·		~_									J U
		· 000 - 1	Exe	empt Organization E (and proxy tax u	Busi	ness Inc	ome Ta	x Return f	212	OMB No	1545 0687
	<sub>-</sub> F	orm <b>990-T</b>		(and proxy tax u	nder	section 60	33(e))	ļζ	1UD	300	NA E A
			For calendar year	r 2018 or other tax year beginning	4/01	L 2018, a	and ending _	3/31 ,_2	2019	20	ود کلا
<b>6</b>			► Ge	to www.irs.gov/Form990T for	instru	uctions and t	the latest in	formation.			
2020	Depai Intern	tment of the Treasury al Revenue Service	► Do not	enter SSN numbers on this form as i	t may b	e made public i	if your organiz	zation is a 501(c)(3)		Open to Public 501(c)(3) Organ	Inspection for uzations Only
~	A	Check box if		Check box i	f name	changed and see	e instructions )		D E	nployer identific mployees' trust,	ation number
<b>20</b>	R F	→ address changed xempt under section		LEGACY EMANUEL HOSI	PITA	L & HEAI	TH CENT	rer	in	structions )	300
_ _		501( c )( <del>0</del> 3)	or	2801 N GANTENBEIN	AVEN	UE			1 :	93-03868	23
FEB		408(e) 220(e	e) Type	PORTLAND, OR 97227					Ε̈́	nrelated busines	s activity code
ш		<b>_</b> 408A	a)						`	,	
212	4	529(a)								621500	
8	C B	ook value of all assets end of year	<del></del>	exemption number (See instri							
豆	A A	486,099,757	. G Check	k organization type	501(c	c) corporation	า501	(c) trust	101(a)	trust	Other trust
EWELOPE	Ý.			on's unrelated trades or busine	sses	<u>▶</u> 2	D	escribe the only	(or firs	t) unrelated	
ex	Ğ t	rade or business he	re ► <u>LAB</u>			<del></del>	<del></del>			ne, complete	
	•	· ·		in the blank space at the end as, then complete Parts III-V	of the	previous ser	ntence, com	iplete Parts I and	il, co	mplete a Sch	nedule M
				ration a subsidiary in an affiliati	ed aro	oup or a pare	nt-subsidia	ry controlled are	un?	►∏Yes	XNo
				ying number of the parent corp	-		50551010	ry controlled gre	- <b>p</b> .		M
		The books are in car			01010	··		elephone numbe	r 50	13-415-5	600
				usiness Income		(A) Inc		(B) Expens	_	(C)	
_		Gross receipts or s		14,035,336.					1, 15	- T	77-77
7	_	Less returns and allowar		24,708,822. c Balançe►	1 c	19.3	26,514.	; ;		[ ] . (Syline )	S. F. C.
202		Cost of goods sold			2		<del></del> .	٠,	) h	6 1 'g=1 "'	
NO.	3	Gross profit Subtra	act line 2 from	line 1c	3	19,3	26,514.	· · · · · · · · · · · · · · · · · · ·	3.5	19,3	26,514.
0	4 8	Capital gain net inc	ome (attach S	chedule D)	4a			,			
T C	ı	Net gain (loss) (Form 47	797, Part II, line 17	) (attach Form 4797).	4b				. · · ·		
<u>.</u>		: Capital loss deduct			4c						
•	5	Income (loss) from (attach statement)	a partnership	or an S corporation	5			:	, ,		
į	´6	Rent income (Sche	dule C)		6						
-	7	Unrelated debt-fina	•	Schedule F)	7						
;	8			m a controlled organization (Schedule F)	8	<u> </u>				<del></del>	
ĺ	9			(9), or (17) organization (Schedule G)	9						
•	10	Exploited exempt a		- · · ·	10						
	11	Advertising income	-	•	11						
	12	Other income (See	instructions, a	ittach schedule)					<del>-</del> -		
					12				* * * * * * * * * * * * * * * * * * * *		
	13	Total. Combine line	s 3 through 12	2	13	19,3	26,514.		0.		26,514.
	Par	t II. Deduction	is Not Take	n Elsewhere (See instru	iction	is for limit	ations or	deductions.	(Exc	cept for	
				ons must be directly cor	nnect	ed with th	<u>e unrelat</u>	ed business		ne.)	
$\mathbb{Z}$	14			rs, and trustees (Schedule K)				<del></del> 1	14		
7.07	15	Salaries and wages			i	RECI	EVED	1	15	8,6	11,223.
n /	16	Repairs and mainte	enance		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	A A SERVICE SHEET	7 <u>8</u> 1	16	· · · - · · · · · · · · · · · · · · · ·	
20	17	Bad debts	odulo) (coo in	structions)	iç	FEB	2 1 2020	ابًا	17	<u> </u>	
F13	18	Interest (attach sch Taxes and licenses	. ,	structions)	ĺW		- x 2020	121	19		00 014
	19 20			ructions for limitation rules)	1	0001		13.43	20	<u> </u>	09,814.
	21	Depreciation (attacl	,	ructions for infination rules)	<u> </u>	إيانان	EN LIT	1 260 400	20		
	22			edule A and elsewhere on retu	ırn	•	22a	1,269,400	$\frac{1}{22b}$	1 2	CO 400
	23	Depletion	namica on oci	icudic A and ciscwhere on rett	4111	L		<del>_</del>	23	1,2	<u>69,400.</u>
-	24	Contributions to det	ferred compen	sation plans					24	<del></del>	
ء ا	25	Employee benefit p		prome					25	2 0	32,958.
2	26	Excess exempt exp	•	ule I)					26		<u> </u>
	27	Excess readership					_		27		
	28	Other deductions (a	attach schedule	e)			See S	Statement 1	1 <b>-</b> 7	9,6	11,891.
	29	Total deductions. A		_				29			35,286.
	30			e before net operating loss de				line 13	30		08,772.
	31			tax years beginning on or after January		(see instruction	ns)	21	31	·, · · ·	1
	32			e Subtract line 31 from line 30 tice, see instructions.		TE	EA0201L 1/31/	<u> </u>	32	-2,3(	08,772.
		TOT PAPELMOTK RED	iucuon ACL NO	ace, see mstructions.		161		•••		rorm, <b>9</b> 8	<b>90-T</b> (2018)

	H 990-1 (2018) LEGACY EMANUEL HOSPITAL & HEALTH CENTER	93-03	00023	Page 2
Par	rtllli Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	7		
-	instructions)	33		0.
34		34	<del>                                     </del>	<del></del>
		<u> </u>	ļ	<del></del>
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  See Statement 2	35		
26		33	<del> </del>	<del></del>
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.	36		0.
			<del></del>	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	ļ	
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36,			^
	enter the smaller of zero or line 36	38	<u> </u>	0.
<b>IPar</b>	IttelVi Tax Computation			
39		▶   39		0.
40				
		▶ 40		
	on line 38 from Tax rate schedule or Schedule D (Form 1041)		<del>                                     </del>	
	••••	▶ 41		<u></u>
42	Alternative minimum tax (trusts only)	42		· · · · · · · · · · · · · · · · · · ·
43	Tax on Noncompliant Facility Income. See instructions	43	i	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		0.
			·	
	rt Va Tax and Payments			<del></del>
	a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45a			
	b Other credits (see instructions)  45 b			
С	c General business credit Attach Form 3800 (see instructions)  45 c			
´ d	d Credit for prior year minimum tax (attach Form 8801 or 8827) 45 d			
е	e Total credits. Add lines 45a through 45d	45 e		0.
		46		0.
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	, , , , , , , , , , , , , , , , , , ,		<u>v :</u>
	Other (attach schedule)	47		
40		<u> </u>	<del></del>	
	,	48	ļ	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		
50 a	a Payments: A 2017 overpayment credited to 2018 5 A 59a 100,	000		
	b 2018 estimated tax payments 50b	13.63	Ī	
	c Tax deposited with Form 8868 50c			
	d Foreign organizations Tax paid or withheld at source (see instructions)  50d			
	· · · · · · · · · · · · · · · · · · ·			
•				
	e Backup withholding (see instructions)  50 e			
f	f Credit for small employer health insurance premiums (attach Form 8941)  50 f			
f	f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments. Form 2439			
f	f Credit for small employer health insurance premiums (attach Form 8941)  50 f			
f g	f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments. Form 2439 Other Total 50 g	51	10	00,000.
f g	f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments. Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g	51 52	10	00,000.
f g 51 52	f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments. Form 2439 Form 4136 Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached	▶ 🗌 🕏	10	00,000.
f g 51 52 53	f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments. Form 2439 Form 4136 Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	► ☐ <del>52</del> ► 58		
51 52 53 54	f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments. Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	52 53 54 54	10	00,000.
f 9 51 52 53 54	f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments. Form 2439 Form 4136 Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	► ☐ <del>52</del> ► 58	10	
f 9 51 52 53 54 <b>Q</b> 55	f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments. Form 2439 Form 4136 Other Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	52 53 54 de0 755	10	00,000.
51 52 53 54 Q55	f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments.	52 53 54 de6+755	10	00,000.
51 52 53 54 Q55	f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments.	52 53 54 ded 755 s)	1( 8	00,000.
51 52 53 54 Q55	f Credit for small employer health insurance premiums (attach Form 8941) g Other credits, adjustments, and payments. Form 2439 Form 4136 Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid Enter the amount of line 54 you want Credited to 2019 estimated tax  20,000. Refun  **TIVI Statements Regarding Certain Activities and Other Information (see instructions At any time during the 2018 calendar year, did the organization have an interest in or a signature or othe financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Financial account (bank, securities, or other) in a foreign country?	52 53 54 ded 755 s)	1( 8	00,000. 80,000. Yes No
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51 52 53 54 055 Par 56	Gother credits, adjustments, and payments. Form 2439  Form 4136  Total payments. Add lines 50a through 50g  Estimated tax penalty (see instructions) Check if Form 2220 is attached  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want Credited to 2019 estimated tax  20,000. Refun  Tivi Statements Regarding Certain Activities and Other Information (see instructions)  At any time during the 2018 calendar year, did the organization have an interest in or a signature or other financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Fin Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country 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 penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to belief, it's true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare	solution in the best of my r has any know May the the pro-	n trust?	200,000.  Yes No  X  X  X  S return with ow (see
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51 52 53 54 Q55 Par 56 57 58 Sigr Here	Gother credits, adjustments, and payments. Form 2439  Form 4136  Total payments. Add lines 50a through 50g  Estimated tax penalty (see instructions) Check if Form 2220 is attached  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want Credited to 2019 estimated tax  At any time during the 2018 calendar year, did the organization have an interest in or a signature or other financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Fin Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country 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 penalties of perjury. I declargithat I have examined this return, including accompanying schedules and statements, and to belief, it strue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check  Self-Prepared	s)  r authority of the best of my r has any know may r has any know may the present of the prese	hover a 114, 114, 114, 114, 114, 114, 114, 11	200,000.  Yes No  X  X  X  S return with ow (see
51 52 53 54 955 Par 56 57 58 Sigr Here	g Other credits, adjustments, and payments. Form 2439  Form 4136  Total payments. Add lines 50a through 50g  Estimated tax penalty (see instructions) Check if Form 2220 is attached  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want Credited to 2019 estimated tax  At any time during the 2018 calendar year, did the organization have an interest in or a signature or other financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Fin Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country 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 penalties of periory, I declare that have examined this return, including accompanying schedules and statements, and to be lief, it frue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which prepare  CFO & TREASURER  Title  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check self en  Firm's name  F	s)  r authority of the best of my r has any know may r has any know may the present of the prese	hover a 114, 114, 114, 114, 114, 114, 114, 11	200,000.  Yes No  X  X  X  S return with ow (see
51 52 53 54 Q=5 Pare 56 57 58 Sigr Here Use	Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owerd  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want Credited to 2019 estimated tax  At any time during the 2018 calendar year, did the organization have an interest in or a signature or other financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Fin Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor lif '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 penalties of perjury, I declaration of preparer (other than taxpayer) is based on all information of which prepare the amount of ficer  Print/Type preparer's name  Preparer's signature	signature of the present of the best of my r has any know May the present of the	hover a 114, 114, 114, 114, 114, 114, 114, 11	200,000.  Yes No  X  X  X  S return with ow (see
51 52 53 54 955 Par 56 57 58 Sigr Here	Total payments. Add lines 50a through 50g Estimated tax penalty (see instructions) Check if Form 2220 is attached  Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount overpaid  Tenter the amount of line 54 you want Credited to 2019 estimated tax  Total account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Fire Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country 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 penalties of perjury. I declary, that I have examined this return, including accompanying schedules and statements, and to be lief. It, if true, correct, and complete Declaration of preparer (other than taxaper) is based on all information of which prepare  Prim's name  Firm's name  Firm's address  Propared  Preparer's signature  Prim's address  Prim's address  Prim's address  Proparer's signature  Prim's address  Proparer's signature  Prim's address  Proparer's signature  Prim's address  Proparer's signature  Prim's address  Prim's address	signature of the present of the best of my r has any know May the present of the	n trust?  knowledge and ledge ledge ledge ledge ledge ledge ritions)?  Ye	200,000.  Yes No  X  X  X  S return with ow (see

Form 990-T (2018) LEGACY	EMANUEL HO	OSPITAL & H	IEALTH CENTER		9	3-0386823	Page
Schedule A - Cost of Go							
1 Inventory at beginning of ye		1		entory	at end of year	6	• • • • • • • • • • • • • • • • • • • •
2 Purchases		2	_	-	ods sold. Subtract	<del> </del>	
3 Cost of labor		3	line	e 6 fron	n line 5 Enter here	- <u>-</u> -	
4 a Additional section 263A costs (atta	ich schedule)		and	in Pai	rt I, line 2	7	<del></del>
·	•	4 a					Yes No
<b>b</b> Other costs (attach sch)		4b		the rul	es of section 263A (woroduced to	ith respect to	
5 Total. Add lines 1 through 4	1b	5			anization?	or resaic, apply	Х
Schedule C - Rent Income (		pperty and Per	sonal Property Lea	sed W	/ith Real Property)	(see instructions)	
1 Description of property		<u>· · · · · · · · · · · · · · · · · · · </u>				· · · · · · · · · · · · · · · · · · ·	<del></del>
(1)	<del></del>					<del></del>	
(2)						·	
(3)	<del></del>		<u> </u>				
(4)	<del></del>						
	2 Rent receive	ed or accrued			<del></del>		
(a) From personal pro			eal and personal prop	erty		ons directly conne	
(if the percentage of rent fo	r personal l	(if the perc	entage of rent for personal control of the received the r	sonal		in columns 2(a) a ttach schedule)	and 2(b)
property is more than 10% more than 50%)	6 but not	property ex	(ceeds 50% or it the re d on profit or income)	ent is	,	,	
(1)		5030	a orr prome or income,		<del></del>		
(2)							
(3)		<del></del>		_			
(4)						<del></del>	
Total		Total			<del></del>		
(c) Total income. Add totals of co					(b) Total deductions		
here and on page 1, Part I, line 6		≥(b) Line:			here and on page 1, P. I, line 6, column (B)	art <b>-</b>	
Schedule E - Unrelated D		d Income (see	e instructions)		1,7,1,1,7		
1 Description of deb		<u> </u>	2 Gross income from	m	Deductions directly of debt-fin	connected with or anced property	allocable to
i bescription of deb	r-ililanced prope	sity	financed property	}	(a) Straight line epreciation (attach sc	(b) Other of (attach s	
(1)	-				<u></u>	<u> </u>	
(2)						1	
(3)							
(4)		· · · · ·					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable t	djusted basis of to debt-financed tach schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 column 6)	8 Allocable (column 6 columns 3(a	x total of
(1)	T T			8			

Totals
Total dividends-received deductions included in column 8

BAA

(2)

(4)

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Form **990-T** (2018)

Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A)

Schedule F — Interest, A	nnuiti	es, Royalti	es,	and R	ents Fro	om	Controlled	Orga	anizations	s (see	instructio	ns)
			Exer	npt Con	trolled Or	gar	nizations					
1 Name of controlled organization	ıder	mployer htification umber		Net uni income ee instri			<b>4</b> Total of spec payments ma		5 Part of that is in- the con organiz gross i	cluded trolling ation's	in in	Deductions directly connected with come in column 5
(1)	<del></del>	-				T						
(3)						Τ						
(3)						Т						
(4)						T						
Nonexempt Controlled Organizat	tions						<u>-</u> -					
7 Taxable Income	inc	et unrelated ome (loss) instructions)	9		f specified nts made	t	10 Part of included in organizatio	n the c	ontrolling		connecte	ctions directly ed with income olumn 10
(1)			$\top$						····		· <del>-</del>	
(1) (2) (3) (4)			T-							1		
(3)			$\top$		-					Ţ		
(4)			$\top$									
Totals		<u>.</u>					Add columns here and on p 8, co		, Part I, line		and on	s 6 and 11 Enter page 1, Part I, line plumn (B)
Schedule G – Investmen	t Inco	me of a Se	ctio	n 501/	(c)(7) (9	<u> </u>	or (17) Orga	nizat	ion (see in	structio	one)	
1 Description of income		2 Amount o			3 direc	De ctly	ductions connected schedule)		4 Set-asides	5	5 Tota set-a	al deductions and isides (column 3 ius column 4)
(1)							· · · · · · · · · · · · · · · · · · ·					
(2)									·		<del>                                     </del>	<del></del>
(3)												
(4)												
Totals Schedule I — Exploited E	▶	Enter here an Part I, line 9,	colur	mn (A) 	her Tha	in	Advertising	Inco	me (see ins	structio	Part I, I	ere and on page 1, ine 9, column (B)
1 Description of exploited ac	·	2 Gross unrelate business income fro trade or business	d s om	3 Expension connection of units	ses directly ected with duction nrelated ss income	4 I fro or 2 n	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7	5 Gross activi unrela	s income from ty that is not ited business income	6 Exp	penses itable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		· · · · · · · · · · · · · · · · · · ·					·					
(2)	_	<del>                                     </del>						-				<del> </del>
(3)												
(4)												
Totals	<b>•</b>	Enter here on page Part I, line column (/	1, 10,	on p Part I	here and age 1, , line 10, nn (B)				-	- 1:		Enter here and on page 1, Part II, line 26
Schedule J - Advertising	Inco	me (see insti	uctio	ne)						***		<u> </u>
Part I Income From Per					ncolida	ıtα	d Racic					
Tarti meome i fomi en	Odice	2 Gross	_		rect	_	Advertising gain or	E C	rculation	<b>6</b> Doo	dorchio	7 Cuesas anadembra
1 Name of periodical		advertisin		adve	rtising ests	(10	col 3) If a gain, col 3) If a gain, compute cols 5 through 7		come		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)									Ţ			1 . 1
(2)							[					<u> </u>
(3)		<del> </del>					ļ					4 . <b>i</b>
(4)	<del></del>					$\vdash$						<u> </u>
Totals (carry to Part II, line (5))	<b>•</b>											

Total. Enter here and on page 1, Part II, line 14

BAA

4

Form 990-T (2018)

Rartill 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 ) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 2 Gross 3 Direct 5 Circulation 6 Readership 7 Excess readership advertising advertising costs (col 6 minus col. 5, but not more than col 4) income costs 1 Name of periodical ıncome costs (1) (3) (4) Totals from Part I Enter here and Enter here and Enter here and on page 1, Part II, line 27 on page 1, Part I, line 11, on page 1, Part I, line 11, column (A) column (B). Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 1 Name 2 Title time devoted to unrelated business to business 왕 ş 읭 <sup>%</sup>

TEEA0204 L 12/31/18

## SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income for Unrelated Trade or Business

n Dusiness

For calendar year 2018 or other tax year beginning 4/01 , 2018, and ending 3/31 , 20 19 .

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning 4/01 , 2018, and ending 3/31 , 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

2,235,100

OMB No 1545-0687

Internal Revenue Service

Name of the organization

13

LEGACY EMANUEL HOSPITAL & HEALTH CENTER

Unrelated business activity code (see instructions) ► 446110

Employer identification number 93-0386823

Describe the unrelated trade or business► PHARMACY Part 17 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales c Balance ► 1c **b** Less returns and allowances 2,235,100 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 3 2,235,100 4a Capital gain net income (attach Schedule D) 4a 4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 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

2,235,100

15 、	Salaries and wages	15	353,749.
16	Repairs and maintenance	16	
17	Bad debts	17	
18.	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	*,	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	· ·
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	85,906.
26	Excess exempt expenses (Schedule I)	26	1
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)  See Statement 3	28	2,001,460.
29	Total deductions. Add lines 14 through 28	29	2,441,115.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-206,015.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	- 4	
	instructions)	31	
32	Unrelated business taxable income, Subtract line 31 from line 30	32	-206 015

BAA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018 -

2 Purchases	ŀ	2				ds sold. Subtract	$\Box$			
3 Cost of labor		3				line 5 Enter here I, line 2	<del></del>			
4 a Additional section 263A costs (attac	h schedule)	4 a		aria n		., 2	<u> </u>	<u> </u>	Yes	No
<b>b</b> Other costs		4a 4b				of section 263A (with				
(attach sch)  5 Total. Add lines 1 through 4th	,	5	<del></del>			oduced or acquired fo nization?	r resa	ile) apply		X
Schedule C - Rent Income (F			sonal Proper				ee ins	structions)	ــــــــــــــــــــــــــــــــــــــ	T
1 Description of property		<u> </u>			•	1 370		<u>:</u>		
(1)			<del></del>					<del></del>		
(2)										
(3)	<del></del>			_		<del></del>				
(4)	<u>.                                      </u>	<del></del>	<del></del>							
	2 Rent receive	ed or accrued	<del> </del>			24.5				
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	personal	(if the perc property ex	real and person entage of rent exceeds 50% or d on profit or in	for persoi If the ren	nal	3(a) Deduction the income ir (att	n colu	ctly connec mns 2(a) a chedule)	nd 2(b)	th )
(1)										
(2)										
(3)										
(4)										
Total		Total				(h) 7 . 4 . 1 . 4 . 4 4			•	
(c) Total income. Add totals of columere and on page 1, Part I, line 6,		2(b) Enter				(b) Total deductions E here and on page 1, Part I, line 6, column (B)				
Schedule E — Unrelated De	ebt-Finance	d Income (see	e instructions)							
1 Description of debt	-financed prope	rtv	2 Gross inco		30	Deductions directly co debt-finar	nnect nced p	ed with or a property Se	<sup>allocab</sup> ee St	le to
1 Description of dest	maneed prope		financed pr		dep	(a) Straight line preciation (attach sch)	1	(b) Other do	eductio	ns _
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	ljusted basis of o debt-financed ach schedule)	6 Colum divided column	by	re	7 Gross income portable (column 2 x column 6)		Allocable of (column 6 olumns 3(a)	x total	of
(1)				200						
(2)				90						
(3)				9						
(4)				9						
Fadala				•		er here and on page 1 t I, line 7, column (A)		er here and rt I, line 7,		
「otals 「		l O		•		<del></del>	+-	****		

Schedule F - Interest, F					ganizations			(000 11	151. 451.51	
1 Name of controlled organization	<b>2</b> Emp identific num	cation	3 Net uni income (see instri	(loss)	4 Total of spec payments ma	cified ade	5 Part of that is ind the con organiz gross ii	cluded in itrolling zation's	n c	eductions directly onnected with ome in column 5
(1)					<del> </del>		<del></del>			
(2)										
(3)					1					•
(4)										
Nonexempt Controlled Organiza	ations									
7 Taxable Income	income	nrelated e (loss) tructions)		f specified nts made	10 Part of included organization	ın the c			onnected	tions directly I with income Iumn 10
(1)										
(2)			<del></del>				**			
(2) (3) (4)			<del></del>							
(4)										
Totals		,			Add column here and on 8, co		Part I, line		and on p	6 and 11 Enter age 1, Part I, line umn (B).
Schedule G - Investmen	nt Income	of a Sec	tion 501	(c)(7), (9	3), or (17) Org	anizat	ion (see in	struction	ns)	•
1 Description of income		Amount of		3 direc	Deductions ctly connected ach schedule)		4 Set-asides	5	5 Total set-as	deductions and sides (column 3 is column 4)
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(1) (2) (3)			~			<del> </del>				
(3)				<u> </u>		1				
(4)								1		
	Par	er here and t I, line 9, co								re and on page 1, ne 9, column (B)
Totals	<u> </u>									·
Schedule I — Exploited I	xempt A		come, Ot	her Tha	n Advertising	Inco	me (see ins	struction	is)	
1 Description of exploited a	ctivity	2 Gross unrelated business income from trade or business	conne prod of u	ises directly ected with duction nrelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	activi unrela	s income from ty that is not ited business income	6 Expo attribut colur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
<u>(1)</u>		<del></del>								
(2)		<del></del>	<del>-  </del>			<del>                                     </del>			····	
(3)	$\overline{}$					<del>                                     </del>				
(4)			<del></del>			<del>                                     </del>				
	F	Inter here a on page 1, Part I, line 1 column (A)	on p 0, Part I	here and page 1, , line 10, mn (B)						Enter here and on page 1, Part II, line 26.
Totals								<u> </u>	<del></del>	· <del></del>
Schedule J – Advertisin										
Part I Income From Pe	<u>riodicals</u>	Reported	on a Co	nsolida	ted Basis					
1 Name of periodical		2 Gross advertising income	adve	Pirect ertising osts	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Cii	culation come	6 Read		7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1) -										
(2)										7
_(3)						<u> </u>				• ~
_(4)			<del></del>		<del></del>					1. F 1.
Totals (carry to Part II, line (5))	•									
BAA			TE	EA0204 L	12/31/18				F	orm <b>990-T</b> (2018)

Form 990-T (2018) LEGACY: EMANUEL HOSPITAL & HEALTH CENTER 93-0386823 Page
Partilia 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	)	•	•	•			J
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 (col 6 minus col 5, but not more than col 4)
(1)					,		
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(3)			<del> </del>				
(4)							
Totals from Part I	<b>&gt;</b>					and the second	
Totals, Part II (lines 1 – 5)	<b>•</b>	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).	n a	· ·	4.00	Enter here and on page 1, Part II, line 27.
Schedule K - Compensation	n o	Officers, Dire	ctors, and Tr	ustees (see inst	ructions)		
1 Name				2 Title	3 Percent of time devote to business	d to unrela	ation attributable ited business
				<del></del>		િ	·
			1			%	
						%	
						%	
Total. Enter here and on page 1, P.	art II,	line 14				<b>&gt;</b>	
BAA		· <del>-</del> :	TEEA0204 L	12/31/18		F	orm <b>990-T</b> (2018)

Department of the Treasury Internal Revenue Service (99)

## **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

2018

Attachment Sequence No 179 Identifying number

Name(s) shown on return LEGACY EMANUEL HOSPITAL & HEALTH CENTER 93-0386823 Business or activity to which this form relates Form 990-T Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I 1,000,000 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,500,000 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 6 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs. 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 2019. 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 See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 387,956. tax year See instructions 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III : MACRS Depreciation (Don't include listed property See instructions) Section A 389 MACRS deductions for assets placed in service in tax years beginning before 2018 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 2018 Tax Year Using the General Depreciation System (a)
Classification of property (b) Month and (C) Basis for depreciation (e) Convention (f) Method (g) Depreciation year placed in service Recovery period (business/investment use only - see instructions) 19 a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27.5 yrs MM S/L 27.5 yrs MM S/L property MM 39 yrs S/L i Nonresidential real MM S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20 a Class life S/L b 12-year 12 yrs S/L MM S/L c 30-year 30 yrs MM S/L d 40-year 40 yrs

the appropriate lines of your return Partnerships and S corporations — see instructions

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

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

Part IV | Summary (See instructions )

Listed property Enter amount from line 28

11,055.

269,400

21

22

Partival Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, 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) 24 a Do you have evidence to support the business/investment use claimed? X Yes No 24b If Yes, is the evidence written? X Yes No (e) **(f)** (h) (i) (b) Type of property Business/ investment Basis for depreciation Method/ Depreciation Elected Cost or Recovery Date placed in service section 179 other basis (business/investment period Convention deduction (list vehicles first) use percentage use only) cost Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use. See instructions Property used more than 50% in a qualified business use 2009 TOYOTA 200DB HY 11/30/08 100.0 24,479 24,479 5.0 1,775 20,068 FORD 100.0 5.0 200DB HY 7/31/07 20,068. 200DB HY TOYOTA MATRI 11/30/07 100.0 17.613 17.613 5.0 27 Property used 50% or less in a qualified business use 28 055 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 11 29 0. Add amounts in column (i), line 26 Enter here and on line 7, page 1 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 (c) Vehicle 3 (e) Vehicle 5 (f) Vehicle 6 (b) 30 Total business/investment miles driven Vehicle 2 Vehicle 4 during the year (don't include commuting miles) Total commuting miles driven during the year Total other personal (noncommuting) 32 miles driven Total miles driven during the year Add 33 lines 30 through 32 Yes Yes Yes No Yes No Yes No No No Yes No Was the vehicle available for personal use 34 during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons See instructions Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 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 Do you treat all use of vehicles by employees as personal use? 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? 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 PartiVI■ Amortization (d) (f) Amortization (b) (c) (e) Amortizable Code Date amortization Amortization Description of costs amount section begins period or for this year percentage Amortization of costs that begins during your 2018 tax year (see instructions) 43 43 Amortization of costs that began before your 2018 tax year 44 Total. Add amounts in column (f) See the instructions for where to report 44

Partiva Listed	Property (In sement)	clude automol	biles, cert	tain othei	rvehicle	es, certa	ain aire	craft, and	property	used fo	or enter	tainmen	t, recrea	ition,
Note: Fo	or any vehicle for (a) through (c)								ease ex	pense,	complet	e <b>only</b> 2	4a, 24b	
	n A — Depreciat								nits for	passeng	er auto	mobiles	<del></del>	
24 a Do you have eviden	ce to support the bu	ısıness/ınvestmen	it use claimi	ed?		Yes		lo 24b If	'Yes,' is th	ne evidenc	e written?		Yes	No
(a) Type of property (list vehicles first)	(b)  Date placed in service	(c) Business/ investment	Cos other	t or	(busin	(e) for deprec ess/invest		(f) Recovery period	M	(g) ethod/ ovention		(h) preciation eduction		(i) Elected ction 179
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26 Property used	<del>,</del>	<del>,</del>			1	10.5	- T		1000	<del></del>				
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			<del></del>											
28 Add amounts in	column (h), lin	es 25 through	27. Ente	r here ar	d on lir	ne 21, p	age 1			28				
29 Add amounts in	n column (ı), line	e 26 Enter he										29	)	
			Section											
Complete this section to your employees, f	n for vehicles us irst answer the o	sed by a sole p questions in S	proprietor ection C	, partner to see if	, or oth you me	er 'more et an e	e than xceptic	5% owne on to comp	r,' or rel pleting t	ated pei nis secti	rson. If on for ti	you prov hose vel	rided ve ricles	hicles
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miles driven	sonar (noncomm	nuting)												
33 Total miles driv lines 30 through		ear Add												
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34 Was the vehicle during off-duty		ersonal use												-
35 Was the vehicle than 5% owner	e used primarily or related perso	by a more			· <del>-</del>									
36 Is another vehicle	•							_						
personal ase	Section (	C – Questions	for Emp	loyers W	ho Prov	∕ide Vel	nicles	l for Use by	Their E	mploye	es	<u> </u>	<del></del>	
Answer these question 5% owners or related	ons to determine I persons See i	e if you meet a instructions	an except	ion to co	mpletin	g Section	on B fo	or vehicles	used b	y emplo	yees wh	no aren'i	t more ti	han
37 Do you maintain by your employ		y statement th	at prohib	its all pe	rsonal ι	use of v	ehicles	s, ıncludın	g comm	uting,			Yes	No
38 Do you maintair employees? Se	n a written polic	y statement th	at prohib	its perso	nal use e office	of vehi	cles, e	except con	nmuting,	by you	r		<u> </u>	
39 Do you treat all			-	•			-,			-				
40 Do you provide vehicles, and re	more than five	vehicles to you	ur employ			rmation	from	your empl	oyees a	bout the	use of	the		
41 Do you meet the Note: If your an	e requirements iswer to 37, 38,	concerning qu 39, 40, or 41	ialified au	itomobile Ion't com	demor	stration ection E	use? 3 for th	See instri	uctions d vehicle	es.				
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42 Amortization of	costs that begin	ns during your	2018 tax	year (se	e instru	uctions)	•	•		<u> </u>	<u>`</u>	·		
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	f costs that bega			-							43			
44 Total. Add amo	ounts in column	(f) See the in	struction								44	<u> </u>	4F-C1	(0010)
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Рa	rt\V. Listed or amus		clude automo	biles, cer	taın othe	r vehicl	es, certa	ain ai	ırcra	ift, and	property	used fo	or enter	taınmen	t, recre	ation,
	Note: Fo	r any vehicle fo (a) through (c)	or which you a	are using t	the stand	lard mil	eage ra	te or	ded	lucting l	ease ex	pense, d	complet	e only 2	24a, 24t	),
		A – Depreciat									nits for	passeng	er auto	mobiles	)	
24:	a Do you have evident	ce to support the bu	isiness/investme	nt use claim	ed?		Yes	$\Box$	No	24b If	'Yes,' ıs tl	ne evidence	e written?		Yes	No
	(a) Type of property (list vehicles first)	(b)  Date placed in service	(c) Business/ investment use percentage	Cos other	tor	(busin	(e) for depreci less/investi use only)		,	(f) Recovery period		(g) lethod/ nvention		(h) reciation duction		(i) Elected ection 179 cost
25	Special depreci		for qualified				service (	durin	g the	e tax ye	ar and	25			Secretary of the second	क्षार कृत् संस्थान
26	Property used r												·		118 41 54	
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28	Add amounts in	column (h), lin	es 25 througl	n 27 Ente	r here ar	nd on lii	ne 21, p	age	1			_28			\$	
_29	Add amounts in	column (ı), line	26 Enter he	ere and or	ı line 7, p	page 1								29		
					B – Info			-	-							
Com to yo	plete this section our employees, fi	for vehicles us rst answer the o	sed by a sole questions in S	proprietor Section C	, partner to see if	, or oth you me	er 'more et an ex	e tha ccept	n 5% tion (	% owner to comp	r,' or rel pleting t	ated per his section	son If	you provinose vel	vided ve hicles	hicles
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30	Total business/i during the year		s ariven	Veh	icle 1	Vehi	icle 2	V	/ehic	le 3	Vehi	cle 4	Vehi	cle 5	Veh	iicle 6
	commuting mile															
31	Total commuting m	iles driven during th	he year													
32	Total other pers	sonal (noncomm	nuting)													
33	Total miles driver lines 30 through		ear Add									_				
				Yes	No	Yes	No	Ye	s	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty l		ersonal use											į.		
35	Was the vehicle than 5% owner	used primarily or related perso	by a more on?													
36	Is another vehic personal use?	cle available for														
		Section C	C — Question	s for Emp	loyers W	ho Pro	vide Vel	icles	s for	Use by	Their E	mploye	es			
Ansv 5% c	ver these question where or related	ons to determine persons See i	e if you meet instructions	an except	tion to co	mpletir	ng Section	on B	for v	vehicles	used b	y emplo	yees wh	no <b>aren'</b>	t more	than
37	Do you maintair	a written policy	y statement t	hat prohib	its all pe	rsonal	use of v	ehicle	es, ı	ncludin	g comm	uting,			Yes	No
38	Do you maintain employees? See	a written policy	y statement t	hat prohib	its perso	nal use	of vehic	cles,	exce	ept com	nmuting	, by your	r		<u> </u>	<del>                                     </del>
	Do you treat all	use of vehicles	by employee	s as pers	onal use	?										<u> </u>
40	Do you provide vehicles, and re	more than five v tain the informa	vehicles to yo ation received	our employ	yees, obt	taın ınfo	rmation	from	n you	ur empl	oyees a	bout the	use of	the		
41	Do you meet the <b>Note:</b> If your and	e requirements swer to 37, 38,	concerning q 39, 40, or 41	ualified au	itomobile don't com	demor	nstration Section E	use 3 for	? Se	ee instri covered	ictions I vehicle	es			*** ****	<b>活動</b> 文化
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43	Amortization of	_	<del>-</del>		•	aro to o	nnort			•			43			<del></del>
44	Total. Add amo	urits in column	(i). See the i	istruction	s for whe	ere to re	eport.						44		AEC	2 (2018)

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	or amuse Note: Fo columns	ement ) r any vehicle fo (a) through (c)	or which you a	re using all of Se	the stand	lard mil	eage ra	te or	dedu	cting lea	ase ex	pense,	complet	e <b>only</b> 2	24a, 24b	•
		A – Depreciat				_		_			ts for	passeng	er auto	mobiles	)	
24	a Do you have evidend	e to support the bu	siness/investmei	nt use claim	ied?		Yes		No 2	2 <b>4b</b> If 'Yo	es,' is th	e evidenc	e written?		Yes	No
-	(a) Type of property (list vehicles first)	(b)  Date placed in service	(c) Business/ investment use percentage	Cos	d) st or basis	(busin	(e) for deprec ess/invest use only)		Re	(f) ecovery period	М	(g) ethod/ evention		(h) reciation duction		(i) Elected ction 179 cost
	Special depreci	50% in a quali	fied business	use See	ınstructı		service	durın	g the	tax yea	r and	25				
26	Property used r		58.00			Γ ,	OF 1	0.1		5.0	Iann	DB HY	ī	0 200	. T	
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27	Property used 5	0% or less in a	qualified bus	iness use	•	· · · · · · · · · · · · · · · · · · ·									·h	
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21	commuting mile			<u> </u>				<del> </del>		<del> -</del>					<del></del>	
	Total commuting mi Total other pers miles driven	-	•													
33	Total miles drive lines 30 through		ear Add	V				V		N .		N1-	V	l N-	V	
34	Was the vehicle during off-duty h		ersonal use	Yes	No	Yes	No	Ye	S	No	Yes_	No	Yes	No	Yes	No
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36	Is another vehic personal use?															
	wer these questio owners or related	ns to determine		-	-					-				no aren'	t more t	han
37	Do you maintain		y statement ti	nat prohit	oits all pe	rsonal ι	use of v	ehicl	es, ind	cluding	comm	uting,		· · · · ·	Yes	No
38	Do you maintain employees? See	a written policy the instruction	y statement ti ns for vehicles	nat prohit used by	oits perso corporat	nal use e office	of vehices, direc	cles, tors,	excer or 1%	ot comn 6 or mo	nuting, ore owi	by you ners	r			
39	Do you treat all	use of vehicles	by employee	s as pers	onal use	7										
40	Do you provide invehicles, and re-	more than five v tain the informa	vehicles to you	ur emplo	yees, obt	aın ınfo	rmation	fron	1 your	employ	ees a	bout the	use of	the		
41	Do you meet the Note: If your ans	requirements wer to 37, 38,	concerning qu 39, 40, or 41	ualified at is 'Yes,' (	utomobile don't com	demor	stration ection E	use 3 for	? See the co	instruc overed v	tions vehicle	s.				- C.S.O.
Pai	t <b>\VI■</b> Amorti:	zation														
	Desc	(a) ription of costs		Date a	(b) mortization egins		(c) Amortizab amount	le		(d) Code section	е	pe	(e) ortization iriod or centage		(f) Amortization for this year	
42	Amortization of	costs that begin	ns during you	2018 tax	year (se	e instru	uctions)					Ţ				
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43 44	Amortization of Total. Add amo	_	-		-	ere to re	eport		<u>.                                    </u>				43			<del></del>

2018	Federal Statements		Page 1
Client LEH	LEGACY EMANUEL HOSPITAL & HEALTH CENTER		93-0386823
2/16/20 Statement 1 Form 990-T, Part II, Other Deductions	, Line 28		03 45PM
ADMINISTRATIVE BUILDING RENT INSURANCE POSTAGE PRINTING PROFESSIONAL FE PURCHASED SERVI SUPPLIES TRAVEL UTILITIES	EES	\$ Total \$	975,188. 498,633. 30,772. 17,464. 68,913. 142,729. 3,228,434. 4,488,272. 26,790. 134,696. 9,611,891.

Statement 2 Form 990-T, Part III, Line 35 Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously Used	Loss Available
3/31/04 3/31/06 3/31/07 3/31/08 3/31/09 3/31/10 3/31/11 3/31/13 3/31/14 3/31/15 3/31/16 3/31/17 3/31/18 Net Operating Loss Taxable Income Net Operating Loss	\$ 246,1 44,3 15,8 287,0 77,3 931,7 1,172,7 278,5 378,6 866,4 1,276,2 1,125,8 250,0 Available	28.	44,328. 15,860. 287,036. 77,371. 931,717. 1,172,788. 278,506. 378,630. 866,451. 1,276,259. 1,125,863.

Statement 3 Schedule M, Part II, Line 28 Other Deductions

ADMINISTRATIVE FEE

BUILDING RENT

OVERHEAD

SUPPLIES

\$ 25,563.

10,402.

247,148.

1,718,347.

\$ 2,001,460.