

Form 990-T

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

2018

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19

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 ( ) Check box if name changed and see instructions
FRANCISCAN HEALTH SYSTEM
Number, street, and room or suite no. If a P O box, see instructions
1717 S J STREET
City or town, state or province, country, and ZIP or foreign postal code
TACOMA, WA 98405

D Employer identification number (Employees' trust, see instructions.)
91-0564491
E Unrelated business activity code (See instructions.)
900099

C Book value of all assets at end of year
913,965,389

F Group exemption number (See instructions.)
0928
G Check organization type
501(c) corporation
501(c) trust
401(a) trust
Other trust

H Enter the number of the organization's unrelated trades or businesses. 2 Describe the only (or first) unrelated trade or business here PASSIVE INVESTMENT PARTNERSHIP. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation. COMMONSPIRIT HEALTH 47-0617373

J The books are in care of MIKE FITZGERALD Telephone number (253) 680-4005

Table with 3 main columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from a partnership or an S corporation, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from a controlled organization, Investment income of a section 501(c)(7), (9), or (17) organization, Exploited exempt activity income, Advertising income, Other income, Total. Includes handwritten 'RECEIVED' and 'OGDEN' stamps.

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

Table with 3 main columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, Bad debts, Interest, Taxes and licenses, Charitable contributions, Depreciation, Less depreciation claimed on Schedule A and elsewhere on return, Depletion, Contributions to deferred compensation plans, Employee benefit programs, Excess exempt expenses, Excess readership costs, Other deductions, Total deductions, Unrelated business taxable income before net operating loss deduction, Deduction for net operating loss arising in tax years beginning on or after January 1, 2018, Unrelated business taxable income.

ANNOUNCED NOV 03 2020 12:28 PM Received in SEP 14 2020

8:11652749

4

619

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	180,339
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	0
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	180,339
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.	38	179,339

**Part IV Tax Computation**

39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	37,661
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	37,661

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	49,137
e	<b>Total credits.</b> Add lines 45a through 45d	45e	49,137
46	Subtract line 45e from line 44	46	(11,476)
47	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)	47	0
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48	(11,476)
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	147,175
b	2018 estimated tax payments	50b	130,000
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	50g	0
51	<b>Total payments.</b> Add lines 50a through 50g	51	277,175
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	288,651
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax 288,651 Refunded	55	0

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

56	At any time during the 2018 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
57	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.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	0

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: Signature of officer: *[Signature]* Date: 7/13/2020 Title: CFO

Paid Preparer Use Only: Print/Type preparer's name: PAMELA KROHN; Preparer's signature: Pamela Krohn; Date: 7/14/2020; Check  if self-employed; PTIN: P01210500; Firm's name: COMMONSPIRIT HEALTH; Firm's EIN: 47-0617373; Firm's address: 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112; Phone no: (303) 298-9100

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year . . . . .	<b>6</b>	0	
<b>2</b> Purchases . . . . .	<b>2</b>	0	<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 . . . . .	<b>7</b>	0	
<b>3</b> Cost of labor . . . . .	<b>3</b>	0				
<b>4a</b> Additional section 263A costs (attach schedule) . . . . .	<b>4a</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? . . . . .		<b>Yes</b>	<b>No</b>
<b>b</b> Other costs (attach schedule)	<b>4b</b>	0				
<b>5</b> <b>Total.</b> Add lines 1 through 4b	<b>5</b>	0				

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

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

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

<b>1.</b> Description of debt-financed property		<b>2.</b> Gross income from or allocable to debt-financed property	<b>3.</b> Deductions directly connected with or allocable to debt-financed property	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4.</b> Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	<b>5.</b> Average adjusted basis of or allocable to debt-financed property (attach schedule)	<b>6.</b> Column 4 divided by column 5	<b>7.</b> Gross income reportable (column 2 × column 6)	<b>8.</b> Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . .			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			0	0
<b>Total dividends-received deductions</b> included in column 8 . . . . .				0

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)	
<b>Totals</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)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</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)						
		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 26
<b>Totals</b>		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)						
<b>Totals (carry to Part II, line (5))</b>		0	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)						
<b>Totals from Part I</b>	0	0				0
<b>Totals, Part II (lines 1-5)</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	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0

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

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No 1545-0687

**2018**

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19.

▶ Go to [www.irs.gov/Form990T](http://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

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

FRANCISCAN HEALTH SYSTEM

91-0564491

Unrelated business activity code (see instructions) ▶ 446110

Describe the unrelated trade or business ▶ RETAIL PHARMACY/DME

**Part I Unrelated Trade or Business Income**

		(A) Income	(B) Expenses	(C) Net
<b>1a</b>	Gross receipts or sales	4,648,352		
<b>b</b>	Less returns and allowances	0		
<b>c</b>	Balance ▶	<b>1c</b>		
		4,648,352		
<b>2</b>	Cost of goods sold (Schedule A, line 7)	0		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	4,648,352		4,648,352
<b>4a</b>	Capital gain net income (attach Schedule D)	0		0
<b>b</b>	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	0		0
<b>c</b>	Capital loss deduction for trusts	0		0
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	0		0
<b>6</b>	Rent income (Schedule C)	0	0	0
<b>7</b>	Unrelated debt-financed income (Schedule E)	0	0	0
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	0	0	0
<b>9</b>	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	0	0	0
<b>10</b>	Exploited exempt activity income (Schedule I)	0	0	0
<b>11</b>	Advertising income (Schedule J)	0	0	0
<b>12</b>	Other income (See instructions, attach schedule)	0		0
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	4,648,352	0	4,648,352

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

<b>14</b>	Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	0
<b>15</b>	Salaries and wages		<b>15</b>	725,495
<b>16</b>	Repairs and maintenance		<b>16</b>	0
<b>17</b>	Bad debts		<b>17</b>	(57,600)
<b>18</b>	Interest (attach schedule) (see instructions)		<b>18</b>	0
<b>19</b>	Taxes and licenses		<b>19</b>	0
<b>20</b>	Charitable contributions (See instructions for limitation rules)		<b>20</b>	19,927
<b>21</b>	Depreciation (attach Form 4562)	21	22,751	
<b>22</b>	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	0	<b>22b</b> 22,751
<b>23</b>	Depletion		<b>23</b>	0
<b>24</b>	Contributions to deferred compensation plans		<b>24</b>	0
<b>25</b>	Employee benefit programs		<b>25</b>	244,219
<b>26</b>	Excess exempt expenses (Schedule I)		<b>26</b>	0
<b>27</b>	Excess readership costs (Schedule J)		<b>27</b>	0
<b>28</b>	Other deductions (attach schedule)		<b>28</b>	3,527,398
<b>29</b>	<b>Total deductions.</b> Add lines 14 through 28		<b>29</b>	4,482,190
<b>30</b>	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	166,162
<b>31</b>	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>	0
<b>32</b>	Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b>	166,162

For Paperwork Reduction Act Notice, see instructions.

Cat. No 71329Y

Schedule M (Form 990-T) 2018

Name of Partnership	EIN	UBI
<b>K-1 INVESTMENT</b>		
(1) CHI OPERATING INVESTMENT PROGRAM, L P	47-0727942	14,177
<b>Total for Part I, Line 5</b>		<b>14,177</b>

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2017	696,490	63,531	19,927		613,032	2037
<b>Totals</b>	<b>696,490</b>	<b>63,531</b>	<b>19,927</b>	<b>0</b>	<b>613,032</b>	



Description	Amount
<b>PHARMACY/DME</b>	
(1) PURCHASED SERVICES	106,518
(2) TELEPHONE & UTILITIES	3,977
(3) RENT	159,540
(4) OTHER	3,257,363
<b>Total</b>	<b>3,527,398</b>

Date	Amount
03/14/2019	65,000
06/14/2019	65,000
<b>Totals</b>	<b>130,000</b>

Return Reference - Identifier	Explanation
PART II - LINE 7 - NAME	MEMORIAL HOSPITAL OF MISSOURI VALLEY

**Part II** Taxable Income Apportionment (continued)

(a) Group member's name	(a) Employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
(10) ALTERNATIVE INSURANCE MANAGEMENT SERVICES, INC	84-1112049	19-06	0	0	0
(11) BC HOLDING COMPANY, INC.	31-1542851	19-06	0	0	0
(12) BRAZOSPORT HEALTH ALLIANCE	76-0518376	18-12	0	0	0
(13) CADUCEUS MEDICAL ASSOCIATES, INC	62-1570736	19-06	0	0	0
(14) CAPTIVE MANAGEMENT INITIATIVES, LTD	98-0663022	19-06	0	0	0
(15) CARRINGTON HEALTH CENTER	45-0227311	19-06	0	0	0
(16) CATHOLIC HEALTH INITIATIVES - IOWA, CORP	42-0680448	19-06	0	0	0
(17) CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH	27-2269511	19-06	0	0	0
(18) CATHOLIC HEALTH INITIATIVES COLORADO	84-0405257	19-06	0	0	0
(19) CHI COLORADO FOUNDATION	84-0902211	19-06	0	0	0
(20) CHI HEALTH FOUNDATION	47-0648586	19-06	0	0	0
(21) CHI LIVING COMMUNITIES	34-1892096	19-06	0	0	0
(22) CHI ST. JOSEPH CHILDREN'S HEALTH	23-2342997	19-06	0	0	0
(23) CHI ST. JOSEPH'S CHILDREN	71-0897107	19-06	0	0	0
(24) CHI ST. VINCENT HOSPITAL HOT SPRINGS (FKA MERCY HOSPITAL HOT SPRINGS)	71-0236913	19-06	0	0	0
(25) CONSOLIDATED HEALTH SERVICES, INC & SUBS	31-1378212	19-06	0	0	0
(26) CONTINUING CARE HOSPITAL, INC	61-1400619	19-06	0	0	0
(27) DES MOINES MEDICAL CENTER, INC	42-0837382	19-05	0	0	0
(28) DIVERSIFIED HEALTH RESOURCES INC.	76-0222679	18-12	0	0	0
(29) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION	91-0715805	19-06	0	0	0
(30) FIRST INITIATIVES INSURANCE, LTD	98-0203038	19-06	0	0	0
(31) FRANCISCAN CITY URGENT CARE SERVICES	81-2174959	19-06	0	0	0
(32) FRANCISCAN FOUNDATION	91-1145592	19-06	0	0	0
(33) FRANCISCAN HEALTH SYSTEM	91-0564491	19-06	0	0	0
(34) FRANCISCAN SERVICES, INC AND SUBSIDIARIES	23-2487967	19-06	0	0	0
(35) GOOD SAMARITAN FOUNDATION OF CINCINNATI, INC	31-1206047	19-06	0	0	0
(36) GOOD SAMARITAN HOSPITAL	47-0379755	19-06	0	0	0
(37) GOOD SAMARITAN HOSPITAL FOUNDATION	47-0659443	19-06	0	0	0
(38) GOOD SAMARITAN OUTREACH SERVICES	47-0659440	19-06	0	0	0
(39) HARRISON MEDICAL CENTER	91-0565546	19-06	0	0	0
(40) HEALTH SYSTEMS ENTERPRISES, INC	47-0664558	19-06	0	0	0
(41) HEALTHCARE MGMT SERVICES ORGANIZATION, INC	91-1865474	19-06	0	0	0
(42) HIGHLINE MEDICAL CENTER	91-0712166	19-06	0	0	0
(43) HIGHLINE MEDICAL GROUP, INC	91-1407026	18-12	0	0	0

(a) Group member's name	(a) Employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
(44) JEWISH HOSPITAL & ST MARY'S HEALTHCARE, INC	61-1029768	19-06	0	0	0
(45) KENTUCKYONE HEALTH MEDICAL GROUP, INC	61-1352729	19-06	0	0	0
(46) KENTUCKYONE HEALTH, INC	61-1029769	19-06	0	0	0
(47) LAKEWOOD HEALTH CENTER	41-0758434	19-06	0	0	0
(48) LAKEWOOD REGIONAL HEALTHCARE FOUNDATION	41-1893795	19-06	0	0	0
(49) MADISON ST JOSEPH HEALTH CENTER	74-2761145	19-06	0	0	0
(50) MADONNA MANOR, INC	61-0654635	19-06	0	0	0
(51) MEDQUEST	45-0392137	19-06	0	0	0
(52) MEMORIAL CV SERVICE LINE MANAGEMENT COMPANY LLC	46-3622849	18-12	0	0	0
(53) MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC	62-1839548	19-06	0	0	0
(54) MEMORIAL HEALTH CARE SYSTEM, INC	62-0532345	19-06	0	0	0
(55) MEMORIAL HEALTH PARTNERS FOUNDATION, INC	03-0417049	19-06	0	0	0
(56) MEMORIAL HEALTH SYSTEM OF EAST TEXAS	75-0755367	19-06	0	0	0
(57) MEMORIAL MEDICAL CENTER - LIVINGSTON	76-0436439	19-06	0	0	0
(58) MERCY COLLEGE OF HEALTH SCIENCES	42-1511682	19-06	0	0	0
(59) MERCY FOUNDATION OF DES MOINES, IOWA	23-7358794	19-06	0	0	0
(60) MERCY HOSPITAL OF DEVILS LAKE	45-0227012	19-06	0	0	0
(61) MERCY HOSPITAL OF VALLEY CITY	45-0226553	19-06	0	0	0
(62) MERCY MEDICAL CENTER	45-0231183	19-06	0	0	0
(63) MERCY MEDICAL CENTER - CENTERVILLE	42-0680308	19-06	0	0	0
(64) MERCY MEDICAL CENTER - NEWTON	42-1470935	19-06	0	0	0
(65) MERCY MEDICAL CENTER, INC	93-0386868	19-06	0	0	0
(66) MERCY MEDICAL FOUNDATION	45-0381803	19-06	0	0	0
(67) MERCY PARK APARTMENTS, LTD	42-1202422	19-06	0	0	0
(68) MERCY SERVICES CORPORATION	93-0824308	19-06	0	0	0
(69) MHI CLINICAL SERVICES	46-1967952	18-12	0	0	0
(70) MOUNTAIN MANAGEMENT SERVICES, INC	62-1570739	19-06	0	0	0
(71) PROVIDENCE CARE CENTER	34-1658625	19-06	0	0	0
(72) QUALCHOICE HEALTH, INC. & SUBSIDIARIES	46-1222808	18-12	0	0	0
(73) ROSS PARK PHARMACY	34-1832654	19-06	0	0	0
(74) SAINT CLARE'S PRIMARY CARE, INC	22-2441202	19-06	0	0	0
(75) SAINT ELIZABETH REGIONAL MEDICAL CENTER	47-0379836	19-06	0	0	0
(76) SAINT FRANCIS MEDICAL CENTER	47-0376601	19-06	0	0	0
(77) SAINT FRANCIS MEDICAL CENTER FOUNDATION	47-0630267	19-06	0	0	0
(78) SAINT JOSEPH HEALTH SYSTEM, INC	61-1334601	19-06	0	0	0
(79) S.J.L PHYSICIAN MANAGEMENT SERVICES, INC	27-0164198	19-06	0	0	0
(80) ST. JOSEPH REGIONAL HEALTH CENTER	74-1282696	19-06	0	0	0

(a) Group member's name	(a) Employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
(81) ST LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND	26-1947374	19-06	0	0	0
(82) ST ALEXIUS MEDICAL CENTER	45-0226711	19-06	0	0	0
(83) ST ANTHONY DEVELOPMENT COMPANY	93-1216943	19-06	0	0	0
(84) ST ANTHONY HOSPITAL	93-0391614	19-06	0	0	0
(85) ST CATHERINE HOSPITAL	48-0543721	19-06	0	0	0
(86) ST DOMINIC OF ONTARIO, OREGON	93-0433692	19-06	0	0	0
(87) ST. FRANCIS HOME	41-0729978	19-06	0	0	0
(88) ST. FRANCIS MEDICAL CENTER	41-0695598	19-06	0	0	0
(89) ST. JOSEPH'S AREA HEALTH SERVICES	41-0695603	19-06	0	0	0
(90) ST. JOSEPH'S HOSPITAL AND HEALTH CENTER	45-0226429	19-06	0	0	0
(91) ST. JOSEPH'S HOSPITAL FOUNDATION	36-3418207	19-06	0	0	0
(92) ST. LEONARD	34-1940863	19-06	0	0	0
(93) ST. LUKE'S COMMUNITY HEALTH SERVICES	76-0536234	19-06	0	0	0
(94) ST. LUKE'S HEALTH SYSTEM CORPORATION	76-0536232	19-06	0	0	0
(95) ST. LUKE'S HEALTH SYSTEM HOLDINGS, INC.	76-0637138	18-12	0	0	0
(96) ST. LUKE'S HOSPITAL AT THE VINTAGE	26-3734606	19-06	0	0	0
(97) ST. MARY'S COMMUNITY HOSPITAL	47-0443636	19-06	0	0	0
(98) ST. VINCENT COMMUNITY HEALTH SERVICES, INC	71-0710785	19-06	0	0	0
(99) ST. VINCENT FOUNDATION	51-0169537	19-06	0	0	0
(100) ST. VINCENT INFIRMARY MEDICAL CENTER	71-0236917	19-06	0	0	0
(101) STE HOLDINGS, INC.	82-2383629	19-06	0	0	0
(102) SUGAR LAND DOCTOR GROUP	45-4270163	18-12	0	0	0
(103) SYLVANIA FRANCISCAN HEALTH	34-1412964	19-06	0	0	0
(104) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OH	31-0537486	19-06	0	0	0
(105) THE PHYSICIAN NETWORK	47-0780857	19-06	0	0	0
(106) TRINITY HEALTH FOUNDATION	31-1329423	19-06	0	0	0
(107) TRINITY HEALTH SYSTEM - TRINITY EAST	34-0714474	19-06	0	0	0
(108) TRINITY HEALTH SYSTEM - TRINITY WEST	34-0875691	19-06	0	0	0
(109) TRINITY HOSPITAL HOLDING COMPANY	34-1842025	19-06	0	0	0
(110) TRINITY MANAGEMENT SERVICES ORGANIZATION, INC.	34-1471026	19-06	0	0	0
(111) UNITY FAMILY HEALTHCARE	41-0721642	19-06	0	0	0
(112) DIGNITY HEALTH CONNECTED LIVING	23-7115371	19-06	0	0	0
(113) INLAND HEALTH ORG OF SOUTHERN CALIFORNIA	33-0578944	19-06	0	0	0
(114) TRINITYCARE INFUSION SERVICES	33-0828794	19-06	0	0	0
(115) COMCARE SERVICES, INC.	84-0904813	19-06	0	0	0
(116) DIGNITY HEALTH HOLDING CORP & SUBSIDIARIES	46-0675371	18-12	0	0	0
(117) PORT CITY OPERATING COMPANY LLC	46-5322209	19-06	0	0	0
(118) DIGNITY HEALTH PROVIDER RESOURCES, INC	47-3366764	19-06	0	0	0

(a) Group member's name	(a) Employer identification number	(b) Tax year end (Yr-Mo)	(c) Accumulated earnings credit	(d) Penalty for failure to pay estimated tax	(e) Other
(119) MARK TWAIN MEDICAL CENTER	68-0127677	19-06	0	0	0
(120) DIGNITY HEALTH MEDICAL FOUNDATION	68-0220314	19-06	0	0	0
(121) KOMG-LOUISVILLE REGION, INC	83-2481198	19-06	0	0	0
(122) HEALTH SERVICES OF THE PACIFIC CENTRAL COAST	77-0074057	18-11	0	0	0
(123) MANAGEMENT SERVICE ORG OF SANTA MARIA	77-0318135	18-12	0	0	0
(124) DIGNITY COMMUNITY CARE	81-5009488	19-06	0	0	0
(125) SAINT FRANCIS MEMORIAL HOSPITAL	94-1156295	19-06	0	0	0
(126) DIGNITY HEALTH	94-1196203	19-06	0	0	0
(127) SIERRA NEVADA MEMORIAL-MINERS HOSPITAL, INC	94-1439787	19-06	0	0	0
(128) COMMUNITY HOSPITAL OF SAN BERNARDINO	95-1643373	19-06	0	0	0
(129) BAKERSFIELD MEMORIAL HOSPITAL	95-1802779	19-06	0	0	0
(130) ST MARY'S HEALTH VENTURES, INC	95-1912528	19-06	0	0	0
(131) GLENDALE MEMORIAL SERVICES CORPORATION	95-4051021	19-06	0	0	0
(132) HARRISON MEDICAL CENTER FOUNDATION	91-1197626	19-06	0	0	0
(133) SAINT ELIZABETH FOUNDATION	47-0625523	19-06	0	0	0
(134) ALEGENT HEALTH-MEMORIAL HOSPITAL, SCHUYLER	47-0399853	19-06	0	0	0
(135) ALEGENT HEALTH-MERCY HOSPITAL, CORNING, IA	42-0782518	19-06	0	0	0
(136) CHI ST. LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER	74-1161938	19-06	0	0	0
(137) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION	27-0930004	19-06	0	0	0
(138) CHI NATIONAL HOME CARE	42-1261716	19-06	0	0	0
(139) SYLVANIA FRANCISCAN HEALTH FOUNDATION	45-5357161	19-06	0	0	0
(140) ST ANTHONY'S HOSPITAL ASSOCIATION	71-0245507	19-06	0	0	0

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

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Name(s) shown on return FRANCISCAN HEALTH SYSTEM	Business or activity to which this form relates 446110	Identifying number 91-0564491
---	---	----------------------------------

**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	1,000,000
2 Total cost of section 179 property placed in service (see instructions)	2	0
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	1,000,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
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	1,000,000
<b>6 (a) Description of property (b) Cost (business use only) (c) Elected cost</b>		
7 Listed property. Enter the amount from line 29	7	0
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	0
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	186,089
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	0

**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. See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	0
15 Property subject to section 168(f)(1) election	15	0
16 Other depreciation (including ACRS)	16	0

**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 2018	17	22,751
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 2018 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	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System**

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	0
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 instructions	22	22,751
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	0



**Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  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
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions .							<b>25</b>	0
<b>26</b> Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use:								
		%			S/L			
		%			S/L			
		%			S/L			
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .							<b>28</b>	0
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1 .							<b>29</b>	0

**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 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
<b>30</b> Total business/investment miles driven during the year (don't include commuting miles) .												
<b>31</b> Total commuting miles driven during the year .												
<b>32</b> Total other personal (noncommuting) miles driven .												
<b>33</b> Total miles driven during the year. Add lines 30 through 32 .	0	0	0	0	0	0	0	0	0	0	0	0
<b>34</b> Was the vehicle available for personal use during off-duty hours? .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .												
<b>36</b> 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. See instructions.

	Yes	No
<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .		
<b>38</b> 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 .		
<b>39</b> Do you treat all use of vehicles by employees as personal use? .		
<b>40</b> 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? .		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? See instructions. .		

**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	
<b>42</b> Amortization of costs that begins during your 2018 tax year (see instructions):						
<b>43</b> Amortization of costs that began before your 2018 tax year .					<b>43</b>	0
<b>44 Total.</b> Add amounts in column (f). See the instructions for where to report .					<b>44</b>	0

Form **8827**

**Credit for Prior Year Minimum Tax—Corporations**

OMB No. 1545-0123

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form8827](http://www.irs.gov/Form8827) for the latest information.

Name		Employer identification number	
FRANCISCAN HEALTH SYSTEM		91-0564491	
<b>1</b>	Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	<b>1</b>	0
<b>2</b>	Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	<b>2</b>	49137
<b>3</b>	Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1, 2, and 3	<b>4</b>	49137
<b>5</b>	Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	<b>5</b>	37661
<b>6</b>	Enter the refundable minimum tax credit (see instructions)	<b>6</b>	49137
<b>7</b>	Add lines 5 and 6	<b>7</b>	86798
<b>8a</b>	Enter the <b>smaller</b> of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	<b>8a</b>	49137
<b>b</b>	<b>Current year minimum tax credit.</b> Enter the smaller of line 4 or line 5 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 6, go to line 8c. Otherwise, skip line 8c	<b>8b</b>	0
<b>c</b>	Subtract line 8b from line 8a. 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)	<b>8c</b>	49137
<b>9</b>	<b>Minimum tax credit carryforward to 2019.</b> Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	<b>9</b>	0

**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, the minimum tax credit limitation is increased by the AMT refundable credit amount. See the instructions for line 6.

**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:

- An AMT liability in 2017,
- A minimum tax credit carryforward from 2017 to 2018, or
- A qualified electric vehicle credit not allowed for 2017 (see the instructions for line 3).

**Line 3**

Enter any qualified electric vehicle credit not allowed for 2017 solely because of tentative minimum tax limitations.

**Line 5**

Enter the corporation's 2018 regular income tax liability, as defined in section 26(b) (S corporations also see section 1374(b)(3)(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 6**

Beginning in 2018, the minimum tax credit limitation is increased by the AMT refundable credit amount. The portion of the credit treated as refundable is 50% of the excess of minimum tax credits available over the 2018 regular tax liability. Complete the *Worksheet for Calculating the Refundable Minimum Tax Credit Amount*, later in the instructions. Enter the amount from line 6 of the worksheet on Form 8827, line 6.

**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.