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Form 990-Total Strempt Organization Bu	sine	ss Inco	me T	ax Retur	ı l	OMB No 1545-0687
(and proxy tax und				ax Hotali	•	0040
For calendar year 2018 or other tax year beginning		, and end			ŀ	2018
Go to www.irs.gov/Form990T for	instructi			ation.	- 1	
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it ma	y be ma	de public if you	ır organiz	ation is a 501(c)(3)	. [Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if Name of organization (Check box if name	changed	and see instruc	tions.)		DEmpl (Emp	loyer identification number loyees' trust, see
address changed	•					uctions)
B Exempt under section Print HOLY ROSARY HEALTHCAR	E				8	1-0231792
X 501(C)(28) or Number, street, and room or suite no. If a P.O. bo	ox, see ir	structions.				lated business activity code instructions)
408(e) 220(e) Type 2600 WILSON STREET					, 550	ilisudoliona j
408A 530(a) City or town, state or province, country, and ZIP	or foreig	n postal code			1	
529(a) MILES CITY, MT 59301	_				621	.500
C Book value of all assets F Group exemption number (See instructions.)		0928				
d at end of year 43, 346, 206. G Check organization type ► 🗶 501(c) co	rporation	501	(c) trust	401(a) trust	Other trust
H Enter the number of the organization's unrelated trades or businesses.	4		Describe	the only (or first) ur	related	
trade or business here MEDICAL LABS		If	only one,	complete Parts I-V.	If more	e than one,
describe the first in the blank space at the end of the previous sentence, complete F	arts I an	d II, complete a	Schedule	M for each addition	nal trad	e or
business, then complete Parts III-V.						
I During the tax year, was the corporation a subsidiary in an affiliated group or a pare	ent-subs	idiary controlled	group?	STMT 3 ▶	X Y	es No
If "Yes," enter the name and identifying number of the parent corporation.						
J The books are in care of ► KYLE ENGMAN			Telepho	one number 🕨 3	03-	813-5543
Part I Unrelated Trade or Business Income		(A) Incor	me	(B) Expense:	5	(C) Net
1a Gross receipts or sales 102, 935.						
b Less returns and allowances 45,544. c Balance	10	57,	391.			
2 Cost of goods sold (Schedule A, line 7)	2					
3 Gross profit. Subtract line 2 from line 1c	3	57,	391.			57,391.
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)	-					
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G	-					
10 Exploited exempt activity income (Schedule I)	10					
11 Advertising income (Schedule J)	11					
12 Other income (See instructions; attach schedule)	12	F 7	391.			57,391.
13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions f	13					37,391.
(Except for contributions, deductions must be directly connected				s income)		
14 Compensation of officers, directors, and trustees (Schedule K)				, , , , , , , , , , , , , , , , , , ,	14	T
15 Salaries and wages					15	7,986.
16 Repairs and maintenance					16	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17 Bad debts					17	· · · · · · · · · · · · · · · · · · ·
18 Interest (attach schedule) (see instructions)					18	
19 Taxes and licenses					19	475.
20 Charitable contributions (See instructions for limitation rules) STATEM		4SEE	STAT	EMENT 1	20	0.
21 Depreciation (attach Form 4562)) [21	289.		
22 Less depreciation claimed on Schedule A and elsewhere on return			2a	<u></u>	22b	289.
23 Depletion BC 0.2	2010	ו נטו	-	,	23	
23 Depletion 24 Contributions to deferred compensation plans DEC 02	ያ ረሀዘ	<u> </u>			24	
25 Employee benefit programs					25	1,680.
26 Excess exempt expenses (Schedule I) OGDE	N, U	T			26	
27 Excess readership costs (Schedule J)		······································			27	
28 Other deductions (attach schedule)		SEE	STAT	EMENT 2	28	28,841.
29 Total deductions. Add lines 14 through 28					29	39,271.
30 Unrelated business taxable income before net operating loss deduction. Subtra	ct line 2	9 from line 13			30	18,120.
31 Deduction for net operating loss arising in tax years beginning on or after Janu	ary 1, 20	18 (see instruct	tions)		31	
32 Unrelated business taxable income. Subtract line 31 from line 30					32	18,120.
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.				P		Form 990-T (2018)

Here Signature of officer Date Title	Form 990-T	(2018) HOLY ROSARY HEALTHCARE	81-023	1792	Page 2
34 Announts paral for disablewed fringes 55 Deduction from at operating his sairing in tax years beginning before January 1, 2018 (see instructions) 56 Total of unrelated between statistics in tax years beginning before January 1, 2018 (see instructions) 57 Total of unrelated between statistics as a string in tax years beginning before January 1, 2018 (see instructions) 57 Total of unrelated between statistics and 34 37 Specific deduction (clientrally \$1,000, but see time 37 end the study of the statistics of	Part II	Total Unrelated Business Taxable Income			
38 Deduction for not operating best as arising in tax years beginning before January 1, 2018 (see instructions) STMT 6	33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	18,155.
SS Discretion for not operating loss arising in tax years beginning before January 1, 2018 (see instructions) STANT 6 35 23 , 737.7 Strote of centrolled beginning such lancame before general content or smalled beginning the process of the standard of the content of the				34	5,582.
188 Total of unrelated business stated before specific deduction, Subtract line 35 from the sum of lines 33 and 34 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 38 Unshalted business stated line becomes, subtract line 37 from hine 36, if hine 37 is greater than line 36, enter the similar of zero or line 36 Part IV Tax Computation 39 Organizations Taxable is a Designation. Multiply line 38 by 21% (0.21) 40 Trates Taxable at Treat Retails. See instructions for tax computation. Income tax on the amount on line 38 from; Tax rest schedule or Time 3 certification of the 30 from 40 from		* 11. 1 11. 11. 11. 11. 11. 11. 11. 11.	TT 6	35	
Interest and 34 34 35 35 36 36 37 37 38 38 38 38 38 38					
37 Surcific disultance flower any \$1,000, but see line 37 incentions for exceptions) 37 1,0000, 37 1,0000, 38 Unsisted business taxable as technoses. Subtract line 37 from the 36, if line 37 is greater than line 36, 38 0. Part IV Tax Commputation 39 0. 39 0. 30 30 30 30 30 30 30		· · · · · · · · · · · · · · · · · · ·		36	
Norselated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 35, 38					1.000.
enter the smaller of zero or line 38 O. Pert N Text Computation 39 Organizations Taxable as Cerporations. Multiply line 38 by 21% (0.21) 40 Trents Taxable as Cerporations. Multiply line 38 by 21% (0.21) 41 Proxist X-abable at Treat Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax are schedule or Schedule D (Prom 1041) 40 41 Proxy tax. See Instructions 42 Alternative minimum tax (trusts only) 43 Tax on Neaccompliant Facility Income, See instructions 44 Texts 4 add lines 41, 62, and 52 line 39 or 40, whichever applies 45 Terreign tax credit (Corporations state of rom 1118; trusts attach Form 1116) 45 45 Foreign tax credit (Corporations state of rom 1118; trusts attach Form 1116) 45 45 Foreign tax credit (Corporations state of rom 1118; trusts attach Form 1116) 45 45 Foreign tax credit (Corporations state of rom 1118; trusts attach Form 1116) 45 45 Foreign tax credit (Corporations state of rom 1118; trusts attach Form 1116) 45 45 Foreign tax credit (Corporations state of rom 1118; trusts attach Form 1116) 45 45 Foreign tax credit (Corporations state of rom 1118; trusts attach Form 1116) 45 45 Foreign tax credit (Corporations state of rom 1118; trusts attach Form 1116) 45 45 Corporation for year minimum bax (traction Form 8051 or 8827) 45 45 Total tax (And lines 45 and through 550 50 47 Total attachts. Add lines 45 attructions) 45 48 Subtract tax 64 from 44 49 Zulfs and 565 tax lability paid from Form 956-A or Form 965-B, Part II, column (A), line 2 49 Zulfs and 565 tax lability paid from Form 956-A or Form 965-B, Part II, column (A), line 2 49 Zulfs and 565 tax lability paid from Form 956-A or Form 965-B, Part II, column (A), line 2 40 Conditions of tax deposited with Form 8586 50 50 Part Minimum Annual Annu			•		
Part W Tax Computation So		anter the ameliar of year or line 25		38	0.
39 Organizations Taxable as Corporations, Multiply Inc 3 Bb y 21% (0.21)	Part N	Tax Computation		-	
Trasta Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule 0 (Form 1041) 41 42 43 44 44 44 44 44 44				39	0.
Tax rate schedule or			,	· · ·	
41 Proxy tax, See instructions 42 Alternative minimum tax (trusts only) 43 Tax on Neacompliant Facility Income, See instructions 44 Total, Add tines 41, 42, and 43 to line 39 or 40, whichever applies 45 Foreign tax credit (corporations attach form 1116; trusts attach Form 1116) 46 Differ credits (see instructions) 5 Differ credits (see instructions) 6 General business credit. Attach Form 3800 6 Gredits for prory sar minimum tax (attach Form 3800 6 Gredits for prory sar minimum tax (attach Form 3801 or 8827) 7 Total areas, Check if from 1 1 Form 4255	٦٠ [40	
42 42 43 43 44 40 43 44 40 44 40 46 45 45 45 45 45 45 45	41				
Tax on Noncompliant Facility Inceme. See instructions 41 Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44 0.					
44		· · · · · · · · · · · · · · · · · · ·			
45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever anolies	•• • '		Λ.
45a Foreign tax credit (cerportations attach Form 1116; trusts attach Form 1116)	Part V	Tax and Payments		44	
b Other credits (see Instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum hax (attach Form 8801 or 8827) e Total credits. Add lines 46a through 455 d Subhazt line 46a from line 44 d Subhazt line 46a from line 44 d Total tax. Add lines 46 and 47 (see instructions) d 2018 net 955 tax hability gald from Form 955-A or Form 955-B, Part II, column (k), line 2 d 70 dist tax. Add lines 46 and 47 (see instructions) d 2018 net 1955 tax hability gald from Form 955-A or Form 955-B, Part II, column (k), line 2 d 9 2018 net 1955 tax hability gald from Form 955-A or Form 955-B, Part II, column (k), line 2 d 9 2018 net 1955 tax hability gald from Form 955-A or Form 955-B, Part II, column (k), line 2 d 9 2018 net subhazt tax payments d 10 0. d 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
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46 Subtract line 45e from line 44 47 Other taxes, Check if from:	G (Senieral pusiness credit. Attach Form 2004 or 2007)		l (
46 Subtract line 45e from line 44 47 Other taxes. Check if from:					
47 Other taxes. Check if from:	40	Note and a second secon	······································	_	
48 Total tax. Add lines 46 and 47 (see instructions) 49 2018 net 965 tax lability paid from Form 965-8, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018 5 2018 estimated tax payments c Tax deposited with Form 8868 6 Foreign organizations: Tax paid or withheld at source (see instructions) 1 Credit for small employer health insurance premiums (attach Form 8941) 9 Other credits, adjustments, and payments:	46 3	Subtract line 45e from line 44			<u> </u>
49 2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018 5 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations; Tax paid or withhelid at source (see instructions) 6 Backup withholding (see instructions) 7 Other credits, adjustments, and payments: Form 2439 9 Other credits, adjustments, and payments: South of the state o			tach schedule)		
b 2018 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) 1 Credit for small employer health insurance premiums (attach Form 8941) 0 Other credits, adjustments, and payments: Form 4136 Total payments Add lines 50a through 50g Form 4136 Total payments Add lines 50a through 50g Total payments Add lines 50a through 50g Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owerpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpald Total payments. If line 51 is less than the total of lines 48, 4				-	
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c Tax deposited with Form 8888 d Foreign organizations: Tax paid or withheld at source (see instructions) 60d Foreign organizations: Tax paid or withheld at source (see instructions) 1 Credit for small employer health insurance premiums (attach Form 8941) 9 Other credits, adjustments, and payments:					
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Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments:					
Other credits, adjustments, and payments: Form 2439	e C	Backup withholding (see instructions)			
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Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Statements Regarding Certain Activities and Other Information (see Instructions)	52 E	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖			
Statements Regarding Certain Activities and Other Information (see Instructions) Statements Regarding Certain Activities and Other Information (see Instructions) Statements Regarding Certain Activities and Other Information (see Instructions) Statements Regarding Certain Activities and Other Information (see Instructions) Statements Regarding Certain Activities and Other Information (see Instructions) Statements Regarding Certain Activities and Other Information (see Instructions) Statements Regarding Certain Activities and Other Information (see Instructions) Statements Regarding Certain Activities and Other Information (see Instructions) Statements Regarding Certain Activities and Other Information (see Instructions) Yes No		• • • • • • • • • • • • • • • • • • • •	▶ ;	53	
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 ▶ 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 17	54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	🕨 ļ	54	
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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 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perkey, I declare that I have examined this return, including eccompanying 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. VP FINANCE & CFO	Part V	Statements Regarding Certain Activities and Other Information (see Instruct	ions)		
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perjay, I declare that I have examined this return, including eccompanying 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. Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name	56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
here Name	(over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
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If 'Yes,' see instructions for other forms the organization may have to file. 58 Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) to based on all information of which preparer has any knowledge. Signature of officer Print/Type preparer's name Preparer's signature Date Check if PTIN Firm's address Phone no.	ı	nere >			X
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Sign Here Under penalties of perjury, I declare that I have examined this return, including eccompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, end complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Way the IRS discuss this return with the preparer shown below (see instructions)? Title Print/Type preparer's name Preparer's signature Date Check if PTIN Firm's EIN Firm's address Phone no.	ı	f "Yes," see instructions for other forms the organization may have to file.			
Sign Here Correct, end complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. VP FINANCE & CFO	58 8	nter the amount of tax-exempt interest received or accrued during the tax year ▶\$			
Here VP FINANCE & CFO May the IRS discuss this return with the preparer shown below (see instructions)? Yes No		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my know	viedge and be	lief, it is true,
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Print/Type preparer's name Preparer Print/Type preparer's name Preparer's signature Date Check if PTIN Self- employed Firm's EIN Firm's address Phone no.	Here	10/31/19 VP FINANCE & CF	10	-	
Paid Preparer Use Only Firm's name ▶ Firm's address ▶ Phone no.		Signature of officer Date Title	ins	tructions)?	Yes No
Paid Preparer Use Only Firm's address ► Self- employed Firm's EIN ► Phone no.		Print/Type preparer's name Preparer's signature Date C	heck if	PTIN	
Preparer Use Only Firm's name ▶ Firm's EIN ▶ Phone no.	Daid		elf- employed		
Use Only Firm's name ► Firm's EIN ► Firm's address ► Phone no.]			
Firm's address Phone no.	-	I Complement Annual Res	rm's EIN		
	OSE O	"y			
923711 01-09-19 Farm QQALT (2019)		Firm's address	Phone no.		
10111 990-1 (2010)	823711 01-0	19-19		Fo	m 990-T (2018)

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Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/	A			
1 Inventory at beginning of year	1	Ö.		ear		6 0.	
2 Purchases	2		7 Cost of goods sold. S		line 6		
3 Cost of labor	3		from line 5. Enter her		1		
4a Additional section 263A costs			line 2		,	7	
(attach schedule)	4a		8 Do the rules of sectio	n 263A (with respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or		•		
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income	(From Real	Property and	<u> </u>	Leas	ed With Real Pro	perty)	
(see instructions)					·		
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	Rent receiv	ed or accrued			0/)-		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	` of rent for p	and personal property (if the percer personal property exceeds 50% or at its based on profit or income)	itage if	3(a) Deductions directly columns 2(a) an	connected with the income in d 2(b) (attach schedule)		
(1)						· · · · · · · · · · · · · · · · · · ·	
(2)							
(3)							
(4)							
Total	0.	Total	-	0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.	
Schedule E - Unrelated Del	bt-Financed	I Income (see	instructions)				
			2. Gross income from		Deductions directly connected with or allocable to debt-financed property		
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)			 	 		 	
(2)						 	
(3)				+		 	
(4)						 	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h 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)		·	%	1			
(2)	†	·····	%	1			
(3)			%	1			
(4)			%	†			
			•		nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals			>		0.	0.	
Total dividends-received deductions in	icluded in column	1 8	•		•	0.	
		. —				Form 990-T (2018)	

Page 4

Schedule F - Interest, A	nnuitie	s, Royali	ties, and	d Rents	s From C	ontroll	ed Organiz	atio	ns (see ins	struction	ns)
			- 1	Exempt (Controlled O	rganızatı	ons				
Name of controlled organization	on	2. Empl Identifica numb	ation		elated income Instructions)	4. Tot payr	tal of specified ments made	includ	t of column 4 led in the cont ation's gross	trolling	6. Deductions directly connected with income in column 5
(1)											· · · · · · · · · · · · · · · · · · ·
(2)				_			···········				······································
(3)								1			<u> </u>
(4)											
Nonexempt Controlled Organia	ations	<u> </u>						1			
7. Taxable Income		nrelated income	e (loss)	9. Total	of specified pay	ments	10. Part of colu	mn 9 tha	t is included	11. D	eductions directly connected
	(s	ee instructions)			made		in the controll	ing orgai s income	nızatıon's	wit	h Income in column 10
(1)		-									
(2)									,		
(3)											
(4)											
							Add colun Enter here and line 8, o		9 1, Part I,	l	dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme		me of a S	Section	501(c)(7), (9), or	(17) Oı	ganization)			
	1. Description of income					income	3. Deduction directly connective	cted	4. Set-	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)							· · · · · · · · · · · · · · · · · · ·	-			
(3)		 									
(4)											· · · · · · · · · · · · · · · · · · ·
		 			Enter here and Part I, line 9, co		اليت ا يا	J 1	-	1	Enter here and on page 1 Part I, line 9, column (B).
Totals				•		0.					0.
Schedule I - Exploited (see instru	-	Activity	Income	, Othe	r Than Ac	lvertisi	ing Income)			
	0 -		3. Expe	nses	4. Net incon	ne (loss)	F -				7. Excess exempt
1. Description of exploited activity	unrelated incom	aross business e from business	directly con with prod of unrel business	nnected uction ated	from unrelated business (co minus colum gain, comput through	olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)				-	,						
(2)											
(3)							***				· ·
(4)											
		re and on , Part I, col (A)	Enter here page 1, 1 line 10, c	Part I,	,						Enter here and on page 1, Part II, line 26
Totals >		0.		0.							0.
Schedule J - Advertisii	ng Inco	me (see in	structions)							
Part I Income From I	Periodic	als Repo	orted on	a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income		Direct	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7			6. Read cos		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))	•	C).	0				-			0.

Form **990-T** (2018)

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)							<u> </u>
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<u> </u>	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM '990-T	CONTRIBUTIONS	STATEMENT	1		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT			
CHARITABLE CONTRIBUTIONS	N/A	12,84			
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	12,84	13.		
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2		
DESCRIPTION		AMOUNT			
SYSTEM ALLOCATION PROFESSIONAL FEES PURCHASED SERVICES SITE COSTS SUPPLIES		10,49 60 2,19 8,07	09. 93. 75.		
TOTAL TO FORM 990-T, PAGE 1, 1	LINE 28	28,84	11.		
FORM 990-T PARENT CORPORAT	ION'S NAME AND IDENTIFYING NUMBER	STATEMENT	3		
CORPORATION'S NAME		IDENTIFYING N	10		
SISTERS OF CHARITY OF LEAVENWO	ORTH HEALTH	23-7379161			

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED CONTRIBUTIONS S	SUBJECT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS	UNUSED CONTRIBUTIONS			
FOR TAX YEAR 2013				
FOR TAX YEAR 2014	22,365			
FOR TAX YEAR 2015	25,285			
FOR TAX YEAR 2016	14,315			
FOR TAX YEAR 2017	14,383			
TOTAL CARRYOVER		76,348		
TOTAL CURRENT YEAR 10% CO	ONTRIBUTIONS	12,843		
TOTAL CONTRIBUTIONS AVAIL		89,191		
TAXABLE INCOME LIMITATION	N AS ADJUSTED	0		
EXCESS 10% CONTRIBUTIONS		89,191		
EXCESS 100% CONTRIBUTIONS	5	0		
TOTAL EXCESS CONTRIBUTION	NS .	89,191		
ALLOWABLE CONTRIBUTIONS I	DEDUCTION			C
TOTAL CONTRIBUTION DEDUCT	PTON			0

FORM '990-T	ОТН	ER CREDITS AND PA	YMENTS	STATEMENT	5
DESCRIPTION	1			AMOUNT	
FORM 8827,	LINE 8C			17	70.
TOTAL INCLU	JDED ON FORM 990-T	, PAGE 2, PART V,	LINE 50G	17	70.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	-
05/31/99 05/31/00 05/31/01 05/31/02 12/31/02 12/31/03 12/31/04 12/31/05 12/31/06 12/31/07 12/31/08 12/31/09 12/31/10 12/31/11 12/31/11	263,430. 324,095. 199,954. 53,648. 109,674. 295,836. 133,691. 42,952. 49,631. 26,668. 7,782. 1,271. 6,231. 3,941. 15,951.	10,723. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	252,707. 324,095. 199,954. 53,648. 109,674. 295,836. 133,691. 42,952. 49,631. 26,668. 7,782. 1,271. 6,231. 3,941. 15,951.	252,707 324,095 199,954 53,648 109,674 295,836 42,952 49,631 26,668 7,782 1,271 6,231 3,941	5. 3. 3. 4. 5. 1. 1. 1.
	VER AVAILABLE THIS		1,524,224.	1,524,224	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

_	ENTIT	Ϋ́	1
l	OMB No	1545-0	: e:

Department of the Treasury

For calendar year 2018 or other tax year beginning , and ending ► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

interna	Do not enter SSN numbers on this form as it	may be	made public if y	our organ	zation is a 501(c	(3).	501(c)(3) Organizations Only
Name	of the organization HOLY ROSARY HEALTHCARE				Employer ide 81-02		
	Inrelated business activity code (see instructions) > 81230					•	
	Describe the unrelated trade or business LAUNDRY S	ERV	ICES				
Pa	t I Unrelated Trade or Business Income		(A) Incom	ie	(B) Expense	s	(C) Net
1a	Gross receipts or sales 579.	П					· · · · · · · · · · · · · · · · · · ·
	Less returns and allowances c Balance	1c		579.			
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3		579.			579.
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		T			
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach			1.			,
	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		579.			579.
Pa	rt II Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the i					cept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)					14	-a / \
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)		1	1		20	
21	Depreciation (attach Form 4562)		21			I	
22	Less depreciation claimed on Schedule A and elsewhere on return		22:	a		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)		000	STATE	MENT 7	27	544.
28	Other deductions (attach schedule)		255	DIWIE	TIEINI /	28	544.
29	Total deductions. Add lines 14 through 28	0	funne lui -	10	29	35.	
30	Unrelated business taxable income before net operating loss dedu				13	30	33.
31	Deduction for net operating loss arising in tax years beginning on o	or atter	January 1, 2018	b (see		II	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

instructions)

Page 3

HOLY ROSA						81-023	179	2	
Schedule A - Cost of Goods	Sold. Enter	method of inver	itory valuation	N/A					
1 Inventory at beginning of year	1		6 Inventory at e	end of year	r		6		
2 Purchases	2		7 Cost of goods	s sold . Su	btract li	пе 6			
3 Cost of labor	3		from line 5. E	nter here a	and in P	art I,			
4a Additional section 263A costs			line 2				7		
(attach schedule)	4a		8 Do the rules of	Yes	No				
b Other costs (attach schedule)	4b		property prod	duced or a	cquired	for resale) apply to			\Box
5 Total. Add lines 1 through 4b 5 the organization?								ļ 	X
Schedule C - Rent Income ((see instructions)	From Real	Property an	d Personal Pro	perty I	Lease	ed With Real Pro	pert	y)	
1. Description of property									
(1)									
(2)									
(3)		-							
(4)									—
	2. Rent receiv	ed or accrued				· · · · · · · · · · · · · · · · · · ·		·	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	and personal property (if the sonal property exceeds to based on profit or income.)	s50% orıf	ige	3(a) Deductions directi columns 2(a) a	y connec nd 2(b) (cted with the income attach schedule)	ın		
(1)							-		
(2)								· · · · · · · · · · · · · · · · · · ·	
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2	2(a) and 2(b). En	ter				(b) Total deductions.			
here and on page 1, Part I, line 6, column	(A)	•			0.	Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	I Income (see	instructions)						
						3. Deductions directly control to debt-finant			
4			2. Gross income or allocable to de	ebt-	(a)	Straight line depreciation	Ced biot	(b) Other deductions	
1. Description of debt-fin	anced property		financed prope	rty	(attach schedule)			(attach schedule)	
(1)								·	
(2)									
(3)		-							
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5			7. Gross income reportable (column 2 x column 6)	(8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%		·			
(4)			T	%					
						nter here and on page 1, art I, line 7, column (A)		enter here and on pag Part I, line 7, column	
Totals				>		0	<u>.</u>		0.
Total dividends-received deductions in	cluded in column								0.
								Form 990-T	(2018)

FORM 990-T (M)	M 990-T (M) OTHER DEDUCTIONS	
DESCRIPTION		AMOUNT
LAUNDRY SERVICE SYSTEM ALLOCATION		463. 81.
TOTAL TO SCHEDULE M, PART II,	LINE 28	544.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTIT	Ϋ́	2
OMB No	1545-0	387

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning , and ending

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

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

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

Name	of the organization HOLY ROSARY HEALTHCARE			Employer identification 81-0231	
·	Inrelated business activity code (see instructions) 56100				
	Describe the unrelated trade or business ADMINITRA	TIV	E SERVICES		
Pa	TI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 9,617.				
b	Less returns and allowances c Balance ▶	1c	9,617.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	9,617.		9,617.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	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			<u> </u>
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	9,617.		9,617.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the			e.)	·
14 15	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages			14	A 30E
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]	20	
22	Less depreciation claimed on Schedule A and elsewhere on return		21 22a		_
23	Depletion	•	[220]	23	
24	Contributions to deferred compensation plans			24	

Unrelated business taxable income. Subtract line 31 from line 30 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

25

26

27

28

29

30

31

instructions)

25

26

27

28

29

30

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

SEE STATEMENT 8

2,193.

2,011.

13,529.

-3,912.

HOLY ROSA	ARY HEAL'	THCARE-				81-0231	.792
Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	valuation N/A			
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6
2 Purchases	2		7	Cost of goods sold. Su	btract I	ine 6	
3 Cost of labor	3		7	from line 5. Enter here a	and in I	Part I,	
4a Additional section 263A costs			7	line 2		ĺ	7
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		7	property produced or a	cquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		7	the organization?			X
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property I	Leas	ed With Real Prop	erty)
(see instructions)							
1. Description of property							
(1)		·		- , <u>, , , , , , , , , , , , , , , , , ,</u>			
(2)							
(3)							
(4)			•				
		red or accrued		•		2/2)2-4	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	re than	of rent for	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	ge	columns 2(a) and	connected with the Income In 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns		iter				(b) Total deductions. Enter here and on page 1,	
here and on page 1, Part I, line 6, colum		•			0.	Part I, line 6, column (B)	▶ 0.
Schedule E - Unrelated De	bt-Financed	Income (see	ınstru	ictions)			
			2	2. Gross income from		 Deductions directly connected to debt-finance 	
1. Description of debt-f	financed property			or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions
	,			inianosa proparty		(attach schedule)	(attach schedule)
(4)			┼				
(1)			+				<u> </u>
(2)			+		-		
(3)			+				
	E Average	adjusted basis	+	Column 4 divided		7 Crass reserve	9 Albanabla dadustuna
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to inced property h schedule)	,	. 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)			1	%			
(2)		····		%			
(3)				%			
(4)				%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				.		0.	0.
Total dividends-received deductions u	ncluded in columi	1 8					0.

Form 990-T (2018)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
SYSTEM ALLOCATION		2,011.
TOTAL TO SCHEDULE M, PART	II, LINE 28	2,011.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	3
OMB No 1545-0	687

3

Department of the Treasury Internal Revenue Service (99) Name of the organization

For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

Name	of the organization HOLY ROSARY HEALTHCARE			Employer identificate 81-02317	
	Inrelated business activity code (see instructions) > 44619	9			
	Describe the unrelated trade or business AMBULANCE		PPLY		
	t Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 3,028.				1
	Less returns and allowances c Balance	1c	3,028.		
2	Cost of goods sold (Schedule A, line 7)	2	2,753.		
3	Gross profit. Subtract line 2 from line 1c	3	275.		275.
	Capital gain net income (attach Schedule D)	4a			
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			<u> </u>
	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach	<u> </u>		 	<u> </u>
	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	275.		275.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the second deductions must be directly connected with the second deductions.))	for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	+
15 16	Salaries and wages 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	20	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion		[220]	23	<u> </u>
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	1
26	Excess exempt expenses (Schedule I)			26	1

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

28

29

30

instructions)

27

28

30

SEE STATEMENT 9

480.

480.

-205.

-205.

Form 990-T (2018)								Page 3
HOLY ROSA						81-0231	.792	
Schedule A - Cost of Good	s Sold. Enter	method of invent	tory	valuation 🕨 N/A	\			-
1 Inventory at beginning of year	1		6	Inventory at end of yea	ar		6	
2 Purchases	2	2,753.	7	Cost of goods sold. S	ubtract i	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs				line 2		L	7	2,753.
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes No
Other costs (attach schedule)	4b			property produced or	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5	2,753.	<u> </u>	the organization?				X
Schedule C - Rent Income (see instructions)	(From Real	Property and	i Pe	ersonal Property	Leas	ed With Real Prop	perty)	
1. Description of property								
(1)							···	
(2)								
(3)						<u>.</u>	· · · · · · · · · · · · · · · · · · ·	
(4)						, 		
		ed or accrued				3(a) Deductions directly of	connected with th	ie income in
rent for personal property is more than of rent for per				nd personal property (If the percentage ersonal property exceeds 50% or if t is based on profit or income) 3(a) Deductions directly co columns 2(a) and 2				
(1)								
(2)								
(3)								
(4)						ł		
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	nstrı	uctions)				
				Gross Income from or allocable to debt-		3. Deductions directly connute to debt-finance	d property	
1. Description of debt-fil	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(D) Other (attach	deductions schedule)
(1)	···	· · · · · · · · · · · · · · · · · · ·	· · · · ·	· · · · · · · · · · · · · · · · · · ·	1			
(2)								
(3)								
(4)			<u> </u>	· · · · · · · · · · · · · · · · · · ·				
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis allocable to nced property n schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ble deductions total of columns and 3(b))
(1)				%		-		
(2)				%				
(3)				%				
(4)				%	L		L	

0.

0.

Enter here and on page 1, Part I, line 7, column (B)

Enter here and on page 1, Part I, line 7, column (A)

0.

Totals

Total dividends-received deductions included in column 8

FORM 990-T (M) OTHER DEDUCTIONS		STATEMENT 9
DESCRIPTION		AMOUNT
SYSTEM ALLOCATION		480.
TOTAL TO SCHEDULE M, PART	II, LINE 28	480.

4562 Form

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property) 990-T

Business or activity to which this form rela

Attach to your tax return.

► Go to www.irs.gov/Form4562 for Instructions and the latest information.

OMB No 1545-0172 2018

Attachment Sequence No 179

FORM 990-T PAGE 1 81-0231792 HOLY ROSARY HEALTHCARE Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,000,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,500,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 ▶ 13 13 Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 289. 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2018 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 (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (e) Convention (a) Depreciation deduction (a) Classification of property 19a 3-year property 5-year property b 7-year property C 10-year property d 15-year property е 20-year property S/L 25 yrs 25-year property g 27 5 yrs MM S/L h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs i Nonresidential real property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System Class life 20a S/L 12 yrs. S/L 12-year b мм S/L 30 yrs. 30-year C 40 yrs. MM S/L d 40-year 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. 289. 22 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 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

2018.04020 HOLY ROSARY HEALTHCARE

For	rm 4562 (2018)	HOL	Y ROSAL	RY HE	ALTH	CARE	<u> </u>					81-	<u>-0231</u>	792	Page 2
P	art V Listed Proper				her vehic	les, cer	taın aırc	raft, an	d propert	y used f	or				
	entertainment Note: For any				standar	d milea	ne rate d	or dedi	icting leas	e eyner	se com	nlete or	ılv 24a		
	24b, columns									e expe	36, 0011	ipioto o i			
	Section A	- Depreciation	on and Other	Informa	ition (Ca	ution: S	See the	nstruc	tions for li	mits for	passeng	ger auto	mobiles))	
248	Do you have evidence to	support the bu	siness/investm	ent use cl	aimed?	□ Y	es L	No	24b If "Y	es," ıs tl	ne evide	nce writ	ten?	Yes	No
	(a)	(b)	(c)	<i>.</i> T	(d)		(e)		(f)		(g)		(h)		(i)
	Type of property	Date placed in	Business. investmen	t I	Cost or	Libu	sis for depr isiness/inve		Recovery		thod/		eciation		cted on 179
	(list vehicles first)	service	use percenta		ther basis		use only		period	Conv	ention	ded	uction		ost
25	Special depreciation all	owance for o	ualified listed	property	y placed	ın servi	ce durin	g the ta	ax year an	ıd	T			1	
	used more than 50% in	a qualified b	usiness use		,			•	•		25				
26	Property used more that			ess use										<u> </u>	
		Ī .	<u> </u>	%						1					
_			 	%		\neg									
_		<u> </u>		%								\vdash			
27	Property used 50% or I	ess in a qual	<u> </u>							<u> </u>		/		1	
<u> </u>		Τ	1	%	-					S/L·		T			
_		<u> </u>	 	%				***************************************		S/L·	,,			•	
_				%	·	\neg				S/L -		 	, -	1	
28	Add amounts in column	(h) lines 25			e and on	line 21	page 1			<u> </u>	28	<u> </u>		1	
	Add amounts in column	,	•				, pago .					·	29		
	7 tod directive in column	. (//, 20. 2			B - Infor		on Use	of Veh	nicles					ل	
Col	mplete this section for ve	ehicles i ised					-			or relate	d nersor	n If you	nrovideo	l vehicle	e
	your employees, first ans		-									-			3
10)	your employees, mist and	wei tile que	stions in Sect	ion 0 to .	see ii yo	u meet a	an excep	טווטוו נכ	Completi	ng tilis t	ection i	01 111036	Vernoles	.	
				Τ ,	a)		b)	1	(c)	· /	d)		(e)	(1	n
30	Total business/investment	miles driven d	uring the		hicle	l '	hicle	l v	'ehicle	· ·	nicle		hicle		ucle
30	year (don't include commu		uring the	<u>vc</u>	TICIC		111010	 		- VC	iicic	* **	incic	V C1	HOIG
21	• •	- ,	the year			 	· · · · · · · · · · · · · · · · · · ·	 		 		 		<u> </u>	
	Total commuting miles Total other personal (no	-	•			 		 		 		 	• • • • • • • • • • • • • • • • • • • •	 	
32	driven	nicommuning)) rimes	1						1		ļ		i	
22	Total miles driven durin	a the year		-				┼┈		 		 		<u> </u>	
33	Add lines 30 through 32	- ,								ŀ		1			
24	•		al uso	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle availab	ne for person	iai use	res	NO	162	NO	162	NO	162	NO	165	INO	162	NO
25	during off-duty hours?	rimorily by a	moro	-				\vdash			 	 	1		
33	Was the vehicle used p than 5% owner or relat	· -	more	1			1					1			
26	Is another vehicle availa	-	anal .	-			 	├				 	 		
30	use?	able for heise	Jilat	1									i		
_	user	Section C	- Questions	for Emp	lovere M	(ho Pro	vido Vol	hiologi	for Hea b	. Their l	Employ	1	<u> </u>	نــــــا	
Λn.	swer these questions to			•	-					•			ron!t		
	re than 5% owners or re		•	sxceptioi	i to com	pieting .	Section	יא זטו ס	enicies us	ed by e	прюуее	s will a	rent		
_	Do you maintain a writte			robibdo d	all porcor	ad uso d	of volue	00. 100	luding cor	nmı dına	by you	-		Yes	No
31	employees?	en policy star	tement mat p	כווטוווטונס ב	ali persor	iai use (or veriici	es, IIICI	luding cor	muung	, by you	ı		162	140
20	Do you maintain a writte	an nakay etai	tomont that n	robibite r	oersonal	use of v	robiolos	avaan	t commut	ına bu	(OUR				1
50	employees? See the ins	• •	•								Oui				
30	Do you treat all use of v					noers, c	JII 601013	, 0: 170	or more	OWITEIS				_	<u> </u>
	Do you provide more th	•				nforma	tion from	. vour	emnlovees	s about					
40	the use of the vehicles,		-			iiiioiiiia	uon non	i your e	employee	s about					
41	Do you meet the require					monetra	ation use	2						-	
٠,	Note: If your answer to		• .						overed vel	nicles					<u> </u>
P	art VI Amortization	01,00,00,4	0,014113	cs, don	Comple	ic occi		uio ce	JVCICO VCI	licies					
<u></u>	(a)			(b)		(c)		1	(d)		(e)			(f)	
	Description of	of costs	Date	amortization		Amortizat	ble t		Code section		Amortiza		Ar fo	nortization r this year	
42	Amortization of costs th	nat begins di	iring volur 201	begins 8 tax vea	ar						penod or per	oon wife			
<u>₹</u>	ortization or ooots ti	oogii io do	g ,33. 201	- un you	Ī						· · · · ·	—Т			
_		-			 			+-				-+			
43	Amortization of costs th	at began be	fore your 201	8 tax vea	ır						•	43			
	Total. Add amounts in	-	-	-		report						44			
	. Julia rod umounto III	20,011,17			-771010 10	, .upuit									

Form 4562 (2018)

Form **8827**

Department of the Treasury Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

OMB No. 1545-0123

2018

Name	Employer ide	ntification number
HOLY ROSARY HEALTHCARE	81-0	231792
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	339.
2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2	
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3	4	339.
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	0.
6 Enter the refundable minimum tax credit (see instructions)	6	170.
7 Add lines 5 and 6	7	170.
8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	170.
b Current year minimum tax credit. Enter the smaller of line 4 or line 5 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 6, go to line 8c. Otherwise, skip line 8c	8b	0.
c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	8c	170.
9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	9	169.

V ₁	PRIC	PRIOR YEAR MINIMUM TAX CREDIT		STATEMENT	10
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR	
12/31/17	339.	0.	339.	339.	•
AVAILABLE F	OR CREDIT	_	339.	339.	•