Form 990-T		Exempt Or	ganization (and proxy tax	Busine under se	ss Income of the following (ction 6033(e))	Tax Retur	'n	OMB No 1545-0047
	For ca	alendar year 2019 or other			, and ending	· · · · · · · · · · · · · · · · · · ·		ZU 19
Department of the Treas nternal Revenue Service	ury				ons and the latest infor de public if your organ			Open to Public Inspection to 501(c)(3) Organizations Only
A Check box address ch		Name of organization	n ( Check box if i	name changed	and see instructions.)		(Empl	oyer identification number oyees' trust, see ctions)
Exempt upder se	ction Print	ST VINCEN	T HEALTHCA	RE				1-0232124
X 501(d)(3-408(e)	or 220(e) Type		room or suite no. If a F 'H 30TH STR		nstructions.		E Unrela (See in	ated business activity code estructions )
408A 529(a)	30(a)	City or town, state of BILLINGS,	r province, country, and MT 59101		n postal code		621	500
Book value of all ass	ets	F Group exemption	number (See instructio	ns.) 🕨	0928			
1833,71	8,085.	G Check organization	n type 🕨 🗶 501	(c) corporation	1 501(c) trust	401	(a) trust	Other trust
H Enter the number	of the organiz	ation's unrelated trade	s or businesses. 🕨	4		e the only (or first)	unrelated	
		BORATORY S				e, complete Parts I-		•
describe the first	n the blank sp	ace at the end of the p	revious sentence, comp	olete Parts I an	d II, complete a Schedu	le M for each additi	onal trade	or
business, then co								
During the tax yes	r, was the cor	poration a subsidiary i	n an affiliated group or	a parent-subs	idiary controlled group?		Ye XX	s L No
			parent corporation. 🕨	<u>S79</u>	1 1/3-	13 1414	21	
		KYLE ENGMA			Telep	hone number 🕨		<u>813-5543                                  </u>
Part T Unre	lated Tra	de or Business			(A) Income	(B) Expens	es	(C) Net
1a Gross receipts	or sales	8,751,62				10 1 73	1343	Ott 2 2 6 27
<b>b</b> Less returns a	nd allowances	3,912,62	2. c Balance	<b>▶</b> 1c	4,839,006	,		• /
2 Cost of goods	sold (Schedul	e A, line 7)		2			•	
3 Gross profit. S	ubtract line 2 f	rom line 1c		3	4,839,006			4,839/,006
4a Capital gain ne	t income (attai	ch Schedule D)		48	Internal	Revenue Sen	ica	
b Net gain (loss)	(Form 4797, I	Part II, line 17) (attach	Form 4797)	4b	Received	US Bank - L	ISB	
c Capital loss de	duction for tru	sts		4c		333		
5 Income (loss)	from a partner	ship or an S corporati	on (attach statement)	5			,	
6 Rent income (	Schedule C)			6	NO	V 16 20/11		<u>/                                      </u>
7 Unrelated debt	-financed inco	me (Schedule E)		7				
8 Interest, annui	es, royalties,	and rents from a contr	olled organization (Sche	dule F) 8				
9 Investment inc	ome of a secti	on 501(c)(7), (9), or (	17) organization (Sched	dule G) 9	<b>U</b> ş	den. UT		
10 Exploited exen	ipt activity inci	ome (Schedule I)		10				
11 Advertising inc	ome (Schedul	e J)		11				
12 Other income	See instructio	ns; attach schedule)		12				
13 Total. Combi	e lines 3 throi	igh 12		13	4,839,006	<i>Y</i>		4,839,006
			<b>/here</b> (See instruction of the control of the cont		ations on deductions.	)		
<del> </del>		rectors, and trustees			<del>some,</del>		14	
15 Salaries and	vages			34			15	716,953
16 Repairs and r	naintenance			3.//			16	
17 Bad debts			ا م				17	
18 Interest (attac	h schedule) (s	see instructions)					18	
19 Taxes and lic							. 19	
	attach Form 4		. · · · · · · · · · · · · · · · · · · ·		20	162,210		460.040
21 Less deprecia	tion claimed o	n Schedule A and else	where on return		21a		21b	162,210
22 Depletion		434.					22	
		impensation plans					23	04 700
	efit programs						24	84,739
	ot expenses (S						25	
	ship costs (So				<b>4</b>		26	2 606 656
	ons (attach sc				SEE STAT	EMENT 2	27	3,606,650
		14 through 27					28	4,570,552
,		·	rating loss deduction. S				29	268,454
30 Deduction for		loss arising in tax yea	rs beginning on or after	January 1, 20	)18			_
	ins)					,	30	0
(see instructi							31	268,454
(see instruction United but		income. Subtract line	30 from line 29 Notice, see instructions				ופו	Form <b>990-T</b> (2019

	G-1(2019) BI VINCENT HEADINCARE	01-0	U
Part			
32	Total of unrelated business taxable income computed from all unrelated trades or business es (see instructions)	32	393,022.
33	Amounts paid for disallowed fringes	38	
	Charitable contributions (see instructions for limitation rules) STMT 6 STMT 7	34	0.
	<b>/</b> .		
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	393,022.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)STMT_5 🗸	38	393,022.
<b>.</b> 37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,	<del>                                    </del>	
	· · · · · · · · · · · · · · · · · · ·		^
-	enter the smaller of zero or line 37	39	0.
Part	Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	B		
		42	
	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	ழ் <sub> </sub> Tax and Payments		
ABo	Earlish thy gradit (comparations attach Form 1110; trusts attach Form 1116)		
104	Other Action (accinety value)	1 1	
U	Other credits (see instructions)  General business credit. Attach Form 3800  46b  46c	1 1	
	· · · · · · · · · · · · · · · · · · ·	1 1	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1	1 1	
е	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
40	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
		48	
	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Payments: A 2018 overpayment credited to 2019		
b	2019 estimated tax payments 5/1b	1 1	
		1 1	
		1	
	· · · · · · · · · · · · · · · · · · ·	1 1	
	Backup withholding (see instructions)	1 1	
f	Credit for small employer health insurance premiums (attach Form 8941)	1 1	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 X Other 17,009. Total 51g 17,009.		
52	Total payments, Add lines 51a through 51g SEE STATEMENT 4	52	17,009.
	Estimated by constitutions) Charlest Form 2000 in attached	53	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	98	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment, If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	17,009.
58	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	17,009.
Part		<del></del>	
			I Van I ala
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	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 -		x
58	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.		"   <del>    -   -  </del>
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	<del></del>	
O:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	riedge and b	enet, it is true,
Sign		v the ISS die	scuss this return with
Here		-	own below (see
	Wassing of alliant	tructions)?	Yes No
	and another d	FIIN	
Paid	self- employed	}	
Prep	parer		
Use	I Complements N		
	Firm's address Phone no.		
923711 (			orm <b>990-T</b> (2019)

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/	A		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6
2 Purchases	2		7 Cost of goods sold. S	Subtract I	line 6	
3 Cost of labor	3		from line 5. Enter her	e and in l	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	п 263А (	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	d for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
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)						<del></del>
(3)						
(4)			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
		ed or accrued			3(a) Deductions directly	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	` 'of rent for p	and personal property (If the percer personal property exceeds 50% or nt is based on profit or income)	itage if	columns 2(a) ar	nd 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)					<u> </u>	
Total	0.	Total		0.	]	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		eter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b> 0.
Schedule E - Unrelated Del	ot-Financed	l Income (see	instructions)			
			2. Gross Income from		3. Deductions directly con to debt-finance	
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)				T		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to unced 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)			%			
(2)			%			
(3)			%			
(4)	[ <u> </u>		%			-,
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
				1 '	,	1
Totals			•		0	
Totals Total dividends-received deductions in	icluded in columi	n 8	<b>&gt;</b>	·		

			Exempt	Controlled O	rganizatio	ons				
1. Name of controlled organiza	ition	2. Employer identification number	3. Net un (loss) (see	related income e instructions)	4. Tota paym	al of specified nents made	includ	t of column 4 ed in the contr ation's gross i	rolling	6. Deductions directly connected with income in column 5
1)										
(2)										
(3)				<del></del>						
(4)		<del></del>								
Ionexempt Controlled Organi	ızatıons									
7. Taxable Income	<del>,</del>	ated income (loss)	A Total	of specified pays	monte T	10. Part of colur	nn Q tha	t is included	11 D	eductions directly connected
/ caxable income		nstructions)	<b>9</b> , 10ta	made	Hents	in the controlli	ng organ income	ization's	witi	h income in column 10
(1)	<u> </u>									
(2)										
(3)	<u> </u>									
(4)	-									•
			•			Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					<b>&gt;</b>			0.		0
Schedule G - Investme (see inst	ent income ructions)	of a Sect	ion 501(c)(	7), (9), or	(17) Or	ganization	1			
1. Desc	cription of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)	<del></del>		•	1						
(4)		<u> </u>								
(7)				Enter here and	on page 1,	• • • • • • • • • • • • • • • • • • • •		<del></del>		Enter here and on page
				Part I, Ilne 9, co	lumn (A)					Part I, line 9, column (B)
Totals			_		0.					0
Schedule I - Exploited	Exempt A	ctivity Inc	ome, Othe	r Than Ad		ng Income	<del></del>			
(see instru	uctions)			<u> </u>						<del> </del>
1. Description of exploited activity	2. Gross unrelated bus income fro trade or busii	iness dire	Expenses ctly connected th production of unrelated siness income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	<del> </del>			<del> </del>						
	<del> </del>	<del></del>		<del> </del>	<del></del>		-			_
(2)	<u> </u>			<del> </del>						<del></del>
(3)	ļ			<b> </b>						<del>.  </del>
(4)	Enter here an page 1, Par line 10, col	ti, pi (A) lin	er here and on age 1, Part I, e 10, col (B).		^	· · · · · · · · · · · · · · · · · · ·	•	ם ביקב	r- 14	Enter here and on page 1, Part II, line 25
Totals <b>&gt;</b>	<u> </u>	0.	0.							0
Schedule J - Advertisi					<del></del>	<del> </del>				
Part I Income From	Periodicals	s Reporte	d on a Con	solidated	Basis					
1. Name of periodical	adv	Gross vertising	3. Direct advertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus un, compute	5. Circulat	lon	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				7						
(3)	<del></del>	<del></del>		┪		<u> </u>				
	+	<del></del>	<del> </del>	┥		<b></b>				
(4)	<del></del>			<del>                                     </del>		<del> </del>				
otals (carry to Part II, line (5))	•	0.	0							0

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

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
•(2)							
(3)							
(4)							
Totals from Part I	<b>•</b>	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 26
Totals, Part II (lines 1-5)	<b>&gt;</b>	0.	0.	٠.		-	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		<b></b>	0.

Form 990-T (2019)

FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT	2
DESCRIPTION	N			AMOUNT	
SUPPLIES	<del></del>			659,4!	50.
PURCHASED S	SERVICES			846,69	
PROFESIONAL	L FEES			108,30	
SYSTEM ALLO	OCATION			1,182,39	
SITE COSTS				809,83	17.
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 27		3,606,69	50.
FORM 990-T	PARENT CORPORAT	rion's name and i	DENTIFYING NUMBER	STATEMENT	3
CORPORATION	N'S NAME			IDENTIFYING 1	NO
SISTERS OF	CHARITY OF LEAVEN	WORTH HEALTH SYST	EM, INC.	23=7379161	·
FORM 990-T	ОТН	ER CREDITS AND PA	YMENTS	STATEMENT	4
DESCRIPTION		ER CREDITS AND PA	YMENTS	STATEMENT AMOUNT	4
	N —	ER CREDITS AND PA	YMENTS		
DESCRIPTION FORM 8827,	N —		······································	AMOUNT	09.
DESCRIPTION FORM 8827,	N LINE 5C UDED ON FORM 990-T		LINE 51G	AMOUNT 17,00	09.
DESCRIPTION FORM 8827, TOTAL INCLU	N LINE 5C UDED ON FORM 990-T	, PAGE 2, PART V,	LINE 51G	AMOUNT 17,00	09.
DESCRIPTION FORM 8827, TOTAL INCLU FORM 990-T	N LINE 5C UDED ON FORM 990-T,	, PAGE 2, PART V, OPERATING LOSS D LOSS PREVIOUSLY	LINE 51G EDUCTION LOSS	AMOUNT  17,00  17,00  STATEMENT  AVAILABLE THIS YEAR	09.
DESCRIPTION FORM 8827, TOTAL INCLU FORM 990-T	LINE 5C  UDED ON FORM 990-T  NET  LOSS SUSTAINED	, PAGE 2, PART V, OPERATING LOSS D LOSS PREVIOUSLY APPLIED	LINE 51G EDUCTION LOSS REMAINING	AMOUNT  17,00  17,00  STATEMENT  AVAILABLE THIS YEAR	09.
DESCRIPTION FORM 8827, TOTAL INCLU FORM 990-T TAX YEAR 12/31/11	LOSS SUSTAINED  1,016,220. 1,599,222. 1,252,386.	, PAGE 2, PART V,  OPERATING LOSS D  LOSS PREVIOUSLY APPLIED  1,016,220. 105,912. 0.	LINE 51G  EDUCTION  LOSS REMAINING  0. 1,493,310. 1,252,386.	AMOUNT  17,00  17,00  STATEMENT  AVAILABLE THIS YEAR  1,493,310 1,252,386	09.
DESCRIPTION FORM 8827, TOTAL INCLU  FORM 990-T  TAX YEAR  12/31/11 12/31/12 12/31/13 12/31/14	LINE 5C  UDED ON FORM 990-T,  NET  LOSS SUSTAINED  1,016,220. 1,599,222. 1,252,386. 366,284.	, PAGE 2, PART V,  OPERATING LOSS D  LOSS PREVIOUSLY APPLIED  1,016,220. 105,912. 0. 0.	LINE 51G  EDUCTION  LOSS REMAINING  0. 1,493,310. 1,252,386. 366,284.	AMOUNT  17,00  17,00  17,00  STATEMENT  AVAILABLE THIS YEAR  1,493,310 1,252,386 366,284	09. 09. 50. 6.
DESCRIPTION FORM 8827, TOTAL INCLU  FORM 990-T  TAX YEAR  12/31/11 12/31/12 12/31/13 12/31/14 12/31/15	LINE 5C  UDED ON FORM 990-T,  NET  LOSS SUSTAINED  1,016,220. 1,599,222. 1,252,386. 366,284. 142,917.	, PAGE 2, PART V,  OPERATING LOSS D  LOSS PREVIOUSLY APPLIED  1,016,220. 105,912. 0. 0. 0.	LINE 51G  EDUCTION  LOSS REMAINING  0. 1,493,310. 1,252,386. 366,284. 142,917.	AMOUNT  17,00  17,00  STATEMENT  AVAILABLE THIS YEAR  1,493,310 1,252,386 366,284 142,91	09. 09. 50. 6. 4. 7.
DESCRIPTION FORM 8827, TOTAL INCLU  FORM 990-T  TAX YEAR  12/31/11 12/31/12 12/31/13 12/31/14	LINE 5C  UDED ON FORM 990-T,  NET  LOSS SUSTAINED  1,016,220. 1,599,222. 1,252,386. 366,284.	, PAGE 2, PART V,  OPERATING LOSS D  LOSS PREVIOUSLY APPLIED  1,016,220. 105,912. 0. 0.	LINE 51G  EDUCTION  LOSS REMAINING  0. 1,493,310. 1,252,386. 366,284.	AMOUNT  17,00  17,00  17,00  STATEMENT  AVAILABLE THIS YEAR  1,493,310 1,252,386 366,284	09. 09. 50. 6. 4. 7.

FORM 990-T	CONTRIBUTIONS	STATEMENT 6
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	1,887,864.
TOTAL TO FORM 990-T, PAGE 2, I	JINE 34	1,887,864.

FORM 990-T	CONTRIBUTIONS SUMMARY	STATEMENT 7
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT	
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 380,884 YEAR 2015 576,590 YEAR 2016 474,567 YEAR 2017 680,370 YEAR 2018 830,331	
TOTAL CARI		942,742 887,864
	PRIBUTIONS AVAILABLE 4,	830,606
EXCESS 100	% CONTRIBUTIONS	830,606 0 830,606
ALLOWABLE	CONTRIBUTIONS DEDUCTION	0
TOTAL CONT	TRIBUTION DEDUCTION	0

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

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

OMB No 1545-0047

1

ENTITY

For calendar year 2019 or other tax year beginning , and ending

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

2019

Department of the Treasury Internal Revenue Service

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 identificate 81-02321	
	Unrelated Business Activity Code (see instructions) ► 44619 Describe the unrelated trade or business ► DURABLE M		CAL EQUIPMENT		
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales Less returns and allowances  2,956,922.  1,594,615. c Balance ▶	10	1,362,307.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	1,362,307.		1,362,307.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			<u> </u>
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	1,362,307.		1,362,307.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			ıctions ) (Deductı	ons must be

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	192,032.
16	Repairs and maintenance	16	1,294.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	50.
20	Depreciation (attach Form 4562) 20 4,649.		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	4,649.
22	Depletion	22	
23	Contributions to deferred compensation plans	23_	
24	Employee benefit programs	24	54,771.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 8	27	990,441.
28	Total deductions. Add lines 14 through 27	28	1,243,237.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	119,070.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31_	Unrelated business taxable income Subtract line 30 from line 29	31	119,070.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M) OTHER	DEDUCTIONS	STATEMENT
DESCRIPTION		AMOUNT
MEDICAL SUPPLIES OTHER SUPPLIES PURCHASED SERVICES PROFESIONAL FEES BANK FEES AND OTHER EXPENSES BAD DEBTS SYSTEM ALLOCATION		627,661 26,660 129,501 966 38,783 12,448 154,422
TOTAL TO SCHEDULE M, PART II, LINE 27		990,441

Form	990-T	(2019)	

ST VINCEN					81-023	212	24	
Schedule A - Cost of Good	s Sold. Enter	method of inven	itory valuation   N/A	A				
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold. S	Subtract lii	ne 6			
3 Cost of labor	3		from line 5. Enter here	e and in Pa	art I,		1	
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	n 263A (w	oth respect to		Y	es No
<b>b</b> Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?	•				_ X
Schedule C - Rent Income	(From Real	Property and	d Personal Property	Lease	d With Real Pro	perl	ty)	
(see instructions)	•		• •			-		
Description of property								
(1)					<del> </del>			
(2)								
(3)								
(4)								
<u> </u>	2. Rent receiv	red or accrued					•	
(a) From personal property (if the pe	rcentage of	(b) From real a	and personal property (if the percen	tage	3(a) Deductions directly columns 2(a) a	conne	cted with the Inco (attach schedule)	me in
rent for personal property is mor 10% but not more than 50%	e than	of rent for p	personal property exceeds 50% or interest in the based on profit or income)	ıf	ooisiiiio zaay aa	,	(0.12000010,	
(1)								
(2)			····					
(3)			<del></del>		<del> </del>		· · · · ·	
(4)				1	·			
Total	0.	Total	<del></del>	0.				
(c) Total income. Add totals of columns	2(a) and 2(b). Er	nter	<del></del>		(b) Total deductions.			
here and on page 1, Part I, line 6, column					Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated De		Income (see	instructions)					······································
				1	3. Deductions directly con			
			<ol><li>Gross income from or allocable to debt-</li></ol>	/0	to debt-finance	ed pro		
1. Description of debt-fi	nanced property		financed property	(a) :	Straight line depreciation (attach schedule)	1	(b) Other deduction (attach scheduction)	
(1)				-		_		
(2)						1		
(3)						1		
(4)				1	<del></del>	┪~		
4. Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divided	<del>                                     </del>	7. Gross income	$\top$	8. Allocable dec	luctions
debt on or allocable to debt-financed property (attach schedule)	of or	allocable to anced property	by column 5		reportable (column 2 x column 6)		(column 6 x total o	f columns
property (access seriously)		h schedule)			2 X COIGITIT 6)		S(a) and St	3,,
(1)			%	<del> </del>	-	+		
(2)			%	<del> </del>		+-	·····	
(3)			%	+		+		
(4)	<del> </del>		%	+		_	<del></del>	
\7	<u> </u>			En	ter here and on page 1,	+-	Enter here and on	page 1
					art I, line 7, column (A)	1	Part I, line 7, colu	
Totals			•	.	0	.1		0.
Total dividends-received deductions in	ncluded in colum	n 8						0.
Total divisions resolved designions in	.s.adda iii ddidiiii						Ferm 000	1-T (2019

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

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

OMB No	1545-0047
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ENTITY

2

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_, and ending \_\_\_\_\_

ST VINCENT HEALTHCARE   Employer identification number 81 - 0.23.21.24	Department of the Treasury Internal Revenue Service  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			
Describe the unrelated trade or business   NON-PATIENT FOOD SERVICE	ST VINCENT HEALTHCARE													
Part   Unrelated Trade or Business Income		Jnrelated Business	Activity Code (se	e instructions										
1a Gross receipts or sales 394,868. b Lesc returns and allowances 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 3 394,868. 3		Describe the unrelat	ted trade or busi	ness	NON-PATIE	ENT	FOOD	SERVICE	<u> </u>		, . <u></u>			
b   Lecs returns and allowances   c   Balanco   2   Cost of goods sold (Schedule A, line 7)   2   2   394,868	Pa	rt I Unrelated	l Trade or Bu	siness Inco	ome		(A)	Income	(B) Expense	es	(C) Net			
2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4 Capital gain net income (states) Schedule D) 4 a Suptial gain net income (states) Schedule D) 4 b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 6 G 7 Unrelated debt-financed income (Schedule E) 7 Inchested debt-financed income (Schedule E) 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) 9 Investment income (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (Senedule I) 13 Total, Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 16 G 17 Bad debts 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 21 Depletion 22 Contributions to deferred compensation plans 23 Excess readership costs (Schedule I) 25 Excess readership costs (Schedule I) 26 Excess readership costs (Schedule I) 27 Cofter deductions, Add these 14 through 27 28 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Contributions on or after January 1, 2018 (see STMT 10 30 0.1		· ·		394,868	<b>-1</b>		-	04 969						
3   394,868.   394,8					」c Balance ▶	-		174,000.	* b u 4					
4 a Captal gan net income (attach Schedule D)  b Net gan (loss) (Form 4797, Part II, line 17) (attach Form 4797)  c Captal loss deduction for trusts  5 Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Schedule C)  7 Unrelated debt-financed income (Schedule E)  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 F)  10 Exploited exempt activity income (Schedule I)  11 Advertising income (Schedule J)  12 Other income (Schedule J)  13 394, 868.    Part II   Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)    Compensation of officers, directors, and trustees (Schedule K)  5 Salaries and wages  15 Salaries and wages  16 Repairs and maintenance  16 Repairs and maintenance  17 Bad debts  18 Interest (attach schedule) (see instructions)  19 Taxes and Icenses  20 Depreciation (attach Form 4562)  21 Less depreciation claimed on Schedule A and elsewhere on return  22 Depletion  22 Contributions to deferred compensation plans  23 Contributions to deferred compensation plans  24 Employee benefit programs  25 Excess readership costs (Schedule I)  26 Excess readership costs (Schedule I)  27 Contreductions (attach schedule)  28 Excess readership costs (Schedule I)  29 Contributions to deferred compensation plans  20 Depreciation of clamed on Schedule I)  25 Excess readership costs (Schedule I)  26 Excess readership costs (Schedule I)  27 Contributions to deferred compensation plans  28 Excess readership costs (Schedule I)  29 Contributions to deferred compensation plans  20 Contributions to deferred compensation plans  21 Contributions to deferred compensation plans  22 Contributions to deferred compensation plans  23 Contributions to deferred compensation plans  29 Contributions to deferred compensation plans  29 Contributions to deferred compensation plans  20 Contr						$\overline{}$	<del>                                     </del>	294 868			394 868			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule G) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 Explorted exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 Advertising income (Schedule J) 11 Advertising income (Schedule J) 11 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K) 15 Salares and wages 16 Repairs and maintenance 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19		•				-	<del>                                     </del>	774,000.			334,000.			
C Capital loss deduction for trusts   4c			•	•	- F 4707\									
5 Income (loss) from a partnership or an S corporation (attach statement)  6 Rent income (Schedule C)  7 Unrelated debt-financed income (Schedule E)  8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F)  9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  10 Explorted exempt activity income (Schedule I)  11 Advertising income (Schedule J)  12 Other income (See instructions, attach schedule)  13 Total. Combine lines 3 through 12  14 Compensation of officers, directors, and trustees (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salanes and wages  16 Repairs and maintenance  16 Interest (attach schedule) (see instructions)  18 Interest (attach schedule) (see instructions)  19 Taxes and Incenses  20 Depreciation (attach Form 4562)  21 Less depreciation (attach Form 4562)  22 Depletion  23 Contributions to deferred compensation plans  25 Excess exempt expenses (Schedule I)  26 Excess readership costs (Schedule I)  27 Cother deductions, Add lines 14 through 27  29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  31 Total deductions, Add lines 14 through 27  32 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		•		line 17) (attaci	1 Form 4/9/)						<u></u>			
statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 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) 11 Advertising income (Schedule J) 12 Other income (Scen instructions, attach schedule) 13 Total. Combine lines 3 through 12 13 394, 868.    Part II   Deductions Not Taken Elisewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)    4 Compensation of officers, directors, and trustees (Schedule K)   5 Salanes and wages   14	_	•		r an S cornora	tion (attach	1	<del>                                     </del>							
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Tunrelated debt-financed income (Schedule E)  Interest, annuities, royalties, and rents from a controlled organization (Schedule F)  Interest, annuities, royalties, and rents from a controlled organization (Schedule G)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Exploited exempt activity income (Schedule I)  Cyber income (See instructions, attach schedule)  Total. Combine lines 3 through 12  Compensation of officers, directors, and trustees (Schedule K)  Repairs and wages  Repairs and maintenance  Repairs and maintenance  Repairs and icenses  Depreciation (attach Schedule) (see instructions)  Reperciation (attach Form 4562)  Depreciation (attach Form 4562)  Depreciation (attach Form 4562)  Employee benefit programs  Total deductions (attach schedule)  Total deductions (attach schedule)  Total deductions (attach schedule)  Total deductions Add lines 14 through 27  Unrelated business axis in tax years beginning on or after January 1, 2018 (see instructions)  Total deductions or program in tax years beginning on or after January 1, 2018 (see instructions)  Total deductions or after January 1, 2018 (see instructions)  Total deductions or after January 1, 2018 (see instructions)	6	•	edule C)			_	-			•				
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) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 13 394, 868.    Part II   Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)    Compensation of officers, directors, and trustees (Schedule K)   Salanes and wages   15 187, 865.   Repairs and maintenance   16   18   187, 865.   19   19   19   19   19   19   19   19		•	•	Schedule F)			<u> </u>							
organization (Schedule F)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Dexploted exempt activity income (Schedule I)  Advertising income (Schedule J)  Other income (See instructions, attach schedule)  Total. Combine lines 3 through 12  Part II  Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)  Compensation of officers, directors, and trustees (Schedule K)  Salanes and wages  Compensation of officers, directors, and trustees (Schedule K)  Salanes and maintenance  Repairs and maintenance  Bed debts  Total details schedule) (see instructions)  Takes and licenses  Depreciation (attach Form 4562)  Contributions to deferred compensation plans  Employee benefit programs  Employee benefit programs  Employee benefit programs  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  STMT 10  STMT 10  STMT 10  Total Combine Income of a section 501(c)(7), (9), or (17)  11  12  11  12  11  12  13  394, 868.			•	-	ntrolled									
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Total. Combine lines 3 through 12  Total Combine lines 4 through 27  Total Combine line 13  Total Combine lines 4 through 27  Total Combine line 13  Total Combine line 14  Total Combine line 15  Total Combine line 16  Total Combine line 18  Total Combine	11	Advertising incom	ne (Schedule J)			11								
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15 Salaries and wages  Repairs and maintenance  16 Repairs and maintenance  17 Bad debts  Interest (attach schedule) (see instructions)  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  19 Depreciation (attach Form 4562)  20 Less depreciation claimed on Schedule A and elsewhere on return  21 Depletion  22 Depletion  23 Contributions to deferred compensation plans  24 Employee benefit programs  25 Excess exempt expenses (Schedule I)  26 Excess readership costs (Schedule J)  27 Other deductions (attach schedule)  28 Total deductions. Add lines 14 through 27  29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  16	Pa							ations on de	ductions.) (De	ducti	ons must be			
16 Repairs and maintenance 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Depreciation claimed on Schedule A and elsewhere on return 21 Depletion 22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  16	14	Compensation of	officers, directors	s, and trustees	(Schedule K)					$\overline{}$	100.000			
17 Bad debts  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  19 Depreciation (attach Form 4562)  20 Depreciation claimed on Schedule A and elsewhere on return  21 Less depreciation claimed on Schedule A and elsewhere on return  22 Depletion  23 Contributions to deferred compensation plans  24 Employee benefit programs  25 Excess exempt expenses (Schedule I)  26 Excess readership costs (Schedule J)  27 Other deductions (attach schedule)  28 Total deductions. Add lines 14 through 27  29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  20 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  20 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	15	Salaries and wage	es								187,865.			
Interest (attach schedule) (see instructions)  Taxes and licenses  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  IB  B  B  B  B  B  B  B  B  B  B  B  B	16	Repairs and maint	tenance							-				
Taxes and licenses  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Total deductions. STMT 10  Other deductions (STMT 10)  Other deductions (STMT 10)  Other deductions (STMT 10)	17									$\vdash$				
Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Total defunctions (attach schedule)  SEMT 10  Other deductions (attach schedule)  SEMT 10		•		ructions)										
Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  STMT 10  21  22  23  24  55, 218.  25  27  229, 503.  27  229, 503.  30  0.			-					1 00 1		19				
Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Total deductions.  SEE STATEMENT 9  22  23  24 55, 218.  25  27  229, 503.  28  472, 586.  29  -77, 718.						_				04b				
Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Excess exempt expenses (Schedule I)  25  27  229, 503.  27  27  29  29  27  29  27  27  28  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  28  29  27  27  27  28  29  27  27  27  28  29  27  27  27  28  29  27  27  27  28  29  27  27  27  28  28  29  27  27  27  28  29  27  27  27  28  28  29  27  27  27  28  28  29  27  27  27  28  28  29  27  27  27  27  28  28  29  27  27  27  27  28  28  29  27  27  27  27  28  28  29  27  27  27  27  28  28  29  27  27  27  27  28  28  29  27  27  27  27  28  28  29  27  27  27  27  28  28  29  27  27  27  27  28  28  29  27  27  27  27  28  28  28  29  27  27  27  27  28  28  28  28  29  27  27  28  28  28  28  29  27  28  28  28  28  29  27  28  28  28  28  28  28  28  28  28		•	claimed on Sche	equie A ano es	sewnere on return	1		[ 2 la ]	<u></u> .	+				
Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Excess exempt expenses (Schedule I)  25  27  229, 503.  27  27  28  29  27  27  28  29  27  27  210.		•	lefewed common	nation plans										
Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Excess exempt expenses (Schedule I)  25  26  27  29  472,586.  29  -77,718.			•	sation plans							55.218.			
26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 Instructions SEE STATEMENT 9 30 Instru				le I)							40,400			
Other deductions (attach schedule)  SEE STATEMENT 9  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  SEE STATEMENT 9  27  229, 503.  28  472,586.  29  -77,718.		•	•	•										
Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  28  472,586.  29  -77,718.							S	SEE STAT	EMENT 9	<del></del>	229,503.			
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  29 -77,718.  30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  STMT 10			•	•					_	<del></del>				
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  STMT 10  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					erating loss dedi	uction.	Subtract	line 28 from lin	e 13	_				
instructions) STMT 10 30 0.									-					
77 710				J ,	3 3	_	,	. •	STMT 10	30	0.			
	31		ss taxable income	Subtract line	30 from line 29					31	-77,718.			

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCT	CIONS	STATEMENT	9
DESCRIPTION			AMOUNT	
SUPPLIES PURCHASED SERVICES OTHER OPERATING EXPENSE SYSTEM ALLOCATION			158,80 11,20 73 58,70	52. 32.
TOTAL TO SCHEDULE M, PART II	, LINE 27		229,50	3.
SCHEDULE M NET	OPERATING LOSS	DEDUCTION	STATEMENT	10
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18 159,022.		159,022.	159,02	2.

Form 990-T (2019) ST VINCEN	ית אפאותיים	HCARE				81-0232		Page
Schedule A - Cost of Good			tory v	aluation N/A		01 0232	1127	
1 Inventory at beginning of year	1		~	Inventory at end of year		<u> </u>	6	
2 Purchases	2	· · · - · · · · · · · · · · · · · · · ·	-	Cost of goods sold. Si		ine 6		
3 Cost of labor	3		┤ ′	from line 5. Enter here		l'		
4a Additional section 263A costs	<del></del>		1	line 2	u,,,,,,,,,	u ,	7	
(attach schedule)	4a		8	Do the rules of section	2634 (	with respect to	Yes	No
b Other costs (attach schedule)	4b	···	ન °	property produced or a	•	•		
5 Total. Add lines 1 through 4b	5		1	the organization?	acquii cc	i toi resale) apply to		Х
Schedule C - Rent Income		Property and	d Da		Lose	ad With Real Prop	norty)	1-22
(see instructions)	(FIOIII Real	rioperty and	u re	Solial Property	Leas	eu willi neal Piop	er ty)	
(See mandenons)								
1. Description of property								
(1)								
(2)						<u></u>		
(3)								
(4)						<del></del>		
		ed or accrued				3(a) Deductions directly o	connected with the income	In
<ul> <li>(a) From personal property (if the personal property is more 10% but not more than 50%)</li> </ul>	e than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or Income)	age		2(b) (attach schedule)	
(1)								
(2)								
(3)					, ,			
(4)		· · · · · · · · · · · · · · · · · · ·					<del></del>	
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	· · · · · ·	ter		<del></del>	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated De	bt-Financed	Income (see	ınstru	ctions)				
			Т	. Gross income from		3. Deductions directly conne		
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)	าร
(1)			<u> </u>					
(2)		· · · · · · · · · · · · · · · · · · ·	<u> </u>					
(3)			<u> </u>					
(4)								
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-finar	adjusted basis illocable to nced property a 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)				%				

0. 0.

Enter here and on page 1,

Part I, line 7, column (B)

(3)

(4)

Total dividends-received deductions included in column 8

%

Enter here and on page 1,

Part I, line 7, column (A)

0.

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

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

ENT	ITY	3
	OMB No	1545-0047

Department of the 1 Internal Revenue Se					Open to Public Inspection for 501(c)(3) Organizations Only
Name of the orga	ST VINCENT HEALTHCARE			Employer identifica 81-0232	
Unrelated	Business Activity Code (see instructions) ▶53242				
Describe ti	he unrelated trade or business FQUIPMENT	REI	ITAL		
Part I Un	related Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross re	ceipts or sales 5,498.				
<b>b</b> Less retui	rns and allowances c Balance	1c	5,498.		
2 Cost of g	goods sold (Schedule A, line 7)	2			
3 Gross pr	rofit. Subtract line 2 from line 1c	3	5,498.		5,498
4a Capital g	gain net income (attach Schedule D)	4a			
b Net gain	(loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital k	oss deduction for trusts	4c			
5 Income (	(loss) from a partnership or an S corporation (attach				
statemer	nt)	5			
6 Rent inc	ome (Schedule C)	6			
7 Unrelate	d debt-financed income (Schedule E)	7			
8 Interest,	annuities, royalties, and rents from a controlled				
organiza	tion (Schedule F)	8			
9 Investme	ent income of a section 501(c)(7), (9), or (17)				}
organiza	tion (Schedule G)	9			
10 Exploited	d exempt activity income (Schedule I)	10			
11 Advertisi	ing income (Schedule J)	11			
12 Other inc	come (See instructions, attach schedule)	12			
13 Total. Co	ombine lines 3 through 12	13	5,498.		5,498
dire	ectly connected with the unrelated business in				
•	sation of officers, directors, and trustees (Schedule K)			1 <u>4</u>	+
	and wages and maintenance			16	<del> </del>
17 Bad deb				17	
	(attach schedule) (see instructions)			18	
	nd licenses			19	
	ition (attach Form 4562)		20	<del>- 13</del>	
•	preciation claimed on Schedule A and elsewhere on return		21a	216	7
22 Depletion			210]	22	<del>-  </del>
•	tions to deferred compensation plans			23	<u> </u>
	e benefit programs			24	1
	exempt expenses (Schedule I)			25	†
	eadership costs (Schedule J)			26	,
	ductions (attach schedule)			27	1

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

28

29

30

28

5,498.

5,498.

Form,990-T (2019) ST VINCEN	ነጥ ሀፍል፣.ጥነ	HCVDE			81-023	2121	Page
Schedule A - Cost of Good			ntory valuation N/A		01-023	2124	<del>-</del> · · · · · · · · · · · · · · · · ·
1 Inventory at beginning of year	1	THE CHOO OF HIVE	6 Inventory at end of year			6	
2 Purchases	2		7 Cost of goods sold. S		line 6	<del></del>	
3 Cost of labor	3	·	from line 5. Enter here				
4 a Additional section 263A costs			line 2	anu m	airi,	7	
(attach schedule)	4a		8 Do the rules of section	2634 (	with recnect to		Yes No
b Other costs (attach schedule)	4a   -	<del></del>	property produced or		•		1,00
5 Total. Add lines 1 through 4b	5		the organization?	acquire	i iui resale, apply tu		<del> </del>  X
Schedule C - Rent Income		Property an		Lass	ed With Real Pro	norty)	
(see instructions)	(FIOIII Neai	rioperty an	iu reisonai riopeity	Leas	eu Willi Neal Fio	perty)	
Description of property							
(1)	<del></del>	·					·
(2)	<del></del>		<del> </del>		<del>-</del>		
(3)							
(4)							
	2. Rent receiv	ed or accrued					
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (If the percent personal property exceeds 50% or if ent is based on profit or Income)	age	3(a) Deductions directly columns 2(a) ar	connected with nd 2(b) (attach sci	the income in hedule)
(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)	<b>&gt;</b>	0.
Schedule E - Unrelated De	bt-Financed	Income (see	e instructions)				
		······	2. Gross income from		3. Deductions directly con to debt-finance		locable
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		er deductions h schedule)
(1)				-			
(2)							
(3)							
(4)							
4. 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	able deductions x total of columns a) and 3(b))
(1)			%				
(2)			%				
(3)			%				
(4)			%				
	-				nter here and on page 1, Part I, line 7, column (A)		and on page 1, 37, column (B)
Totals			•		0		0.

Total dividends-received deductions included in column 8

# - 4562

Department of the Treasury Internal Revenue Service (99)

## **Depreciation and Amortization**

(Including Information on Listed Property) 990-7

Attach to your tax return.

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

I Business or activity to which this form relates

2019

Attachment

Name(s) shown on return Identifying number 81-0232124 FORM 990-T PAGE 1 ST VINCENT 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 1,020,000. Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,550,000. 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 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filling 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 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 q 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line  $\vec{5}$ 11 12 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 13 Carryover of disallowed deduction to 2020 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 Property subject to section 168(f)(1) election 15 162,210. 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 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (f) Method (g) Depreciation deduction (e) Convention (a) Classification of property 19a 3-year property b 5-year property C 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs S/L ММ S/L 27 5 yrs h Residential rental property 27 5 yrs ММ S/L ММ S/L 39 yrs i Nonresidential real property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs b 12 year ММ 30 yrs S/I c 30-year ММ S/L 40 yrs 40-year d 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 21 162,210. 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 23 portion of the basis attributable to section 263A costs

Fo	rm 4562 (2019)	ST	VINCEN	T HEA	ALTHO	ARE						81-	-0232	124	Page :
	art V Listed Proper	ty (Include a	utomobiles, o	certain of	her vehic	cles, cer	taın airc	raft, ar	nd propert	y used 1	or				
	entertainment, Note: For any				a atanda	rd milaa	roto	dod	uatina loo			nloto er	nh: 24a		
	24b, columns (									se expe	ise, con	ipiete or	ily 24a,		
	Section A -	Depreciation	on and Othe	r Inform	ation (Ca	aution: (	See the	instruc	tions for li	mits for	passenç	ger auto	mobiles	)	
24:	a Do you have evidence to s	support the bu	sıness/investn	nent use c	laimed?	Y	es L	No	24b If "Y	'es," ıs t	he evide	nce writ	tten?	Yes	No
	(a)	(b)	(c)	,	(d)		(e)		(f)		(g)		(h)		(i) .
•	Type of property	Date placed in	Business investmer	nt I	Cost or	I (bu	sis for depr isiness/inv		Recovery		thod/		eciation luction		cted on 179
	(list vehicles first)	service	use percent		ther basis		use onl	y)	period	Con	vention	ueu	iuction		ost
25	Special depreciation allo	owance for q	ualified lister	d propert	y placed	ın servi	ce durin	g the t	ax year ar	nd					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more tha	n 50% in a c	ualified busi	ness use											
				%								[			
				%											
				%						L					
27	Property used 50% or le	ess in a qual	fied busines	s use											
_				%					L	S/L -		<u> </u>		}	
				%						S/L -				]	
			. <u>.</u>	%						S/L -				]	
28	Add amounts in column	(h), lines 25	through 27.	Enter he	e and or	n line 21	, page 1				28				
29	Add amounts in column	(i), line 26 E	nter here an	d on line	7, page	1							29	İ	
				Section	B - Infor	mation	on Use	of Vel	nicles						
Co	mplete this section for ve	hicles used	by a sole pro	prietor, p	artner, c	or other	"more th	nan 5%	owner,"	or relate	d persor	n. If you	provided	t vehicle	s
to	your employees, first ans	wer the ques	stions in Sec	tion C to	see if yo	u meet a	an exce <sub>l</sub>	otion to	o complet	ng this	section f	or those	e vehicle:	3.	
				(	(a)	(	b)		(c)	(	d)	(	(e)	(	f)
30	Total business/investment	miles driven d	uring the	Ve	hicle	Ve	hicle	V	/ehicle	Ve	hicle	Ve	hicle	Vel	ncle
	year (don't include commu	ting miles)				<u> </u>		ļ							
31	Total commuting miles of	driven during	the year	<u></u>		ļ									
32	Total other personal (no	ncommuting	) miles	İ											
	driven			ļ		ļ									
33	Total miles driven during	the year													
	Add lines 30 through 32	}								<u> </u>					·
34	Was the vehicle available	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?			ļ	<u> </u>	L	ļ	<u> </u>			<u>.</u>		<u> </u>	ļ	
35	Was the vehicle used pi	rımarıly by a	more			l	1								
	than 5% owner or relate	ed person?			<u> </u>		<u> </u>	<u> </u>					1		
36	Is another vehicle availa	ble for perso	nal		ł		1	1					]		
	use?			ــــــــــــــــــــــــــــــــــــــ	<u> </u>		<u>l</u>	<u> </u>		<u> </u>	l	i	1	l	
		Section C	<ul> <li>Questions</li> </ul>	for Emp	loyers V	Vho Pro	vide Ve	hicles	for Use b	y Their	Employ	ees			
Ans	swer these questions to d	determine if y	you meet an	exception	n to com	pleting	Section	B for v	ehicles us	ed by e	mployee	s who a	ren't		
mo	re than 5% owners or rel	ated persons	S											<del></del>	
37	Do you maintain a writte	en policy stat	ement that p	rohibits a	all perso	nal use (	of vehicl	es, ınc	luding cor	nmuting	ı, by you	r		Yes	No
	employees?													ļ	
38	Do you maintain a writte							-			your			ł	
	employees? See the ins				'	fficers, c	directors	, or 1%	6 or more	owners				ļ	↓
39	Do you treat all use of ve	ehicles by er	nployees as	personal	use?										
40	Do you provide more that	an five vehic	les to your e	nployees	, obtain	ınforma	tion fron	your o	employee	s about					
	the use of the vehicles,	and retain th	e information	receive	d?									<u> </u>	<b>.</b>
41	Do you meet the require	ments conc	erning qualifi	ed auton	robile de	monstra	ation use	?						ļ	<u></u>
_	Note: If your answer to	<u>37, 38, 39, 4</u>	0, or 41 is "Y	es," don	t comple	ete Sect	ion B fo	the co	overed vel	nicles					
P	art VI   Amortization														
	(a) Description of	costs	רט	(b) te amortization		(C) Amortizat	ole	1	( <b>d)</b> Code		(e) Amortiza	tion	1A	<b>(f)</b> nortization	
				begins	<u> </u>	amoun	ì		section		period or per		fo	nortization r this year	
<u>42</u>	Amortization of costs th	at begins du	ring your 20	9 tax ye	ar .									<u> </u>	
					<u> </u>						_				
	<u></u>				L			_L				<del>, , ,  </del>			
	Amortization of costs the	_	-	-								43			
44	Total. Add amounts in c	olumn (f) Se	e the instruc	tions for	where to	report						44			

**Depreciation and Amortization** (Including Information on Listed Property) M PG1

► Attach to your tax return.

OMB No 1545-0172

1

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

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

Business or activity to which this form relates

an				SLE ME	EDICAL		01 0000104
ST VINCENT HEALTHCARE	de Hada- Castion di	20 Notes II	EQUIF				81-0232124
Part I Election To Expense Certain Prope	rty Under Section 1.	/9 Note: If you have	any listed	property,	complete Part		
1 Maximum amount (see instructions)						1	1,020,000.
2 Total cost of section 179 property place	· ·					2	2 550 000
3 Threshold cost of section 179 property						3	2,550,000.
4 Reduction in limitation Subtract line 3		•				4	
5 Dollar limitation for tax year Subtract line 4 from line					(-) Stantad	5	
6 (a) Description of pr	орепту	(6) (7)	ost (business u	ise only)	(c) Elected	3081	
					<del></del>		
		· · · · ·					
7 Lutad areas to Enter the amount from	line 20		····	7			
<ul><li>7 Listed property Enter the amount from</li><li>8 Total elected cost of section 179 property</li></ul>		in column (c) lines	6 and 7			8	
9 Tentative deduction Enter the smaller	•	in Column (c), in les	o di la 7			9	
10 Carryover of disallowed deduction from		019 Form 4562				10	
11 Business income limitation. Enter the s	•		han zero) c	or line Š		11	
12 Section 179 expense deduction Add le						12	
13 Carryover of disallowed deduction to 2	· ·		idir iii io i i	▶ 13			
Note: Don't use Part II or Part III below for	<del></del>		<del></del>	. 1			
Part II Special Depreciation Allowa			ınclude lıs	ted prope	rty)		
14 Special depreciation allowance for qua		· · · · · · · · · · · · · · · · · · ·					
the tax year		, ,	.,,		-	14	
15 Property subject to section 168(f)(1) ele	ection					15	
16 Other depreciation (including ACRS)						16	4,649.
Part III MACRS Depreciation (Don't	include listed pro	perty See instructi	ons)				
47. MACOO de de de de de de de de de de de de de		Section .				17	
17 MACRS deductions for assets placed 18 If you are electing to group any assets placed in ser Section B - Assets	vice during the tax year	ears beginning befo	re 2019 asset accounts		►	17	em
18 If you are electing to group any assets placed in ser	vice during the tax year	ears beginning befo	re 2019 asset accounts Year Usin		neral Deprecia		em (g) Depreclation deduction
18 If you are electing to group any assets placed in ser Section B - Assets	Placed in Servic  (b) Month and year placed	ears beginning beform to one or more general at the During 2019 Tax (c) Basis for deprect (business/investmer	re 2019 asset accounts Year Usin	ng the Ge		ation Syst	
18 If you are electing to group any assets placed in ser  Section B - Assets  (a) Classification of property	Placed in Servic  (b) Month and year placed	ears beginning beform to one or more general at the During 2019 Tax (c) Basis for deprect (business/investmer	re 2019 asset accounts Year Usin	ng the Ge		ation Syst	
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Section B - Assets  (a) Classification of property  19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property g 25-year property h Residential rental property i Nonresidential real property i Nonresidential real property C 20-year property section C - Assets F 20a Class life b 12-year c 30-year d 40-year  Part IV Summary (See instructions)	/ Placed in Service  (b) Month and year placed in service  (b) Month and year placed in service  / / / /  //	ears beginning beform to one or more general are e During 2019 Tax (c) Basis for deprect (business/investmer only - see instructions of the contraction of the contra	re 2019 asset accounts Year Usir atlon t use ons)	25 yrs 27 5 yrs 27 5 yrs 27 5 yrs 39 yrs 1 the Alter	MM MM MM MM MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
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Form	4562 (2019)		VINCENT									81-	0232	124	Page 2
Par	rt V Listed Proper				her vehic	les, cer	taın aırcı	aft, an	nd propert	y used fo	or				
	entertainment, Note: For any	recreation, t vehicle for w	or amusemen hich vou are i	ı) Usına the	standaı	rd milea	ge rate c	r dedu	ucting leas	e expen	se. com	plete on	ılv 24a.		
	24b, columns (	a) through (d	c) of Section A	A, all of S	ection B	, and Se	ection C	ıf appl	licable						
		•	on and Other			ution: S	See the i	nstruc	tions for li	mits for j	passeng	jer autor	nobiles.)	1 1	
24a	Do you have evidence to s	support the bu	siness/investm	ent use cl	aimed?	<u> </u>	es L	_ No	24b If "Y	es," is th	ie evide	nce writ	ten? L_	」Yes └	No
	(a)	(b) Date	(c) Business/	,	(d)		(e) sis for depre	ociation	(f)		g)		(h)		(i) cted
,	Type of property (list vehicles first)	placed in	investmen	t I	Cost or ther basis	Ohu	slness/inve	stment	Recovery period		thod/ ention		eciation uction		n 179
	(list verilcles lirst)	service	use percenta	ge U	uici Dasis		use only	')		1 00111				C	st
<b>25</b> S	Special depreciation allo	owance for q	ualified listed	property	y placed	ın servi	ce durin	the t	ax year ar	d					
	ised more than 50% in										25	L		L	
26 P	Property used more that	n 50% in a c	ualified busin	ess use:	:					•					
				%						L					
				%				-	ļ	ļ				ļ .	
	···	l	<u> </u>	%					L	<u> </u>		L			
<b>27</b> P	Property used 50% or le	ess in a qual	ified business	use						T		т			
		ļ		%					ļ	S/L				ł	
			<del></del>	%						S/L				ł	
	<del></del>	<u>.                                    </u>		<u>%</u> ]					L	S/L ·	1			ł	
	Add amounts in column		•				, page 1				28	<u> </u>	T	<b> </b>	
29 A	Add amounts in column	(ı), line 26. E											29	L	-
					B - Infor							.,	•		
	plete this section for ve														S
to you	ur employees, first ans	wer the ques	stions in Sect	ion C to	see if yo	u meet a	an excep	otion to	o completi	ng this s	ection i	or tnose	venicies	5.	
				Т ,			L.)	I	(-)		-	<del>, , , , , , , , , , , , , , , , , , , </del>		(1	3
00 T	otal business (investment	mulae devian d	uring the	1	a) hicle		<b>b)</b> hicle	١ ,	(c) /ehicle		d) ncle	1	e) hicle	Veh	•
	otal business/investment		uring the	Ve	IIICIC	Vei	HILLE	<u>-</u>	CINCIC	VEI	IICIG	V C.	TICIC	V.C.	1010
	rear ( <b>don't</b> include commu		. theeer	-						<del></del>		-			
	Total commuting miles													<b></b>	
	fotal other personal (no Iriven	ncommuning	y) rimes	•											
-		the year						<del>                                     </del>		·		<u> </u>		\	
	Total miles driven during Add lines 30 through 32	•													
	Was the vehicle availab		al usa	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	io ioi person	iui 050	100		1.00	1.10	1.00		1.00			1		
	Was the vehicle used p	rimarily by a	more		<del>                                     </del>		1								
	han 5% owner or relate	• •													
	s another vehicle availa	•	onal		† · · · · ·							ĺ			
	ise?				ł		1					ł			
		Section C	- Questions	for Emp	loyers V	Vho Pro	vide Vel	nicles	for Use b	y Their E	mploye	ees			
Answ	ver these questions to			-	-								ren't		
	than 5% owners or re														
37 D	Do you maintain a writte	en policy stat	tement that p	rohibits a	all persoi	nal use	of vehicle	es, inc	luding cor	nmuting	, by you	r		Yes	No
е	employees?														
<b>38</b> D	Do you maintain a writte	en policy stat	tement that p	rohibits į	personal	use of v	vehicles,	excep	ot commut	ing, by y	our			-	1
е	employees? See the ins	tructions for	vehicles use	d by corp	porate of	fficers, c	irectors	or 1%	6 or more	owners				L	<u> </u>
<b>39</b> D	Oo you treat all use of v	ehicles by er	mployees as p	personal	use?									L	
<b>40</b> D	Oo you provide more th	an five vehic	les to your en	nployees	, obtain	ınformat	tion from	your	employee	s about				1	
tł	he use of the vehicles,	and retain th	ne information	receive	d?									<u> </u>	<u> </u>
41 D	Do you meet the require	ements conc	erning qualific	ed autom	nobile de	monstra	ation use	?						<u> </u>	<u> </u>
N	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	es," don	t comple	ete Sect	ion B for	the c	overed ve	nicles					
Par	rt VI Amortization				<del>,</del>										
	(a) Description o	f costs	Date	(b) e amortization		(C) Amortizat	ole		(d) Code		(e) Amortiza		Aı	(f) mortization	
				begins		amoun	1	<u>. l .</u>	section		period or per		fo	r this year	
42 A	Amortization of costs th	at begins du	ring your 201	9 tax ye	ar			<del></del>		· · · ·		<del></del>			
					<u> </u>			+		-+					<del></del>
					1			L							
	Amortization of costs th											43			
AA T	Cotal Add amounts in a	column (f) C	oo the inctric	tione for	Whore to	ranart						44			

916252 12-12-19

# -orm 8827

(Rev May 2020) 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

2019

Nam	9	E	mployer identification number
	ST VINCENT HEALTHCARE		81-0232124
1	Minimum tax credit carryforward from 2018 Enter the amount from line 9 of the 2018 Form 8827 STMT 11	. 1	17,009.
<b>^ 2</b>	Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions)	2	
3	Enter the refundable minimum tax credit (see instructions)	3	17,009.
4	Add lines 2 and 3	4	17,009.
5a	Enter the <b>smaller</b> of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	5a	17,009.
b	Current year minimum tax credit. Enter the smaller of line 1 or line 2 here and on Form 1120,		
	Schedule J, Part I, line 5d (or the applicable line of your return) If the corporation had a post-1986	i	
	ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line		
	3, go to line 5c Otherwise, skip line 5c	5b	
С	Subtract line 5b from line 5a This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	5c	17,009.
6	Minimum tax credit carryforward. Subtract line 5a from line 1 Keep a record of this amount to carry		
	forward and use in future years	6	<u> </u>

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8827** (Rev 5-2020)