

1912

Form 990-T

AMENDED RETURN

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning and ending

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

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

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

- A Check box if address changed
B Exempt under section 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization SAINT JOSEPH HOSPITAL, INC.
Number, street, and room or suite no. 1375 E. 19TH. AVENUE
City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80218

D Employer identification number 84-0417134
E Unrelated business activity code 621500

C Book value of all assets at end of year
F Group exemption number 0928
G Check organization type 501(c) corporation

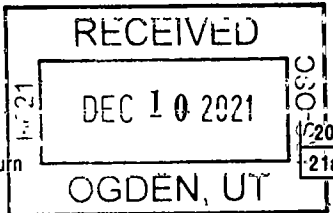
H Enter the number of the organization's unrelated trades or businesses. 2
Describe the only (or first) unrelated trade or business here MEDICAL LABORATORY SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 3 Yes

J The books are in care of KYLE ENGMAN Telephone number 303-813-5543

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (5,084,241), Less returns and allowances (3,858,114), Total. Combine lines 3 through 12 (1,226,127).

Table with 2 columns: Deductions, Net. Rows include Compensation of officers, directors, and trustees (130,850), Taxes and licenses (6,737), Depreciation (10,928), Total deductions (1,035,551), Unrelated business taxable income before net operating loss deduction (190,576).



SCANNED FEB 07 2022

SEE STATEMENT 2

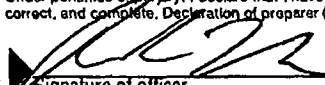
| Part III Total Unrelated Business Taxable Income | |
|--|---|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 193,512. |
| 33 | Amounts paid for disallowed fringes |
| 34 | Charitable contributions (see instructions for limitation rules) STMT 4 STMT 5 19,251. |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 174,261. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 174,261. |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 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 37 173,261. |

| Part IV Tax Computation | |
|-------------------------|---|
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 36,385. |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) |
| 42 | Proxy tax. See instructions |
| 43 | Alternative minimum tax (trusts only) |
| 44 | Tax on Noncompliant Facility Income. See instructions |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 36,385. |

| Part V Tax and Payments | |
|-------------------------|---|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a |
| b | Other credits (see instructions) 46b |
| c | General business credit. Attach Form 3800 46c |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) 46d 7,931. |
| e | Total credits. Add lines 46a through 46d 46e 7,931. |
| 47 | Subtract line 46e from line 45 47 28,454. |
| 48 | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 48 |
| 49 | Total tax. Add lines 47 and 48 (see instructions) 49 28,454. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 50 0. |
| 51a | Payments: A 2018 overpayment credited to 2019 51a 135,166. |
| b | 2019 estimated tax payments 51b 15,994. |
| c | Tax deposited with Form 8868 51c |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) 51d |
| e | Backup withholding (see instructions) 51e |
| f | Credit for small employer health insurance premiums (attach Form 8941) 51f |
| g | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total 51g |
| 52 | Total payments. Add lines 51a through 51g 52 151,160. |
| 53 | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/> 53 |
| 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 55 122,706. |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax 87,639. Refunded 56 35,067. |

| Part VI Statements Regarding Certain Activities and Other Information (see instructions) | | Yes | No |
|--|--|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | | 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? If "Yes," see instructions for other forms the organization may have to file. | | X |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year \$ | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here:  1/11/20 VICE PRESIDENT FINANCE

Signature of officer: _____ Date: 1/11/20 Title: VICE PRESIDENT FINANCE

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

| | | | | | | | |
|--|----|--|--|---|--|-----|----|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | | | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | | | |
| 3 Cost of labor | 3 | | | | | | |
| 4a Additional section 263A costs (attach schedule) | 4a | | | | | | |
| b Other costs (attach schedule) | 4b | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | | Yes | No |
| 5 Total. Add lines 1 through 4b | 5 | | | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

| | | |
|---|---|---|
| 1. Description of property | | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2. Rent received or accrued | | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total 0. | Total 0. | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0. | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ► 0. |

Schedule E - Unrelated Debt-Financed Income (see instructions)

| | | | | |
|---|---|---|--|---|
| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach 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) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) 0. | Enter here and on page 1, Part I, line 7, column (B) 0. |
| Total dividends-received deductions included in column 8 | | | ► 0. | ► 0. |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | | Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) |
| | | | 0. | 0. |

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Totals | | Enter here and on page 1, Part I, line 9, column (A) | | Enter here and on page 1, Part I, line 9, column (B) |
| | | 0. | | 0. |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals | | Enter here and on page 1, Part I, line 10, col (A) | Enter here and on page 1, Part I, line 10, col (B) | | | Enter here and on page 1, Part II, line 25 |
| | | 0. | 0. | | | 0. |

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated 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 (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 | 0. | 0. | | | | 0. |
| Totals, Part II (lines 1-5) | 0. | 0. | | | | 0. |

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

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

Form 990-T (2019)

FOOTNOTES

STATEMENT 1

ADJUSTMENT TO 2019 MEDICAL LABORATORY SERVICES UBTI

AN ERROR WAS FOUND IN THE 2019 MEDICAL LABORATORY SERVICES UNRELATED BUSINESS TAXABLE INCOME (UBTI). DUE TO THIS ERROR THE FOLLOWING LINES HAVE BEEN CHANGED.

PART I LINE 1A WAS REDUCED FROM \$5,305,377 TO 5,084,241.
 PART I LINE 2A WAS INCREASED FROM \$3,459,593 TO \$3,858,114.
 PART I LINES 1C, 3, AND 13 DECREASED FROM \$1,845,784 TO \$1,226,127
 PART II LINE 15 DECREASED FROM \$214,953 TO \$130,850.
 PART II LINE 19 DECREASED FROM \$12,826 TO \$6,737
 PART II LINES 20 AND 21B DECREASED FROM \$27,714 TO \$10,928.
 PART II LINE 24 DECREASED FROM \$38,690 TO \$24,766.
 PART II LINE 27 DECREASED FROM \$1,217,446 TO \$862,270.
 PART II LINE 28 DECREASED FROM \$1,511,629 TO \$1,035,551.
 PART II LINES 29 AND 31 DECREASED FROM \$334,155 TO \$190,576.
 PART III LINE 32 DECREASED FROM \$337,091 TO \$193,512.
 PART III LINE 34 DECREASED FROM \$33,609 TO \$19,251.
 PART III LINE 35 AND 37 DECREASED FROM \$303,482 TO \$174,261.
 PART III LINE 39 DECREASED FROM \$302,482 TO \$173,261.
 PART IV LINE 40 AND 45 DECREASED FROM \$63,521 TO \$36,385.

PART V LINE 46D AND 46E INCREASED FROM \$0 TO \$7,931. THIS WAS DUE TO THE 2013 RETURN BEING AMENDED BECAUSE THE CARES ACT ALLOWED NOL'S TO BE CARRIED BACK FIVE YEARS (CODE SECTION 172(B)(1), AS AMENDED BY THE CARES ACT SECTION 2303(B)). THE CARRY BACK OF NOLS TO 2013 GENERATED \$7,931 IN AMT CREDITS WHICH WERE THEN APPLIED TO 2019 PER IRC CODE SECTION 53(B)(1).

PART V LINES 47 AND 49 DECREASED FROM \$63,521 TO \$28,454 DUE TO THE LAB UBIT CORRECTION AND AMT CREDIT.
 PART V LINE 55 INCREASED FROM \$87,639 TO \$122,706.

THE AMOUNT CARRIED FORWARD TO 2020 ON LINE 56 REMAINS THE SAME AT \$87,639. THE AMOUNT REFUNDED INCREASED FROM \$0 TO \$35,067.

AMENDING PART II, LINE 31 ALSO CAUSED A CHANGE TO FORM 4562 DEPRECIATION AND AMORTIZATION.

FORM 8827 WAS INCLUDED IN THE 2019 AMENDED RETURN DUE TO THE AMT CREDIT GENERATED FROM THE AMENDED 2013 RETURN.

| FORM 990-T | OTHER DEDUCTIONS | STATEMENT | 2 |
|--------------------------------------|------------------|---------------|----------|
| <u>DESCRIPTION</u> | | <u>AMOUNT</u> | |
| PROFESSIONAL FEES | | | 1,119. |
| PURCHASED SERVICES | | | 22,290. |
| SITE COSTS | | | 119,635. |
| SUPPLIES - LAB | | | 538,520. |
| SYSTEM ALLOCATION | | | 180,706. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 27 | | | 862,270. |

| FORM 990-T | PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER | STATEMENT | 3 |
|---|--|-----------------------|---|
| <u>CORPORATION'S NAME</u> | | <u>IDENTIFYING NO</u> | |
| SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. | | 23-7379161 | |

| FORM 990-T | CONTRIBUTIONS | STATEMENT | 4 |
|--------------------------------------|-------------------------------------|---------------|---|
| <u>DESCRIPTION/KIND OF PROPERTY</u> | <u>METHOD USED TO DETERMINE FMV</u> | <u>AMOUNT</u> | |
| CHARITABLE CONTRIBUTIONS | N/A | 439,549. | |
| TOTAL TO FORM 990-T, PAGE 2, LINE 34 | | 439,549. | |

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 5

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS
 FOR TAX YEAR 2014 58,908
 FOR TAX YEAR 2015 241,454
 FOR TAX YEAR 2016 132,172
 FOR TAX YEAR 2017 199,254
 FOR TAX YEAR 2018 103,628

TOTAL CARRYOVER 735,416
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 439,549

TOTAL CONTRIBUTIONS AVAILABLE 1,174,965
 TAXABLE INCOME LIMITATION AS ADJUSTED 19,251

EXCESS CONTRIBUTIONS 1,155,714
 EXCESS 100% CONTRIBUTIONS 0
 TOTAL EXCESS CONTRIBUTIONS 1,155,714

ALLOWABLE CONTRIBUTIONS DEDUCTION 19,251

TOTAL CONTRIBUTION DEDUCTION 19,251

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

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

ENTITY 1

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

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

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

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

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

Name of the organization

SAINT JOSEPH HOSPITAL, INC.

Employer identification number

84-0417134

Unrelated Business Activity Code (see instructions) ▶ **722320**

Describe the unrelated trade or business ▶ **CATERING**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|----------------|-------------------|--------------|----------------|
| 1 a Gross receipts or sales | <u>17,156.</u> | | | |
| b Less returns and allowances | | | | |
| c Balance ▶ | | 1c 17,156. | | |
| 2 Cost of goods sold (Schedule A, line 7) | | 2 | | |
| 3 Gross profit Subtract line 2 from line 1c | | 3 17,156. | | 17,156. |
| 4 a Capital gain net income (attach Schedule D) | | 4a | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | 4b | | |
| c Capital loss deduction for trusts | | 4c | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | | 5 | | |
| 6 Rent income (Schedule C) | | 6 | | |
| 7 Unrelated debt-financed income (Schedule E) | | 7 | | |
| 8 Interest, annuities, royalties, and rents from a controlled 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 17,156. | | 17,156. |

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) | | 14 | |
| 15 Salaries and wages | | 15 | |
| 16 Repairs and maintenance | | 16 | |
| 17 Bad debts | | 17 | |
| 18 Interest (attach schedule) (see instructions) | | 18 | |
| 19 Taxes and licenses | | 19 | |
| 20 Depreciation (attach Form 4562) | 20 | | |
| 21 Less depreciation claimed on Schedule A and elsewhere on return | 21a | 21b | |
| 22 Depletion | | 22 | |
| 23 Contributions to deferred compensation plans | | 23 | |
| 24 Employee benefit programs | | 24 | |
| 25 Excess exempt expenses (Schedule I) | | 25 | |
| 26 Excess readership costs (Schedule J) | | 26 | |
| 27 Other deductions (attach schedule) | SEE STATEMENT 6 | 27 | 14,220. |
| 28 Total deductions. Add lines 14 through 27 | | 28 | 14,220. |
| 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | | 29 | 2,936. |
| 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 | 2,936. |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SAINT JOSEPH HOSPITAL, INC.

84-0417134

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION

AMOUNT

CATERING EXPENSES
SYSTEM ALLOCATION

12,355.
1,865.

TOTAL TO SCHEDULE M, PART II, LINE 27

14,220.

SAINT JOSEPH HOSPITAL, INC.

84-0417134

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

| | | | | | | | |
|----|---|----|--|---|--|-----|----|
| 1 | Inventory at beginning of year | 1 | | 6 | Inventory at end of year | 6 | |
| 2 | Purchases | 2 | | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | |
| 3 | Cost of labor | 3 | | | | | |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | |
| b | Other costs (attach schedule) | 4b | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | X |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property

| |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

| | | |
|---|---|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total 0. | Total 0. | |

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

| | | | | |
|---|---|--|--|---|
| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | | |
| | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach 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) | | % | | |
| Totals | | Enter here and on page 1, Part I, line 7, column (A) 0. | | Enter here and on page 1, Part I, line 7, column (B) 0. |
| Total dividends-received deductions included in column 8 | | | | 0. |

Depreciation and Amortization
(Including Information on Listed Property) 990-T

Department of the Treasury
Internal Revenue Service (99)

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

▶ **Attach to your tax return.**

| | | |
|---|---|---|
| Name(s) shown on return SAINT JOSEPH HOSPITAL, INC. | Business or activity to which this form relates FORM 990-T PAGE 1 | Identifying number 84-0417134 |
|---|---|---|

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | |
|---|----|------------|
| 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 | |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | | |
| | | |
| | | |
| | | |
| | | |
| 7 Listed 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 | |
| 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V

Part II 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 the tax year | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | 10,928. |

Part III MACRS Depreciation (Don't include listed property. See instructions)

Section A

| | | |
|--|--------------------------|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2019 | 17 | |
| 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 | <input type="checkbox"/> | |

Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | / | | 27.5 yrs | MM | S/L | |
| | / | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | / | | 39 yrs. | MM | S/L | |
| | / | | | MM | S/L | |

Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System

| (a) Class life | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|----------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 30-year | / | | 30 yrs. | MM | S/L | |
| d 40-year | / | | 40 yrs. | MM | S/L | |

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. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr | 22 | 10,928. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

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? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
|---|-------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/ Convention | (h) Depreciation deduction | (i) Elected section 179 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) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|--|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| 30 Total business/investment miles driven during the year (don't include commuting miles) | | | | | | | | | | | | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | |
| 32 Total other personal (noncommuting) miles driven | | | | | | | | | | | | |
| 33 Total miles driven during the year Add lines 30 through 32 | | | | | | | | | | | | |
| 34 Was the vehicle available for personal use during off-duty hours? | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person? | | | | | | | | | | | | |
| 36 Is another vehicle available for personal use? | | | | | | | | | | | | |

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

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

| | | | |
|---|--|------------|-----------|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? | | Yes | No |
| 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) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2019 tax year | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2019 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

Credit for Prior Year Minimum Tax - Corporations

2019

▶ Attach to the corporation's tax return.

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

| | | |
|--|--|---|
| Name SAINT JOSEPH HOSPITAL, INC. | | Employer identification number 84-0417134 |
| 1 | Minimum tax credit carryforward from 2018. Enter the amount from line 9 of the 2018 Form 8827 STMT 7 | 7,931. |
| 2 | Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions) | 36,385. |
| 3 | Enter the refundable minimum tax credit (see instructions) | |
| 4 | Add lines 2 and 3 | 36,385. |
| 5a | Enter the smaller of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions | 7,931. |
| 5b | 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 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. | 7,931. |
| 5c | 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) | |
| 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. | |

PRIOR YEAR MINIMUM TAX CREDIT

STATEMENT 7

| TAX YEAR | ORIGINAL | PREVIOUSLY APPLIED | REMAINING | AVAILABLE THIS YEAR |
|----------------------|----------|--------------------|-----------|---------------------|
| 12/31/13 | 7,931. | 0. | 7,931. | 7,931. |
| AVAILABLE FOR CREDIT | | | 7,931. | 7,931. |