A Check-box of address changed   Serempt ungler section   Solice   SAINT JOSEPH HOSPITAL, INC.   SAINT JOSEPH HOSPITAL, INC	Form <b>990-T</b> 4	Exempt Organization Bu		Tax Reţurn	OMB No 1545-0047
Described the Triolator   Described the Tr	,	* * *		1917	2010
Check box of address changed				emation.	2013
Remotive described and search of the previous sentence, complete Parts II. Immediate drade or observations.    Solicidad   Sol					Open to Public Inspection to 501(c)(3) Organizations Only
Solice		Name of organization (	changed and see instructions.)	] (Er	
Additional State   Additional		Print SAINT JOSEPH HOSPITAL	, INC.		84-0417134
Good	X 501(c) 3 )	Type   Number, succe, and room of some no. if a r .o. be	ox, see instructions.		related business activity code e instructions )
DENVER, CO 80218   621500	408(e) 220(e)	1375 E. 19TH. AVENUE		·	
H Enter the number of the organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other H Enter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or businesses her ▶ MEDICAL LABORATORY SERVICES If only one, complete Parts I-V. It more than one, describe the first in the blain's space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.    During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 2 ▶ X Yes No III Yes, enter the name and identifying number of the parent corporation. ▶ 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				62	1500
Highter the number of the organization's unrelated trades or businesses. ▶ 2 Describe the only (or first) unrelated trade or business here ▶ MEDICAL LABORATORY SERVICES If only one, complete Parts I-IV. There than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-IV.  During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 2 ▶ XI yes No if Yes, enter the name and identifying number of the parent corporation. ▶ 123 140 170 170 170 170 170 170 170 170 170 17	Book value of all assets at end of year	F Group exemption number (See instructions.)	·		
trade or business here  MEDICAL LABORATORY SERVICES If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.    During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 2  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name and identifying number of the parent corporation.  No If Yes, enter the name in the name of the name	837,903,4	13. G Check organization type ► X 501(c) co			
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII-V.    During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 2 ▶ X Yes No If Yes, enter the name and identifying number of the parent corporation. ▶ 173 13 14 16 17 18 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19				• , ,	
business, then complete Parts III-V.  During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 2 ▶ X Yes No II' Yes, either the name and identifying number of the parent corporation. ▶ 303-813-554.  Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 5, 305, 377.  b Less returns and allowances 3, 459, 593. e Balance 2 Cost of goods sold (Schedule A, Ine?)  3 Gross profit. Subtract line 2 from line 1c 2 and July 1845, 784. 1, 845, 7	-		<del> </del>		
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 2			Parts I and II, complete a Sched	ule M for each additional tra	ide or
If Yes, enter the name and identifying number of the parent corporation. ▶ Telephone number ▶ 303-813-554    Part   Unrelated Trade or Business Income				o CMMM 2 N V	Ves Als
The books are in care of   Note					res No
Part I Unrelated Trade or Business Income  (A) Income (B) Expenses (C) Net 1a Gross recepts or sales 5, 305, 377. 3, 459,593. c Balance 2 Cost of goods sold (Schedule A, Iner?) 3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 5 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) 8 Interest, annufries, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Capital I Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unpellated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 17 Capital I Deductions must be directly connected with the unpellated business income) 18 Advertising income (Schedule A) 19 Taxes and maintenance 19 Eaps and maintenance 10 Exploited despiration of officers, directors, and trustees (Schedule K) 10 Compensation of officers, directors, and trustees (Schedule K) 11 A Salares and wages 15 Salares and wages 16 Repairs and maintenance 17 Badd debts 18 Interest (attach schedule) (see instructions) 19 Taxes and incenses 20 Depreciation (attach Form 4562) 21 Less depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Contributions to deferred compensation plans 24 Employee benefit proffarms 24 Employee benefit proffarms 25 Excess exempt expenses (Schedule I) 26 Excess exempt expenses (Schedule I) 27 Excess exempt expenses (Schedule I) 28 Excess exempt expenses (Schedule I) 29 Excess readysing costs (Schedule I) 20 Excess exempt expenses (Schedule I) 21 Excess exempt expenses (Schedule I) 22 Excess exempt expenses (Schedule I)					-813-5543
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7 Unrelated debt-financed income (Schedule E) 8 Interest, annurties, 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 (Schedule J) 13 Total. Combine lines 3 through 12 14 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 M) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21 Less depreciation (attach Form 4562) 22 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 Excess readership costs (Schedule J) 28 Excess readership costs (Schedule J) 29 Depreciation (attach Form 4562) 29 Excess readership costs (Schedule J) 20 Excess readership costs (Schedule J) 20 Excess readership costs (Schedule J) 21 Excess readership costs (Schedule J)	·		6	H P COLIVE	
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9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Exploited exempt activity income (Schedule I)  10 OGDEN UT  11 Advertising income (Schedule J)  12 Other income (See instructions; attach schedule)  13 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 unvelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  17 Bad debts  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  20 Depreciation (attach Form 4562)  11 Less depreciation claimed on Schedule A and elsewhere on return  21 Depletion  22 Contributions to deferred compensation plans  Employee benefit programs  23 Employee benefit programs  24 38, 6  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)			8	NUV 2 3 20	<u> </u>
Advertising income (Schedule J)  12 Other income (See instructions; attach schedule)  13 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.)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  18 Interest (attach schedule) (see instructions)  19 12, 8  10 Depreciation (attach Form 4562)  20 27,714.  21 Less depreciation claimed on Schedule A and elsewhere on return  22 Depletion  23 Contributions to deferred compensation plans  Employee benefit programs  24 Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)	9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G	G) 9		<u> </u>
12 Other income (See instructions; attach schedule) 13 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.)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Form 4562) 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)	10 Exploited exempt acti	rity income (Schedule I)	10	OGDEN.	JIT
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Part II 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 Salaries and wages  16 Repairs and maintenance  17 Bad debts  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  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 Employee benefit programs  24 38 , 6  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)	12 Other income (See in	tructions; attach schedule)			dis.
(Deductions must be directly connected with the unrelated business income.)  14 Compensation of officers, directors, and trustees (Schedule K)  15 Salaries and wages  16 Repairs and maintenance  17 Bad debts  18 Interest (attach schedule) (see instructions)  19 Taxes and licenses  20 Depreciation (attach Form 4562)  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)	13 Total. Combine lines	3 through 12	13 1,845,784	•	1,845,784
14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Form 4562) 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)				s)	
Salaries and wages Repairs and maintenance Repairs and			siness income.	14	4
16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 Taxes and licenses 20 Depreciation (attach Form 4562) 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)	· · · · · · · · · · · · · · · · · · ·	,,			<del></del>
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)	<del>-</del>	ance		10	
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)	17 Bad debts			17	7
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)	18 Interest (attach sche	dule) (see instructions)		18	3
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)	19 Taxes and licenses			19	12,826
Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)	20 Depreciation (attach	Form 4562)	20	27,714.	
Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)  23  24  38,6  Excess readership costs (Schedule J)	21 Less depreciation of	imed on Schedule A and elsewhere on return	21a	21	b 27,714
24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Excess readership costs (Schedule J) 28 Excess readership costs (Schedule J)	22 Depletion			22	2
25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 26	23 Contributions to def	rred compensation plans		23	
26 Excess readership costs (Schedule J)	24 Employee benefit pr	grams		24	38,690
	25 Excess exempt expe	ises (Schedule I)		25	5
27 Other deductions (attach schedule) SEE STATEMENT 1 27 1 217	26 Excess readership c	osts (Schedule J)		<u> </u>	_ \
	27 Other deductions (at	ach schedule)	SEE STA	TEMENT 1 2	<del></del>
/ · · · · · · · · · · · · · · · · · · ·	28 Total deductions. A	ld lines 14 through 27		P	
29 Uprelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29 Unrelated business	axable income before net operating loss deduction. Subtra	act line 28 from line 13		334,155
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	30 Deduction for net or	erating loss arising in tax years beginning on or after Janu	uary 1, 2018 ( 📆	11 /1	_
(see instructions)	(see instructions)		(1)	* * * * * * * * * * * * * * * * * * * *	
	3/1 Unrelated business	axable income. Subtract line 30 from line 29		(1)	334,155 Form <b>990-T</b> (201

	6-1 (2019) SAINT JUSEPH HUSPITAL, INC.	04	- U41/134 Page 2
Par	t III   Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or pusinesses (see instructions)	32	337,091.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) LSTMT 13 STMT 4	34	33,609.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 50	35	303,482.
36	ranger in the contract of the	$\rightarrow$	303,1021
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35  Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	36	202 492
37	total of unrelated dusiness taxable income before specific deduction. Subtract tine 35 from line 35	13/	303,482.
38		38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	302,482.
Par	Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	63,521.
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)	45	
42	Proxy tax. See instructions  Schedule D (Form 1041)	42	<del></del>
43	Alternative minimum tax (trusts only)	48	······································
44	Tax on Noncompliant Facility Income. See instructions	<del></del>	<del></del>
45	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	43	63,521.
	Tax and Payments	1 40 1	03,321.
		<del>,                                    </del>	····
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1 1	
b	Other credits (see instructions)	1 1	
C	Other credits (see instructions)  General business credit. Attach Form 3800  Credit for prior year minimum tax (attach Form 8801 or 8827)  Total credits. Add lines 46a through 46d	] [	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	] ]	
е	Total credits. Add lines 45a through 46d	46e	
47	Subtract line 46e from line 45	47	63,521.
48	Subtract line 46e from line 45 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	<del></del>
49	Total tax. Add lines 47 and 48 (see instructions)	19	63,521.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
			<u> </u>
310			
		1 1	
C	Tax deposited with Form 8868	1 1	
	Foreign organizations: Tax paid or withheld at source (see instructions) 5 d	1	
	Backup withholding (see instructions)	1 (	
	Credit for small employer health insurance premiums (attach Form 8941)	1 1	
9	Other credits, adjustments, and payments: Form 2439	1 1	
	Form 4136   Other   Total ▶   51g	1 1	
52	Total payments, Add lines 51a through 51g	52	151,160.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗓	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	87,639.
	Enter the amount of line 55 you want: Credited to 2020 estimated tax   87,639. Refunded	56	0.
	VI Statements Regarding Certain Activities and Other Information (see instructions)	-7-	<u>~</u>
57			Yes No
31	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		192 140
			1 1
	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?		Х
	If "Yes," see instructions for other forms the organization may have to file.		
59_	Enter the amount of tax-exempt interest received or accrued during the tax year		
	Under panalties of perkey, I declare that there examined this return, including accompanying schedules and statements, and to the best of my knowledge correct, and complete Declaration of propercy other than taxpayer) is based on all information of which prepare has any knowledge VP FINANCE	vledge and	d ballat, it is true,
Sign	VP FINANCE	W - 170	
Here	$\mathbb{I}$	ay uto mo	discuss this return with shown below (see
		tructions)?	
	Print/Type preparer's name Preparer's signature Date Check I		
		1 '''	
Paid			
	parer		<del></del>
Use	Only Firm's name ► Firm's EIN ►		
	Symin address		
	Firm's address Phone no.		
923711	01-27-20		Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A		<del></del>	· · · · · · · · · · · · · · · · · · ·
1 Inventory at beginning of year	1		-T	Inventory at end of yea			6
2 Purchases	2		7	Cost of goods sold. Su	ubtract l	ine 6	
3 Cost of labor	3		7	from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			7	line 2		[	7
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		7	the organization?	•		
Schedule C - Rent Income	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Prop	perty)
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							-
(4)							
	2. Rent receiv	ed or accrued				0(-)0	
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	` 'of rent for p	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)		]					
(2)							
(3)		1		- · · · · · · · · · · · · · · · · · · ·			
(4)						1	
Total	0.	Total			0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	ınstru	ctions)			
			2	Gross income from		3. Deductions directly conn 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)			<del> </del>			<del> </del>	
(2)		<del></del>	1			·	
(3)			1			<del></del>	
(4)			<b>†</b>			······································	
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)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%		· <u> </u>	
(4)			1	%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, Ilne 7, column (B)
Totals				▶		0.	0.
Total dividends-received deductions in	icluded in columi	18				<b>&gt;</b>	0.
							Form 990-T (2019)

Schedule F - Interest,					ontroll	ed Organiz	zatio	<b>ns</b> (see in:	struction	us)
·			Exempt (	Controlled O	rganızatı	ons				
Name of controlled organization	ident	mployer ification mber		related income e instructions)	4. Tot payr	al of specified nents made	includ	rt of column 4 led in the cont zation's gross	trolling	6. Deductions directly connected with income in column 5
(1)			<del>                                     </del>							
(2)			<del> </del>							
(3)	-		1				1			
(4)			<u> </u>							
Nonexempt Controlled Organi	ızatıons			····				<del></del>	<del></del>	
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified pays made	nents	10. Part of colu in the controll gross	mn 9 tha ling orga s income	nization's	11. De witt	ductions directly connected in income in column 10
(1)	,						-			
(2)										
(3)									l	
(4)										
		•				Add colur Enter here and line 8,		e 1, Part I,	l	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals				, <u>.</u>	<b>&gt;</b>			0.	<u> </u>	0 .
Schedule G - Investme	ent Income of a	Section	n 501(c)(	(7), (9), or	(17) Or	ganizatior	1			
	cription of Income	·	· · · · · · · · · · · · · · · · · · ·	2. Amount of	ıncome	3. Deduction directly connection (attach scheduler)	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										<u> </u>
(2)										
(3)								1		
(4)										
				Enter here and Part I, line 9, co	on page 1, lumr (A)	पहुँ के सम्बाधी कार्यालय	+ **		y 5" 0	Enter here and on page 1 Part I, line 역, columb (년)
Totals			<b>▶</b>	1	0.	! !				0.
Schedule I - Exploited (see instru	•	ty incon	ne, Othe	r Than Ac	lvertisi	ing Income	9			
	T	1 .		4. Net incon	ne (loss)		-			7.5
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with p of ur	xpenses connected roduction nrelated ss income	from unrelated business (co minus colum gain, comput through	I trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela 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)										
(2)		l								
(3)		1								
(4)	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 25
Totals	0		0.	1					<u> </u>	0.
Schedule J - Advertisi										
Part I Income From	Periodicals Re	ported o	on a Con	solidated	Basis					
1. Name of periodical	2. Gross advertising Income	ad	3. Direct vertising costs	or (loss) (c col 3) If a g	ising gain of 2 minus ain, comput arough 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)			• •	┦'` <b>"</b>	n y mgs					, ,
(3)										
(4)										
Totals (carry to Part II, line (5))	<b>•</b>	0.	0	).				<u> </u>		0
										Form <b>990-T</b> (2010

923731 01-27-20

### Form 990-T (2019) SAINT JOSEPH HOSPITAL, INC. 84-04171 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	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)	0.	0.			P	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 DEDUCTIONS	STATEMENT 1
DESCRIPTION	AMOUNT
PROFESSIONAL FEES PURCHASED SERVICES SITE COSTS SUPPLIES - LAB SYSTEM ALLOCATION	2,918. 88,407. 222,594. 614,117. 289,410.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	1,217,446.
FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMB	ER STATEMENT 2
CORPORATION'S NAME	IDENTIFYING NO
SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	23-7379161
FORM 990-T CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS N/A	439,549.
TOTAL TO FORM 990-T, PAGE 2, LINE 34	439,549.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	4
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF FOR TAX SECOND FOR TAX	YEAR 2015 241,454 YEAR 2016 132,172 YEAR 2017 199,254			
TOTAL CARRY	OVER ENT YEAR 10% CONTRIBUTIONS	735,416 439,549		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	1,174,965 33,609		
	TRIBUTIONS S CONTRIBUTIONS SS CONTRIBUTIONS	1,141,356 0 1,141,356		
ALLOWABLE (	CONTRIBUTIONS DEDUCTION		33,6	509
TOTAL CONTR	RIBUTION DEDUCTION		33,6	509

### **SCHEDULE M**

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

ENTITY	2
OMB No	1545-0047

		For calendar year 2019 or other tax year beginning		, and ending			20 19
	epartment of the Treasury Iternal 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	entincatio 4171:	on number 3 4				
	nrelated Rusiness	SAINT JOSEPH HOSPITAL,  Activity Code (see instructions) > 72232		<del></del>	1.010		
		ted trade or business CATERING		<del></del>			
		The state of the s	$\overline{}$	(4) 1	(D) F	T	(0) N-4
Par	t i Unrelated	Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or	sales 17,156.					
b	Less returns and allo	owances c Balance ▶	1c	17,156.			,
2	Cost of goods sole	d (Schedule A, line 7)	2				
3	Gross profit Subt	ract line 2 from line 1c	3	17,156.			17,156.
4 a	Capital gain net in	come (attach Schedule D)	4a				
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	4b				
¢	Capital loss deduc	ction for trusts	4c				<u> </u>
5	income (loss) from	n a partnership or an S corporation (attach				ļ	
	statement)		5				
6	Rent income (Sch	edule C)	6				
7	Unrelated debt-fin	anced income (Schedule E)	7				
8		, royalties, and rents from a controlled	<b>}</b>				
	organization (Sche		8				
9		e of a section 501(c)(7), (9), or (17)					
	organization (Sche	•	9				
10	•	activity income (Schedule I)	10				
11	Advertising incom	,	11		· · · · · ·		
12	· · · · · · · · · · · · · · · · · · ·	e instructions, attach schedule)	12	17,156.	• • • • • • • • • • • • • • • • • • • •		17,156.
13	Total. Combine lin		13				
Par		ns Not Taken Elsewhere (See instruct innected with the unrelated business in			ductions.) (De	eductio	ons must be
14	Compensation of	officers, directors, and trustees (Schedule K)				14	
15	Salaries and wage	es				15	
16	Repairs and maint	tenance				16	
17	Bad debts					17	
18	Interest (attach so	chedule) (see instructions)				18	<del> </del>
19	Taxes and license	s		1 1		19	
20	Depreciation (atta-	ch Form 4562)		20			
21	Less depreciation	claimed on Schedule A and elsewhere on return	1	21a		21b	
22	Depletion					22	
23	Contributions to d	leferred compensation plans				23	<del> </del>
24	Employee benefit					24	
25	•	(penses (Schedule I)				25	
26	Excess readership	costs (Schedule J)		CDD		26	14 000
27	Other deductions	•		SEE STATE	EMENT 5	27	14,220.
28		. Add lines 14 through 27				28	14,220.
29		ss taxable income before net operating loss dedu			13	29	2,936.
30		operating loss arising in tax years beginning on	or after J	January 1, 2018 (see			^
	instructions)					30	<u>0.</u> 2,936.
31		ss taxable income Subtract line 30 from line 29				31	
LHA	ror Paperwork F	Reduction Act Notice, see instructions.			5	cnequi	M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
CATERING EXPENSES SYSTEM ALLOCATION		12,355. 1,865.
TOTAL TO SCHEDULE M, PART II,	LINE 27	14,220.

' SAINT JOS	EPH HOSI	PITAL, IN	IC.		84-041	7134
Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation   N/A	7		
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold. S	ubtract l	ine 6	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (1	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			X
Schedule C - Rent Income	(From Real	Property and	d Personal Property	Leas	ed With Real Pro	perty)
(see instructions)						
1. Description of property						
(1)			<del></del>			
(2)					-	
(3)					· · ·	· · · · · · · · · · · · · · · · · · ·
(4)						
	2. Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than .	of rent for p	and personal property (if the percent personal property exceeds 50% or if it is based on profit or income)	tage f		y connected with the income in nd 2(b) (attach schedule)
(1)						
(2)						
(3)						· •
(4)						
Total	0.	Total	<del></del>	0.		
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter	<u> </u>		(b) Total deductions.	
here and on page 1, Part I, line 6, column	ı (A)			0.	Enter here and on page 1, Part I, line 6, column (B)	▶ 0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)			-
					Deductions directly cor to debt-finant	
4			Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions
1. Description of debt-fi	nanced property		financed property	` '	(attach schedule)	(attach schedule)
				<u> </u>		
(1)						
(2)						
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)	6. Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)	8. Altocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%		·	
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			<b>&gt;</b>		0	
Total dividends-received deductions in	cluded in column	18				0.
						Form 990-T (2019)

## Form 4562

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

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

990-T

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates Identifying number

	NT JOSEPH HOSPITAL,		<b>50 N</b>				PAGE 1		84-0417134
Par	t   Election To Expense Certain Proper	ty Under Section 1	79 Note: If yo	u have any lis	sted prop	erty, c	omplete Part		
1 Maximum amount (see instructions)								1	1,020,000.
2 Total cost of section 179 property placed in service (see instructions)								2	
3 Threshold cost of section 179 property before reduction in limitation								3	2,550,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-								4	
<b>5</b> Do	llar limitation for tax year. Subtract line 4 from line	1 If zero or less, enter	-0- If married film	ng separately, see	nstructions	3		5	
6	(a) Description of pro	perty		(b) Cost (busin	ess use only	')	(c) Elected	cost	]
									]
									]
7 Lı	sted property Enter the amount from	line 29				7			
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7							8		
9 Tentative deduction Enter the smaller of line 5 or line 8								9	
10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562							10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5							11		
	ection 179 expense deduction Add Iii							12	
13 C	arryover of disallowed deduction to 29	020 Add lines 9	and 10, less to	ne 12	▶ 1	3			1
	Don't use Part II or Part III below for								
Par	II Special Depreciation Allowa	nce and Other D	epreciation	Don't includ	e listed pi	roperty	/)		
14 S	pecial depreciation allowance for qual	ified property (ot	her than listed	property) pl	aced in s	ervice	during		
	e tax year							14	
	roperty subject to section 168(f)(1) ele	ection						15	
	ther depreciation (including ACRS)	.0.1.011						16	27,714.
Par		include listed pro	perty See in	structions.)				, ,,	1
			<del> </del>	ction A				•	
17 M	ACRS deductions for assets placed in	n service in tax vi			9			17	
	ou are electing to group any assets placed in serv	•	_	_				¬	
10 "	od are clocking to group any about a placed in seri			general asset acc	ounts, check	here	▶	1 1	i
	Section B - Assets						eral Deprecia	dtion Syst	tem
	Section B - Assets (a) Classification of property		(c) Basis for			Gene	(e) Convention	ation Syst	tem (g) Depreciation deduction
	(a) Classification of property	Placed in Service (b) Month and year placed	(c) Basis for	19 Tax Year I depreciation vestment use	Using the	Gene			
19a	(a) Classification of property  3-year property	Placed in Service (b) Month and year placed	(c) Basis for	19 Tax Year I depreciation vestment use	Using the	Gene			
b	(a) Classification of property  3-year property  5-year property	Placed in Service (b) Month and year placed	(c) Basis for	19 Tax Year I depreciation vestment use	Using the	Gene			
b c	(a) Classification of property  3-year property  5-year property  7-year property	Placed in Service (b) Month and year placed	(c) Basis for	19 Tax Year I depreciation vestment use	Using the	Gene			
b c d	(a) Classification of property  3-year property  5-year property  7-year property  10-year property	Placed in Service (b) Month and year placed	(c) Basis for	19 Tax Year I depreciation vestment use	Using the	Gene			
b c d	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	Placed in Service (b) Month and year placed	(c) Basis for	19 Tax Year I depreciation vestment use	Using the	Gene			
b c d e	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	Placed in Service (b) Month and year placed	(c) Basis for	19 Tax Year I depreciation vestment use	Using the	e Gene		(f) Method	
b c d	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property	Placed in Servic  (b) Month and year placed in service	(c) Basis for	19 Tax Year I depreciation vestment use	Using the (d) Rec perio	e Gene	(e) Convention	(f) Method	
b c d e	(a) Classification of property  3-year property  5-year property  7-year property  10-year property  15-year property  20-year property	Placed in Servic  (b) Month and year placed in service	(c) Basis for	19 Tax Year I depreciation vestment use	Using the (d) Rec period	e Gene overy od	(e) Convention	(f) Method	
b c d e f	(a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	Placed in Servic  (b) Month and year placed in service	(c) Basis for	19 Tax Year I depreciation vestment use	25 y 27 5	rs yrs	(e) Convention  MM  MM	(f) Method S/L S/L S/L	
b c d e f	(a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	Placed in Servic  (b) Month and year placed in service	(c) Basis for	19 Tax Year I depreciation vestment use	Using the (d) Rec period	rs yrs	(e) Convention  MM  MM  MM	(f) Method  S/L S/L S/L S/L S/L	
b c d e f g	(a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  Residential rental property  Nonresidential real property	Placed in Servic  (b) Month and year placed in service  / / / /	(c) Basis for (business/in only - see	9 Tax Year depreciation vestment use instructions)	25 y 27 5 39 y	rs yrs yrs	(e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	(a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P	Placed in Servic  (b) Month and year placed in service  / / / /	(c) Basis for (business/in only - see	9 Tax Year depreciation vestment use instructions)	25 y 27 5 39 y	rs yrs yrs	(e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i	(a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P	Placed in Servic  (b) Month and year placed in service  / / / /	(c) Basis for (business/in only - see	9 Tax Year depreciation vestment use instructions)	25 y 27 5 27 5 39 y	rs yrs yrs	(e) Convention  MM  MM  MM  MM	S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i	(a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year	Placed in Service  (b) Month and year placed in Service  / / / / / / laced in Service	(c) Basis for (business/in only - see	9 Tax Year depreciation vestment use instructions)	25 y 27 5 27 5 39 y sing the 4	rs yrs yrs Altern	(e) Convention  MM  MM  MM  MM  MM  Ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i 20a b c	(a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  30-year	Placed in Service  (b) Month and year placed in service  / / / / / / laced in Service	(c) Basis for (business/in only - see	9 Tax Year depreciation vestment use instructions)	25 y 27 5 27 5 39 y sing the 4	rs yrs yrs rs rs	(e) Convention  MM  MM  MM  MM  ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i 20a b c d	(a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  30-year	Placed in Service  (b) Month and year placed in Service  / / / / / / laced in Service	(c) Basis for (business/in only - see	9 Tax Year depreciation vestment use instructions)	25 y 27 5 27 5 39 y sing the 4	rs yrs yrs rs rs	(e) Convention  MM  MM  MM  MM  MM  Ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i 20a b c d Par	(a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  30-year  40-year	Placed in Service  (b) Month and year placed in service  / / / / / / laced in Service	(c) Basis for (business/in only - see	9 Tax Year depreciation vestment use instructions)	25 y 27 5 27 5 39 y sing the 4	rs yrs yrs rs rs	(e) Convention  MM  MM  MM  MM  ative Deprec	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c d Par	(a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  30-year  40-year  t IV Summary (See instructions )  sted property Enter amount from line	Placed in Service  (b) Month and year placed in service  / / / / laced in Service	ce During 20  (c) Basis for (business/in anly - see	depreciation vestment use instructions)  Tax Year U	25 y 27 5 27 5 39 y sing the a 12 y 30 y 40 y	rs yrs yrs rs	(e) Convention  MM  MM  MM  MM  ative Deprec	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i 20a b c d Par 21 Li 22 To	(a) Classification of property  3-year property  5-year property  10-year property  15-year property  20-year property  25-year property  Residential rental property  Nonresidential real property  Section C - Assets P  Class life  12-year  30-year  40-year	Placed in Service  (b) Month and year placed in service  / / / / / laced in Service  / / / / taced in Service	ce During 20  (c) Basis for (business/in anly - see	depreciation vestment use instructions)  Tax Year U	25 y 27 5 27 5 39 y sing the a 12 y 30 y 40 y	rs yrs yrs rs rs rs	(e) Convention  MM  MM  MM  MM  ative Deprecedant MM  MM	S/L	(g) Depreciation deduction

SAINT JOSEPH HOSPITAL, INC. 84-0417134 Page 2 Form 4562 (2019) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 」Yes No 24b If "Yes," is the evidence written? I ∫ Yes └ No (c) (e) (a) Type of property (a) (i) (d) Date Basis for depreclation Business/ Elected Recovery Method/ Depreciation Cost or placed in investment (business/investment section 179 (list vehicles first) period Convention deduction other basis use percentage use only) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use. S/L % S/L % S/L 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes Νo Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI Amortization (a) Description of costs (b) (c) (f) (e) Date amortization Amortization begins 42 Amortization of costs that begins during your 2019 tax year

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43

43 Amortization of costs that began before your 2019 tax year

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