		_	empt Organization Bus and proxy tax und				ax neturi	'	OMB No 1545-0687
,	F.	For ca	lendar year 2018 or other tax year beginning Go to www.irs.gov/Form990T for in		, and e	nding		_	2018
	Department of the Treasury Internal Revenue Service	▶	Do not enter SSN numbers on this form as it may					.	Open to Public Inspection for 501(c)(3) Organizations Only
	A Check box if		Name of organization (Check box if name of	hange	d and see instri	uctions.)		DEmp (Emp	loyer identification number ployees' trust, see
	address changed		cm					ľ	uctions)
	Exempt under section Solice (C) (C) (C)	Print	ST VINCENT HEALTHCARE						31-0232124 lated business activity code
	408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. bo 1233 NORTH 30TH STREET		nstructions.				instructions)
	408A 530(a)		City or town, state or province, country, and ZIP of		n postal code	···············		1	
	529(a)		BILLINGS, MT 59101					621	.500
	C Book value of all assets at end of year	70	F Group exemption number (See instructions.)	<u> </u>	0928	44-34	T 1404(-)		1 1000
	H Enter the number of the	19.	G Check organization type ► X 501(c) cortion's unrelated trades or businesses. ►	poratio 1	п 50	1(c) trust	#bo only (or first) up		Other trust
20	trade or business here	•	BORATORY SERVICE				the only (or first) un complete Parts I-V.		
2020	describe the first in the b		ce at the end of the previous sentence, complete P	arts I ar					
က	business, then complete	Parts III	-V.						
7-4			oration a subsidiary in an affiliated group or a pare	nt-subs				X Y	es No
JAN	If "Yes," enter the name a		tifying number of the parent corporation.	<u> 27 </u>	1516	2791		0.3	813-5543
	Part I Unrelated		de or Business Income		(A) Inc		one number > 3 (B) Expenses		(C) Net
SCANNED	1a Gross receipts or sale		7,182,751.	Į .	(7		(5) 2	•	(0)
Ž	b Less returns and allow		5,022,454. c Balance	10	2,160	,297.			,
Z	2 Cost of goods sold (S	chedule	A, line 7)	2					
Š	3 Gross profit. Subtract			3	2,160	<u>,297.</u>			2,160,297.
(U)	4a Capital gain net incon	•	•	4a					
			art II, line 17) (attach Form 4797)	4b	ļ	-			
	c Capital loss deduction 5 Income (loss) from a		sts ship or an S corporation (attach statement)	4c 5					
	6 Rent income (Schedu	•	mp of an 3 corporation (attach statement)	6	 				
	7 Unrelated debt-financ		ne (Schedule E)	7	<u> </u>				· · · · · · · · · · · · · · · · · · ·
	_		nd rents from a controlled organization (Schedule F)	8					<u> </u>
	9 Investment income of	a sectio	nn 501(c)(7), (9), or (17) organization (Schedule G)	9					
	10 Exploited exempt activ	-	,	10				<u> </u>	
	11 Advertising income (S		•	11					
	12 Other income (See ins13 Total. Combine lines		•	12	2,160	297.			2,160,297.
	77		ot Taken Elsewhere (See instructions for					-	2,100,257.
			utions, deductions must be directly connecte				s income)		
	14 Compensation of off	icers, di	rectors, and trustees (Schedule K) - REC	ΈI	/FD	7		14	
	15 Salaries and wages					1		15	354,919.
	16 Repairs and mainten	ance	DEC 338	n A	2019 89	1		16	**
	17 Bad debts18 Interest (attach sche	dulo) (c	no instructions)		S	l		17 18	
	19 Taxes and licenses	uuie) (s	OGD	ENI		t		19	50.
		ons (Se	e instructions for limitation rules) STATEME	型心	UT _{SEE}	STAT	EMENT 1	20	0.
	21 Depreciation (attach	Form 45			1	21	60,197.		
	22 Less depreciation cla	imed or	Schedule A and elsewhere on return			22a		22b	60,197.
	23 Depletion							23	
	24 Contributions to defe		mpensation plans					24	46 670
	25 Employee benefit pro	-	shadula IV					25	46,678.
	26 Excess exempt expe27 Excess readership or		•					26 27	
	28 Other deductions (at	•	•		SEE	STAT	EMENT 2	28	1,510,460.
	29 Total deductions. A		·					29	1,972,304.
			ncome before net operating loss deduction. Subtrac	t line 2	9 from line 13			30	187,993.
	· ·	-	oss arising in tax years beginning on or after Janua	ry 1, 20	018 (see instru	ctions)		31]
			ncome. Subtract line 31 from line 30					32	187,993.
	823701 01-09-19 LHA FC	r Paper	work Reduction Act Notice, see instructions.	11	11		/	7:	Form 990-T (2018)
11	220827 148306	81	-0232124 2018.04020	ST	VINCEN	T HEA	LTHCARE	0	> ₈₁₋₀₂₃₂₁

f Credit for small employer health insurance premiums (attach Form 8941) 50f g Other credits, adjustments, and payments: Form 2439	6	33 34 35 36 37 38 40 41 42 43 44 45e 46 47 48	0.
34 Amounts pard for disallowed fringes 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36 Total of unrelated business taxable income 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 Unrelated business taxable income. Subtract line 37 from line 36, if line 37 is greater than line 36, enter the smaller of zero or line 36 Part IV Tax Computation 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: □ Tax rate schedule or □ Schedule D (Form 1041). 41 Proxy tax. See instructions 42 Alternative minimum tax (trusts only) 43 Tax on Noncompilant Facility Income. See instructions 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Part V Tax and Payments 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a 45b Other credits (see instructions) 45c General business credit. Attach Form 3800 or 4827) 45d Foreign tax credit (corporations attach Form 8801 or 8827) 45d Subtract line 45e from line 44 47 Other taxes. Check if from: □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach action 10 form 1	6	34 35 36 37 38 40 41 42 43 44 44 45e 46 47	249,973. 501,106. 1,000. 0.
35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36 Total of unrelated business taxable income 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 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 Part IV Tax Computation 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) 40 Trusts Taxable at Trust Rates. See instructions for fax computation. Income tax on the amount on line 38 from: □ Tax rate schedule or □ Schedule D (Form 1041) 41 Proxy tax. See instructions 42 Alternative minimum tax (fusts only) 43 Tax on Noncompliant Facility Income. See instructions 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whitchever applies Part V Tax and Payments 45 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a 45 Other credits (see instructions) 45b 45 Ceneral business credit. Attach Form 3800 45c 46 Credit for puror year minimum tax (attach Form 8801 or 8827) 45c 47 Other taxes. Check if from: □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach so 30 through 450 45c 48 Total tax. Add lines 45 and 47 (see instructions) 50c 49 2018 estimated tax payments 50c 50a Payments. A 2017 overpayment credited to 2018 50c 6 Tax deposited with Form 8868 50c 6 Foreign organizations: Tax paid or withheld at source (see instructions) 50d 6 Backup withholding (see instructions) 50d 6 Backup withholding (see instructions) 50d 6 Backup withholding (see instructions) 50d 7 Credit for small employer health insurance premiums (attach Form 8941) 50d 9 Other credits, adjustments, and payments: □ Form 2439 50c □ Form 4136 50c 50d 50d 50d 50d 50d 6 Verpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount ower and 55c 51ax due. If line 51 is less than the total of lines 49,	6	35 36 37 38 40 41 42 43 44 45e 46 47	1,000. 0. 0.
35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 36 Total of unrelated business taxable income 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 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, either the smaller of zero or line 36 enter the smaller of zero or line 38 from:	6	36 37 38 40 41 42 43 44 45e 46 47	1,000. 0. 0.
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Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041). 1 Proxy tax. See instructions 42 Afternative minimum tax (frusts only) 43 Tax on Noncompliant Facility Income. See instructions 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Part V Tax and Payments 45 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 45 Dither credits (see instructions). General business credit. Attach Form 3800. 4 Credit for prior year minimum tax (attach Form 8801 or 8827). 6 Total eredits. Add lines 45a through 45d. 46 Subtract line 45e from line 44. 47 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so 1888). 48 Total tax. Add lines 46 and 47 (see instructions). 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. 50 a Payments: A 2017 overpayment credited to 2018. b 2018 estimated tax payments c Tax deposited with Form 8868. d Foreign organizations: Tax paid or withheld at source (see instructions). 6 Backup withholding (see instructions). 7 Credit for small employer health insurance premiums (attach Form 8941). 9 Other credits, adjustments, and payments: Form 2439 Form 4136 Subtract line 51 is less than the total of lines 48, 49, and 52, enter amount ower 5 Estimated tax penalty (see instructions). Check if Form 2220 is attached Form amount overpaid. 5 Enter the amount of line 54 you want: Credited to 2019 estimated tax Part VI Statements Regarding Certain Activities and Other Information (see instructions). 6 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority.		41 42 43 44 45e 46 47	
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47 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so 48 Total tax. Add lines 46 and 47 (see instructions) 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018 b 2018 estimated tax payments 50b c Tax deposited with Form 8868 50c d Foreign organizations: Tax paid or withheld at source (see instructions) 50d e Backup withholding (see instructions) 50e 8, f Credit for small employer health insurance premiums (attach Form 8941) 50f g Other credits, adjustments, and payments: Form 2439 Form 4136	·	-	
48 Total tax. Add lines 46 and 47 (see instructions) 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018 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) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 X Other 17,009 Total ► 50g 17, 51 Total payments. Add lines 50a through 50g SEE STATEMENT 5 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) 66 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	·	-	
2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 50 a Payments: A 2017 overpayment credited to 2018 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) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 X Other 17,009. Total 50g 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	••		0.
b 2018 estimated tax payments		49	0.
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) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 X Other 17,009. Total > 50g 17, 51 Total payments. Add lines 50a through 50g SEE STATEMENT 5 Estimated tax penalty (see instructions). Check if Form 2220 is attached > Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) 66 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		13	
c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 X Other 17,009. Total > 50g 17, 51 Total payments. Add lines 50a through 50g SEE STATEMENT 5 Estimated tax penalty (see instructions). Check if Form 2220 is attached > Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded Part VI Statements Regarding Certain Activities and Other Information (see Instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		1 1	
d Foreign organizations: Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 X Other 17,009. Total 50g 17, Total payments. Add lines 50a through 50g SEE STATEMENT 5 Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		4 i	
e Backup withholding (see instructions) f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 X Other 17,009. Total 50g SEE STATEMENT 5 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached 70 Corpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax 80 Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) 66 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		4 I	
f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments: Form 2439 Form 4136 X Other 17,009. Total 50g 17, 51 Total payments. Add lines 50a through 50g SEE STATEMENT 5 52 Estimated tax penalty (see instructions). Check if Form 2220 is attached 70 Corpayment. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax 80 Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) 66 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		1	
Gother credits, adjustments, and payments: Form 2439 Form 4136 X Other 17,009. Total > 50g 17, 51 Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached > Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax > Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	483.]	
Form 4136 X Other 17,009. Total > 50g 17, 51 Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions). Check if Form 2220 is attached > Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax > Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		1 1	
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	009.	1	
52 Estimated tax penalty (see instructions). Check if Form 2220 is attached ▶ ☐ 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ ☐ Compared to the instructions of the instruction of		51	25,492.
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want; Credited to 2019 estimated tax ► Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	}	52	
Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want: Credited to 2019 estimated tax ► Refunded Part VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		53	· · · · · · · · · · · · · · · · · · ·
Factor the amount of line 54 you want: Credited to 2019 estimated tax Refunded	[25,492.
Part VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		54	
At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		55	25,492.
	<u> </u>		
aver a financial appoint (bank, conviting, or other) in a foreign apport of the expenientian may have to file			Yes No
over a miancial account (bank, securities, or other) in a foreign country? If Tes, the organization may have to me			
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
here ▶			X
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	ust?		X
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 > \$			1 1
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best		wiedge and	belief, it is true.
Sign correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	of my know		
Here	of my know	me the IDC a	lescuss this return with
Signature of officer Date' Title	Ma	-	hown below (see
	Ma the	preparer s	I LVAA I IM-
Print/Type preparer's name Preparer's signature Date Check	Ma the inst	e preparer si structions)?	Yes No
	Ma the inst	preparer si structions)?	Yes No
	Ma the inst	e preparer si structions)?	Yes No
Paid Preparer	Ma the inst if mployed	e preparer si structions)?	Yes No
Paid Preparer	Ma the inst	e preparer si structions)?	Yes No
Paid Preparer	Ma the inst if mployed	e preparer si structions)?	Yes No
Paid Preparer	Ma the inst if mployed	e preparer si structions)?	Yes No

112

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6
2 Purchases	2		7 Cost of goods sold. St	ubtract l	ine 6	
3 Cost of labor	from line 5. Enter here		1			
4a Additional section 263A costs			line 2		ľ	7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income	(From Real	Property an		Leas	ed With Real Prop	erty)
(see instructions)						
1. Description of property						
(1)						
(2)			· · · · · · · · · · · · · · · · · · ·			·· ·· · · · · · · · · · · · · · · · ·
(3)			· · · · · · · · · · · · · · · · · · ·		·	
(4)					,	
		ed or accrued	u u u u u u u u u u u u u u u u u u u		3(a) Deductions directly of	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	` of rent for	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age	columns 2(a) and	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		ter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Det	ot-Financed	Income (see	e instructions)			
			2. Gross income from		3. Deductions directly conne to debt-finance	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				 	······································	<u> </u>
(2)			·			
(3)		 				L
(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 i 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)			%	<u> </u>		
(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			•	L	0.	0.
Total dividends-received deductions in	cluded in column	8	, i		>	0.
					· · · · · · · · · · · · · · · · · · ·	Form 990-T (2018)

Schedule F - Interest, /	Annuities, F	Royalties	and Rents	s From C	ontrolle	ed Organiz	ations (see	instruction	ons)
,			Exempt (Controlled O	rganizatio	ons			
Name of controlled organizat	lon	2. Employer identification number		elated income instructions)	4. Tota payn	al of specified nents made	5. Part of column included in the organization's gr	controlling	Deductions directly connected with income in column 5
(1)									
(2)		-			-				
(3)			Ì						
(4)				, 					
Nonexempt Controlled Organia	zations		'						
7. Taxable Income	8. Net unrelate (see ins	ed income (loss) tructions)	9. Total	of specified pay made	ments	10. Part of column in the controllingross	nn 9 that is including organization's income		Deductions directly connected lth income in column 10
									
(1)									· · · · · · · · · · · · · · · · · · ·
(2)								_	···
(3)									
(4)	<u>-</u>			 					
						Enter here and	ons 5 and 10 on page 1, Part I, column (A).		Add columns 6 and 11 r here and on page 1, Part I, line 8, column (B)
Totals					>		().	0.
Schedule G - Investme (see instr		of a Sect	ion 501(c)(7), (9), or	(17) Or	ganization	l		
1. Descr	uption of Income			2. Amount of	ıncome	 Deduction directly conne (attach sched) 	cted 4.	Set-asides ich schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)			•						
(2)	-								
(3)	· .								
(4)									
				Enter here and Part I, line 9 co		· · · · · · · · · · · · · · · · · · ·			Enter here and on page 1, Part I line 9, column (R)
Totals			>		0.				0.
Schedule I - Exploited (see instru		tivity Inc	ome, Other	r Than Ac	lvertisi	ng Income	;		
1. Description of exploited activity	2. Gross unrelated busin- income from trade or busine	ess dire	Expenses ctly connected th production of unrelated siness income	4. Net incom from unrelated business (co minus colum gain, compute through	I trade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat att	Expenses ibutable 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 page 1, Part I line 10, col (A	pa) tine	er here and on age 1, Part I, a 10, col (B)			· · · · · · · · · · · · · · · · · · ·		w .	Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertising	a Incomo	0.	0.		<u></u>				0.
Part I Income From F				solidated	Basis	· · · · · · · · · · · · · · · · · ·			
1. Name of periodical	adve	iross tising ome	3. Direct advertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, compute	5. Circulati		eadership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)					•				
(3) (4)				7					-
Totals (carry to Part II, line (5))		0.	0			† ·			0.
rotals (carry to ratt ii, iiic (3))		U • [<u> </u>	•1			l		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) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 2. Gross 3. Direct 5. Circulation 6. Readership 1. Name of periodical advertising costs ıncome costs (1) (2) (3) (4) 0. 0. Ö. Totals from Part I Enter here and on page 1, Part I, line 11, col (A). Enter here and on page 1, Part I, line 11, col (B) Enter here and on page 1, Part II, line 27 0 Totals, Part II (lines 1-5) 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title 1. Name (1) % % (2)

Form 990-T (2018)

Ō.

(3)

(4)

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

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	855,444.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	855,444.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
SUPPLIES PURCHASED SERVICES OTHER OPERATING EXPENSES SYSTEM ALLOCATION		328,011. 260,812. 396,155. 525,482.
TOTAL TO FORM 990-T, PAGE 1,	LINE 28	1,510,460.
FORM 990-T PARENT CORPORAT	TION'S NAME AND IDENTIFYING NUMBER	STATEMENT 3
CORPORATION'S NAME		IDENTIFYING NO
SISTERS OF CHARITY OF LEAVENW	WORTH HEALTH SYSTEM, INC.	23-7379161

FORM 990-T CON	TRIBUTIONS SUMMARY		STATEMENT	4
QUALIFIED CONTRIBUTIONS SUBJECT	CT TO 100% LIMIT			
CARRYOVER OF PRIOR YEARS UNUS	ED CONTRIBUTIONS			
FOR TAX YEAR 2013	526,129			
FOR TAX YEAR 2014	380,884			
FOR TAX YEAR 2015	576,590			
FOR TAX YEAR 2016	474,567			
FOR TAX YEAR 2017	680,370			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRI	BUTIONS	2,638,540 855,444		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS	3,493,984			
EXCESS 10% CONTRIBUTIONS		3,493,984		
EXCESS 100% CONTRIBUTIONS		0		
TOTAL EXCESS CONTRIBUTIONS		3,493,984		
ALLOWABLE CONTRIBUTIONS DEDUC	TION	· · · · · · · · · · · · · · · · · · ·		0
TOTAL CONTRIBUTION DEDUCTION			· · · · · · · · · · · · · · · · · · ·	0

FORM 990-1	ОТН	ER CREDITS AND PA	YMENTS	STATEMENT	5
DESCRIPTIO	DN			AMOUNT	
FORM 8827,	LINE 8C			17,00	9.
TOTAL INCL	UDED ON FORM 990-T	, PAGE 2, PART V,	LINE 50G	17,00	9.
FORM 990-T	NET NET	OPERATING LOSS D	EDUCTION	STATEMENT	—— 6
		<u></u>			
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/11 12/31/12 12/31/13 12/31/14 12/31/15 12/31/16	1,016,220. 1,599,222. 1,252,386. 366,284. 142,917. 615,966.	896,112. 0. 0. 0. 0. 0.	120,108. 1,599,222. 1,252,386. 366,284. 142,917. 615,966.	120,108 1,599,222 1,252,386 366,284 142,917 615,966	2. 5. 1.
NOL CARRYO	VER AVAILABLE THIS	YEAR	4,096,883.	4,096,883	3.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	1
OMB No 1545-4	2687

1

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

	P Do not enter 3514 humbers on this form as in	· ·····ay b	e made passe ii jodi orgai			, ,
Name	of the organization ST VINCENT HEALTHCARE	itificati 321	ion number 24			
$\overline{}$	Jurelated business activity code (see instructions) ▶ 90009	9	· · · · · · · · · · · · · · · · · · ·			
	Describe the unrelated trade or business DURABLE M	EDI	CAL EQUIPMEN'	r		
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	s	(C) Net
1 a	Gross receipts or sales Less returns and allowances 2,725,420. 1,530,493. c Balance	10	1,194,927.	· · · · · · · · · · · · · · · · · · ·		
ь	Cost of goods sold (Schedule A, line 7)	2	1,104,027.			β + 4 (
2	• • • • • • • • • • • • • • • • • • • •	3	1,194,927.			1,194,927.
3	Gross profit Subtract line 2 from line 1c	$\overline{}$	1,171,72,7214	· ; · · · ·		1,171,7210
4 a	Capital gain net income (attach Schedule D)	4a				
Ь	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	ا ـ ا				
_	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)		1			
	organization (Schedule G)	9		··		
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	1,194,927.			1,194,927.
Pa	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the				ept f	or contributions,
	deductions must be directly connected with the t	ui II eli	ated publicess incom-	5)		
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	177,193.
16	Repairs and maintenance				16	2,591.
17	Bad debts				_17	
18	Interest (attach schedule) (see instructions)				18	

19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 892. 21 Depreciation (attach Form 4562) 892. Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 23 Depletion Contributions to deferred compensation plans 24 24 50,664. 25 Employee benefit programs 25 26 26 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 27 27 SEE STATEMENT 7 905,187. 28 28 Other deductions (attach schedule) 136,527. 29 Total deductions. Add lines 14 through 28 29 58,400. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 instructions) 58,400. Unrelated business taxable income Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

· ST VINCEN	T HEALT	HCARE			81-023	2124	-
Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold. Si	ubtract l	ine 6		
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				X
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty)	
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
		ved or accrued			3(a) Deductions directly	connected with	h the means is
(a) From personal property (If the per rent for personal property is more 10% but not more than 50%	e than	of rent for	and personal property (If the percent personal property exceeds 50% or if int is based on profit or income)	age	columns 2(a) ar	nd 2(b) (attach s	chedule)
(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, column		. ▶		0.	Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	ot-Finance	Income (see	instructions)			<u>-</u>	
			2. Gross income from	!	Deductions directly con to debt-finance		allocable
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) or	ther deductions
	namos proporty		inanced property		(attach schedule)	(atta	sch schedule)
/4)			 	-			
(1)				_		 	
(2)				<u> </u>		 	
(3)							
4. Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divided		7. Gross income	9 4114	and a deduction of
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	allocable to inced property h schedule)	by column 5		reportable (column 2 x column 6)	(column	ocable deductions 6 x total of columns 3(a) and 3(b))
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)		re and on page 1, ne 7, column (B)
Totals			•		0		0.
Total dividends-received deductions in	cluded in columi	n 8			•		0.

Form 990-T (2018)

FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 7
DESCRIPTION			AMOUNT
SUPPLIES PURCHASED SERVICES OTHER OPERATING EXPENSE BAD DEBT SYSTEM ALLOCATION			555,789. 134,790. 39,431. 30,607. 144,570.
TOTAL TO SCHEDULE M, PART II	LINE 28		905,187.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTIT	Y.	2
OMB No	1545-068	37

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

	Prevenue Service (99) Do not enter SSN numbers on this form as it	may b	e made public if your organi	zation is a 501(c)(3).	501(c)(3) Organizations Only
Name	of the organization ST VINCENT HEALTHCARE			ation number 124	
ī	Inrelated business activity code (see instructions) 72232				
	Describe the unrelated trade or business NON-PATIE	NT	FOOD SERVICE		
Pai	TI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 317,999.				
b	Less returns and allowancesc Balance ▶	1c	317,999.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3_	317,999.		317,999.
4 a	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	İ			
	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	<u> </u>		
13	Total. Combine lines 3 through 12	13	317,999.		317,999.
Pai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken to the connected with the undertaken to the connected with	ions unrel	for limitations on ded ated business income	uctions.) (Excep e.)	t for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	184,847.
15	Salaries and wages			15	5
16	Repairs and maintenance			16	3
17	Bad debts			17	,
18	Interest (attach schedule) (see instructions)			18	3

Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 23 23 Depletion 24 Contributions to deferred compensation plans 24 56,115. 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 27 SEE STATEMENT 8 236,059. 28 28 Other deductions (attach schedule) 477,021. 29 Total deductions. Add lines 14 through 28 -159,022. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see 31

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)

-159,022.

Page	3
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ST VINCEN					81-023	212	24	
Schedule A - Cost of Goods	s Sold. Enter	method of inver	itory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ir		6		
2 Purchases	2	- · ·	7 Cost of goods sold. St	ubtract l	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?				1	X
Schedule C - Rent Income (From Real	Property an	d Personal Property	Lease	ed With Real Pro	pert	ty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued			2(a) Caduations dispati			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) a	nd 2(b)	(attach schedule)	п
(1)								
(2)		i					.	
(3)								
(4)								
Total	0.	Total		0.				
c) Total income. Add totals of columns 2		ter			(b) Total deductions. Enter here and on page 1,			
nere and on page 1, Part I, line 6, column		<u> </u>		0.	Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	I Income (see	instructions)		•			
			2. Gross income from		Deductions directly cor to debt-finant			
1. Description of debt-fin	anned property		or allocable to debt-	(a)	Straight line depreciation		(b) Other deduction	
To be sample of debt-in	anced property		financed property		(attach schedule)		(attach schedule)	
						_		
(1)			ļ	ļ		_		
(2)			 	ļ		-		
(3)				ļ				
(4)			<u>.</u>	-			<u> </u>	
 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 deducti (column 6 x total of col 3(a) and 3(b))	
(1)		, , ,	%			\top	. · · · · · · · · · · · · · · · · · · ·	
(2)			%	Ī .		\top		
(3)			%				<u> </u>	
(4)			%					
					nter here and on page 1, art I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals			•]	0			0.
Total dividends-received deductions in	cluded in column	18			•	-		0.
							Form 990-T	(2018)

FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 8
DESCRIPTION			AMOUNT
SUPPLIES PURCHASED SERVICES OTHER OPERATING EXPENSE SYSTEM ALLOCATION			161,452. 12,985. 943. 60,679.
TOTAL TO SCHEDULE M, PART II, I	LINE 28		236,059.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB	No	1545-0687

3

ENTITY

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ______, and ending ______, 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 ST VINCENT HEALTHCARE		Employer identification number 81-0232124				
	Unrelated business activity code (see instructions) > 90009	9					
	Describe the unrelated trade or business EQUIPMENT	RE	NTAL				
Pa	TI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net		
1 a	Gross receipts or sales 4,740.						
b	Less returns and allowances c Balance ▶	1c	4,740.				
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3	4,740.		4,740		
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					
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	4,740.		4,740		
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the			e.)	·		
14	Compensation of officers, directors, and trustees (Schedule K)			14	·		
15	Salanes 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	<u> </u>		
21	Depreciation (attach Form 4562)		21		.		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	221			
23	Depletion			23			
24	Contributions to deferred compensation plans			24			
25 26	Employee benefit programs Expose exempt exposes (Schodule I)			25			
26 27	Excess exempt expenses (Schedule I) Excess readership costs (Schedule I)			26			
Z1	Excess reagers did costs (acheonie al			1 27			

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

Schedule M (Form 990-T) 2018

28

29

30

instructions)

28

29

31

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

0.

4,740.

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ST VINCENT HEALTHCARE Schedule A - Ost of Goods Sold. Enter method of inventory valuation 1	Form 990-T (2018)							Page 3
1 Inventory at beginning of year 2 Purchases 2 Tools of geeds sold. Subtract line 6 Form Intelligence of geods sold. Subtract line 6 Fo						81-023	2124	
2 Purchases 3 Cost of labor 4 A Additional section 263A costs (atach schedule) 4 Differ cost startan schedule) 5 Total. Add lines 1 through 4b 5 Total Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (at prevent property of the procentings of the property property (if the procentings) (a) From personal property (if the procentings of the property property (if the procentings) (a) From personal property (if the procentings of the procenting of the procentin	Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation N/A	<u> </u>			
3 Cest of labor	 Inventory at beginning of year 	1		-1 ' ' '		ļ	6	
4a Additional section 263A costs (attach schedule) 4	2 Purchases	2		⊣			Į.	
(attach schedule) b Other costs (attach schedule) 5 Total. Add the st through 40 5 Total Add the st through 40 6 Total 40 6 Total through 40 6 Total 40 6 Total through 40 6 Total 40 6 Total through 40 6 Total 40 6 Total through 40 6 Total throu	3 Cost of labor	3		from line 5. Enter here	and in I	Part I,	<u></u>	
b Other costs (attach schedule) 5 Total. Add lines i through 40 5 Total dividends-received deductions included in column 8	4a Additional section 263A costs			line 2		Į	7	
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See instructions								<u> </u>
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Calcability				······································		· · · · · · · · · · · · · · · · · · ·		
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Compared			ــــــــــــــــــــــــــــــــــــ		0.	(b) Takal daduakinan		
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(2)	debt on or allocable to debt-financed	of or a	allocable to nced property			reportable (column	(column 6 x to	tal of columns
(2)	(1)			%				
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals Total dividends-received deductions included in column 8 **Note: Total dividends in column 8** **Note: Tota		Ī		%				
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		ncluded in colum	1 8				. 	
	dividual		· <u>-</u>				Form	

Form **4562**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

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

Business or activity to which this form relates

OMB No 1545-0172

Attachment Sequence No 179

Identifying number

	VINCENT HEALTHCARE								
Pa	art Election To Expense Certain Prop	erty Under Section 1	179 Note: If you have	e any listed	property	, complete Pa	rt V bef	ore	you complete Part I.
1	Maximum amount (see instructions)							1	1,000,000.
2	Total cost of section 179 property place	ed in service (see	instructions)					2	
3	Threshold cost of section 179 property	y before reduction	in limitation					3	2,500,000.
4	Reduction in limitation Subtract line 3	from line 2 If zero	o or less, enter -0-					4	
5	Dollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, ente	r-0- If married filing sep	arately, see instru	ıctions			5	
6	(a) Description of p	roperty	(b)	Cost (business us	e only)	(c) Elected	d cost		
									<u>]</u>
	Listed property. Enter the amount from				7				
8	Total elected cost of section 179 prop	erty. Add amounts	s in column (c), line	es 6 and 7			L	8	
	Tentative deduction. Enter the smaller						⊢	9	
	Carryover of disallowed deduction from	-					⊢	10	
	Business income limitation. Enter the s		,	•	line 5		—	11	
	Section 179 expense deduction. Add l	•		_				12	
	Carryover of disallowed deduction to 2			2	13				<u> </u>
	e: Don't use Part II or Part III below for								
	_								1
	Special depreciation allowance for qua	ilitied property (ot	ner than listed pro	perty) placed	ın servi	ce during	l		
	the tax year						<u></u>	14	
	Property subject to section 168(f)(1) el	ection					-	<u>15</u>	892.
	Other depreciation (including ACRS) Irt III MACRS Depreciation (Don't	include listed pro	porty See instrue	tions \				16	092.
تنا	WACHS Depreciation (Doing	. Include listed pro	Section						···
47 /	MACRS deductions for assets placed					············	Τ.		T
	MACRS deductions for assets placed	-	•		abaalı bası		- F	17	<u></u>
10	If you are electing to group any assets placed in ser Section B - Assets						iation S	wet	'em
		(b) Month and	(c) Basis for depre	ciation () Recovery	. 1	T	_	1
	(a) Classification of property	year placed in service	(business/investme only - see instruc	::: use	period	(e) Convention	n (f) Meth	nod	(g) Depreciation deduction
19a	3-year property	1		-					
b	5-year property	-1					1		
		1							
	7-year property	-							
d	7-year property 10-year property	-			····				
d e		-							
	10-year property	- - - -							
e	10-year property 15-year property	- - - - - - -			25 yrs		S/L		
e f g	10-year property 15-year property 20-year property 25-year property	-			25 yrs 7 5 yrs	MM	S/L S/L	_	
e f	10-year property 15-year property 20-year property 25-year property	- /		2		MM	+		
e f g h	10-year property 15-year property 20-year property 25-year property Residential rental property			2	7 5 yrs 7 5 yrs		S/L	-	
e f g	10-year property 15-year property 20-year property 25-year property	/		2	7 5 yrs	ММ	S/L		
e f g h	10-year property 15-year property 20-year property 25-year property Residential rental property	/ /	During 2018 Tax	2	7 5 yrs 7 5 yrs 39 yrs	MM MM MM	S/L S/L S/L	-	stem
e f g h	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F	/ /	During 2018 Tax	2	7 5 yrs 7 5 yrs 39 yrs	MM MM MM	S/L S/L S/L	- - - Sys	stem
e f g h	10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F	/ /	During 2018 Tax	2 2 Year Using	7 5 yrs 7 5 yrs 39 yrs	MM MM MM	S/L S/L S/L ciation	Sys	stem
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81-0232124 Page 2 ST VINCENT HEALTHCARE Form 4562 (2018) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? 」Yes No 24b If "Yes," is the evidence written? L Yes J No (e) (d) (a) Type of property Date Elected Business/ Basis for depreciation Depreciation Recovery Method/ Cost or (business/investment section 179 placed in investment (list vehicles first) deduction other basis Convention service use percentage use only) 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 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 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles **(f)** (a) (b) (c) (d) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. Yes 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? 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) (c) (d) (e) Date amortization Amortization begins nod or percentag 42 Amortization of costs that begins during your 2018 tax year:

816252 12-26-18

43

43 Amortization of costs that began before your 2018 tax year

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

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

990-T

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates OMB No 1545-0172

Attachment Sequence No 179

ST	VINCENT HEALTHCARE		FOI	гм 9	90-5	r PAGE	1		81-0232124
Par		rty Under Section 1						ore y	
1 N	laximum amount (see instructions)			· · · · · · · · · · · · · · · · · · ·				1	1,000,000.
	otal cost of section 179 property plac	ed in service (see	instructions)					2	
	hreshold cost of section 179 property	•	•					3	2,500,000.
	eduction in limitation. Subtract line 3							4	
5 D	ollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married filing separately, s	e instruc	tions			5	
6	(a) Description of pr	operty	(b) Cost (bus	ness use	only)	(c) Elected	cost		
									,
7 L	isted property. Enter the amount from	line 29			7				
8 T	otal elected cost of section 179 prope	erty Add amounts	s in column (c), lines 6 and	d 7			L	8	
9 T	entative deduction. Enter the smaller	of line 5 or line 8					L	9	
	arryover of disallowed deduction from	-					-	10	
	usiness income limitation. Enter the s				ıne 5			11	
	ection 179 expense deduction Add li			ne 11	г т			12	
	carryover of disallowed deduction to 2				13	·			
Par	Don't use Part II or Part III below for			da liata	4				
تتنا									<u> </u>
	pecial depreciation allowance for qua	lified property (ot	ner than listed property) p	iaced i	ın servi	ce auring		44	
	ne tax year							14	
	roperty subject to section 168(f)(1) ele	ection						<u>15</u> 16	60,197.
Par	hther depreciation (including ACRS) † III MACRS Depreciation (Don't	include listed pro	nerty See instructions)					10	00,137.
<u>. u.</u>	T III IMAGNO Depreciation (Bon t	molade listed pre	Section A						
17 N	ACRS deductions for assets placed	n convice in tax \					· T		
			ars neginning netare 20.	18				1/	ł .
10 1	you are electing to group any assets placed in ser	•			heck here	, > [b F	17	
10 #	you are electing to group any assets placed in ser Section B - Assets	vice during the tax year		counts, c					em
10 "		vice during the tax year	into one or more general asset ac	Counts, c		neral Deprec	lation S	Syst	em (g) Depreciation deduction
	Section B - Assets (a) Classification of property	Placed in Servic (b) Month and year placed	into one or more general asset ac e During 2018 Tax Year (c) Basis for depreclation (business/investment use	Counts, c	the Ge	eneral Deprec	lation S	Syst	
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19a b	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	Placed in Servic (b) Month and year placed	into one or more general asset ac e During 2018 Tax Year (c) Basis for depreclation (business/investment use	Counts, c	the Ge	eneral Deprec	lation S	Syst	
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19a b	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	Placed in Servic (b) Month and year placed	into one or more general asset ac e During 2018 Tax Year (c) Basis for depreclation (business/investment use	Counts, c	the Ge	eneral Deprec	lation S	Syst	
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19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	Placed in Servic (b) Month and year placed	into one or more general asset ac e During 2018 Tax Year (c) Basis for depreclation (business/investment use	counts, c Using (d)	the Ge	eneral Deprec	n (f) Meth	Syst	
19a b c d e	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Placed in Servic (b) Month and year placed in service	into one or more general asset ac e During 2018 Tax Year (c) Basis for depreclation (business/investment use	counts, c Using (d)	Recovery period	(e) Convention	in (f) Meth	Syst hod	
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19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	price during the tax year Placed in Service (b) Month and year placed in service / / / / /	Into one or more general asset ac e During 2018 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	counts, c Using (d)	Recovery period 25 yrs. 7 5 yrs 7 5 yrs 9 yrs	(e) Convention MM MM MM MM MM	S/I S/I	hod L L	(g) Depreciation deduction
19a b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	price during the tax year Placed in Service (b) Month and year placed in service / / / / /	into one or more general asset ac e During 2018 Tax Year (c) Basis for depreclation (business/investment use	counts, c Using (d)	Recovery period 25 yrs. 7 5 yrs 7 5 yrs 9 yrs	(e) Convention MM MM MM MM MM	S/I S/I	hod L L	(g) Depreciation deduction
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19a b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year	Placed in Service (b) Month and year placed in service (b) Morth and year placed in service //	Into one or more general asset ac e During 2018 Tax Year (c) Basis for depreciation (business/investment use only - see instructions)	22 27 3 Jsing ti	Recovery penod 25 yrs. 7 5 yrs 7 5 yrs 9 yrs he Alte	eneral Deprec (e) Convention MM MM MM MM MM MM MM MM MM	S/I S/I	L L L L L	(g) Depreciation deduction
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19a b c d e f g h i 20a b c d Par 21 L 22 T E 23 F	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year 1 IV Summary (See instructions) isted property Enter amount from line (otal. Add amounts from line 12, lines)	Placed in Service (b) Month and year placed in service // / // // // // // // // // // // //	into one or more general asset acte During 2018 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2018 Tax Year to see 19 and 20 in column (artnerships and S corpor	Using (d) 2 27 27 3 Jsing the distribution of the second	Recovery period 25 yrs. 7 5 yrs 7 5 yrs 9 yrs he Alte 2 yrs 10 yrs	MM MM MM MM MM MM MM MM	S/I S/I	L L L L L L L	(g) Depreciation deduction

81-0232124 Page 2 ST VINCENT HEALTHCARE Form 4562 (2018) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for enfertainment, 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 J No (c) (b) (e) (f) (a) Type of property (list vehicles first) (g) (h) (d) Date Elected Business Basis for depreciation Recovery Depreciation Cost or Method/ placed in section 179 investment (business/investment deduction other basis period Convention use only) service use percentage 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 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 (b) (c) (d) (e) (f)

30	Total business/investment miles driven during the year (don't include commuting miles)	Veh	icle	Veh	ncle	Veh	nicle	Vel	icle	Veh	ncle	Veh	icle	•
	Total commuting miles driven during the year													
32	Total other personal (noncommuting) miles driven			<u> </u>										
33	Total miles driven during the year Add lines 30 through 32													
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
35	Was the vehicle used primarily by a more than 5% owner or related person?													
36	Is another vehicle available for personal use?													

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles		
T _D			

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

816252 12-26-18

Form 4562 (2018)

Form **8827**

Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

2018

Department of the Treasury Internal Revenue Service ➤ Attach to the corporation's tax return.

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

Name		Employer identification number	
ST VINCENT HEALTHCARE	81	-0232124	
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	34,018.	
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	34,018.	
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	17,009.	
7 Add lines 5 and 6	7	17,009.	
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	17,009.	
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	17,009.	
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	17,009.	

	PRIC	OR YEAR MINIMUM TA	X CREDIT	STATEMENT	9
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR	
12/31/17	34,018.	0.	34,018.	34,018.	
AVAILABLE F	OR CREDIT		34,018.	34,018.	