

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

OMB No 1545-0047

**2019**For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020.▶ 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

Department of the Treasury  
Internal Revenue ServiceA ☒ Check box if  
address changedName of organization ( ☐ Check box if name changed and see instructions.)D Employer identification number  
(Employees' trust, see instructions)

B Exempt under section

<input checked="" type="checkbox"/> 501(c) (3)	<input type="checkbox"/> 220(e)
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)
<input type="checkbox"/> 408A	
<input type="checkbox"/> 529(a)	

Print  
or  
Type

SAINT FRANCIS HOSPITAL, INC.

73-0700090

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

E Unrelated business activity code  
(See instructions)

6600 S YALE AVE, SUITE 400

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

TULSA, OK 74136-3319

525990

C Book value of all assets  
at end of year

F Group exemption number (See instructions.) ▶ 0928

2895637297.

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ 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-subsidiary 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

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	21,250.	21,250.
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b	51,003.	51,003.
c	Capital loss deduction for trusts		4c		
5	Income (loss) from a partnership or an S corporation (attach statement)		5	232,210.	232,210.
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	304,463.	304,463.

**Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (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	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	304,463.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	263,057.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	41,406.

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2019)

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**Part I Total Unrelated Business Taxable Income**

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	3,662,156.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	3,662,156.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	3,662,156.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0.

**Part II Tax Computation**

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	

**Part III Tax and Payments**

46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800 (see instructions)	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	87,683.
e	Total credits. Add lines 46a through 46d	46e	87,683.
47	Subtract line 46e from line 45	47	-87,683.
48	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)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	-87,683.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51a	Payments. A 2018 overpayment credited to 2019	51a	
b	2019 estimated tax payments	51b	
c	Tax deposited with Form 8868	51c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	51g	
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	87,683.
56	Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded	56	87,683.

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

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	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.

ERIC E. SCHICK

Signature of officer

Eric Schick

Date

5/13/21

Title

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

STEPHANIE LEW

Preparer's signature

Stephanie Lew

Date

05/13/21

Check ☐ if self-employed

PTIN

P01080011

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

Firm's EIN ▶ 34-656596

Firm's address ▶ 2323 VICTORY AVENUE, SUITE 2000, DALLAS, TX 75219

Phone no 214-969-8000

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

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b>	<b>No</b>
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Other costs (attach schedule)	<b>4b</b>				<input checked="" type="checkbox"/>
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>				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)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

**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 25

Totals

**Schedule J – Advertising Income** (see instructions)**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))

**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> . . . . . ▶						
<b>Totals, Part II (lines 1-5)</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 26

**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.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

Form 990-T (2019)

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

**Unrelated Business Taxable Income from an**  
**Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20.

Department 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 the 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

Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>687,203.</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	687,203.		687,203.
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. 4</u>		12	141,804.		141,804.
13	Total. Combine lines 3 through 12		13	829,007.		829,007.

**Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (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	229,170.
16	Repairs and maintenance	16	116,490.
17	Bad debts	17	-535.
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	2.
20	Depreciation (attach Form 4562)	20	112,381.
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
		21b	112,381.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	4,536.
24	Employee benefit programs	24	5,648.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) <u>ATCH. 4</u>	27	307,975.
28	Total deductions. Add lines 14 through 27	28	775,667.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	53,340.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	53,340.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2019

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

**Unrelated Business Taxable Income from an**  
**Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20.

Department 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 the 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, BRIGHT HORIZONS CHILDCARE

Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales <u>1,874,051.</u>				
<b>b</b>	Less returns and allowances	<b>c Balance ▶</b>			
		<b>1c</b>	<u>1,874,051.</u>		
<b>2</b>	Cost of goods sold (Schedule A, line 7) . . . . .	<b>2</b>			
<b>3</b>	Gross profit. Subtract line 2 from line 1c . . . . .	<b>3</b>	<u>1,874,051.</u>		<u>1,874,051.</u>
<b>4a</b>	Capital gain net income (attach Schedule D) . . . . .	<b>4a</b>	<u>-96.</u>		<u>-96.</u>
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . . . .	<b>4b</b>			
<b>c</b>	Capital loss deduction for trusts . . . . .	<b>4c</b>			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement) . . . . .	<b>5</b>			
<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>	<b>Total.</b> Combine lines 3 through 12 . . . . .	<b>13</b>	<u>1,873,955.</u>		<u>1,873,955.</u>

**Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (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>	<u>270,795.</u>
<b>16</b>	Repairs and maintenance . . . . .	<b>16</b>	<u>8,638.</u>
<b>17</b>	Bad debts . . . . .	<b>17</b>	<u>117,838.</u>
<b>18</b>	Interest (attach schedule) (see instructions) . . . . .	<b>18</b>	
<b>19</b>	Taxes and licenses . . . . .	<b>19</b>	<u>2,894.</u>
<b>20</b>	Depreciation (attach Form 4562) . . . . .	<b>20</b>	<u>13,174.</u>
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return . . . . .	<b>21a</b>	
		<b>21b</b>	<u>13,174.</u>
<b>22</b>	Depletion . . . . .	<b>22</b>	
<b>23</b>	Contributions to deferred compensation plans . . . . .	<b>23</b>	<u>17,923.</u>
<b>24</b>	Employee benefit programs . . . . .	<b>24</b>	<u>28,996.</u>
<b>25</b>	Excess exempt expenses (Schedule I) . . . . .	<b>25</b>	
<b>26</b>	Excess readership costs (Schedule J) . . . . .	<b>26</b>	
<b>27</b>	Other deductions (attach schedule) . . . . .	<b>27</b>	<u>1,237,027.</u>
<b>28</b>	<b>Total deductions.</b> Add lines 14 through 27 . . . . .	<b>28</b>	<u>1,697,285.</u>
<b>29</b>	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 . . . . .	<b>29</b>	<u>176,670.</u>
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . . .	<b>30</b>	<u>176,670.</u>
<b>31</b>	<b>Unrelated business taxable income.</b> Subtract line 30 from line 29 . . . . .	<b>31</b>	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

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

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020.

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

Name of the 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

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 Balance ▶</b>	<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 1c	<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. 6</u>	<b>5</b>	-2,282,161.		-2,282,161.
<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>	<b>Total.</b> Combine lines 3 through 12	<b>13</b>	-2,282,161.		-2,282,161.

**Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (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>	Depreciation (attach Form 4562)	<b>20</b>	
<b>21</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>21 a</b>	
<b>22</b>	Depletion	<b>22</b>	
<b>23</b>	Contributions to deferred compensation plans	<b>23</b>	
<b>24</b>	Employee benefit programs	<b>24</b>	
<b>25</b>	Excess exempt expenses (Schedule I)	<b>25</b>	
<b>26</b>	Excess readership costs (Schedule J)	<b>26</b>	
<b>27</b>	Other deductions (attach schedule)	<b>27</b>	
<b>28</b>	<b>Total deductions.</b> Add lines 14 through 27	<b>28</b>	
<b>29</b>	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	<b>29</b>	-2,282,161.
<b>30</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	<b>30</b>	
<b>31</b>	Unrelated business taxable income. Subtract line 30 from line 29	<b>31</b>	-2,282,161.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2019



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

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20.

Department 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 the 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

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)	ATCH, 7	5	3,184,677.	3,184,677.
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	3,184,677.	3,184,677.

**Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (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	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	3,184,677.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	
31	Unrelated business taxable income. Subtract line 30 from line 29		31	3,184,677.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

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

**Unrelated Business Taxable Income from an  
Unrelated Trade or Business**

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 20 20.

Department 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 the 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

Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>1,273,316.</u>				
b	Less returns and allowances		c Balance ▶	1c		
				<u>1,273,316.</u>		
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit. Subtract line 2 from line 1c		3	<u>1,273,316.</u>		<u>1,273,316.</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)		12			
13	Total. Combine lines 3 through 12		13	<u>1,273,316.</u>		<u>1,273,316.</u>

**Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (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>751,688.</u>
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	<u>345.</u>
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	<u>119,941.</u>
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	<u>18,609.</u>
28	Total deductions. Add lines 14 through 27	28	<u>890,583.</u>
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	<u>382,733.</u>
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	
31	Unrelated business taxable income. Subtract line 30 from line 29	31	<u>382,733.</u>

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

ATTACHMENT 2FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

THACKERY PARTNERS REALTY FUND II LP	-1,266.
VIRGO REDBUD LLC	84,555.
PREMIER	148,921.
INCOME (LOSS) FROM PARTNERSHIPS	<u>232,210.</u>

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

CONTRACT LABOR	225,248.
PROFESSIONAL SERVICES	3,158.
PAYROLL TAXES	4,177.
SUPPLIES	15,177.
INSURANCE	155.
OCCUPANCY	3,123.
ADMINISTRATIVE EXPENSE	4,082.
COMMUNICATION EXPENSE	52,497.
POSTAGE AND SHIPPING	353.
MEALS AND ENTERTAINMENT	5.

PART II - LINE 27 - OTHER DEDUCTIONS

307,975

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

CONTRACT LABOR	60,311.
PROFESSIONAL SERVICES	949,199.
PAYROLL TAXES	18,879.
SUPPLIES	133,375.
INSURANCE	138.
OCCUPANCY	44,411.
ADMINISTRATIVE EXPENSE	24,498.
EMPLOYEE EXPENSE	551.
COMMUNICATION EXPENSE	3,627.
MARKETING	16.
POSTAGE AND SHIPPING	1,841.
MEALS AND ENTERTAINMENT	181.

PART II - LINE 27 - OTHER DEDUCTIONS

1,237,027

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL SERVICES	13,280.
PAYROLL TAXES	35,672.
SUPPLIES	-66,889.
ADMINISTRATIVE EXPENSE	2,393.
EMPLOYEE EXPENSE	651.
MEALS AND ENTERTAINMENT	502.
OCCUPANCY	33,000.

PART II - LINE 27 - OTHER DEDUCTIONS

18,609

**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

**2019**

Name **SAINT FRANCIS HOSPITAL, INC.** Employer identification number **73-0700090**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**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 . . . . .				
<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>

**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 . . . . .	72,253.	96.		72,157.
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .				<b>11</b>
<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> 72,157.

**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>	72,157.
<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>	
<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>	72,157.

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) 2019

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.

**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 (e) 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	72,253.				72,253.
	BRIGHT HORIZONS CHILDCARE	VAR	VAR		96.			-96.
<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) ►				72,253.	96.			72,157.

**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)

▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2019**Attachment  
Sequence No **179**

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 2018 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 2020. 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	112,381.00

**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 2019.	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 2019 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 2019 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	112,381.00
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	

**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
---	-------------------------------	---	----------------------------	--	------------------------	--------------------------	-------------------------------	---------------------------------

**25** 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 **25**

**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 No	Yes No	Yes No	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.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? . . . . .		
<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 . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	---------------------------------	---------------------------	---------------------	--	-----------------------------------

**42** Amortization of costs that begins during your 2019 tax year (see instructions):

--	--	--	--	--	--

**43** Amortization of costs that began before your 2019 tax year **43**

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

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

OMB No 1545-0172

**2019**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 2018 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 2020. 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	13,174.00

**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 2019.	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 2019 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 2019 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	13,174.00
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** (2019)

**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	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 . . . . .		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(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 2019 tax year (see instructions):					
<b>43</b> Amortization of costs that began before your 2019 tax year . . . . .					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report . . . . .					<b>44</b>

# Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

▶ Attach to the corporation's tax return.  
▶ Go to [www.irs.gov/Form8827](http://www.irs.gov/Form8827) for the latest information.

**2019**

Name <b>SAINT FRANCIS HOSPITAL, INC.</b>		Employer identification number <b>73-0700090</b>
<b>1</b> Minimum tax credit carryforward from 2018. Enter the amount from line 9 of the 2018 Form 8827 .	<b>1</b>	<b>87,683.00</b>
<b>2</b> Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions)	<b>2</b>	
<b>3</b> Enter the refundable minimum tax credit (see instructions) . . . . .	<b>3</b>	<b>87,683.00</b>
<b>4</b> Add lines 2 and 3 . . . . .	<b>4</b>	<b>87,683.00</b>
<b>5a</b> Enter the <b>smaller</b> of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions . . . . .	<b>5a</b>	<b>87,683.00</b>
<b>b Current year minimum tax credit.</b> Enter the smaller of line 1 or line 2 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 3, go to line 5c. Otherwise, skip line 5c . . . . .	<b>5b</b>	
<b>c</b> Subtract line 5b from line 5a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return) . . . . .	<b>5c</b>	<b>87,683.00</b>
<b>6 Minimum tax credit carryforward.</b> Subtract line 5a from line 1. Keep a record of this amount to carry forward and use in future years . . . . .	<b>6</b>	

**Saint Francis Hospital, Inc.**  
**EIN: 73-0700090**  
**Year End: 6/30/2020**

**Charitable Contributions Carryforward**  
**Form 990-T, Part II, Line 34**

		Amount							
Fiscal Year		Amount	Previously	Amount	Amount	Amount	Total		
Ended	Filing Year	Generated	Utilized	Utilized	Converted to NOL*	Expired	Carryforward		
6/30/2013	2012	44	-	-	-	44	-		
6/30/2014	2013	2,336	-	-	-	2,336	-		
6/30/2015	2014	1,462	-	-	1,462	-	-		
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	16	-	-	16	-	-		
6/30/2020	2019	1,000	-	-	1,000	-	-		
Carryforward to 2020		124,332	-	-	118,400	2,380	3,552		

\*Charitable contributions converted to NOL under Section 170(d)(2)(B)(ii).

Saint Francis Hospital, Inc.

EIN: 73-0700090

Year End: 6/30/20

Partnership Investments

UBI Activity Code: 525900

2019 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	Contribution Converted to NOL**	Amount Utilized	FYE Amount Utilized	NOL Balance Based on Year Generated	Cumulative NOL Carryover Balance
6/30/2019	263,041	16	(263,057)	6/30/2020	-	-
6/30/2020	-	1,000			1,000	1,000
Carryforward to 06/30/2021	-	1,016	(263,057)		1,000	1,000

\*Available for use against future Unrelated Business Income.

\*\*Charitable contributions converted to NOL under Section 170(d)(2)(B)(ii).

Saint Francis Hospital, Inc.

EIN: 73-0700090

Year End: 6/30/20

Lab, ASHM, and Childcare services

UBI Activity Code: 621500

2019 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	(176,670)	6/30/2020	396,775	-	396,775
Carryforward to 06/30/2021	573,445	(176,670)		396,775	-	396,775

\*Available for use against future Unrelated Business Income.



Saint Francis Hospital, Inc.  
EIN: 73-0700090  
Year End: 6/30/20

Related Health Services S-Corporation  
UBI Activity Code: 713940

2019 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
6/30/2020	2,282,161	-	-	2,282,161	-	3,978,986
Carryforward to 06/30/2021	3,978,986	-	-	3,978,986	-	3,978,986

\*Available for use against future Unrelated Business Income

2019 Form 990-T, Part III, Line 36 - Net Operating Loss Deduction - prior to 12/31/2017

Date NOL Generated Fiscal Year Ended	Expiration Date Fiscal Year Ended	Original NOL Amount Generated	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)	25,086	6/30/2002	1,880,625	(1,036)	6/30/2006	-	-	-	-
6/30/2002	6/30/2022					(461,227)	(461,227)	6/30/2015	-	-	-	-
6/30/2002	6/30/2023	1,955,293	Care Communications	8,043	6/30/2003	1,963,336	(1,418,362)	6/30/2017	-	-	-	-
6/30/2003	6/30/2023					(522,696)	(522,696)	6/30/2017	-	-	-	-
6/30/2003	6/30/2024	-	Care Communications	3,669	6/30/2004	3,669	(1,324,796)	6/30/2018	-	-	-	-
6/30/2004	6/30/2024	-	Care Communications	3,871	6/30/2005	3,871	(115,844)	6/30/2018	-	-	-	-
6/30/2005	6/30/2025	-	Care Communications	(1,036)	6/30/2006	(1,036)	(3,669)	6/30/2018	-	-	-	-
6/30/2006	6/30/2026	-	Care Communications	(388)	6/30/2007	1,746,977	(3,871)	6/30/2018	-	-	-	-
6/30/2007	6/30/2027	1,747,365	Care Communications	6,544	6/30/2008	6,544	(1,746,977)	6/30/2018	-	-	-	-
6/30/2008	6/30/2028	2,471,161	Care Communications	(24,108)	6/30/2008	2,453,597	(118,712)	6/30/2018	-	-	-	-
6/30/2008	6/30/2028					(2,334,885)	(2,334,885)	6/30/2019	-	-	-	-
6/30/2009	6/30/2029	1,857,542	Care Communications	12,332	6/30/2009				-	-	-	-
6/30/2009	6/30/2029		CommunityCare Managed Health Care Plans of Oklahoma, Inc (CCMHP) dividends	(19,500)	6/30/2009				-	-	-	-
6/30/2009	6/30/2029		Outreach Lab	(81,480)	6/30/2009	1,768,894	(1,768,894)	6/30/2019	-	-	-	-
6/30/2010	6/30/2030	190,824	Care Communications	12,332	6/30/2010				-	-	-	-
6/30/2010	6/30/2030		Care Communications	51,535	6/30/2010				-	-	-	-
6/30/2010	6/30/2031	2,792,196	Outreach Lab	(58,319)	6/30/2010	196,372	(196,372)	6/30/2019	-	-	-	-
6/30/2011	6/30/2031		Care Communications	12,332	6/30/2011				-	-	-	-
6/30/2011	6/30/2031		Care Communications	8,879	6/30/2011				-	-	-	-
6/30/2011	6/30/2031		Outreach Lab	(78,478)	6/30/2011	2,734,929	(1,844,556)	6/30/2019	-	-	-	-
6/30/2011	6/30/2032	1,159,195	Care Communications	12,332	6/30/2012		(890,373)	6/30/2020	-	-	-	-
6/30/2012	6/30/2032		Care Communications	14,739	6/30/2012				-	-	-	-
6/30/2012	6/30/2032		Outreach Lab	(116,110)	6/30/2012	1,070,156	(1,070,156)	6/30/2020	-	-	-	-
6/30/2013	6/30/2033	2,820,408	Care Communications	14,185	6/30/2013				-	-	-	-
6/30/2013	6/30/2033		Care Communications	13,778	6/30/2013				-	-	-	-
6/30/2013	6/30/2034	812,708	Outreach Lab	314,069	6/30/2013	3,162,440	(1,701,627)	6/30/2020	1,460,813	-	-	1,460,813
6/30/2014	6/30/2034		Care Communications	14,185	6/30/2014				-	-	-	-
6/30/2014	6/30/2034		Care Communications	3,932	6/30/2014				-	-	-	-
6/30/2014	6/30/2035	647,717	Outreach Lab	428,749	6/30/2014	1,259,574			1,259,574	-	-	2,720,387
6/30/2015	6/30/2035		Care Communications	20,128	6/30/2015				-	-	-	-
6/30/2015	6/30/2035		CCMHP dividends	(300,000)	6/30/2015				-	-	-	-
6/30/2015	6/30/2035		Outreach Lab	(830,534)	6/30/2015				-	-	-	-
6/30/2015	6/30/2036	1,462	Charitable Contributions	1,462	6/30/2015	(461,227)			-	-	-	-
6/30/2016	6/30/2036	2,136,990	Care Communications	18,751	6/30/2016				-	-	-	-
6/30/2016	6/30/2037		Outreach Lab	(656,734)	6/30/2016	1,499,007			1,499,007	-	-	4,219,394
6/30/2017	6/30/2037		Care Communications	20,673	6/30/2017				-	-	-	-
6/30/2017	6/30/2037		CCMHP dividends	(350,000)	6/30/2017				-	-	-	-
6/30/2017	6/30/2037		CCMHP dividends	(400,000)	6/30/2017				-	-	-	-
6/30/2017	6/30/2037		Outreach Lab	(172,373)	6/30/2017				-	-	-	-
6/30/2017	6/30/2037		Bright Horizons	4,239	6/30/2017				-	-	-	-
6/30/2017	6/30/2038	115,844	Charitable Contributions	115,844	6/30/2017	(781,617)			-	-	-	-
6/30/2018	6/30/2038	566,253	Care Communications	21,019	6/30/2018				-	-	-	-
6/30/2018	6/30/2038		CCMHP dividends	(1,000,000)	6/30/2018				-	-	-	-
6/30/2018	6/30/2038		Outreach Lab	597,847	6/30/2018				-	-	-	-
6/30/2018	6/30/2038		Bright Horizons	23,109	6/30/2018				-	-	-	-
6/30/2018	6/30/2038		OSU Mgmt Fees	(3,522,175)	6/30/2018				-	-	-	-
6/30/2018	6/30/2038	78	Charitable Contributions	78	6/30/2018	(3,313,869)			-	-	-	-
Carryforward to 06/30/2021		21,130,575				18,483,873	(15,524,053)		4,219,394	-	-	4,219,394

\*Available for use against future Unrelated Business Income If not utilized, the net operating loss will expire in the fiscal year ended indicated above