	Form	990-T	E	Exempt Orgai	ended to Aug nization Bus				ax Re	turn	ı	OMB N	o 1545-0687
					nd proxy tax und	er se	ction 603	33(e))		1/2	Μl		040
			For cal	lendar year 2018 or other tax yea	-			ending SEP		19	<u> </u>	Z	018
		tment of the Treasury			.irs.gov/Form990T for in					044-1401	F	Open to Pt	ublic Inspection for
	Interne	al Revenue Service	<u> </u>	Do not enter SSN numbe					ation is a 5	D1(c)(3).		501(c)(3) O	rganizations Only
	A Check box if Name of organization ( Check box if name changed and see instructions.)  Name of organization ( Check box if name changed and see instructions.)									(Empl	D Employer identification number (Employees' trust, see instructions)		
	B E	xempt under section	Print	St. Luke's Nampa	Medical Center,	Ltd.						82-116	2805
	X	] 501(c <u>())</u> 3)	Of	Number, street, and room	or suite no. If a P.O. box	x, see ir	structions.					ated busing	ess activity code
		408(e) 220(e)	Туре	190 E. Bannock	<u> </u>						] `		
		408A ,530(a) 529(a)		City or town, state or pro Boise, ID 83712	vince, country, and ZIP o	r foreig	n postal cod	)			44611	0	
	_ Bo	OZ9(a) ok value of all assets	<u> </u>	F Group exemption numb	her (See instructions.)	_					1	· · · · · · · · · · · · · · · · · · ·	
	ate	end of year 167,502,	442.	<del></del>		poration	1 5	01(c) trust		401(a	) trust		Other trust
	H En	·		ation's unrelated trades or b		2	· \	<del></del>	the only (o	<del></del>			
		de or business here						. If only one,		•		than one	a_
				ace at the end of the previou	us sentence, complete Pa	rts I an							•
		siness, then complete			as somenee, complete i a		a n, complet	0 0 001100011	J 141 101 0401	dodino	iai ii aoo	0.	
				poration a subsidiary in an	affiliated group or a parer	nt-subs	idiany contro	led group?		<b></b>	Ye	s X	No
				tifying number of the paren		0000	iolary contro	iod group	· ·				
				Peter DiDio, Vice-				Teleph	one numbe	r <b>&gt;</b> 2	08-70	6-9585	 ;
				de or Business Inc			(A) In	come		Expense	s		(C) Net
	**	Gross receipts or sale		756,815.					22.564	E CO	X SOUTH	1000	
		Less returns and allow			c Balance	16		756,815.					
	_			A line 7)	C Dalatice	2		846 999.	<b>成</b> 表示。		NAMES.	100	
	2	Cost of goods sold (S				3		-90,184.	4,44			******	-90,184.
	3	Gross profit. Subtract					l	30,104.			12 12 12 12 12 12 12 12 12 12 12 12 12 1		
		Capital gain net incon	•	•	( .	4a	···		<b>※分下・17</b> ※分で > 1.48	1887 - 1			
	b			Part II, line 17) (attach Form	1 4/9/)	4b	<u> </u>		### 57 + 62 ###### (1907)				
	C	Capital loss deduction				4c							
	5			ship or an S corporation (a	ttach statement)	5				ALL A	11,40231		
	6	Rent income (Schedu	•			6		/				<del>                                     </del>	
	7	Unrelated debt-financ				7	ļ						
	. 8			and rents from a controlled		8_	<u> </u>		<u> </u>				
	9			on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9			<del> </del>			ļ	
	10	Exploited exempt acti	vity inco	ome (Schedule I)	<i>i</i>	10			<b> </b>		Υ.		
	11	Advertising income (S	Schedule	e J)		11	,	<del> </del>	14 80" . "44	>=2.1 % Y ^	/ 1000-	ļ	
	12	Other income (See in:		•		12			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>公式双翼</b>	14.000	<u> </u>	
	13	Total. Combine lines	3 throu	igh 12		13	l	-90,184.	l			l	-90,184.
	·Pa	Deductio	ns No	ot Taken Elsewher	e (See instructions for	or limit	ations on d	eductions)	· \				Ł
		// V(Except for	contribi	utions, deductions must	r be directly connected	<del>cebne</del> 3 Mitu	Service	a business	income )			r	
	14	Compensation of off	ficers, di	irectors, and trustees (Sche	edule K) Roseivod U	S Bai	nk - USB				14_	ļ	
	15	Salaries and wages				14					15	<u> </u>	199,128.
	16	Repairs and mainter	nance		4440	0.4.0	กลอก				16		412.
	17	Bad debts			AUG :	2 1 <i>6</i>	,UZU				17		
<u></u>	18	interest (attach sche	edule) (s	see Instructions)	Kansas						18	<i>i</i>	
203	19	Taxes and licenses		/	Nansas	City,	MU				19	ļ	14,208.
~	20	Charitable contributi	ions (Se	e instructions for limitation	rules)						20		
2(j	21	Depreciation (attach	Form 4	562)				21			300		
<del></del>	22	Less depreciation of	aimed o	n Schedule À and elsewher	e on return			22a			22b		
MAY	23	Depletion									23		
$\geq$	24	Contributions to def	erred co	ompensation plans							24		
	25	Employee benefit pr	ograms				ŀ				25		3,700.
Ш	26	Excess exempt expe	nses (S	chedule I)							26		
SCANNED	27	Excess readership c			-						27		
Z	28	Other deductions (a			•	_	See	Stateme	nt 1		28		364,432,
Q	29	Total deductions. A			4		-	-			29		581,880,
ഗ	30	/		income before net operating	g loss deduction. Subtrac	ct line 2	9 from line 1	3			30		-672,064.
	31/	/		loss arising in tax years be						4	31		
	32		-	income. Subtract line 31 fro		, , _	, s <b>s</b>	,		-H	32		-672,064
_	82370			rwork Reduction Act Notic				,		U	/ 5	Form	990-T`(2018

Form 990-T	<u> </u>	82-116280	5	Page 2
Part I	Total Unrelated Business Taxable Income	,	,	
33 A	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
, , ,	Amounts paid for disallowed fringes		34	
•	,	nt 2	35	0.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the surii of	F		
•	lines 33 and 34	١.	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	F.  -	37/	1,000.
		<b>−</b>  0	34	
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, epter, the smaller of zero or line 36		.]	0.
Dati u	( Tax Computation		38	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b>▶</b>   3	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	i i	عدما	
	Tax rate schedule or Schedule D (Form 1041)	· -	40	
41	Proxy tax. See instructions	· -	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions	<u> </u>	43	
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part X	Tax and Payments	- · · · · · · · · · · · · · · · · · · ·		
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	,		
b	Other credits (see instructions)			,
С	General business credit. Attach Form 3800		ر آهيڪ	
d	Credit for prior year minimum tax (attach Form 8801 or 882) (		<u> </u>	
е	Total credits. Add lines 45a through 45d	4	5e	
46	Subtract line 45e from line 44		6	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (		47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part 11, column (k), line 2		49	0.
1	Payments: A 2017 overpayment credited to 2018	69.		
	2018 estimated tax payments	~ × ×	* 4	
	Tax deposited with Form 8868	69.		
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d	·:		
	, , , , , , , , , , , , , , , , , , ,			
		<del></del> `		
	Credit for small employer health insurance premiums (attach Form 8941)		` .	
g	Other credits, adjustments, and payments: Form 2439	Ź <sub>n</sub>	* C * C * C	
	Form 4136 Other Total ▶ <u>50g</u>			120
51	Total payments. Add lines 50a through 50g		51	138.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	<del> </del>
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53 ·	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	· · · · · ·	54	138.
55		7	\$5	138.
Part V	Statements Regarding Certain Activities and Other Information (see instruc	ctions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authorit	y		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			materials of their
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here <b>&gt;</b>			Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trust?		х
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of my knowledge	and belief, it is t	rue,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here	Vice-President, Contr		the IRS discuss t reparer shown be	
	Signature of officer Date Title			Yes No
	Print/Type preparer's name Preparer's signature Date	Check If	PTIN	
<b>5</b> · ·		self- employed		
Paid	John Sadoff John W. Sadoff, h 07/27/2020	Son- employed	P0054058	39
Prepa	rer Delaite may IID	Eirm's EIN	86-106	
Use C	695 Town Center Drive, Suite 1200	Firm's EIN	03 100	
	Firm's address . Costa Mesa, CA 92626-1924	Dhone no 714	-436-7100	
922711 21	FIFTH S Address P Costa Mesa, CA 92020-1924	Phone no. 714		990-T (2018)

•

,

. •

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory v	aluation N/A					
1 Inventory at beginning of year	1	0.	r	Inventory at end of year			6		0.
2 Purchases	2		7	Cost of goods sold. Su	btract I	line 6			
3 Cost of labor	3			from line 5. Enter here a	and in f	Part I,		.)	
4a Additional section 263A costs				line 2			7_	846	,999.
(attach schedule)	4a		8	Do the rules of section :	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	* 4b	846,999.		property produced or ac	cquired	l for resale) apply to			
5 Total. Add lines 1 through 4b	5	846,999.	<u> </u>	the organization?					L
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property Lo	ease	d With Real Prop	erty		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
		red or accrued				2/a) Daduations directly		ated 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 pe	er sonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	je	3(a) Deductions directly columns 2(a) a	nd 2(b)	(attach schedule)	1
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	1			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns	n (A)	<b>•</b>			٥.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	nstru	ctions)					
			2	. Gross income from or allocable to debt-		Deductions directly conto debt-finance		perty	
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)							-†-		
(2)		<del>.</del>					1		
(3)							1		
(4)							十		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to anced property th schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x totel of co 3(a) and 3(b))	
(1)				%		· ···	十		
(2)				%			$\top$		
(3)				%					
(4)		•		%					
						Enter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals									٥.
Total dividends-received deductions in	neluded in colum	n 0		, , , , , , , , , , , , , , , , , , ,	1				0.

Form 990-T (2018)

Schedule F - Interest, /	Annuitie	s, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	ns)
					Controlled O				<del></del>		
Name of controlled organizat	uon ·	2. Em identific num	cation		elated income instructions)			5. Part of column 4 that included in the controllin organization's gross incor		rolling	6. Deductions directly connected with income in column 5
	•							<del>                                     </del>		-+	
(2)											
(3)	·				<del></del> -		·				
(4)											
Nonexempt Controlled Organi	zations	1	, .			·					
7. Taxable Income	1	inrelated incom	e (loss)	9. Total	of specified pays	nents	10. Part of colu	mn 9 tha	t is included	11. De	eductions directly connected
··· ,		see instructions			made	,	in the controll	ing organ s income	nzation's	with	h income in column 10
<u>(1)</u> /											
(2)											- · · · · · ·
(3)											
(4)											
	,						Add colun Enter here and line 8, 4		1, Part I, A).		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						<u> </u>	L		0.	L	. 0
Schedule G - Investme		ne of a S	Section	501(c)(7	'), (9), or (	17) Org	ganization			,	
(see inst	ructions)				T						1 2 2 3 3
, 1. Desc	ription of inco	ime			2. Amount of	ıncome	<ol> <li>Deduction</li> <li>directly connection</li> </ol>	cted	4. Set-		<ol><li>Total deductions and set-asides</li></ol>
-		<del> </del>			ļ		(attach sched	lule)	(attach s	schedule)	(col 3 plus col 4)
(1)					,						
(2)			<u> </u>	•	-						
(3)					-						
(4)					F 4 1 4		80.3 A. N. 104966.0.2768.2	1 N N F 1988 N	85°C N 69480000	2.2.2.4.65 <b>412</b>	5400 F 4 - 1 - 1 - 1
, Tatala					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited	Evemnt	Activity	Income	Other	Than Adv	ertisir	na Income	T AND PROPERTY.	######################################	N 4000	©%]
(see instru	-	Activity	moonic	, Ouici	man Au	rei tisii	ig income				
Description of exploited activity	2. ( unrelated	Gross I business ne from business	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unretal business inco	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								ľ			
(2)											
(3)											
(4)		·									
CONTRACTOR TO THE	page 1	re and on I, Part I, , col (A)	Enter her page 1 line 10,	, Parti,	Salaman Sappa apalis	anti-	wings, to se	Outprint	ui u dyndys.		Enter here and on page 1, Part II, line 26
Totals -		0.		0.	際 321 流	VX SER	x (5.55,500)	3,39		·\$3	<u>왕</u> ] 0
Schedule J - Advertisi						<u> </u>					
Part Income From	Periodic	ais Repo	ortea or	i a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ortising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, compu hrough 7			6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					60 x 20 26	(1). <i>1</i> 418		,			
(2)			.						t		
(3)			<del>`</del>				<b>%</b>		<del> </del>		
(4)			1						<del>                                     </del>		
<u></u>			$\neg$		x	-and - 40000	****		<del>                                     </del>		a con the a committee a manufacture of the standard land
Totals (carry to Part II, line (5))	<b>•</b>		0.	(	o				<u> </u>		Form <b>990-T</b> (201)

## Form 990-T (2018) St. Luke's Nampa Medical Center, Ltd. 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	al .	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 then column 4)
(1)							<del></del>
(2)							
(3)							
(4)						<u> </u>	
Totals from Part I	<b>•</b>	0.	0.				0.
1		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col. (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	STATE STATE OF			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>A</b>	0.

Form 990-T (2018)

Form 990-T	Other Dedu	ctio:	ns	Statement 1
Description				Amount
Medical Supplies				8,114
Equipment				565
Due & Memberships				99
Miscellaneous Costs				3,726
Freight and Postage Education and Orientation				1,341 420
Bank Fees				1,719
Overhead Expenses				348,448
Total to Form 990-T, Page 1	, line 28			364,432
	•		•	
Form 990-T Ne	t Operating Los	s De	duction	Statement 2
Tax Year Loss Sustained	Loss Previously Applied		Loss Remaining	Available This Year
09/30/18 210,604.	(	•	210,604.	210,604.
NOL Carryover Available Thi	s Year	-	210,604.	210,604.
		-		
Form 990-T Cost	of Goods Sold	- Ot	her Costs	Statement 3
Description				Amount
MSO Admin & Billing				846,999
Total to Form 990-T, Schedu	846,999			

Form 990-T

Part III, Line 35 NOL Adjustment

Statement 4

St. Luke's Nampa Medical Center, Ltd. has restated their NOL by increasing it \$328 on the 2018 Form 990-T due to the repeal of IRC 512(a)(7). The NOL properly reflects the repeal and non-inclusion of the previously disallowed transportation fringe benefits for unrelated business taxable income.

## Section 1.263(a)-l(t) De Minimis Safe Harbor Election

Taxpayer on behalf of itself is making the de minimis safe harbor election under Treas. Reg. § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year.

Taxpayer Name	EIN	Address
St. Luke's Nampa Medical Center, Ltd.	82-1162805	190 E. Bannock Boise, ID 83712

## Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

Taxpayer hereby elects on behalf of itself to deduct amounts paid during the current tax year for repairs, maintenance or improvements performed on eligible property under Treas. Reg. § 1.263(a)-3(h).

St. Luke's Nampa Medical Center, Ltd. 82-1162805 190 E. Bannock Boise, ID 83712

## Section 1.263(a)-3(n) Capitalization Election

Taxpayer hereby elects on behalf of itself to capitalize repair and maintenance costs under Treas. Reg. § 1.263(a)-3(n). The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records.

Taxpayer Name	EIN	Address	
St. Luke's Nampa Medical Center, Ltd.	82-1162805	190 E. Bannock Boise, ID 83712	