name of organization

SAINT FRANCIS HOSPITAL, INC.

Employer Identification number

73-0700090

Unrelated business activity code (see instructions) ▶ 551114 Describe the unrelated trade or business ► MANAGEMENT - SERVICES

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses		(C) Net		
1 a	Gross receipts or sales 5,899,741.			¥17. A. S. J. W. S. S. W. A. S.				
b	Less returns and allowances C Balance	1c	5,899,741.					
2	Cost of goods sold (Schedule A, line 7)	2				19億年後の中央の大学の		
3	Gross profit. Subtract line 2 from line 1c	3	5,899,741.	N 7527 13	18	5,899,741.		
4a	Capital gain net income (attach Schedule D)	4a		表述"强行"部件確				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4b		. 15 (M. 12 C) (M.	٠, بې			
c	Capital loss deduction for trusts	4c		6万分数,1年12年16				
5	Income (loss) from a partnership or an S corporation (attach				Ex company			
	statement)	_5						
6	Rent income (Schedule C)	6						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled							
	organization (Schedule F)	8	<u></u>					
9	Investment income of a section 501(c)(7), (9), or (17)				,			
	organization (Schedule G)	9						
10	Exploited exempt activity income (Schedule I)	10						
11	Advertising income (Schedule J)	11						
12	Other income (See instructions, attach schedule)	12		さい 一般 一般 上来				
13	Total. Combine lines 3 through 12	13	5,899,741.			5,899,741.		
14	deductions must be directly connected with the un Compensation of officers, directors, and trustees (Schedule K)	_	_ 		14	· · · · · · · · · · · · · · · · · · ·		
15	Salaries and wages					722,931.		
16	Repairs and maintenance				16	 		
17	Bad debts				17			
18	Interest (attach schedule) (see instructions).				18			
19	Taxes and licenses				19	 		
20	Charitable contributions (See instructions for limitation rules)				20	<u> </u>		
21	Depreciation (attach Form 4562)				7 33			
22	Less depreciation claimed on Schedule A and elsewhere on re				22b]		
23	Depletion				23			
24	Contributions to deferred compensation plans				24			
25	Employee benefit programs				25	96,796.		
26	Excess exempt expenses (Schedule I)				26			
27	Excess readership costs (Schedule J)				27			
28	Other deductions (attach schedule)				28	96,356.		
29	Total deductions. Add lines 14 through 28				29	916,083.		
30	Unrelated business taxable income before net operating				30	4,983,658.		
31	Deduction for net operating loss arising in tax years	begin	ning on or after Janua	ry 1, 2018 (see	, n (\$)			
•	instructions)				31	A CLASS OF COMME		
32	Unrelated business taxable income. Subtract line 31 from line	30 .	<u> </u>	<u> </u>	32	4,983,658.		

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

ATTACHMENT 1

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

INVESTMENT IN PARTNERSHIPS WITH UNRELATED BUSINESS INCOME

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

OCM REAL ESTATE OPPORTUNITIES FUND III, L.P.	-517.
OAKTREE REAL ESTATE OPPORTUNITIES FUND VI, L.P.	-161.
VIRGO REDBUD LLC	-6,511.
PREMIER	144,685.
RIVERSTONE TE PARTNERS V, LP	2,773.
OAKTREE REAL ESTATE OPPORTUNITIES FUND IV, L.P.	322.
PRES INITIAL CAPITAL AGGREGATOR	-433,836.
OAKTREE POWER OPPORTUNITIES FUND V, L.P.	-2,767.
SACHEM HEAD L.P.	49.
THACKERY PARTNERS REALTY FUND II L.P.	-2,695.
INCOME (LOSS) FROM PARTNERSHIPS	-298,658.

ATTACHMENT	3	

SCHEDULE M - LINE 12 OTHER INCOME

OTHER INCOME

139,713.

LINE 12 - OTHER INCOME

139,713.

ATTACHMENT 4

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

CONTRACT LABOR PROFESSIONAL SERVICES PAYROLL TAXES	214,928. 3,855. 5,020.
SUPPLIES	29,283.
INSURANCE	230.
OCCUPANCY	3,886.
ADMINISTRATIVE EXPENSE	4,551.
COMMUNICATION EXPENSE	34,595.
MARKETING	10.
POSTAGE AND SHIPPING	547.
MEALS AND ENTERTAINMENT	1.

PART II - LINE 28 - OTHER DEDUCTIONS

296,906.

73-0700090

ATTACHMENT 5

LABORATORY TESTING

SCHEDULE M - LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

ALL SAINT HOME MEDICAL (BEFORE DRE)

-790,263.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-790,263.

ATTACHMENT 6

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

CONTRACT LABOR PROFESSIONAL SERVICES PAYROLL TAXES SUPPLIES INSURANCE OCCUPANCY ADMINISTRATIVE EXPENSE EMPLOYEE EXPENSE COMMUNICATION EXPENSE MARKETING	59,365. 959,003. 21,338. 142,410. 191. 45,846. 24,759. 450. 2,571121.
	•

73-0700090

ATTACHMENT 7

RELATED HEALTH SERVICES

SCHEDULE M - LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

RELATED HEALTH SERVICES, INC.

-1,696,825.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-1,696,825.

73-0700090

ATTACHMENT 8

SAINT FRANCIS PHARMACY SERVICES

SCHEDULE M - LINE 5 INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

SAINT FRANCIS PHARMACY SERVICES

1,104,022.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

1,104,022.

ATTACHMENT 9

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

720.
34,264.
-30,291.
90,257.
787.
234.
385.

PART II - LINE 28 - OTHER DEDUCTIONS

96,356.

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form1120 for instructions and the latest information.

Name SAINT FRANCIS HOSPITAL Employer identification number

SAI	NT FRANCIS HOSPITAL, INC.				-	73-0700090
Part	Short-Term Capital Gains and Losses	(See instructions.)			
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part I, line	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
12	whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	(0200)	(6) 6.1.6. 144.6.	column (g)		the result with column (g)
11	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				_	
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	2,189.			_	2,189.
4	Short-term capital gain from installment sales from F	Form 6252, line 26 or 3	· · · · · · · · · · · · · · · · · · ·		4	
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)	· · · · · · · · · · · · · · · · · · ·			6	(.)
	Net short-term capital gain or (loss). Combine lines to Long-Term Capital Gains and Losses		ı <u></u>	<u></u>	7	2,189.
Par	See instructions for how to figure the amounts to enter on	(See Instructions.)		(g) Adjustments	to gain	(h) Gain or (loss)
	the lines below This form may be easier to complete if you round off cents to	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form 8949, Part II, lin	n(s)	Subtract column (e) from column (d) and combine
8 a	whole dollars Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	<u> </u>	<u> </u>	column (g)		the result with column (g)
81	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	33,405.				33,405.
11	Enter gain from Form 4797, line 7 or 9				11	23.
12	Long-term capital gain from installment sales from F	form 6252, line 26 or 37			12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	_
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss). Combine lines 8	a through 14 in column	h	<u> </u>	15	33,428.
Part	Summary of Parts I and II					
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capital	loss (line 15)	<i></i>	16	2,189.
17	Net capital gain Enter excess of net long-term capit	tal gain (line 15) over ne	t short-term capital lo	oss (line 7)	17	33,428.
18	Add lines 16 and 17. Enter here and on Form 1120,				18	35,617.
	Note: If losses exceed gains, see Capital losses in the	e instructions				
For P	aperwork Reduction Act Notice, see the Instructions	s for Form 1120.			5	Schedule D (Form 1120) 2018

Schedule D (Form 1120) 2018

Form 8949

Sales and Other Dispositions of Capital Assets • Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No 1545-0074

2018

Department of the Treasury Internal Revenue Service

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

Social security number or taxpayer identification number Name(s) shown on return SAINT FRANCIS HOSPITAL, INC. 73-0700090 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount in column (g), (e) Cost or other basis enter a code in column (f) Gain or (loss) (c) (d) (b) (a) See the separate instructions Date sold or See the Note below Proceeds Subtract column (e) Description of property Date acquired and see Column (e) disposed of (sales price) from column (d) and (Mo, day, yr) (Example 100 sh XYZ Co) in the separate (Mo, day, yr) (see instructions) combine the result Code(s) from instructions Amount of with column (g) instructions adjustment SACHEM HEAD L.P - ST VAR VAR 2,189 2,189. 2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

2,189

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2018)

2,189

Name(s) shown on return Name and SSN or texpayer identification no not required if shown on other side

Social security number or taxpayer identification number 73-070090

SAINT FRANCIS HOSPITAL, INC.

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	If you enter an a	any, to gain or loss. amount in column (g). de in column (f) irate instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
THACKERAY PARTNERS REALTY FUND II	VAR	VAR	8,040.				8,040
SACHEM HEAD L.P - LT	VAR	VAR	641				641
TIGER GLOBAL PRIVATE INVESTMENT PA	VAR	VAR	5,875				5,875
RIVERSTONE TE PARTNERS V, L P.	VAR	VAR	18,849				18,849
	_						
				_			_
Totals. Add the amounts in columns (negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	ude on your 9 (if Box E	33,405				33,405	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)

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.

Attachment Sequence No 179

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

		Busi	ness or activi	ty to which this	form relates			Identifying number
SAINT FRANCIS HOSPITAL,	, INC.	ADM	INISTRA	TIVE SERV	/ICES			73-0700090
Part I Election To Expens Note: If you have an				you comp	lete Part I.			
1 Maximum amount (see instruction	ns)						1	
2 Total cost of section 179 propert							2	
3 Threshold cost of section 179 pr							3	
4 Reduction in limitation Subtract	line 3 from line 2. If zero o	r less, enter -()			,	4	
5 Dollar limitation for tax year Subtract line a separately, see instructions	4 from line 1 If zero or less, enter	0- If marned filing					5	
	otion of property			siness use only) (c) Elect	ed cost		
7 Listed property Enter the amoun	nt from line 29	1		. 7	1			
8 Total elected cost of section 179	property Add amounts i	n column (c).	ines 6 and 1	· · · · <u> </u>	-t		8	
9 Tentative deduction Enter the sm							9	
10 Carryover of disallowed deductio	on from line 13 of your 20	17 Form 4562		• • • • • •			10	
11 Business income limitation. Ente	r the smaller of business	income (not	less than a	zero) or line	5. See instruct	ions	11	
12 Section 179 expense deduction							12	-
13 Carryover of disallowed deduction						••••		The state of the s
lote: Don't use Part II or Part III belo				10				of Balklan Change and the call
Part II Special Depreciatio				on't include	listed proper	tv Sec	ınst	ructions 1
4 Special depreciation allowance			<u>-</u>			<u> </u>	- 11130	ractions.y
during the tax year. See instruction							14	
Property subject to section 168(f)							15	136,010.00
6 Other depreciation (including ACF Part III MACRS Depreciatio	D / Don't include listed	proporty S		ha \			16	130,010.00
Part III MACKS Depreciatio	II (DOI) t include listed		tion A	uoris j	•			
- MAGEO deduction for an extended			LIUII A					,
			0040				47	1
							17	The main methods of the tight
8 If you are electing to group a asset accounts, check here	ny assets placed in ser	vice during t	he tax yea	ar into one	or more gener	al	5 :34	
8 If you are electing to group at asset accounts, check here	ny assets placed in ser	vice during t	he tax yea	r into one	or more gener	al	5 :34	ystem
8 If you are electing to group a asset accounts, check here	ny assets placed in service (b) Month and year placed in service	vice during t	he tax yea 8 Tax Yea depreciation estment use	ar into one	or more gener	al	on S	ystem (g) Depreciation deduction
8 If you are electing to group at asset accounts, check here Section B - Ass (a) Classification of property	ny assets placed in ser sets Placed in Service (b) Month and year placed in	During 201 (c) Basis for (business/inv	he tax yea 8 Tax Yea depreciation estment use	r into one r Using the	or more gener▶ General Dep	al reciati	on S	
8 If you are electing to group at asset accounts, check here Section B - Ass (a) Classification of property	ny assets placed in service (b) Month and year placed in service	During 201 (c) Basis for (business/inv	he tax yea 8 Tax Yea depreciation estment use	r into one r Using the	or more gener▶ General Dep	al reciati	on S	
8 If you are electing to group at asset accounts, check here	ny assets placed in service (b) Month and year placed in service	During 201 (c) Basis for (business/inv	he tax yea 8 Tax Yea depreciation estment use	r into one r Using the	or more gener▶ General Dep	al reciati	on S	
8 If you are electing to group at asset accounts, check here	ny assets placed in service (b) Month and year placed in service	During 201 (c) Basis for (business/inv	he tax yea 8 Tax Yea depreciation estment use	r into one r Using the	or more gener▶ General Dep	al reciati	on S	
8 If you are electing to group at asset accounts, check here Section B - Ass (a) Classification of property 19a 3-year property b 5-year property c 7-year property	ny assets placed in service (b) Month and year placed in service	During 201 (c) Basis for (business/inv	he tax yea 8 Tax Yea depreciation estment use	r into one r Using the	or more gener▶ General Dep	al reciati	on S	
8 If you are electing to group at asset accounts, check here	ny assets placed in service (b) Month and year placed in service	During 201 (c) Basis for (business/inv	he tax yea 8 Tax Yea depreciation estment use	r into one r Using the	or more gener▶ General Dep	al reciati	on S	
8 If you are electing to group at asset accounts, check here	ny assets placed in service (b) Month and year placed in service	During 201 (c) Basis for (business/inv	he tax yea 8 Tax Yea depreciation estment use	r into one r Using the	or more gener▶ General Dep	al reciati	on S	
8 If you are electing to group at asset accounts, check here Section B - Ass (a) Classification of 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	ny assets placed in service (b) Month and year placed in service	During 201 (c) Basis for (business/inv	he tax yea 8 Tax Yea depreciation estment use	r Using the	or more gener▶ General Dep	reciati	on Sy	
8 If you are electing to group at asset accounts, check here Section B - Ass (a) Classification of 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 h Residential rental	ny assets placed in service (b) Month and year placed in service	During 201 (c) Basis for (business/inv	he tax yea 8 Tax Yea depreciation estment use	r Using the (d) Recovery period 25 yrs 27.5 yrs	or more gener	reciati (f) Me	on Sy	
8 If you are electing to group at asset accounts, check here	ny assets placed in service (b) Month and year placed in service	During 201 (c) Basis for (business/inv	he tax yea 8 Tax Yea depreciation estment use	r Using the (d) Recovery period 25 yrs 27.5 yrs	General Dep (e) Convention MM MM	reciati (f) Me	on Sithod	
8 If you are electing to group at asset accounts, check here Section B - Ass (a) Classification of property 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 h Residential rental property i Nonresidential real	ny assets placed in service (b) Month and year placed in service	During 201 (c) Basis for (business/inv	he tax yea 8 Tax Yea depreciation estment use	r Using the (d) Recovery period 25 yrs 27.5 yrs	General Dep (e) Convention MM MM MM	al reciati	on S	
8 If you are electing to group at asset accounts, check here	ny assets placed in service (b) Month and year placed in service	During 201 (c) Basis for (business/invonly - see in	8 Tax Yea depreciation estment use structions)	r Using the (d) Recovery period 25 yrs 27.5 yrs 27 5 yrs 39 yrs.	MM MM MM MM	al reciati	on S.	(g) Depreciation deduction
8 If you are electing to group at asset accounts, check here Section B - Ass (a) Classification of property 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 h Residential rental property i Nonresidential real property Section C - Asset	ny assets placed in service (b) Month and year placed in service service	During 201 (c) Basis for (business/invonly - see in	8 Tax Yea depreciation estment use structions)	r Using the (d) Recovery period 25 yrs 27.5 yrs 27 5 yrs 39 yrs.	MM MM MM MM	al reciati	L L L L L	(g) Depreciation deduction
8 If you are electing to group at asset accounts, check here Section B - Ass (a) Classification of 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 h Residential rental property i Nonresidential real property Section C - Asset	ny assets placed in Service (b) Month and year placed in Service **The service of the service	During 201 (c) Basis for (business/invonly - see in	8 Tax Yea depreciation estment use structions)	25 yrs 27.5 yrs 39 yrs.	MM MM MM MM	al reciati	L L L L L	(g) Depreciation deduction
8 If you are electing to group at asset accounts, check here Section B - Ass (a) Classification of 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 h Residential rental property i Nonresidential real property Section C - Asset	ny assets placed in service (b) Month and year placed in service service	During 201 (c) Basis for (business/invonly - see in	8 Tax Yea depreciation estment use structions)	25 yrs 27.5 yrs 39 yrs. Using the A	General Dep (e) Convention MM MM MM MM MM MM MM MM MM	si creciati (f) Me	L L L L L	(g) Depreciation deduction
8 If you are electing to group at asset accounts, check here	ny assets placed in Service (b) Month and year placed in Service **The service of the service	During 201 (c) Basis for (business/invonly - see in	8 Tax Yea depreciation estment use structions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs. Using the A	or more general Dep General Dep (e) Convention MM M	al reciati	L L L L L	(g) Depreciation deduction
8 If you are electing to group at asset accounts, check here	ny assets placed in service (b) Month and year placed in service ts Placed in Service D	During 201 (c) Basis for (business/invonly - see in	8 Tax Yea depreciation estment use structions)	25 yrs 27.5 yrs 39 yrs. Using the A	General Dep (e) Convention MM MM MM MM MM MM MM MM MM	si creciati (f) Me	L L L L L	(g) Depreciation deduction
8 If you are electing to group at asset accounts, check here Section B - Ass (a) Classification of property 9a 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Asset 20a Class life b 12-year c 30-year d 40-year Part IV Summary (See instri	ny assets placed in Service (b) Month and year placed in Service ts Placed in Service D	During 201 (c) Basis for (business/inv only - see in	B Tax Yea B Tax Yea depreciation estment use structions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs. Using the A	or more general Dep General Dep (e) Convention MM M	al reciati	thod L L L L L L L L L L L L L L L L L L	(g) Depreciation deduction
8 If you are electing to group at asset accounts, check here	sets Placed in Service (b) Month and year placed in service ts Placed in Service D uctions.)	During 201 (c) Basis for (business/involv) - see in	B Tax Yea 8 Tax Yea depreciation estment use structions)	25 yrs 27.5 yrs 27.5 yrs 39 yrs. Using the	MM	S/ S/ S/ S/ S/ S/ S/ S/	L L L L L	(g) Depreciation deduction
8 If you are electing to group at asset accounts, check here Section B - Ass (a) Classification of property 9a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Asset 10a Class life b 12-year c 30-year d 40-year Part IV Summary (See instri	ts Placed in Service (b) Month and year placed in service ts Placed in Service D uctions.) om line 28 12, lines 14 through 17	During 201 (c) Basis for (business/involv) - see in	B Tax Yea B Tax Yea depreciation estment use structions) Tax Year	25 yrs 27.5 yrs 27.5 yrs 39 yrs. Using the A 12 yrs. 30 yrs.	MM	S/ S/ S/ S/ S/ S/ S/ S/	thod L L L L L L L L L L L L L L L L L L	(g) Depreciation deduction

For	m 4562 (2018)														Page 2
Pa	entertainment, recre	èation, or	amuseme	ent.)					•		-		proper	•	
	Note: For any vehicle 24b, columns (a) throu	e for which	th you are Section A,	using all of S	the steetion	tandard B, and t	mileag Section	je rat C if a	e or ded pplicable.	ucting	ease e	xpense	e, comp	lete on	iy 24a,
	Section A - Deprecia						e the in:	structi	ions for li	mits for	passer	nger au	tomobile	} s.)	
24	a Do you have evidence to suppo	rt the busin	ess/investm	ent use	claimed'	? Y	es	No	24b If "Y	es," is th	ne evidei	nce writt	en?	Yes	No
	(a) (b) Type of property (list vehicles first) Date points and set of the control		(c) Business/ nvestment use percentage	Cost	(d) or other b		(e) sis for depri isiness/inve use only	stment	(f) Recovery period	(g Meth Conve	od/	Depre	h) eciation action	Elected s	ection 179
25	Special depreciation allowa the tax year and used more t										25				
26	Property used more than 50								· · · · · ·	• • • • •					
_				6											
				/					-						
				6											
27	Property used 50% or less in	n a qualifie	d business	use											
			9	6						S/L -					
				6						S/L -				i	
_			- 0	6						S/L -				1	
28	Add amounts in column (h),	lines 25 th	rough 27	Enter	here ar	nd on lir	ne 21 n	age 1	·		28			1	1
	Add amounts in column (i), I						•	-	<u> </u>				. 29		<u> </u>
			Sectio			 :							• 1		
Coi	mplete this section for vehicles	used by a								r." or re	elated p	erson.	lf vou p	rovided	vehicles
	your employees, first answer the qu														
				(;	a)	(b)		(c)	(d	1)	(e)	(1	
3U	Total business/investment m	niles drivei	n during	Veh	ıcle 1	Veh	ıcle 2	Ve	ehicle 3	Vehic	cle 4	Veh	ıcle 5	Vehi	cle 6
,,	the year (don't include com													1	
31	Total commuting miles drive	_													<u> </u>
	Total other personal	_	· ·												
_	miles driven	,													
33	Total miles driven during		ar Add		-					-					
-	lines 30 through 32	-			0	Ì	0		0		0		0	1	0
34	Was the vehicle availab		· · · · · · · · · · · · · · · · · · ·	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty hours?	•													
35	Was the vehicle used prin														
	than 5% owner or related per														
36	is another vehicle availa														
	use?				ļ								ļ	1 1	
	Section C -	Question	s for Em	nlove	rs Who	Provi	de Vet	icles	for Use	by The	ir Em	ploves	25		
٩n:	swer these questions to dete													who ar	ren't
	ore than 5% owners or related						picting	000	J., D 101		acca	D J O · · · · · · ·	5.0,000		
 27	Do you maintain a written	nolicy st	atement th	at nro	hibite	all ner	eonal u	se of	vehicles	ınclud		mmutin	a by	Yes	No
•	your employees?												.g, .,		
38	Do you maintain a written	policy st	atement th	nat pro	ohibits	person	al use	of ve	hicles, ex	cept c	ommut	ing, by	your		
	employees? See the instruct	tions for ve	hicles use	d by co	orporate	office	rs, direc	tors,	or 1% or r	nore ov	vners				
39	Do you treat all use of vehicl														
	Do you provide more than						ın ınfor	matio	n from y	our en	ployee	s abou	ut the		
	use of the vehicles, and retai														
11	Do you meet the requirement	its concer	nıng qualifi	ed aut	omobile	demo	nstratio	n use'	² See inst	ructions					
	Note: If your answer to 37,	38, 39, 40	, or 41 is "	Yes," d	lon't co	mplete	Section	B for	the cove	red veh	ıcles.				1
Pa	art VI Amortization														
	(a) Description of costs		(b) Date amorti		Ап	(c)	amount		(d) Code sec	ction	(e) Amortiz perior	ation	Amortiza	(f) ation for th	ıs year
			begins		<u> </u>						percen				
12	Amortization of costs that be	gins durin	g your 201	8 tax	year (se	e instru	ictions)				_				
					L										
3	Amortization of costs that be	egan befor	e your 201	8 taxy	year	• • • •	, .					43			
4	Total. Add amounts in colum	nn (t). See	tne instru	ctions	tor whe	ere to re	port .	<u> </u>				44			
SA													Fo	m 4562	2 (2018)

JSA

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

	tment of the Treasury at Revenue Service (99)	▶ (Go to www.irs.gov/F	► Attach to your for its property of the p	your tax re	turn. s and the lat	est information.			Attachment Sequence No 179
	e(s) shown on return	L				ity to which this				Identifying number
SAI	NT FRANCIS HO	OSPITAL, I	NC.	LAE	BORATOR	Y TESTI	١G		,	73-0700090
Pa	tl Election To	Expense C	ertain Property l							<u> </u>
			ted property, cor			you comp	olete Part I.			
1	Maximum amount (se	ee instructions).						$\overline{\ldots}$	1	
2	Total cost of section	179 property pla	aced in service (see in	structions)				[2	
3	Threshold cost of sec	ction 179 proper	ty before reduction i	n limitation (se	e instructio	ns)		[3	
4	Reduction in limitatio	n_Subtract line	3 from line 2 If zero o	r less, enter -	0			[4	
_5 	Dollar limitation for tax year separately, see instructions	r Subtract line 4 from	line 1 if zero or less, enter	-0- If marned filing	 <u> • • • • •</u>	<u></u>		<u> </u>	5	
6		(a) Description	of property		(b) Cost (bu	isiness use ont	y) (c) Elec	ted cost		
					ļ					
	 				Ĺ					
	Listed property. Enter							—т		
8	Total elected cost of								8	
9	Tentative deduction.	Enter the smaller	r of line 5 or line 8	47.5 4600		• • • • •	• • • •, • • •	• • •	9	
10	Carryover of disallow								10	
11	Business income limit								11	
12	Section 179 expense Carryover of disallow							ا ا	12	
	: Don't use Part II or					13	.1			
	til Special De					on't include	listed proper	ty See	inst	ructions)
	Special depreciation								11131	1 40 (10113.)
	during the tax year. So								14	
15	Property subject to se								15	
	Other depreciation (in								16	48,019.00
Pa	t III MACRS De	preciation (D	on't include listed	property. S	ee instruc	tions.)		•••		
		•			tion A					
17	MACRS deductions for	or assets placed	I in service in tax yea	rs beginning b	efore 2018				17	
18	If you are electing t									
	asset accounts, check	here	<u> </u>	<u></u>		. <u></u> .	<u></u> ▶			
	Section	on B - Assets	Placed in Service	During 201	8 Tax Yea	r Using the	General Dep	reciatio	on Sy	/stem
	(a) Classification of	property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property									
b	5-year property									
C	7-year property							T		
d	10-year property									
е	15-year property									
f	20-year property									
9	25-year property					25 yrs		S/L		
h	Residential rental					27.5 yrs	ММ	S/L	$\overline{}$	L
	property					27.5 yrs.	MM	S/L		
- 1	Nonresidential real					39 yrs.	ММ	S/L]	
	property					l	ММ	S/L		
		C - Assets P	laced in Service D	uring 2018	Tax Year	Using the A	Alternative De		_	System
	Class life							S/L	-	
	12-year		<u></u>			12 yrs	1412	S/L	_	·
	30-year		 	<u> </u>		30 yrs	MM	S/L	$\overline{}$	
	40-year	(See instruction	one)	L		40 yrs.	MM	S/L		L
	t IV Summary	`							<u> </u>	
	Listed property. Enter					• • • • • • • • • • • • • • • • • • •			21	
	Total. Add amounts here and on the appro							1	22	48,109.00
	For assets shown al						T	<u></u>		,
	portion of the basis a					22	1		-]

Form	n 4562 (2018)														Page 2
Pa		operty (Include ent, recreation, o			certai	n ot	her vel	hicle	s, certa	in air	craft,	and	proper	ty use	ed fo
	Note: For a 24b, column	any vehicle for whos (a) through (c) of	ich you are f Section A,	all of S	the section	tandar B, and	rd mileag Section	ge ra Cıfa	te or dec pplicable	lucting	lease e	expense	, comp	olete or	ıly 24a
		 Depreciation and 					-								
24a	Do you have evidend	ce to support the bus		ent use	claimed	7		No	24b f "\	es," is t	he evide	nce writt	en?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	e Cost	(d) or other b		(e) Basis for depri business/inve use only	stment	(f) Recovery period	Met	g) hod/ rention	Depre	(h) eciation uction	Elected s	(i) section 179 ost
25	Special depreciati	on allowance for	gualified lis	ted pr	operty	placed	d in serv	/ice d	Lurina	٠		_		1	
		sed more than 50%									. 25				i
26	Property used mo					-						·		·	
				%											
				%											
				%											
27	Property used 50%	% or less in a qualif	ied business	use											
			!	%						S/L -]	
	_ _			%						S/L -		ļ		_	
		<u> </u>	L	%						S/L -		<u> </u>		1	
28	Add amounts in co	olumn (h), lines 25	through 27	Enter	here a	nd on i	line 21, p	age 1			. 28			ļ	
29	Add amounts in co	olumn (ı), lıne 26. E	nter here a	nd on	line 7, p	age 1	<u></u>	<u></u>	<u></u>		· · · · ·	<u></u>	. 29		
							on Use								
Con	nplete this section for our employees, first ar	or vehicles used by	a sole prop	rietor,	partner,	or oth	ner "more	than	5% owne	er," or r	elated p	erson.	if you p	rovided	vehicles
- y	our employees, mst ar		T Section C II			Tanex		T						T .	
					a) icle 1	Ve	(b) ehicle 2	v	(c) ehicle 3		d) icle 4		e) icle 5		f) icle 6
30		estment miles driv lude commuting m	en during			ļ				ļ .				į	
24						-				 -		 		<u> </u>	
	Total commuting n	oersonal (nonco	-			 		-		├──				┼	
32	•	· · · · · · · · · · · ·	· · · · ·			ļ		1		[ļ		ļ.	
33	Total miles drive					\vdash	-	-			-			-	
•		2			0	ĺ	0		0		0		0	1	С
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		hours?				<u> </u>									
35	Was the vehicle		ſ												
		related person?	1		1	ľ	Ĭ			\			}	Ì	}
36	is another vehic	•													
	use?	<u></u>	<u> </u>									L			L
	Se	ection C - Questic	ons for Em	ploye	rs Who	o Prov	vide Vel	nicles	s for Use	by Th	eir Em	ploye	es		
Ans	wer these question	ns to determine if	you meet a	an exc	eption	to con	mpleting	Secti	on B for	vehicle	s used	by em	ployees	who a	ren't
mor	re than 5% owners	or related persons	See instruc	tions											
37	Do you maintain												ıg, by	Yes	No
	your employees?													ļ	<u> </u>
38	Do you maintain														
20	employees? See the						ers, direc	ctors,	or 1% or	more o	wners			-	
	Do you treat all us Do you provide n													ļ	
40		nore than live ve , and retain the info	•		` -					•					
44	Do you meet the re	o, and retain the into	rning gualif	od aut	omobile				2 500 100	truotion			• • • •	-	
~.	Note: If your answ	verto 37 38 39 4	.0 or 41 is '	Yes " (don't co	molet	e Section	n B fo	r the cove	red vel	s hicles	• • • •	• • • •	<u> </u>	<u> </u>
Pa	rt VI Amortizat		0, 01 41 13	103, 0	2011 (00	impleti	e dection	1010	i tile cove	ieu vei	iicies_			ــــــــــــــــــــــــــــــــــــــ	
	Amortizat							1			(e	<u>. T</u>		_	
	(a) Description	of costs	(b) Date amorti begins		Ar	c) nortizab	c) ele amount		(d) Code se	ction	Amortiz perio percer	zation d or	Amortiza	(f) ation for th	ns year
42	Amortization of co	sts that begins dur	ing your 20	18 tax	vear (se	ee inst	ructions				percer			_	
			<u> </u>		1			Т			I	$\neg \neg$			
					 			\dashv			 	_			
43	Amortization of co	sts that began befo	ore your 20	18 tax	year						·	43		_	
44	Total. Add amoun	its in column (f). Se	ee the instru	ıctıons	for who	ere to	report					44			

Saint Francis Hospital, Inc.

EIN: 73-0700090 Year End: 6/30/19

Charitable Contributions Carryforward Form 990-T, Part II, Line 20

Fiscal Year End	Filing Year	Amount Generated	Amount Previously Utilized	Amount Utilized	Amount Expired	Total Carryforward
6/30/2013	2012	44	-	-	44	-
6/30/2014	2013	2,336	-	-	2,336	-
6/30/2015	2014	697	-	-	-	697
6/30/2106	2015	3,552	-	-	-	3,552
6/30/2017	2016	115,844	-	-	-	115,844
6/30/2018	2017	78	-	-	-	78
6/30/2019	2018	361,139	-	-		361,139
Carryforward	to 2019	483,690				481,310

Saint Francis Hospital, Inc.

EIN: 73-0700090 Year End: 6/30/19

Partnership Investments UBI Activity Code: 525990

2018 Form 990-T, Part II, Line 31 - Net Operating Loss Deduction - Post 12/31/2017

Date NOL Generated Fiscal Year Ended	Original NOL Amount Generated	Amount Utilized	FYE Amount Utilized	NOL Balance Based on Year Generated	Contribution Converted to NOL	Cumulative NOL Carryover Balance
6/30/2019	263,041	-		263,041	-	263,041
Carryforward to 06/30/2020	263,041	-		263,041		263,041

^{*}Available for use against future Unrelated Business Income

Saint Francis Hospital, Inc. EIN: 73-0700090

Year End: 6/30/19

Lab, ASHM, and Childcare services

UBI Activity Code: 621511

2018 Form 990-T, Part II, Line 31 - Net Operating Loss Deduction - Post 12/31/2017

Date NOL Generated Fiscal Year Ended	Original NOL Amount Generated	Amount Utilized	FYE Amount Utilized	NOL Balance Based on Year Generated	Contribution Converted to NOL	Cumulative NOL Carryover Balance
6/30/2019	573,445	-		573,445		573,445
Carryforward to 06/30/2020	573,445			573,445		573,445

^{*}Available for use against future Unrelated Business Income

Saint Francis Hospital, Inc. EIN: 73-0700090 Year End: 6/30/19

Related Health Services S-Corporation

UBI Activity Code: 713940

2018 Form 990-T, Part II, Line 31 - Net Operating Loss Deduction - Post 12/31/2017

Date NOL Generated Fiscal Year Ended	Original NOL Amount Generated	Amount Utilized	FYE Amount Utilized	NOL Balance Based on Year Generated	Contribution Converted to NOL	Cumulative NOL Carryover Balance
6/30/2019	1,696,825	-		1,696,825		1,696,825
Carryforward to 06/30/2020	1,696,825			1.696.825	•	1.696.825

^{*}Available for use against future Unrelated Business Income

Saint Francis Hospital, Inc. EIN: 73-0700090 Year End: 6/30/19 2018 Form 990-T, Part III, Line 35 - Net Operating Loss Deduction - prior to 12/31/2017

Expiration	Original			i				2			
Date	NOL		•	Fe	(Additional		2	Balance			Cumulative
Fiscal Year Ended	Amount Generated	Adjustment Description	Adjustment Amount	Adjustment Occurred	income) After Adjustment	Amount Utilized	Amount Utilized	Based on Year Generated	Amount Expired	Contribution Converted to NOL	NOL Carryover Balance
		Care Communications LLC (Care									
6/30/2022	1,855,539	Communications) (1)	25,086	6/30/2002	1,880,625	(1,036)	9/30/5006				
						(462,689)	6/30/2015	i	•	,	,
6/30/2023	1,955,793	Care Communications (1)	8.043	6/30/2003	1 963 336	(540.002)	6/30/2017		•	•	•
				constants		(1,323,334)	6/30/2018	•	٠		•
6/30/2024		Care Communications (1)	3,669	6/30/2004	3,669	(3,669)	6/30/2018	•	•		٠
6/30/2025	•	Care Communications (1)	3,871	6/30/2005	3,871	(3,871)	6/30/2018	•	•		•
6/30/2026	•	Care Communications (1)	(1,036)	6/30/2006	(1,036)	•		•			•
6/30/2027	1,747,365	Care Communications (1)	(388)	6/30/2007	1,746,977	(1,746,977)	6/30/2018	•	•	•	•
6/30/2028	2,471,161	Care Communications (1)	6,544	6/30/2008							
		Care Communucations (1a)	(24,108)	6/30/2008	2,453,597	(336,096)	6/30/2018				
						(2,217,501)	6/30/2019	•	٠	•	•
6/30/2029	1,857,542	Care Communications (1)	12,332	6/30/2009							
		CommunityCare Managed Health									
		Care Plans of Oklahoma, Inc									
		(CCMHP) dividends (2)	(19,500)	6/30/2009							
		Outreach Lab (3)	(81,480)	6/30/2009	1,768,894	(1,768,894)	6/30/2019	•	ı	•	•
6/30/2030	190,824	Care Communications (1)	12,332	6/30/2010							
		Care Communucations (1a)	51,535	6/30/2010							
		Outreach Lab (3)	(58,319)	6/30/2010	196,372	(196,372)	6/30/2019	•	٠	•	•
6/30/2031	2,792,196	Care Communications (1)	12,332	6/30/2011							
	•	Care Communucations (1a)	8,879	6/30/2011							
		Outreach Lab (3)	(78,478)	6/30/2011	2,734,929	(1,961,940) 6/30/2019	6/30/2019	772,989			772,989
6/30/2032	1,159,195	Care Communications (1)	12,332	6/30/2012							
		Care Communucations (1a)	14,739	6/30/2012							
		Outreach Lab (3)	(116,110)	6/30/2012	1,070,156			1,070,156			1,843,145
6/30/2033	2,820,408	Care Communications (1)	14,185	6/30/2013							
		Care Communucations (1a)	13,778	6/30/2013							
		Outreach Lab (3)	314,069	6/30/2013	3,162,440			3,162,440	•	•	5,005,585
6/30/2034	812,708	Care Communications (1)	14,185	6/30/2014							
		Care Communucations (1a)	3,932	6/30/2014							
		Outreach Lab (3)	428,749	6/30/2014	1,259,574			1,259,574			6,265,159
6/30/2035	647,717	Care Communications (1)	20,128	6/30/2015							
		CCMHP dividends (2)	(300,000)	6/30/2015							
		Outreach Lab (3)	(830,534)	6/30/2015	(462,689)			•			6,265,159
6/30/2036	2,136,990	Care Communications (1)	18,751	6/30/2016							
		Outreach Lab (3)	(656,734)	6/30/2016	1,499,007			1,499,007	•	•	7,764,166
6/30/2037	•	Care Communications (1)	20,673	6/30/2017							
		CCMHP dividends (2)	(350,000)	6/30/2017							
		CCMHP dividends (2)	(400,000)	6/30/2017							
		Outreach Lab (3)	(172,373)	6/30/2017							
		Bright Horizons (4)	4,239	6/30/2017	(897,461)			•	•	•	7,764,166
6/30/2038	566,253	Care Communications (1)	21,019	6/30/2018							
		CCMHP dividends (2)	(1,000,000)	6/30/2018							
		Outreach Lab (3)	597,847	6/30/2018							
		Bright Horizons (4)	23,109	6/30/2018							
		OSU Mgmt Fees (5)	(3,522,175)	6/30/2018	(3,313,947)			•	•		7,764,166
						(100,000,000)		2364466			20000