

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019.Go to [www.irs.gov/Form990T](http://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).

**2018**

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed		Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>SAINT FRANCIS HOSPITAL, INC.</b>		<b>D</b> Employer identification number (Employees' trust, see instructions) 73-0700090	
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Number, street, and room or suite no. If a P.O. box, see instructions 6600 S YALE AVE SUITE 400		<b>E</b> Unrelated business activity code (See instructions) 525990	
<b>C</b> Book value of all assets at end of year 2599479060.		City or town, state or province, country, and ZIP or foreign postal code TULSA, OK 74136-3319			
		<b>F</b> Group exemption number (See instructions) ▶ 0928			
		<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 6 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . . . . . ☐ Yes ☒ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ ERIC E. SCHICK Telephone number ▶ 918-494-8430

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances	c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit Subtract line 2 from line 1c		3			
4a	Capital gain net income (attach Schedule D)		4a	35,594.		35,594.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b	23.		23.
c	Capital loss deduction for trusts		4c			
5	Income (loss) from a partnership or an S corporation (attach statement)		5	-298,658.	ATCH 2	-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			
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			
13	Total. Combine lines 3 through 12		13	-263,041.		-263,041.

**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
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
21	Depreciation (attach Form 4562)		21
22	Less depreciation claimed on Schedule A and elsewhere on return	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 loss deduction. Subtract line 29 from line 13		30
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

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**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	6,144,707.
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	6,144,707.
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) <b>00001</b>	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	0.

**Part IV Tax Computation**

39	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 <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only).	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	45a	
b	Other credits (see instructions).	45b	
c	General business credit. Attach Form 3800 (see instructions).	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44.	46	
47	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions).	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50a	Payments. A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868.	50c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g	
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	Enter the amount of line 54 you want credited to 2019 estimated tax. Refunded	55	

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

56	At any time during the 2018 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.	Yes	No
57	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.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer *Euro Schuch*Date *7/10/20*

TREASURER/CFO

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name

KATHLEEN MOSELEY

Preparer's signature *Kathleen Moseley*

Date

06/02/20

Check ☐ if self-employed

PTIN

P00116760

Firm's name ▶ ERNST &amp; YOUNG U.S. LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 425 HOUSTON ST., SUITE 600, FORT WORTH, TX 76102

Phone no 817-335-1900

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

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

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1)	
(2)	
(3)	
(4)	

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ►

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals . . . . . ►				
Total dividends-received deductions included in column 8 . . . . . ►				

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

**Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Totals

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col (A).	Enter here and on page 1, Part I, line 10, col (B).				Enter here and on page 1, Part II, line 26.

Totals

**Schedule J—Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

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**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> . . . . . ▶						
	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
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

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

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

Form 990-T (2018)

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0087

**2018**

Department of the Treasury  
Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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Open to Public Inspection for 501(c)(3) Organizations Only

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

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>713,505.</u>				
b	Less returns and allowances		c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit Subtract line 2 from line 1c		3	<u>713,505.</u>		<u>713,505.</u>
4a	Capital gain net income (attach Schedule D)		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b			
c	Capital loss deduction for trusts		4c			
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)		9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11			
12	Other income (See instructions, attach schedule) <u>ATCH. 3</u>		12	<u>139,713.</u>		<u>139,713.</u>
13	Total. Combine lines 3 through 12		13	<u>853,218.</u>		<u>853,218.</u>

**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	<u>227,102.</u>
16	Repairs and maintenance	16	<u>124,400.</u>
17	Bad debts	17	<u>344.</u>
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	<u>136,010.</u>
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	<u>4,655.</u>
25	Employee benefit programs	25	<u>6,774.</u>
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) <u>ATCH. 4</u>	28	<u>296,906.</u>
29	Total deductions. Add lines 14 through 28	29	<u>796,191.</u>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<u>57,027.</u>
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	<u>57,027.</u>

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Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0087

**2018**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

Department of the Treasury  
Internal Revenue Service

► Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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Open to Public Inspection for  
501(c)(3) Organizations Only

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

<b>Part I Unrelated Trade or Business Income</b>				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>1,956,682.</u>				
b	Less returns and allowances		c Balance ►	1c		
				<u>1,956,682.</u>		
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit Subtract line 2 from line 1c		3	<u>1,956,682.</u>		<u>1,956,682.</u>
4a	Capital gain net income (attach Schedule D)		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b			
c	Capital loss deduction for trusts		4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	<u>ATCH 5</u>	5	<u>-790,263.</u>		<u>-790,263.</u>
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)		9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11			
12	Other income (See instructions, attach schedule)		12			
13	Total. Combine lines 3 through 12		13	<u>1,166,419.</u>		<u>1,166,419.</u>

**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	<u>299,075.</u>
16	Repairs and maintenance		16	<u>8,188.</u>
17	Bad debts		17	<u>72,892.</u>
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	<u>2,972.</u>
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	<u>21</u>		<u>48,019.</u>
22	Less depreciation claimed on Schedule A and elsewhere on return	<u>22a</u>	<u>22b</u>	<u>48,019.</u>
23	Depletion		23	
24	Contributions to deferred compensation plans		24	<u>18,596.</u>
25	Employee benefit programs		25	<u>32,016.</u>
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule)	<u>ATCH 6</u>	28	<u>1,258,106.</u>
29	Total deductions. Add lines 14 through 28		29	<u>1,739,864.</u>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	<u>-573,445.</u>
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	<u>-573,445.</u>

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0087

**2018**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

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Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization

SAINT FRANCIS HOSPITAL, INC.

Employer identification number

73-0700090

Unrelated business activity code (see instructions) ▶ 713940

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

**Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1 c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1 c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4 a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4 b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4 c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement) <u>ATCH 7</u>	<b>5</b> -1,696,825.		-1,696,825.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions, attach schedule)	<b>12</b>		
<b>13</b> Total. Combine lines 3 through 12	<b>13</b> -1,696,825.		-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.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22 a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29</b> Total deductions. Add lines 14 through 28	<b>29</b>	
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	-1,696,825.
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30	<b>32</b>	-1,696,825.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018



**SCHEDULE M  
(Form 990-T)****Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of organization

SAINT FRANCIS HOSPITAL, INC.

Employer identification number

73-0700090

Unrelated business activity code (see instructions) ▶ 446110

Describe the unrelated trade or business ▶ SAINT FRANCIS PHARMACY SERVICES

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement) ATTCH 8	5	1,104,022.	1,104,022.
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)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13	1,104,022.	1,104,022.

**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	
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	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	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 loss deduction. Subtract line 29 from line 13	30	1,104,022.
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	1,104,022.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)****Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0887

**2018**For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for  
501(c)(3) Organizations Only

Name of organization

SAINT FRANCIS HOSPITAL, INC.

Employer identification number

73-0700090

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

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>5,899,741.</u>			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7) . . . . .	2		
3	Gross profit. Subtract line 2 from line 1c . . . . .	3		5,899,741.
4a	Capital gain net income (attach Schedule D) . . . . .	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	4b		
c	Capital loss deduction for trusts . . . . .	4c		
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) . . . . .	9		
10	Exploited exempt activity income (Schedule I) . . . . .	10		
11	Advertising income (Schedule J) . . . . .	11		
12	Other income (See instructions, attach schedule) . . . . .	12		
13	Total. Combine lines 3 through 12 . . . . .	13	5,899,741.	5,899,741.

**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	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	
21	Depreciation (attach Form 4562) . . . . .	21	
22	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	22a	
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 loss deduction. Subtract line 29 from line 13 . . . . .	30	4,983,658.
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	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 2FORM 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	<u>-298,658.</u>

SAINT FRANCIS HOSPITAL, INC.

ATTACHMENT 3

SCHEDULE M - LINE 12 OTHER INCOME

OTHER INCOME

139,713.

LINE 12 - OTHER INCOME

139,713.

105800 3987

OY

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

CONTRACT LABOR	214,928.
PROFESSIONAL SERVICES	3,855.
PAYROLL TAXES	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.

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.

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

CONTRACT LABOR	59,365.
PROFESSIONAL SERVICES	959,003.
PAYROLL TAXES	21,338.
SUPPLIES	142,410.
INSURANCE	191.
OCCUPANCY	45,846.
ADMINISTRATIVE EXPENSE	24,759.
EMPLOYEE EXPENSE	450.
COMMUNICATION EXPENSE	2,571.
MARKETING	-121.
POSTAGE AND SHIPPING	2,144.
MEALS AND ENTERTAINMENT	150.

PART II - LINE 28 - OTHER DEDUCTIONS

1,258,106.



RELATED HEALTH SERVICES

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

RELATED HEALTH SERVICES, INC.	-1,696,825.
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INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS	<u>-1,696,825.</u>
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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	<u>1,104,022.</u>

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

PROFESSIONAL SERVICES	720.
PAYROLL TAXES	34,264.
SUPPLIES	-30,291.
ADMINISTRATIVE EXPENSE	90,257.
EMPLOYEE EXPENSE	787.
RECRUITMENT AND RELOCATION	234.
MEALS AND ENTERTAINMENT	385.

PART II - LINE 28 - OTHER DEDUCTIONS

96,356.

**SCHEDULE D  
(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**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.

► Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

OMB No 1545-0123

**2018**

Name

SAINT FRANCIS HOSPITAL, INC.

Employer identification number

73-0700090

**Part I 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 whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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 . . . . .				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .	2,189.			2,189.
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>4</b>	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>5</b>	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			<b>6</b>	( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			<b>7</b>	2,189.

**Part II Long-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 whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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 . . . . .				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .	33,405.			33,405.
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			<b>11</b>	23.
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			<b>12</b>	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			<b>13</b>	
<b>14</b> Capital gain distributions (see instructions) . . . . .			<b>14</b>	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			<b>15</b>	33,428.

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	<b>16</b>	2,189.
<b>17</b> Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	<b>17</b>	33,428.
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns . . . . .	<b>18</b>	35,617.

Note: If losses exceed gains, see Capital losses in the instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

Form **8949****Sales and Other Dispositions of Capital Assets**

OMB No 1545-0074

Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.**2018**Attachment  
Sequence No **12A**

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

Name(s) shown on return

SAINT FRANCIS HOSPITAL, INC.

Social security number or taxpayer identification number

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
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(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 (a) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	SACHEM HEAD L.P. - ST	VAR	VAR	2,189				2,189.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your 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) ▶				2,189				2,189

**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.

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

Form **8949** (2018)

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

Social security number or taxpayer identification number

SAINT FRANCIS HOSPITAL, INC.

73-0700090

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.

☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

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

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

1	(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 (g) in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g).
						(f) Code(s) from instructions	(g) Amount of adjustment	
	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.
<b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶				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.

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2018**Attachment  
Sequence No **179**▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

SAINT FRANCIS HOSPITAL, INC.

Business or activity to which this form relates

ADMINISTRATIVE SERVICES

Identifying number

73-0700090

**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	Maximum amount (see instructions)	1	
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	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

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 during the tax year. See instructions.	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	136,010.00

**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 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
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	136,010.00
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for 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>24a</b> Do you have evidence to support the business/investment use claimed?		Yes	No	<b>24b</b> If "Yes," is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> 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 . . . . .							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. . . . .							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1. . . . .							<b>29</b>	

**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) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . . .						
<b>31</b> Total commuting miles driven during the year . . . . .						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .						
<b>36</b> 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.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	Yes	No
<b>38</b> 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 . . . . .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .		
<b>40</b> 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? . . . . .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2018 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>



**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2018**Attachment  
Sequence No **179**Department of the Treasury  
Internal Revenue Service (99)▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return

SAINT FRANCIS HOSPITAL, INC.

Business or activity to which this form relates

LABORATORY TESTING

Identifying number

73-0700090

**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	Maximum amount (see instructions)	1	
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	
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

**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 during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	48,019.00

**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 2018	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
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		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs		S/L	
c 30-year			30 yrs	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
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	48,109.00
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2018)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for 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.)

**24a** Do you have evidence to support the business/investment use claimed? **Yes** ☐ **No** ☐ **24b** If "Yes," is the evidence written? **Yes** ☐ **No** ☐

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> 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 . . . . .							<b>25</b>	

**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 -			
		%			S/L -			

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. . . . . **28**

**29** Add amounts in column (i), line 26. Enter here and on line 7, page 1. . . . . **29**

**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) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) . . .						
<b>31</b> Total commuting miles driven during the year . . .						
<b>32</b> Total other personal (noncommuting) miles driven . . . . .						
<b>33</b> Total miles driven during the year. Add lines 30 through 32 . . . . .	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? . . . . .	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>36</b> Is another vehicle available for personal use? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>38</b> 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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>39</b> Do you treat all use of vehicles by employees as personal use? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>40</b> 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? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2018 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

**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		Amount Expired	Total Carryforward
			Previously Utilized	Amount Utilized		
6/30/2013	2012	44	-	-	44	-
6/30/2014	2013	2,336	-	-	2,336	-
6/30/2015	2014	697	-	-	-	697
6/30/2016	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

## 2018 Form 990-T, Part III, Line 35 - Net Operating Loss Deduction - prior to 12/31/2017

Date NOL Generated	Expiration Date	Original NOL Amount	Adjustment Description	Adjustment Amount	FYE Adjustment Occurred	NOL Amount/ (Additional income) After Adjustment	Amount Utilized	FYE Amount Utilized	NOL Balance Based on Year Generated	Amount Expired	Contribution Converted to NOL	Cumulative NOL Carryover Balance
6/30/2002	6/30/2022	1,855,539	Care Communications LLC (Care Communications) (1)	25,086	6/30/2002	1,880,625	(1,036)	6/30/2006				
6/30/2002							(462,689)	6/30/2015				
6/30/2002							(1,416,900)	6/30/2017				
6/30/2003	6/30/2023	1,955,293	Care Communications (1)	8,043	6/30/2003	1,963,336	(640,002)	6/30/2017				
6/30/2003							(1,323,334)	6/30/2018				
6/30/2004	6/30/2024	-	Care Communications (1)	3,669	6/30/2004	3,669	(3,669)	6/30/2018				
6/30/2004							(3,871)	6/30/2018				
6/30/2005	6/30/2025	-	Care Communications (1)	3,871	6/30/2005	3,871	(3,871)	6/30/2018				
6/30/2006	6/30/2026	-	Care Communications (1)	(1,036)	6/30/2006	(1,036)						
6/30/2007	6/30/2027	1,747,365	Care Communications (1)	(388)	6/30/2007	1,746,977	(1,746,977)	6/30/2018				
6/30/2008	6/30/2028	2,471,161	Care Communications (1)	6,544	6/30/2008	2,453,597	(236,096)	6/30/2018				
6/30/2008				(24,108)	6/30/2008		(2,217,501)	6/30/2019				
6/30/2009	6/30/2029	1,857,542	Care Communications (1)	12,332	6/30/2009							
			CommunityCare Managed Health									
			Care Plans of Oklahoma, Inc									
6/30/2009			(CCMHP) dividends (2)	(19,500)	6/30/2009							
6/30/2009			Outreach Lab (3)	(81,480)	6/30/2009	1,768,894	(1,768,894)	6/30/2019				
6/30/2010	6/30/2030	190,824	Care Communications (1)	12,332	6/30/2010							
6/30/2010			Care Communications (1a)	51,535	6/30/2010							
6/30/2010			Outreach Lab (3)	(58,319)	6/30/2010	196,372	(196,372)	6/30/2019				
6/30/2011	6/30/2031	2,792,196	Care Communications (1)	12,332	6/30/2011							
6/30/2011			Care Communications (1a)	8,879	6/30/2011							
6/30/2011			Outreach Lab (3)	(78,478)	6/30/2011	2,734,929	(1,961,940)	6/30/2019	772,989			772,989
6/30/2012	6/30/2032	1,159,195	Care Communications (1)	12,332	6/30/2012							
6/30/2012			Care Communications (1a)	14,739	6/30/2012							
6/30/2012			Outreach Lab (3)	(116,110)	6/30/2012	1,070,156			1,070,156			1,843,145
6/30/2013	6/30/2033	2,820,408	Care Communications (1)	14,185	6/30/2013							
6/30/2013			Care Communications (1a)	13,778	6/30/2013							
6/30/2013			Outreach Lab (3)	314,069	6/30/2013	3,162,440			3,162,440			5,005,585
6/30/2014	6/30/2034	812,708	Care Communications (1)	14,185	6/30/2014							
6/30/2014			Care Communications (1a)	3,932	6/30/2014							
6/30/2014			Outreach Lab (3)	428,749	6/30/2014	1,259,574			1,259,574			6,265,159
6/30/2015	6/30/2035	647,717	Care Communications (1)	20,128	6/30/2015							
6/30/2015			CCMHP dividends (2)	(300,000)	6/30/2015							
6/30/2015			Outreach Lab (3)	(830,534)	6/30/2015	(462,689)						
6/30/2016	6/30/2036	2,136,990	Care Communications (1)	18,751	6/30/2016							
6/30/2016			Outreach Lab (3)	(656,734)	6/30/2016							
6/30/2017	6/30/2037	-	Care Communications (1)	20,673	6/30/2017							
6/30/2017			CCMHP dividends (2)	(350,000)	6/30/2017							
6/30/2017			CCMHP dividends (2)	(400,000)	6/30/2017							
6/30/2017			Outreach Lab (3)	(172,373)	6/30/2017							
6/30/2017			Bright Horizons (4)	4,239	6/30/2017	(897,461)						7,764,166
6/30/2018	6/30/2038	566,253	Care Communications (1)	21,019	6/30/2018							
6/30/2018			CCMHP dividends (2)	(1,000,000)	6/30/2018							
6/30/2018			Outreach Lab (3)	597,847	6/30/2018							
6/30/2018			Bright Horizons (4)	23,109	6/30/2018							
6/30/2018			OSU Mgmt Fees (5)	(3,522,175)	6/30/2018	(3,313,947)						7,764,166
Carryforward to 06/30/2020		21,013,191				18,483,873	(11,979,281)		7,764,166			7,764,166