

AMENDED RETURN

Form 990-T

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

OMB No 1545-0047

For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 2020

2019

Department of the Treasury Internal Revenue Service

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

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

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

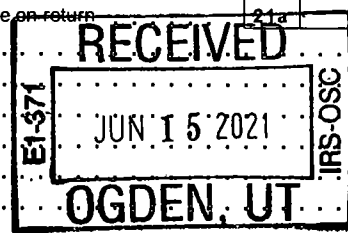
Form 990-T header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type (501(c) corporation); H Enter the number of the organization's unrelated trades or businesses; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of JO LUEPKE Telephone number 505-913-3685

Part I Unrelated Trade or Business Income table header with columns (A) Income, (B) Expenses, (C) Net

Table with 13 rows for Part I Unrelated Trade or Business Income. Line 5: Income (loss) from a partnership or an S corporation (attach statement) 3,758. Line 13: Total. Combine lines 3 through 12. 3,758.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.)

Table with 31 rows for Part II Deductions Not Taken Elsewhere. Line 29: Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 3,758. Line 31: Unrelated business taxable income Subtract line 30 from line 29 3,756.



SCANNED AUG 10 2021

For Paperwork Reduction Act Notice, see instructions. Form 990-T (2019)

AMENDED RETURN

Form 990-T (2019)

ST VINCENT HOSPITAL

85-0106941

Page 2

Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	3,756.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) ATCH, 2.	34	376.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	3,380.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	3,380.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37.	39	2,380.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).	40	500.
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).	41	
42	Proxy tax. See instructions.	42	
43	Alternative minimum tax (trusts only).	43	
44	Tax on Noncompliant Facility Income. See instructions.	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies.	45	500.

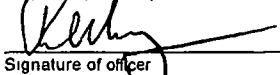

Part V Tax and Payments

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 (see instructions).	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	46d	764.
e	Total credits. Add lines 46a through 46d.	46e	764.
47	Subtract line 46e from line 45.	47	-264.
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	-264.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50	
51a	Payments. A 2018 overpayment credited to 2019.	51a	902.
b	2019 estimated tax payments.	51b	
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	902.
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	1,166.
56	Enter the amount of line 55 you want credited to 2020 estimated tax 1,166. Refunded	56	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

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.	Yes	No
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		5-25-2021	CFO	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/type preparer's name STEPHANIE F LEW	Preparer's signature 	Date 05/14/21	Check <input type="checkbox"/> if self-employed
	Firm's name ERNST & YOUNG U.S. LLP	Firm's EIN 34-656596		PTIN P01080011
	Firm's address 2323 VICTORY AVENUE, SUITE 2000, DALLAS, TX 75219	Phone no 214-969-8000		

AMENDED RETURN

ST VINCENT HOSPITAL

85-0106941

Form 990-T (2019)

Page **3**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%; text-align: center;">1</td><td style="width:85%;">Inventory at beginning of year</td><td style="width:5%; text-align: center;">1</td><td style="width:5%;"></td></tr> <tr><td style="text-align: center;">2</td><td>Purchases</td><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td>Cost of labor</td><td style="text-align: center;">3</td><td></td></tr> <tr><td style="text-align: center;">4a</td><td>Additional section 263A costs (attach schedule)</td><td style="text-align: center;">4a</td><td></td></tr> <tr><td style="text-align: center;">4b</td><td>Other costs (attach schedule)</td><td style="text-align: center;">4b</td><td></td></tr> <tr><td style="text-align: center;">5</td><td>Total. Add lines 1 through 4b</td><td style="text-align: center;">5</td><td></td></tr> </table>	1	Inventory at beginning of year	1		2	Purchases	2		3	Cost of labor	3		4a	Additional section 263A costs (attach schedule)	4a		4b	Other costs (attach schedule)	4b		5	Total. Add lines 1 through 4b	5		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:5%; text-align: center;">6</td><td style="width:85%;">Inventory at end of year</td><td style="width:5%; text-align: center;">6</td><td style="width:5%;"></td></tr> <tr><td style="text-align: center;">7</td><td>Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2</td><td style="text-align: center;">7</td><td></td></tr> <tr><td style="text-align: center;">8</td><td>Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?</td><td style="text-align: center;">8</td><td style="text-align: center;"><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; text-align: center;">Yes</td><td style="width:50%; text-align: center;">No</td></tr><tr><td style="text-align: center;">-</td><td style="text-align: center;">X</td></tr></table></td></tr> </table>	6	Inventory at end of year	6		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	8	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; text-align: center;">Yes</td><td style="width:50%; text-align: center;">No</td></tr><tr><td style="text-align: center;">-</td><td style="text-align: center;">X</td></tr></table>	Yes	No	-	X
1	Inventory at beginning of year	1																																							
2	Purchases	2																																							
3	Cost of labor	3																																							
4a	Additional section 263A costs (attach schedule)	4a																																							
4b	Other costs (attach schedule)	4b																																							
5	Total. Add lines 1 through 4b	5																																							
6	Inventory at end of year	6																																							
7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7																																							
8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	8	<table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:50%; text-align: center;">Yes</td><td style="width:50%; text-align: center;">No</td></tr><tr><td style="text-align: center;">-</td><td style="text-align: center;">X</td></tr></table>	Yes	No	-	X																																		
Yes	No																																								
-	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	Total	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

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)	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 ▶				

Form **990-T** (2019)

AMENDED RETURN

Form 990-T (2019)

ST VINCENT HOSPITAL

85-0106941

Page **4**

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)				
			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)

Totals ▶

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)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	

Totals ▶

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)						
		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

Totals ▶

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)) . . . ▶

Form **990-T** (2019)

AMENDED RETURN

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 ▶						
Totals, Part II (lines 1-5) ▶	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

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 ▶			

AMENDED RETURN

Form **8827**
(Rev. May 2020)
Department of the Treasury
Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

OMB No 1545-0123

2019

▶ Attach to the corporation's tax return.
▶ Go to www.irs.gov/Form8827 for the latest information.

Name ST. VINCENT HOSPITAL		Employer identification number 85-0106941
1	Minimum tax credit carryforward from 2018. Enter the amount from line 9 of the 2018 Form 8827 .	1 764.00
2	Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions)	2
3	Enter the refundable minimum tax credit (see instructions)	3 764.00
4	Add lines 2 and 3	4 764.00
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	5a 764.00
5b	b Current year minimum tax credit. Enter the smaller of line 1 or line 2 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return) If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions If you made an entry on line 3, go to line 5c Otherwise, skip line 5c	5b
5c	c Subtract line 5b from line 5a This is the current year refundable minimum tax credit Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	5c 764.00
6	6 Minimum tax credit carryforward. Subtract line 5a from line 1. Keep a record of this amount to carry forward and use in future years	6

Instructions

Section references are to the Internal Revenue Code unless otherwise noted

What's New

Refundable minimum tax credit. For tax years beginning in 2018 and 2019, a corporation is allowed an AMT refundable credit amount equal to 50% (100% for tax years beginning in 2019) of the excess minimum tax credit over the corporation's regular tax liability The corporation can make an election to take 100% of the refundable credit in 2018 If the corporation makes this election, no credit is allowed for 2019 See section 53(e) Also, see the instructions for line 3

Purpose of Form

Corporations use Form 8827 to figure the minimum tax credit, if any, for AMT incurred in prior tax years, the refundable AMT credit amount, and to figure any minimum tax credit carryforward

Who Should File

Form 8827 should be filed by corporations that had a minimum tax credit carryover from 2018 to 2019

Line 2

Enter the corporation's 2019 regular income tax liability, as defined in section 26(b), minus any credits allowed under Chapter 1, Subchapter A, Part IV, subparts B, D, E, and F of the Internal Revenue Code (for example, if filing Form 1120, subtract any credits on Schedule J, Part I, lines 5a through 5c, from the amount on Schedule J, Part I, line 2)

Line 3

The minimum tax credit limitation is increased by the AMT refundable credit amount If the corporation did not make an election under section 53(e)(5) to take the entire refundable credit amount in 2018, 100% of the available minimum tax credits in excess of the 2019 regular tax liability is refundable for 2019 If the corporation made the election under section 53(e)(5) no refundable credit is allowed for 2019.

If applicable, complete the *Worksheet for Calculating the Refundable Minimum Tax Credit Amount*, later in the instructions Enter the amount from line 3 of the worksheet on Form 8827, line 3

Note: A corporation with a short tax year (less than 12 months) must prorate the refundable credit based on the number of days in their tax year See section 53(e)(4)

For Paperwork Reduction Act Notice, see instructions.

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

AMENDED RETURN

ST VINCENT HOSPITAL

85-0106941

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

ISQ GLOBAL INFRASTRUCTURE FUND II (USTE), L.P. 3,758.

INCOME (LOSS) FROM PARTNERSHIPS 3,758.

AMENDED RETURN

ST VINCENT HOSPITAL

ATTACHMENT 2

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	3,758.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	2.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	376.
CHARITABLE CONTRIBUTION	376.
<u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u>	<u>376.</u>

AMENDED RETURN

St. Vincent Hospital
EIN: 85-0106941
Year End: 6/30/20
FORM 990-T

CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE

GENERATED YEAR ENDED	AMOUNT GENERATED	UTILIZED IN PRIOR YEAR	UTILIZED IN CURRENT YEAR	AMOUNT EXPIRED	CARRYFORWARD
6/30/2019	1,872,709	290	-	-	1,872,419
6/30/2020	1,625,196	-	376	-	1,624,820
TOTAL	3,497,905	290	376	-	3,497,239

ST VINCENT HOSPITAL
EIN: 85-0106941
6/30/2020
FORM 990-T

REASON FOR AMENDING THE 2019 FORM 990-T

St. Vincent Hospital is amending its 2019 Form 990-T to report a refund of minimum tax credits available from alternative minimum tax paid in its 6/30/15 tax year of \$764.

As a result of the updates detailed above, the amended 2019 Form 990-T has the following changes:

Form, entity & Line Number	Original Return	Amended Return
Form 990-T		
Line 46d	\$0	\$764
Line 46e	\$0	\$764
Line 47	\$500	-\$264
Line 49	\$500	-\$264
Line 55	\$402	\$1,166
Line 56	\$402	\$1,166