ΑN	<b>IEN</b>	DED	RET	URN

Form 990-T	F	Exempt Organization Bu	sine	ss Income T	ax Return		OMB No 1545-0047
, will 000 I	"	(and proxy tax und			ax riotari	• [	0040
	For ca	lendar year 2019 or other tax year beginning		, and ending		_ 1	2019
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for i ► Do not enter SSN numbers on this form as it ma					Open to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization ( Check box if name	changed	and see instructions.)		(Emplo	yer Identification number byees' trust, see itions)
B Exempt under section	Print	SCL HEALTH - FRONT RAI					4-1103606
X 501(c)(3)	Type	Number, street, and room or suite no. If a P.O. bo	•				ted business activity code structions)
408(e)220(e)	',,,,,,,,	500 ELDORADO BLVD., St			<del> </del>		
408A530(a) 529(a)		City or town, state or province, country, and ZIP BROOMFIELD, CO 80021	or foreig	n postal code		621	500
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>	1 1-24 1	1 1 224		
/30,812,6	50.	G Check organization type X 501(c) con	rporation	501(c) trust	401(a)		Other trust
n chier the number of the	organiza	ation's unrelated trades of businesses.	4	Describe t	he only (or first) un		<b></b>
<i>'</i> .		DICAL LABORATORY SERVIC			complete Parts I-V.		
business, then complete		ace at the end of the previous sentence, complete P	aris i ai	iu ii, compiete a Scrieutile	W 101 each addition	iai traue	Of
		poration a subsidiary in an affiliated group or a pare	ent-subs	idiary controlled group?	STMT 3 ►	X Vec	No No
		tifying number of the parent corporation.	JIIL JUDS	idiary controlled group.		AE. 100	,
J The books are in care of				Telepho	ne number 🕨 (	303	813-5543
		de or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sal	es	2,064,374.	T				
<b>b</b> Less returns and allo	wances	1,174,121. cBalance	1c	890,253.			
2 Cost of goods sold (	Schedule	A, line 7)	2				1
3 Gross profit. Subtract	t line 2 f	rom line 1c	3	890,253.			890,253.
4a Capital gain net incoi	•	•	4a				
		Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction			4c				
6 Rent income (Sched	•	ship or an S corporation (attach statement)	5				<del></del>
7 Unrelated debt-finan		me (Schedule F)	7		<del></del>		
_		and rents from a controlled organization (Schedule F)	<u> </u>	· · · · ·			
	-	on 501(c)(7), (9), or (17) organization (Schedule G	` <del> </del>				<del></del>
10 Exploited exempt act			10		<del>' -!'</del>	<del>-</del>	
11 Advertising income (	Schedul	e J)	11				·
12 Other income (See in	structio	ns; attach schedule)	12				
13 Total. Combine line			13	890,253.			890,253.
		ot Taken Elsewhere (See instructions to be directly connected with the unrelated bus					
<u>``</u>		rectors, and trustees (Schedule K)		CEIVEI)	<u> </u>	14	······································
15 Salaries and wages	, -	, , , , , , , , , , , , , , , , , , , ,	1 41	()		15	265,687.
16 Repairs and mainte	nance	12	חר	C 1 0 2021 👸	Í	16	···
17 Bad debts		<u>862</u>	טב	j (+)	ļ	17	. <u></u>
18 Interest (attach sch	edule) (s		<del></del>		ļ	18	
19 Taxes and licenses		}	OG	BDEN, UT		19	7,013.
20 Depreciation (attack		,		20"	6,011.	4	C 011
•	laimed o	n Schedule A and elsewhere on return		21a		21b	6,011.
22 Depletion						22	
23 Contributions to de						23	29 227
<ul><li>24 Employee benefit p</li><li>25 Excess exempt exp</li></ul>	-					24	28,227.
26 Excess readership	•	•				26	
27 Other deductions (a		•		SEE STAT	EMENT 2	27	416,942.
28 Total deductions.		•				28	723,880.
		income before net operating loss deduction. Subtra	act line 2	8 from line 13		29	166,373.
		loss arising in tax years beginning on or after Janu				30	0.
	taxable :	income. Subtract line 30 from line 29				30	166,373.
<del></del>		rwork Reduction Act Notice, see instructions.				(3)	Form <b>990-T</b> (2019)

Form 990-T	(2019) SCL HEALTH - FRONT RA	NGE, INC.			84-11	03606	Page 2
Part I	Total Unrelated Business Taxable	Income					
32 To	ital of unrelated business taxable income computed from	n all unrelated trades or businesse	s (see instructions)		32	166,3	73.
33 A	nounts paid for disallowed fringes				33		
34 CI	naritable contributions (see instructions for limitation rul	es) STMT 4	STMT 5		34	16,5	37.
35 To	ntal unrelated business taxable income before pre-2018 I	NOLs and specific deduction Subt	ract line 34 from the sum	of lines 32 and 33	35	149,8	36.
<b>36</b> D	eduction for net operating loss arising in tax years begin	ning before January 1, 2018 (see i	nstructions)		36		
37 To	ital of unrelated business taxable income before specific	deduction. Subtract line 36 from	line 35		37	149,8	36.
	pecific deduction (Generally \$1,000, but see line 38 instr				38		00.
	related business taxable income. Subtract line 38 fro	• •	line 37.			<del></del>	
	ter the smaller of zero or line 37	· ·	•		39	148,8	36.
Part I	/ Tax Computation						
	ganizations Taxable as Corporations. Multiply line 39	by 21% (0.21)		<b>&gt;</b>	40	31,2	56.
	usts Taxable at Trust Rates. See instructions for tax co		ount on line 39 from:	-			
	Tax rate schedule or Schedule D (Form 104			•	41		
42 P	oxy tax. See instructions	•			42		
	ternative minimum tax (trusts only)				43		
	ex on Noncompliant Facility Income. See instructions				44		
	otal. Add lines 42, 43, and 44 to line 40 or 41, whichever	applies			45	31,2	56.
Part V		оррноо			1 70 1	91,2	30.
	reign tax credit (corporations attach Form 1118; trusts	attach Form 1116)	46a	· · · · · · · · · · · · · · · · · · ·	<del></del>		
	her credits (see instructions)	illustration (110)	46b		1		
	eneral business credit. Attach Form 3800		46c	<del></del>	1		
	edit for prior year minimum tax (attach Form 8801 or 88	2071	46d		1		
	otal credits. Add lines 46a through 46d	521)	400	<u></u>	460		
_	ibtract line 46e from line 45				46e	31,2	56
	her taxes. Check if from: Form 4255 Form	0 0611	0066 [ ] Other	(attach schedule)	47	31,2	50.
	otal tax. Add lines 47 and 48 (see instructions)	11 00 11 FUIII 0097 FO		(attach schedule)	48	31,2	5.6
	· · · · · · · · · · · · · · · · · · ·	GE D Dort II actions (b) line 2			49	31,4	0.
	119 net 965 tax liability paid from Form 965-A or Form 9	65-6, Part II, Column (K), line 3	اجما	27 222	50	<del></del>	<u> </u>
	lyments: A 2018 overpayment credited to 2019		51a	27,323 93,182	4		
	119 estimated tax payments		51b	93,102	4		
	x deposited with Form 8868		51c		-		
	reign organizations: Tax paid or withheld at source (see	instructions)	51d		4		
	ickup withholding (see instructions)		51e	<del></del>	-		
	edit for small employer health insurance premiums (atta	•	511		4		
g O	her credits, adjustments, and payments: Form 2				1 1		
L	Form 4136 Other	Tota	l ▶ 51g		-	400 -	
	otal payments. Add lines 51a through 51g				52	120,5	05.
	timated tax penalty (see instructions). Check if Form 22	·			53	- 34 - 6	
	ix due. If line 52 is less than the total of lines 49, 50, and	•	_	<b>.</b>	54	31,2	
	verpayment. If line 52 is larger than the total of lines 49,	. ,	_		55	120,5	05.
	ter the amount of line 55 you want. Credited to 2020 et			efunded 🕨	56		
Part V							,
	any time during the 2019 calendar year, did the organiz	•	•	'		Yes	No
	er a financial account (bank, securities, or other) in a fo		*				
	nCEN Form 114, Report of Foreign Bank and Financial A	ccounts. If "Yes," enter the name o	f the foreign country				
	re					_	X
58 D	iring the tax year, did the organization receive a distribu	tion from, or was it the grantor of,	or transferor to, a fore	ign trust?			Х
	Yes," see instructions for other forms the organization r						
<b>59</b> Er	iter the amount of tax-exempt interest received or accru-					:	
	Under penalties of perjury, I declare that I have examined this correct, and complete Declaration of preparer (other than taxp	return, including accompanying schedul	es and statements, and to	the best of my kno	owledge and beli	of, it is true,	
Sign	. Jan Wade				May the IRS discu	es this return	with
Here	() Significan		SURER		he preparer show		******
	Signature of officer	Date Title		ıı	nstructions)?	Yes	No
	Print/Type preparer's name Pre	parer's signature	Date	Check	ıf PTIN		
Paid	1		-	self- employed			
Prepa	rer						
Use C	Francis asses			Firm's EIN ▶			
	Firm's address		·-···	Phone no.			
923711 01	27-20				For	m 990-T	(2019)

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	valuation N/A				
1 Inventory at beginning of year	1			Inventory at end of year	ar	<del></del>	6	T
2 Purchases	2		7	Cost of goods sold. Si	ubtract	line 6		
3 Cost of labor	3		7	from line 5. Enter here	and in	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No
<b>b</b> Other costs (attach schedule)	4b			property produced or a	acquire	d for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)
1. Description of property								
(1)		·						
(2)								
(3)								
(4)								
		d or accrued				3/a) Deductions directly	/ CODD	ected with the income in
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	` of rent for	persona	sonal property (if the percent I property exceeds 50% or if sed on profit or income)	age			(attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>	0
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	uctions)		<del> </del>	-	
	<del></del>			2. Gross income from or allocable to debt-		3. Deductions directly conto debt-finance	nected ced pro	perty
1. Description of debt-fi	Inanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			+-		<del>                                     </del>		+	· · · · · · · · · · · · · · · · · · ·
(2)			†		<del> </del>		+-	
(3)	<del></del>		<del>                                     </del>				+	
(4)			<del>                                     </del>		<u> </u>		+-	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or al debt-finan	adjusted basis locable to ced property schedule)	1	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)			1	%				
(2)			1	%			1	
(3)			1	%				
(4)				%		<del></del>	1	
		, , , , , , , ,				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>•</b>		0		0 .
Total dividends-received deductions in	ncluded in column	8				<b>&gt;</b>	<del></del>	0 .
								Form 990-T (2019

	1	,	Evernet C	Controlled O				(000	74. GG 1.G1.	<u> </u>
		1			· · · · ·		T .			
<ol> <li>Name of controlled organizat</li> </ol>	ion 2. Er	nployer fication	3. Net unre	elated Income instructions)		al of specified nents made	5. Par includ	t of column 4 ed in the cont	that is	6. Deductions directly connected with income
		mber	()	,	, ,			ation's gross		in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations	<del></del>			<del></del>					<del> </del>
7. Taxable Income	8. Net unrelated inco	orne (loss)	Q Total	of specified pay	monte	10. Part of colu	ma O tha	le legluded	11 Da	ductions directly connected
/ Taxable illoome	(see instruction	ns)	<b>9.</b> 10ta 1	made	ilents	in the controll	ing organ	nization's		Income in column 10
						gros	s income	'		
_(1)										
(2)										
(3)										
(4)				==						
						Add colur	nns 5 an	d 10	Ad	ld columns 6 and 11
					ì	Enter here and	on page	1, Part I,		ere and on page 1, Part I,
						line 8,	column (	A)		line 8, column (B)
Totals								0.		0.
		Castian	E04(-\/	7) (0) 0"	(47) 0					
Schedule G - Investme		Section	501(C)(	7), (9), or		ganization	1			
(see instr	ructions)			Γ		0.00				
' 1. Desc	ription of income			2. Amount of	income	<ol><li>Deduction</li><li>directly connection</li></ol>		4. Set-		5. Total deductions and set-asides
						(attach sched	fule)	(attach s	chedule)	(col 3 plus col 4)
(1)										
(2)										
(3)										\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(4)										
				Enter here and				·		Enter here and on page 1,
				Part I, line 9, co	olumn (A).					Part I, line 9, column (B)
Totals					0.					0.
Schedule I - Exploited	Evamet Astivit	u Incom	o Othor	Thon Ac		ing Incom				
(see instru	_	y mcom	e, Other	i illali At	ivei (15)	ing income	7			
	T	1								<del></del>
	2. Gross		enses	4. Net incon from unrelated		5. Gross inc	ome			7. Excess exempt
1. Description of exploited activity	unrelated business income from		onnected duction	business (co	olumn 2	from activity	that	attnbut	enses able to	expenses (column 6 minus column 5,
ехрюней аспуну	trade or business		elated s income	minus colum gain, comput	e cols 5	ıs not unrela business inci		colu	mn 5	but not more than column 4)
		Duames	s income	through	7					Column 4)
(1)										
(2)										
(3)										
(4)		†************						<b>——</b>		
	Enter here and on	Enter her	e and on	···				L	<del> </del>	Enter here and
	page 1, Part I, line 10, col (A)	page 1 line 10,								on page 1, Part II, line 25
Totals	0.	1	0.							
						· · · · · · · · · · · · · · · · · · ·				0.
Schedule J - Advertisi				17 -1 - 4						
Part I Income From	Periodicals Rep	ported o	n a Con	solidated	Basis	i				
	2. Gross	[ .	o	4. Adver	tlsing gain					7. Excess readership
1. Name of periodical	advertising	adve	3. Direct artising costs	col 3) If a g	ol 2 minus aln. compu			6. Read		costs (column 6 minus column 5, but not more
•	income		Ş <del>-</del>	cols 5 ti						than column 4).
(1)						<del>                                     </del>		<u> </u>		
(1) (2) (3) (4)				$\dashv$		<b> </b>		<del></del>		
(2)				$\dashv$		<b> </b>		<del> </del>		
(4)	<del></del>					<b> </b>		<del> </del>		
(4)				<del> </del>	·······	<del></del>				
			^	1		1		1		_
Totals (carry to Part II, line (5))	<u> </u>	0.	0	•		<u> </u>		L		0.
										Form <b>990-T</b> (2019

## Form 990-T (2019) SCL HEALTH - FRONT RANGE, INC. 84-11036 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)	,		<u> </u>			· · · · · · · · · · · · · · · · · · ·	
(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)	<b>_</b>	0.	0.				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)

1

#### FOOTNOTES

STATEMENT

248,473. 248,473. 0.

#### AMENDED RETURN STATEMENT:

THE SCL HEALTH - FRONT RANGE, INC. RETURN IS BEING AMENDED DUE TO AN ERROR IN THE CALCULATION OF MEDICAL LABORATORY SERVICES INCOME.

THE CHANGE NOTED ABOVE CAUSED FORM 990-T, PART I, LINE 1A GROSS RECEIPTS OR SALES TO CHANGE AS WELL AS PART II, LINES 15 THROUGH 27.

ADDITIONALLY, THE CHANGES NOTED ABOVE CAUSED PART III, LINE 34 CHARITABLE CONTRIBUTIONS TO CHANGE AS WELL.

PART V, LINE 54 NOW SHOWS \$31,256 OF TAX DUE. INSTEAD OF UTILIZING THE AVAILABLE OVERPAYMENT TO COVER THIS TAX DUE, WE WILL INSTEAD MAKE AN ADDITIONAL PAYMENT. THIS WILL ALLOW THE OVERPAYMENT OF \$120,505 TO REMAIN UNCHANGED SINCE IT HAS ALREADY BEEN REPORTED ON THE 2020 TAX RETURN.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
DESCRIPTION		AMOUNT	
PURCHASED SERVICES SUPPLIES SYSTEM ALLOCATION PROFESSIONAL FEES ADMINISTRATIVE EXPENSE		19,70 220,62 117,06 1,18 58,35	26. 65. 86.
TOTAL TO FORM 990-T, PAGE 1, L	INE 27	416,94	42.
FORM 990-T PARENT CORPORATION	ON'S NAME AND IDENTIFYING NUMBER	STATEMENT	3
CORPORATION'S NAME		IDENTIFYING N	. <b>1</b> O
SISTERS OF CHARITY OF LEAVENWO	RTH HEALTH SYSTEM, INC.	23-7379161	
FORM 990-T	CONTRIBUTIONS	STATEMENT	4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
CHARITABLE CONTRIBUTIONS	N/A	678,44	16.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	678,44	16.

FORM 990-T	CONTRIBUTIONS SUMMAR	Y	STATEMENT	5
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 77,500 YEAR 2015 274,791 YEAR 2016 649,012 YEAR 2017 551,717 YEAR 2018 293,204			
TOTAL CARE	YOVER ENT YEAR 10% CONTRIBUTIONS	1,846,224 678,446		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	2,524,670 16,537		
EXCESS 100	TRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	2,508,133 0 2,508,133		
ALLOWABLE	CONTRIBUTIONS DEDUCTION		16,5	537
TOTAL CONT	RIBUTION DEDUCTION		16,5	537

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

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

OMB No	1545-004

ENTITY

For calendar year 2019 or other tax year beginning

2010

2

Department of the Treasury Internal Revenue Service

Cost of goods sold (Schedule A, line 7)

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

2

12

► 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

-742,986.

Name of the organization Employer identification number SCL HEALTH - FRONT RANGE, INC. 84-1103606 531120 Unrelated Business Activity Code (see instructions) ▶ NONRESIDENTIAL BUILDING RENTAL Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances Balance > 10

2

Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 40,344. -742,986. 783,330. 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 Explorted exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11

12

13

40,344.

783,330.

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) 2 , 3 3 3 , 0 9 7 .		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a 2,333,097.	21b	0.
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	97,305
28	Total deductions. Add lines 14 through 27	28	97,305
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-840,291
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 7	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	-840,291

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T	(M)	OTHER DEDUCTI	ONS	STATEMENT 6
DESCRIPTION	1			AMOUNT
SYSTEM ALLO	CATION			97,305.
TOTAL TO SO	CHEDULE M, PART II	, LINE 27		97,305.
		<u> </u>		
SCHEDULE M	NET	OPERATING LOSS I	EDUCTION	STATEMENT 7
SCHEDULE M TAX YEAR	NET	OPERATING LOSS I  LOSS PREVIOUSLY APPLIED	LOSS REMAINING	STATEMENT 7  AVAILABLE THIS YEAR
		LOSS PREVIOUSLY	LOSS	AVAILABLE

Form 990-T (2019)				_			Page					
SCL HEALT	H - FRO	NT RANGE,	IN	C		84-1103	606					
Schedule A - Cost of Good	S Sold. Enter	method of invent	7									
1 Inventory at beginning of year	1		4	nventory at end of yea		_	6					
2 Purchases	2		7 (	Cost of goods sold. Su	ıbtract l	1 1						
3 Cost of labor	3		f	rom line 5. Enter here	and in F	Part I,						
4a Additional section 263A costs			1	ine 2		L	7					
(attach schedule)	4a		] 8 [	Oo the rules of section	Yes No							
<b>b</b> Other costs (attach schedule)	4b		ļ									
5 Total. Add lines 1 through 4b	5			he organization?			<u></u>					
Schedule C - Rent Income	(From Real	Property and	d Pers	sonal Property	Leas	ed With Real Prop	erty)					
(see instructions)												
1. Description of property												
(1)												
(2)		· · · · · · · · · · · · · · · · · · ·										
(3)		<u>.</u>										
(4)		<del></del>				······································						
( ) ( )	<del> </del>	ed or accrued			3(a) Deductions directly o	connected with the income in						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	ersonal pr	al property (if the percental operty exceeds 50% or if on profit or income)		is 2(a) and 2(b) (attach schedule)								
(1)												
(2)												
(3)												
(4)												
Total		Total										
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter -			•	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•					
Schedule E - Unrelated Deb	t-Financed	Income (see I	ınstruct	tions)		<u> </u>						
				Gross Income from		3. Deductions directly conne to debt-finance	ected with or allocable d property					
1. Description of debt-fir	nanced property			r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions					
					e.		(attach schedule) STATEMENT 9					
(1) FOOTHILLS MEDICA	I. OFFICI	₽	<del>                                     </del>		Ο.	IAIEMENI O	STATEMENT 9					
(2) BUILDING	d OITIC		<del>                                     </del>	141,759.		2,333,097.	419,293.					
(3)				141,733.		2,333,037.	417,233					
(4)	<del></del> -	· · · · · · · · · · · · · · · · ·	<del> </del>									
4. Amount of average acquisition	E Average	adjusted basis	6	Column 4 divided		7.0	0					
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to nced property	0.	by column 5		7. Gross income reportable (column	8. Allocable deductions (column 6 x total of columns					
STATEMENT 10		MENT 11				2 x column 6)	3(a) and 3(b))					
(1)			<del> </del>	%		<del></del>						
(2) 2,058,349.	7	,232,469.	<del>                                     </del>	28.46%		40,345.	783,330.					
(2) 2,058,349.	<u> </u>	,,,	<del> </del>	%		20,515.	.00,000					
(4)			<del> </del>	%								
``	· · · · · · · · · · · · · · · · · · ·			,,,	E.	nter here and on page 1,	Enter here and on page 1,					
						Part I, line 7, column (A)	Part I, line 7, column (B)					

Form 990-T (2019)

Totals

Total dividends-received deductions included in column 8

40,345

FORM 990-T (M) SCHEDULE E - DEPRECIATI	ON DEDUCTION		STATEMENT	8
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL -	1	2,333,097.	2,333,0	97.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		2,333,0	97.
FORM 990-T (M) SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT	9
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
UTILITIES PROPERTY TAXES SUPPLIES MAINTENANCE INTEREST - SUBTOTAL -	1	53,873. 151,788. 13,108. 90,810. 109,714.	419,2	93.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		419,2	93.
FORM 990-T (M) AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN		ry ,	STATEMENT	10
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE ACQUISITION INDEBTEDNESS - SUBTOTAL -	1	2,058,349.	2,058,3	49.

	AVERAGE ADJUSTED BASIS OF OR ALLOCABLE TO DEBT-FINANCED PROPERTY									
DESCRIPTION		CTIVITY NUMBER	AMOUNT	TOTAL						
AVERAGE ADJUSTED BALANCE - SUB	TOTAL -	1	7,232,469.	7,232,4	69.					
TOTAL OF FORM 990-T, SCHEDULE E,	COLUMN 5			7,232,4	69.					

# 4562

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

Attach to your tax return.

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

OMB No 1545-0172

identifying number

Attachment Sequence No 179

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

Business or activity to which this form relates

FOOTHILLS MEDICAL OFFICE BUILDING

 $\mathbf{E}^-$ 

1

84-1103606

SC	<u> L HEALTH - FRONT RAN</u>			BUI						84-1103606		
P	art   Election To Expense Certain Proper	ty Under Section 1	79 Note: If yo	ou have any lis	ted p	roperty	, complete Pa	art V t	oefore y	ou complete Part I		
1	Maximum amount (see instructions)								1	1,020,000.		
2	Total cost of section 179 property place	2										
3	Threshold cost of section 179 property	3	2,550,000.									
4	Reduction in limitation Subtract line 3 f	rom line 2. If zero	or less, ente	er -0-					4			
5	Dollar limitation for tax year Subtract line 4 from line	5										
6	(a) Description of pro											
			-									
	Listed property Enter the amount from					7			_			
	Total elected cost of section 179 proper		s in column (	c), lines 6 and	7				8			
	Tentative deduction. Enter the smaller								9			
	Carryover of disallowed deduction from	•				_			10			
	Business income limitation. Enter the sr				•	ne 5			11			
	Section 179 expense deduction. Add lin				:11 ►	40	<del></del>		12	0.		
	Carryover of disallowed deduction to 20 te: Don't use Part II or Part III below for I					13				·		
_	art II   Special Depreciation Allowar				lister	i prope	arty 1			<del> </del>		
	Special depreciation allowance for quali								Т			
•	the tax year	med property (oti	ici tilan iisto	a property, pa	accu i	11 301 410	ce during		14	2,197,479.		
15	Property subject to section 168(f)(1) ele	ction							15			
	Other depreciation (including ACRS)						•		16	135,398.		
_	art III MACRS Depreciation (Don't	include listed pro	perty See in	structions)					1			
			Se	ction A								
17	MACRS deductions for assets placed in	n service in tax ye	ears beginnin	g before 2019	9				17			
18	If you are electing to group any assets placed in servi	ice during the tax year	into one or more	general asset acco	ounts, cl	neck here	<u> </u>					
	Section B - Assets	Placed in Service	e During 20	19 Tax Year L	Jsing	the Ge	eneral Depre	ciatio	n Syst	em		
	(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation nvestment use instructions)		Recovery period	(e) Convention	on (f)	Method	(g) Depreciation deduction		
19a	3-year property											
b	5-year property			·								
	7-year property	ļ				,						
d	10-year property											
e	15-year property							_				
_ <u>f</u>												
8	25-year property					5 yrs.	<del></del>		S/L			
t	n Residential rental property	/				5 yrs.	MM		S/L			
		12/19		06,059.		5 yrs	MM	$\rightarrow$	S/L	220.		
i	Nonresidential real property	12/13		00,033.	3	9 yrs	MM		S/L S/L	220.		
_	Section C - Assets P	laced in Service	During 201	A Tax Year Us	ing th	ne Alte				tem		
20a	· · · · · · · · · · · · · · · · · · ·			102.100.00			Такто Ворг	$\overline{}$	S/L.	7.011		
					1	2 yrs	-	S/I		***************************************		
	30-year	,		<del></del>		0 yrs	ММ	$\rightarrow$	S/L			
_	d 40-year	,				0 yrs.	ММ	_	S/L			
P	art IV Summary (See instructions)	<u> </u>	L						<u> </u>	······································		
21	Listed property Enter amount from line	28							21			
	Total. Add amounts from line 12, lines 1		es 19 and 20	) in column (g)	, and	line 21						
				(3)					1			
22	Enter here and on the appropriate lines For assets shown above and placed in a	· <del>-</del>	•	•	tions -	see ins	str		22	2,333,097.		

Part V Listed Proper		utomobiles.		her vehic			raft ar		v used t	or	<u> </u>	1103	000	Page 2
entertainment	, recreation, o	or amusemer	ıt.)						-					
Note: For any 24b, columns	vehicle for w	hich you are	using the A. all of S	e standa: Section E	rd milea 3. and Se	ge rate c ection C	r dedu If ann	ucting leas licable	se expe	nse, com	iplete on	l <b>y</b> 24a,		
	- Depreciation								mits for	passen	er autor	nobiles.	)	
24a Do you have evidence to						es L		24b If "Y		·			Yes	No
(a)	(b)	(c)	.	(d)		(e)		(f)		(g)		h)		(i)
Type of property (list vehicles first)	Date placed in service	Business investmei use percent	it o	other bacic (Dusiness/investment)			Recovery Method/ period Convention			Depre	Depreciation deduction		cted on 179 ost	
25 Special depreciation all	owance for q	ualified lister	propert	y placed	ın servi	ce durin	g the t	ax year ar	nd				1	
used more than 50% in	a qualified b	usiness use								25				
26 Property used more that	ın 50% ın a c	ualified busi	ness use					<u> </u>						
	ļ		%								<u>.                                    </u>			
	ļ		%								ļ			
	<u> </u>		%						l		L			
27 Property used 50% or i	ess in a quali T	fied busines			<del></del>				1		,		<del>,</del>	
<del></del>	<u> </u>		%		<del></del>				S/L·		<del> </del>		ļ	
	<u> </u>		%			· · · · · · · · · · · · · · · · · · ·		<del> </del>	S/L·		ļ			
20. Add amounts in actions	/h) lines 05	45 marriagh 07	<u>% </u>					<u> </u>	S/L·	1 00	<del> </del>			
<ul><li>28 Add amounts in column</li><li>29 Add amounts in column</li></ul>		-				, page 1				28	L	T		
29 Add amounts in column	1 (1), III e 20 E		Section			on Hoo	of Vol	nialaa			· · · · · · ·	29	L	
Complete this section for ve	hicles used								or rolata	d no	- 16		ممامينا	_
to your employees, first ans														S
to your employees, mist and	wer the ques	110113 111 060	11011 0 10	see ii yo	u meet a	an excep	Alon (	Complet	ing triis	SECTION	or those	verificies	<b>5.</b>	
			1	(a)	1	b)		(c)		d)	1		(1	<u> </u>
30 Total business/investment	miles driven d	uring the	1 '	hicle		hicle	ĺν	/ehicle	1	hicle	1 '	(e) Vehicle		ıcle
year (don't include commu					1				<del> </del>		<del>                                     </del>			
31 Total commuting miles	driven during	the year									<u> </u>			
32 Total other personal (no	ncommuting	) miles												
driven		•	Ĺ											
33 Total miles driven during	g the year.													
Add lines 30 through 32	2		į.											
34 Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?														
35 Was the vehicle used p	rımarıly by a	more		l		ŀ								
than 5% owner or relate	ed person?		<u> </u>	ļ	ļ	ļ						ļ		
36 Is another vehicle availa	able for perso	nal		<b>[</b>										
use?				<u> </u>	<u> </u>	<u>l                                    </u>			<u> </u>	L	<u> </u>	<u> </u>	L	
		<ul> <li>Questions</li> </ul>		-					-					
Answer these questions to			exception	n to com	pleting	Section i	B for v	ehicles us	ed by e	mployee	s who a	ren't		
more than 5% owners or re								<del></del>		<u></u>			1	1
37 Do you maintain a writte	en policy stat	ement that p	prohibits a	ali persoi	nal use o	of vehicle	es, inc	luding coi	nmuting	, by you	r		Yes	No
employees?	an naliou atat	amant that w												<del> </del>
38 Do you maintain a writte										your				
employees? See the ins 39 Do you treat all use of v					nicers, c	arectors,	or 1%	o or more	owners				<b></b>	├
40 Do you provide more th	-		- '		ınformat	tion from	. VOLE	omplovoo	s about					-
the use of the vehicles,					morma	tion from	your	employee	s about					1
41 Do you meet the require					monetra	ation lise	2						<u> </u>	<del>                                     </del>
Note: If your answer to								overed ve	hicles				<del> </del>	1
Part VI Amortization	<u>.,, .,, .,</u>	5, 5, 1, 15	00, 00	COUNTRIC	<u> </u>		4100	<u> </u>	noica		-		. J	
(a)			(b)	Π	(c)			(d)		(e)			(f)	
Description o	f costs	Da	te amortization begins		Amortizat amount	ble t	ŀ	Code section	ľ	Amortiza period or per		Ar fo	nortization r this year	
42 Amortization of costs th	at begins du	ring your 20		ar.						, , , , , , , , , , , , , , , , , , , ,	- y- 1			
												· · ·		
43 Amortization of costs th	at began be	fore your 201	9 tax yea	ar							43			
44 Total. Add amounts in o	column (f) Se	e the instruc	tions for	where to	report						44			
916252 12-12-19			·									F	orm 4562	2 (2019)

# 4562

Department of the Treasury Internal Revenue Service

## **Depreciation and Amortization**

(Including Information on Listed Property)

990-T Attach to your tax return.

OMB No 1545-0172

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

Sequence No 179

Name(s) shown on return Business or activity to which this form relate SCL HEALTH - FRONT RANGE, FORM 990-T PAGE 1 84-1103606 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,020,000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,550,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- if married filing separately, see instructions 5 (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 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 6,011. 16 Other depreciation (including ACRS) 16 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 Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery penod (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property 10-year property 15-year property е 20-year property 25-year property 25 yrs. S/L g 27.5 yrs. ММ S/L h Residential rental property 27 5 yrs. ММ S/L MM S/L 39 yrs Nonresidential real property i MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 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

916251 12-12-19 LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

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

Form 4562 (2019)

22

6,011.

portion of the basis attributable to section 263A costs

23

Fo	m 4562 (2019)	SCL	HEALTH	- F	'RON'I	' RAN	IGE ,	INC	•			84-	1103	606	Page :
P	art V Listed Proper				her vehic	cles, cer	taın aırc	raft, an	d propert	y used f	or		_		
	entertainment, Note: For any				standa	rd milea	ge rate d	or dedi	icting leas	se exper	ise com	niete or	ılv 24a		
	24b, columns	(a) through (c	) of Section A,	all of S	ection E	, and S	ection C	ıf appl	ıcable			•			
			on and Other i			ution:	See the	<del></del>		<del></del>				, ,	
24	Do you have evidence to			nt use ci	aimed?	<u> </u>	es L	_ No	24b If "Y	'es," ıs tl	ne evide	nce writ	ten?	Yes L	No
	(a) Type of property (list vehicles first)	(b) (c) Date Business placed in investmen service use percenta			(d) Cost or ther basis	(bu	(e) sis for depr siness/inve use onl	estment	(f) Recovery period	Me	( <b>9)</b> thod/ rention	Depr	(h) eciation uction	Ele sectio	(i) cted on 179 ost
25	Special depreciation all used more than 50% in			property	y placed	ın servi	ce durin	g the t	ax year ar	nd	25				
26	Property used more that			ess use							23	L			
==			9/							<del>T</del>		1			
			%			$\dashv$				<del>                                     </del>		<del> </del>			
_			9/	<del></del>						<del>                                     </del>		<u> </u>			<del></del>
27	Property used 50% or l	ess in a quali	<u> </u>							<b></b>					
	• • • • • • • • • • • • • • • • • • • •		%							S/L·		·			
_			9/	6						S/L ·		1			
			%	6						S/L					
<u></u>	Add amounts in column	(h), lines 25	through 27 Er	nter her	e and or	line 21	, page 1			•	28				
29	Add amounts in column	ı (i), line 26. E	nter here and	on line	7, page	1						-	29		
			S	ection	B - Infor	mation	on Use	of Veh	icles						
Co	mplete this section for ve	ehicles used l	by a sole prop	rietor, p	artner, c	r other	"more th	an 5%	owner,"	or relate	d persor	n If you	provided	vehicle	s
to y	our employees, first ans	wer the ques	stions in Section	n C to	see if yo	u meet a	an exce <sub>l</sub>	otion to	complet	ing this s	ection f	or those	vehicles	<b>.</b>	
				(	a)	(	b)		(c)	(	d)	(e)		(1	f)
30	Total business/investment miles driven during the		uring the	Vehicle Vehic			hicle	le Vehicle		Vel	Vehicle		Vehicle		ncle
	year (don't include commu	ting miles)													
31	Total commuting miles	driven during	the year			ļ		<b></b>							
32	Total other personal (no	ersonal (noncommuting) miles						}							
	driven									<u> </u>		ļ			
33	Total miles driven during	g the year.													
	Add lines 30 through 32						· · · · ·	-	<del></del>	ļ			· - · · · · · · · · · · · · · · · · · ·		
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?				ļ		<b></b>	<b>├</b> ─	ļ	<u> </u>	ļ		<b>_</b>		
35	Was the vehicle used p	, ,	more					1					1		
	than 5% owner or relate						<u> </u>		<del></del>		ļ	ļ			
36	Is another vehicle availa	able for perso	onal												
	use?				l	<u> </u>	I	<u> </u>	<del></del>	<u> </u>	<u>l                                     </u>	<u> </u>	L		
۸			- Questions fo		-					-					
	swer these questions to re than 5% owners or re			ception	1 to com	pleting	Section	B for v	enicies us	sea by e	npioyee	s who a	ren't		
	Do you maintain a writte			shibito c	ll porce	nal usa i	of volvel	22 122	ludina aa		<u> </u>				T NI-
٠.	employees?	or policy stat	ement that pit	טווטונס פ	iii heisoi	iai use i	oi veriici	es, IIIC	luding col	minuting	, by you	ır		Yes	No
38	Do you maintain a writte	an nolicy stat	ement that nr	nhihite r	oreonal	use of v	ohicles	avcon	t commu	ting by	(OLIF			-	+
•	employees? See the ins		•	•						·	/Oui				1
39	Do you treat all use of v			• •		1110613, 0	ill <del>C</del> ClOrs	, 01 170	o inore	OWITEIS				-	+
	Do you provide more th	•				Informat	tion from	VOI IT	employee	s about				-	+
. •	the use of the vehicles,		-			a		. your t	pioyee	o acout					1
41	Do you meet the require					monstra	ation lise	.?						-	<del> </del>
•	Note: If your answer to								vered ve	hicles				$\vdash$	ــــــــــــــــــــــــــــــــــــــ
P	art VI Amortization			<u>.,</u>				4110 01	3,10,100,10	moleo.					
	(a)	·		(b)	· · · ·	(c)		Τ_	(d)	T	(e)	Т	······································	(f)	
	Description o	r costs		mortization regins		Amortizat amoun	ble t		Code section		Amortiza period or per		An fo	nortization this year	
42	Amortization of costs th	at begins du			ar.				·			<b></b>			
_												T			
43	Amortization of costs th	at began bef	fore your 2019	tax yea	ır							43			

Form **4562** (2019)

916252 12-12-19

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