319100510 EXTENDED TO MAY 17, 2021 Exempt Organization Business Income Tax Retu 990-T (and proxy tax under section 6033(e)) and ending JUN 30, 2020 For calendar year 2019 or other tax year beginning JUL 1, 2019 `► Go to www.irs.gov/Form990T for instructions and the latest information. ent of the Treasury ▶ Do not enter SSN'numbers on this form as it may be made public if your organization is a 501(c)(3). Revenue Service D Employer identification nui (Employees' trust, see Name of organization (Check box if name changed and see instructions.) Check hox if address changed FRANCISCAN HEALTH SYSTEM 91-0564491 **B** Exempt under section Print Urrelated business activity code (See instructions) X 501(C(1)3 ·) Number, street, and room or suite no. If a P.O. box, see instructions. Type 1717 S J STREET 408(e) 220(e) 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 446110 TACOMA, WA 98405] 529(a) C Book value of all assets F Group exemption number (See instructions.) 988,080,209. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here > RETAIL PHARMACY/DME . 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 Land II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? 7 No If "Yes," enter the name and identifying number of the parent corporation. The books are in care of DAVID BUTCHERITE Telephone number 2536804000 Part | Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 8,173,818. 1a Gross receipts or sales 8,173,818. c Balance b Less returns and allowances 10 5,381,807. Cost of goods sold (Schedule A, line 7) 2 2,792,011. 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) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 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) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 14 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) -2,792,011.792,011. Total, Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) Part II (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule & 14 1,213,051. RECEIVED 15 15 Salaries and wages Repairs and maintenance 16 16 36,422. 17 17 Rad debts O JUN 1 4 2021 સ 18 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 15,855. Depreciation (attach Form 4562) 20 OGDEN. UT 15,855. Less depreciation claimed on Schedule A and elsewherelon-ret 21a 21b 21 22 Depletion 22 Contributions to deferred compensation plans 23 23 380,795. 24 Employee benefit programs 24 Excess exempt expenses (Schedule I) 25 25 26 Excess readership costs (Schedule J) 26 901,962. SEE STATEMENT 1 Other deductions (attach schedule) 27 27 548,085. Total deductions. Add lines 14 through 27 28 28 243.926. inrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13باطر 29 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

124

31 Unrelated business taxable income. Subtract line 30 from line 29
923701\Q1-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

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243,926.

Form 990-T (2019)

(see instructions)

	101-1 (2018) FRANCISCAN HEALTH SYSTEM		91-0564491 Page 2
Part	t/II Total Unrelated Business Taxable Income		
32 🔵	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instru	ctions)	\$2 260,264.
33	Amounts paid for disallowed fringes		33
34	Amounts paid for disallowed fringes Charitable contributions (see Instructions for limitation rules) STMT 3 STMT	14	34 64,816.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtrect line 34 from		35 195,448.
36	Deduction for net operating loss ansing 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		37 195,448.
38			38 1,000.
		·· ······ ·· ·· ·· ·· · · · · · · · ·	1,000.
3 9	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	11	104 449
	enter the smaller of zero or line 37 TAX Computation	· · · · · · · · · · · · · · · · · · ·	194,448.
		-t-	1 31 40 004
40			40,834.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 3	39 from	lei l
	Tax rate schedule or Schedule D (Form 1041)		41
42	Proxy tax. See instructions		42
431	Alternative minimum tax (trusts only)		43
\ 4 4\	Tax on Noncompliant Facility Income. See instructions		44
45,	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45 40,834.
Part	t 🗸 Tax and Payments		
48 a*	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	a	
b	Other credits (see instructions) 488	,	1 .
c	General business credit. Attach Form 3800	:	1.
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		1.1
e	W. J. W. A.L.W. 40 M. A.A.A.		1 46e
47	Subtract line 46e from line 45		47 40,834.
48	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	48
49	Total tax. Add lines 47 and 48 (see Instructions)		49 40,834.
50	2010 not 065 thy lightlifty gold from Form 065 A or Form 065 B. Bort II. column (k) line 2	•	50 0.
	Payments: A 2018 overpayment credited to 2019	288,451.	.1
1 - 0			
			1 .``
b	2019 estimated tax payments	40,000.	
b c	2019 estimated tax payments 51i Tax deposited with Form 8868 51i	40,000.	
b c d	2019 estimated tax payments Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) 510	40,000.	
b d e	2019 estimated tax payments Tax deposited with Form 8868 Foreign organizations; Tax paid or withheld at source (see instructions) Backup withholding (see instructions) 510	40,000.	
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52 53 54 55 58 Part 57	2019 estimated tax payments Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax 85,000 **Total payments Regarding Certain Activities and Other Information (statements) At any time during the 2019 calendar year, did the organization have an Interest in or a signature or other over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have a financial account (bank, securities, or other) in a foreign country? If "Yes," enter the name of the foreign here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penyties of payury, I declarate the received or accrued during the tax year Signature of officer Date INTERIM-C: Title	40,000. 1	\$2 328,451. \$3 \$54 \$55 287,617. \$56 202,617. Yes No Yes No X X X Is the RS discuss this return with the preparer shown below (see structions)? X Yes No
52 53 54 55 58 Part 57	2019 estimated tax payments Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax 85,00 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have fincen form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor if "Yes," see Instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penythese of payment, it declares that have examined this return, including accompanying schedules and statement correct, and complete, pagement on preparer (other than taxpayer) is based on all information of which preparer has a correct and content of officer Print/Type preparer's name Preparer's signature Date Date	40,000. Refunded See Instructions) r authority ave to file country r to, a foreign trust? Its, and to the best of my knowled my knowledge. Check	\$2 328,451. \$3 \$\frac{1}{54}\$ \$5 287,617. \$6 202,617. Yes No Yes No X X X Any the RS discuss this return with the preparer shown below (see structions)? X Yes No
52 53 54 55 56 Part 57 58 Sign Here	2019 estimated tax payments Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Total payments. Add lines 51a through 51g Estimated tax penaity (see instructions), Check If Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 85, 00 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have fincen form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt Interest received or accrued during the tax year \$ Under penythese of paymy, I deplay that I have examined this return, including accompanying schedules and statemen correct, and complete page and that have examined this return, including accompanying schedules and statemen correct, and complete page and that have examined this return, including accompanying schedules and statemen correct, and complete page are has a signature of officer Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date	40,000. 1	328,451. 53 54 55 287,617. 56 202,617. Yes No Yes No X X X Any the RS discuss this return with expreparer shown below (see structions)? X Yes No If PTIN
52 53 54 55 56 Part 57 58 59 Sign Here	2019 estimated tax payments Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 4136 Form 4136 Form 4136 Form 4136 Form 2200 is attached Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Overpayment. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax 85,00 t VI Statements Regarding Certain Activities and Other Information (statements Regarding Certain Activities and Other Information (statements) over a financial account (bank, securities, or other) in a foreign country? If "yes," the organization may he fincen form 114, Report of Foreign Bank and Financial Accounts, If "yes," enter the name of the foreign here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor if "yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt Interest received or accrued during the tax year Under penylines of paymy, I declars/hat I have examined this return, including accompanying schadules and statement correct, and complete, Pagnetion of preparer (other than taxpayor) is based on all information of which preparer have a signature of officer Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date	40,000. Refunded Refunded See Instructions) r authority ave to file country r to, a foreign trust? ts, and to the best of my knowled my knowledge. Check self- employed	\$2 328,451. Q \$3 \$\frac{53}{54}\$ \$55 287,617. \$\frac{56}{202,617.}\$ \$1 \$\frac{7}{200}\$ \$2 \$\frac{7}{200}\$ \$3 \$\frac{1}{200}\$ \$4 \$\frac{1}{200}\$ \$2 \$\frac{1}{200}\$ \$4
52 53 54 55 56 Part 57 58 59 Sign Here	Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g Total payments. Add lines 51a through 51g Tax due, if line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 85,00 t VI Statements Regarding Certain Activities and Other Information (statements Regarding Certain Activities and Other Information) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may he fincen Form 114, Report of Foreign Bank and Financial Accounts, if "Yes," enter the name of the foreign here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt Interest received or accrued during the tax year Signature of officer Date Print/Type preparer's name Preparer's signature Date MARK SHELTON Firm's name ▶ KPMG LLP	40,000. 1	\$2 328,451. Q \$3 \$\frac{53}{54}\$ \$55 287,617. \$\frac{56}{202,617.}\$ \$1 \$\frac{7}{200}\$ \$2 \$\frac{7}{200}\$ \$3 \$\frac{1}{200}\$ \$4 \$\frac{1}{200}\$ \$2 \$\frac{1}{200}\$ \$4
52 53 54 55 56 Part 57 58 59 Sign Here	Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions), Check if Form 2220 is attached Tax due, if line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 85,00 t VI Statements Regarding Certain Activities and Other Information (statements Regarding Certain Activities and Other Information (statements) (stateme	40,000. Refunded See Instructions) r authority ave to file country r to, a foreign trust? ts, and to the best of my knowledge. FO Check self- employed 72021	\$2 328,451. \$3 \$\frac{54}{54}\$ \$5 287,617. \$6 202,617. Yes No Yes No X X Ax Ax Ax Ax Ay Ay Ay Ay Ay Ay
52 53 54 55 56 Part 57 58 59 Sign Here Paid Prep Use	Tax deposited with Form 8868 Foreign organizations: Tax paid or withheld at source (see instructions) Backup withholding (see instructions) Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g Total payments. Add lines 51a through 51g Tax due, if line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 85,00 t VI Statements Regarding Certain Activities and Other Information (statements Regarding Certain Activities and Other Information) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may he fincen Form 114, Report of Foreign Bank and Financial Accounts, if "Yes," enter the name of the foreign here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt Interest received or accrued during the tax year Signature of officer Date Print/Type preparer's name Preparer's signature Date MARK SHELTON Firm's name ▶ KPMG LLP	40,000. Refunded See Instructions) r authority ave to file country r to, a foreign trust? ts, and to the best of my knowledge. FO Check self- employed 72021	\$2 328,451. Q \$3 \$\frac{53}{54}\$ \$55 287,617. \$\frac{56}{202,617.}\$ \$1 \$\frac{7}{200}\$ \$2 \$\frac{7}{200}\$ \$3 \$\frac{1}{200}\$ \$4 \$\frac{1}{200}\$ \$2 \$\frac{1}{200}\$ \$4

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation N/A				***************************************	
1 Inventory at beginning of year	peginning of year 1 0. 6 Inventory at end of year				6	0.			
2 Purchases	2 5	,381,807.	1	7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		1	from line 5. Enter here and in Part I,					
4a Additional section 263A costs			1	line 2		,	7	5,381,807.	
(attach schedule)	4a		la	Do the rules of section	263A (v	vith respect to		Yes No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to					;	
5 Total. Add lines 1 through 4b		,381,807.	1	the organization?		, , , , ,		X	
Schedule C - Rent Income ((see instructions)			Per		eased	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)				······································	•				
(3)			-						
(4)									
	2. Rent receiv	ed or accrued			-	I			
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	arsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	де	3(a) Deductions directly columns 2(a) ar	connected (b) (c)	eted with the income in attach schedule)	
(1)									
(2)									
(3)		 							
(4)		· · · · · · · · · · · · · · · · · · ·							
Total	0.	Total			0.				
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions.		•	
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb		Incomo /			0.	Part I, line 6, column (B)	>	0.	
Schedule E - Unrelated Deb	it-rinanceu	income (see	instru T	ctions)	т	2 Coduction description		with as allegable	
			2. Gross income from	Deductions directly connected with or allocable to debt-financed property					
1. Description of debt-financed property			or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
(1)	••						1		
(2)									
(3)			1						
(4)							1		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to inced property h schedule)		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)				%					
						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				•		0		0.	
Total dividends-received deductions in	icluded in columi	n 8					-	0.	
The state of the s		· -						Form 990-T (2019)	

				Exempt (Controlled O	ganızatı	ons					
Name of controlled organization		2. Employer identification number		3. Net unr (loss) (see	elated income nstructions)		tal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)												
(2)	Ì											
(3)												
(4)						-						
lonexempt Controlled Organi	zatione	1						L				
			<i>a</i> , I				40 0 4 4 4	0 45 -4		44 0		
7. Taxable Income		nrelated incom- see instructions		y, lotai	of specified payn made	nents	10. Part of colu in the controll gross	mn 9 thai ing organ s income	iization's	11. Dec	luctions directly connected income in column 10	
(1)												
(2)												
(3)												
(4)												
VI				,			Add colur Enter here and line 8,		1, Part I, A)	Enter he	d columns 8 and 11 re and on page 1, Part I, ine 8, column (B)	
Totals						<u> </u>			0.		0	
Schedule G - Investme (see insti		ne of a S	ection	501(c)(7	'), (9), or (⁻	17) Org	ganization		,			
1. Desc	ription of inco	me	***		2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)		•	•		-				-			
(3)					'							
(4)												
Totals			-	•	Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)	
Schedule I - Exploited	_	Activity	Income	, Other	Than Adv	ertisir	g Income					
Description of exploited activity	unrelated incom	Pross business le from business	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a a cols 5	5. Gross inco from activity is not unrela business inco	that ted	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)					•	,						
(2)	†				1				<u> </u>			
(3)	 	-								-		
(3)					+							
(4)			Enter her page 1, line 10,	Parti, col (B)		4				1	Enter here and on page 1, Part II, line 25	
rotals ► Schedule J - Advertisi	na Incor	0.	struction	0.	lesses marking	940 T.A	rren de le	ava more			0	
Part I Income From					solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	or (loss) (c	aın, compu	5. Circula		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							3		 			
(1)			+		High Ti	TEST	¥ 		 		100	
(2)							g		 	<u> </u>		
(3)					_		. <u> </u>					
(4)				· · · · · · · · · · · · · · · · · · ·	54	- 10/6						
Fotals (carry to Part II, line (5))	•	(0							0	
											Form 990-T (201	

Part: III 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) Advertising gain
 or (loss) (col. 2 minus
 col. 3). If a gain, compute
 cols. 5 through 7. 7. Excess readership 2. Gross 3. Direct 5. Circulation 6. Readership costs (column 6 minus column 5, but not more than column 4) advertising 1. Name of periodical ıncome costs advertising costs (1) (2) (3) (4) 0 0. Totals from Part I 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 0. 0 0 Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4. Compensation attributable 1. Name to unrelated business 2. Title (1) % (2) % (3) (4) % Total. Enter here and on page 1, Part II, line 14 0.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
PURCHASED SERV TELEPHONE AND RENT OTHER		, 187,349. 3,586. 159,088. 551,939.
TOTAL TO FORM	990-T, PAGE 1, LINE 27	901,962.
FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT 2
CORPORATION'S	NAME	IDENTIFYING NO
COMMONSPIRIT H	EALTH	47-0617373

FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
SUBJECT TO 25% LIMIT 50% CASH ONLY	N/A N/A	233,945. 774,795.
TOTAL TO FORM 990-T, PAGE 2, I	INE 34	1,008,740.

FORM 990-T	COI	NTRIBUTIONS SUMMARY		STATEMENT 4
	CONTRIBUTIONS SUBJECTIONS SUBJECTIONS		233,945	
FOR TAX FOR TAX	OF PRIOR YEARS UNUS YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017	SED CONTRIBUTIONS 613,032		
TOTAL CAR	YEAR 2018 RYOVER RENT YEAR 10% CONTRI	IBUTIONS	613,032 774,795	
	TRIBUTIONS AVAILABLE NCOME LIMITATION AS		1,621,772 64,816	_
EXCESS 10	NTRIBUTIONS 0% CONTRIBUTIONS ESS CONTRIBUTIONS		1,556,956 0 1,556,956	_
ALLOWABLE	CONTRIBUTIONS DEDUC	CTION		- 64,816
TOTAL CON	TRIBUTION DEDUCTION			64,816

Internal Revenue Service

OMB No 1545-0047

(Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning $\underline{JUL~1,~2019}$, and ending $\underline{JUN~30}$, $\underline{~2020}$

▶ 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).

Name	FRANCISCAN HEALTH SYSTE	91-05644	91-0564491			
	Inrelated Business Activity Code (see instructions) 90009	9				
	Describe the unrelated trade or business PASSIVE I	NVE	STMENT PARTNI	ERSHIP		
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales			3.00	100	
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2		and the second second		
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a			,	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement)	5	16,338.		16,338.	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled		•			
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11			•	
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	16,338.		16,338.	
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			· · · · · · · · · · · · · · · · · · ·		
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)	. <u>18</u>	· · · · · · · · · · · · · · · · · · ·			
19	Taxes and licenses) 1	19		
20	Depreciation (attach Form 4562)		20		""	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	211	+	
22	Depletion			_ 22	<u> </u>	

Unrelated business taxable income. Subtract line 30 from line 29 For Paperwork Reduction Act Notice, see instructions.

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Employee benefit programs

Schedule M (Form 990-T) 2019

23

24

25

26

27

28

30

23

24

26

27

28

29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see

0.

16,338.