BAA For Paperwork Reduction Act Notice, see instructions.

						29393		211	738
	-	pt Organization E	Busi	ness Incoi	ne T	700 ax Return	ر (ا	OMR	No 1545-0047
F	orm 990-T	(and proxy tax i	unde	r section 60	33(e))		1		
	For calendar year 2019	or other tax year beginning _	4/01	L, 2019, and	ending	3/31 ,_;	2020	2	2019
_	· Go to	www.irs.gov/Form990T fo	or insti	ructions and th	e lates	t information.	- 1		
Depa Interi	rtment of the Treasury aal Revenue Service ► Do not enter	SSN numbers on this form as i	t may b	e made public if yo	our orga	nization is a 501(c)(3		Open to Pt 501(c)(3) (ublic Inspection for Organizations Only
A [Check box if address changed	Check box	if name	changed and see ins	tructions)	D E	mployer ide	ntification number rust, see
B	xempt under section Print LE	GACY EMANUEL HOS			I CEN	ITER			
[01 N GANTENBEIN A RTLAND, OR 97227	AVEN	UE				93-038	6823
-	1408(e) 220(e) 7.	KILMAD, OK 57227						See instructi	
-							، ا	521500	1
CE	ook value of all assets F Group exer	mption number (See instruct	tions)					321300	
a	end of year	<u> </u>		c) corporation	T 50	1(c) trust	401(a)	trust	Other trust
Н	Enter the number of the organization's uni			► 2		Describe the only (
	rade or business here ► LAB	clated trades or businesses	٠.	<u> </u>	——`		-		lete Parts I−V
	f more than one, describe the first in t	•	of the	previous sent	ence, c				
	for each additional trade or business, the					done nontrolled as		-	Vac Whe
	During the tax year, was the corporatio f 'Yes,' enter the name and identifying		_		1-5ub5i0	nary controlled gr	oup	- LJ	Yes X No
	The books are in care of ANNA LO		porati	JII	 -	Telephone numbe	r► 50	3-415	-5600
Pa				(A) Incor		(B) Expens			(C) Net
_		708,090.		()		(0,		 	
_		913, 275. c Balance►	1 c	18,794	, 815				
2	Cost of goods sold (Schedule A, line	7)	2			I			
3	Gross profit. Subtract line 2 from line		3	18,794	, 815			18	,794,815.
	Capital gain net income (attach Sche	•	4a					Ĺ	
	Net gain (loss) (Form 4797, Part II, line 17) (att	ach Form 4797)	4b			<u> </u>			
5	: Capital loss deduction for trusts. Income (loss) from a partnership or an S	Cornoration	4c						
,	(attach statement)	Corporation	5						
6	Rent income (Schedule C)		6						
7	Unrelated debt-financed income (Sch	edule E)	7		_/	<u> </u>			
8	Interest, annuities, royalties, and rents from a co	• • •	8					<u></u>	
9	Investment income of a section 501(c)(7), (9), o	, , •	9			ļ			
10	Exploited exempt activity income (Sc	nedule I)	10			 	_		
11	Advertising income (Schedule J) Other income (See instructions; attac	h schadula)		/		 		<u> </u>	
12	Other income (See instructions, attac	ii scriedule)	12						
13	Total. Combine lines 3 through 12	,	13	18,794	815	 	0.	1.8	,794,815.
Pai		sewhere (See instru						uctions	must be
	directly connected with the	e unrelated business					<u>` </u>		
14	Compensation of officers, directors, a	nd trustees (Schedule K)					14	L	
15	Salaries and wages						15	8	<u>,863,730.</u>
16	Repairs and maintenance						16		
17	Bad debts	ations)					17		
18 19	Interest (attach schedule) (see instructions and licenses	JIO115)					18		01 777
20	Depreciation (attach Form 4562)			20	1	1,548,027.	-		91,777.
21		le A and elsewhere on rei	urn.			1,346,027.	21b	1	,548,027.
22	Less depreciation claimed on Schedu Depletion		RE	CEIVED			22		, 530, 021.
23	Contributions to deferred compensation	on plans			SS		23		
24	Employee benefit programs	, ,	MA	AR 0 18 2021	8-0		24	2	,161,954.
25	Excess exempt expenses (Schedule I)) / [5]	,,,,,	· ·	_] <u>≅</u>		25		
26	Excess readership costs (Schedule J)	-	00	DEN II	800	Statement 1	26		
27	Other deductions (attach schedule)	L 07	Ψ.	DLIV, U	see	pracement 1			,621,786.
28 29	Total deductions. Add lines 14 throug		duct-	n Cuhirani lini	20 4	m line 12	28		, <u>287, 274.</u>
30/	Unrelated business taxable income be Deduction for net operating loss arising in tax ye					Statement 2	30		,492,459.
,31	Unrelated business taxable income S						31	-3	,492,459.

Form **990-T** (2019)

Form	990-T	(2019) LEG	ACY EMANUEL HO	SPITAL & HEALTH	CENTER		93	-038	6823	Page 2
Par	t III	Total Unrela	ited Business Tax	able Income				, ,		
32		of unrelated bus ctions)	iness taxable income	computed from all unrel	ated trades o	r businesses (see	•	32		0.
33	Amou	ints paid for disa	allowed fringes					33		
34	Charit	table contribution	ns (see instructions fo	r limitation rules)				34		
35	Total		ess taxable income be	fore pre-2018 NOLs and	specific dedi	uction Subtract li	ne 34 from	35		0.
36				ginning before January 1, 2018 (see instr)	S	ee St 3	36		
37				before specific deduction		ne 36 from line 35	i	37		0.
38	Speci	fic deduction (G	enerally \$1,000, but s	ee line 38 instructions fo	r exceptions)	ı		38		
39		ated business to		act line 38 from line 37	f line 38 is gi	reater than line 37	7,	39		0.
Par	t IV	Tax Comput	tation							
40	Organ	nizations Taxabl	le as Corporations. M	ultiply line 39 by 21% (0	21)			40		0.
41	Trust	s Taxable at Tru	ıst Rates. See instruct	ions for tax computation	Income tax	on the amount				
	on lin	e 39 from	Tax rate schedule of	r Schedule D (Fo	orm 1041)		•	41		
	•	/ tax. See instru					•	42		
		native minimum	,					43		
1 / 1		•	t Facility Income. See					44		
111	· · · 7			r 41, whichever applies				45		0.
Par		Tax and Pay								
	-	-		n 1118, trusts attach For	m 1116)	46a		4		
		credits (see ins	•			46 b				
			dit Attach Form 3800			46 c				
			ninimum tax (attach F	orm 8801 or 8827).		46 d		46 e		0
		act line 46e fron	nes 46a through 46d					47		0.
48	Other	taxes Check if	from Form 4255	Form 8611 Form 8	697 □Form	8866			_	
40		ther (attach sch			os, 🗀. o			48		
49		•	47 and 48 (see instruc	tions)				49		0.
50				55-A or Form 965-B, Pari	t II. oʻoʻlumn (I	k), line 3.		50		
			erpayment credited to			_51/a	20,000.	-		
	-	estimated tax pa		2015	9	51 b	20,000.	1		
		leposited with Fo	•			51 c		1		
				at source (see instruction	ons)	51 d		1 1		
			see instructions)			51 e		<u>1</u>		
				premiums (attach Form	8941)	51 f]		
g	Other	credits, adjustn	nents, and payments	Form 2439						
	☐ F	orm 4136	Dot	ner	Total -	51 g				
52	Total	payments. Add	lines 51a through 51g				_	52		20,000.
53	Estim	nated tax penalty	y (see instructions) C	heck if Form 2220 is atta	iched		►□	53		
54				ines 49, 50, and 53, ente				54		
55	Overp	payment. If line !	52 is larger than the to	otal of lines 49, 50, and	53, enter am	1	10	55		20,000.
56				lited to 2020 estimated t		20/0001	Refunded >	56		0.
				n Activities and Oth				·		
57				the organization have an						Yes No
				foreign country? If 'Yes,			file FinCE	N Form	1114,	<u> </u>
		•		s. If 'Yes,' enter the name			-	- -		. X
58				ceive a distribution from		e grantor of, or tra	ansferor to,	a fore	ign trust?	X
		•	•	ganization may have to file						
59	Enter	the amount of tax	x-exempt interest receiv	ed or accrued during the t	ax year ►	\$	0			
<u> </u>		Under penalties of p belief, it is tue, corr	erjury, I declare that I have e rect, and complete Declaration	xamined this return, including acon of preparer (other than taxpay	companying sche er) is based on al	quies and statements, a I information of which p	ing to the best or reparer has any	ot my kn / knowle	owiedge and dge	
Sigi		1/11/	nu Fci	12/16		CFO & TREASU		May the		his return with elow (see
Her	C	Signature of offi	icer	Date	Tı	tle		instruct	ions)	es No
		Print/Type preparer's	's name	Preparer's signature	Ir	Date	Charle 🗐 /	I IP	TIN .	
Paid		miv Type preparer	3 1,01116	, ,	٦		Check in if	_		
Pre		L		Self-Prepared			self employed	j <u>i</u>		
pare		Firm's name					Firm's EIN	L		<u> </u>
Use		Firm's address								
Onl		<u> </u>					Phone no			-]
BAA				TEEA0202L	02/21/20				Form 9	90-T (2019)

1 Description of del	ot-financed property	2 Gross income from or allocable to debt-	debt-financed property						
T Description of del	t maneca property	financed property	(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)					
(1)									
(2)									
(3)									
(4)				1					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))					
(1)		%							
(2)		%		<u> </u>					
(3)		%	<u> </u>						
(4)		%							
-				Enter here and on page 1 Part I, line 7, column (B)					
Totals		•							
Total dividends-received deduct	tions included in column 8								

TEEA0203L 09/19/19

BAA

Form **990-T** (2019)

,		Exempt Controlled Or					organizations (see instructions)								
1 Name of controlled organization	ıde	Employer entification number	11	ncome	related (loss) uctions)		4 Total of spec payments ma	ified ade	organiz		in c	eductions directly connected with come in column 5			
(1)	 		<u> </u>			1	•								
(2)						\top									
(3)						T									
(4)						T	-			-					
Nonexempt Controlled Organiz	zations														
7 Taxable Income	l in	let unrelated come (loss) e instructions)			f specifie nts made		10 Part of included included organization	n the c	ontrolling		connecte	ctions directly d with income olumn 10			
(1)	<u> </u>									1		<u> </u>			
(2)						-						<u> </u>			
(3)	1														
(4)				_						1					
Totals			•				Add column here and on 8, co		, Part I, line		and on p	s 6 and 11 Enter bage 1, Part I, line lumn (B).			
Schedule G - Investmen	nt Inco	me of a Se	ction	501(c)(7), (9), (or (17) Orga	nizati	on (see ins	truction	ns)				
1 Description of income		2 Amount of income			3 dire	De ctly	ductions connected schedule)	4 Set-asides (attach schedul		s 5 Tota		I deductions and sides (column 3 us column 4)			
(1)		· · · · · · · · · · · · · · · · · · ·									<u> </u>				
(2)															
(3)															
(4)															
	_	Enter here an Part I, line 9,	d on p colum	age 1, nn (A).								re and on page 1 ne 9, column (B)			
Totals		<u> </u>			<u></u>	_									
Schedule I — Exploited E	xemp			e, Otl	ner Tha	n A	Advertising	ncon	1e (see inst	ruction	s)				
1 Description of exploited a	activity	2 Gross unrelate busines income fro trade of busines	d s om r	conne prod of u	ses directly ected with duction nrelated ess income	fro or 2 n	Net income (loss) m unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7	activi unrela	s income from ty that is not ted business income	attribu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)			1			\vdash									
(2)				_											
(3)			$\neg \neg$							_					
(4)				_						_					
		Enter here on page Part I, line column (1, 10,	on p Part I	here and lage 1, , line 10, nn (B)							Enter here and on page 1, Part II, line 25			
Totals		<u> </u>										<u> </u>			
Schedule J – Advertisin															
Rartill Income From Pe	riodic					_									
1 Name of periodical		2 Gross advertisir income		adve	ertising ests	(10	Advertising gain or oss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7		come		dership ests	7 Excess readership costs (col 6 minus col. 5, but not more than col 4)			
(1)															
(2)		 	- +						+						
(3)			- 	_											
			\dashv					-							
Totals (carry to Part II, line (5))	<u> </u>	<u> </u>													
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Page 5

Part II Income From Periodica 7 on a line by-line basis.)	Is Reported or	ı a Separate E	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through
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)						
(2)	<u> </u>	·				
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1− 5)			ll			1
Schedule K - Compensation of	f Officers, Dire	ctors, and Tru	istees (see instri	uctions)		
1 Name	,		2 Title	3 Percent o time devote to business	d to unrela	ation attributable ated business
				!	96	
					olo l	
					8	
	-			:	36	
Total. Enter here and on page 1, Part II	, line 14				<u> </u>	
BAA		TEEA0204 L (09/19/19		F	orm 990-T (2019)

)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\frac{4/01}{1}$, 2019, and ending $\frac{3/31}{1}$, 20 $\frac{20}{1}$.

► 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

Name of the organization

LEGACY EMANUEL HOSPITAL & HEALTH CENTER

93-0386823

Employer identification number

Unrelated Business Activity Code (see instructions) ► 446110

Describe the unrelated trade or business ► PHARMACY

Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 2,606,509.	\Box			
b	Less returns and allowances c Balance ►	1c	2,606,509.		
2	Cost of goods sold (Schedule A, line 7)	2	2,092,549.		
3	Gross profit. Subtract line 2 from line 1c	3	513,960.		513,960.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
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	513,960.		513,960.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	234,443.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	58,259.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	-
27	Other deductions (attach schedule) See Statement	4 27	62,561.
28	Total deductions. Add lines 14 through 27	28	355,263.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	158,697.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	3 (see	
	Instructions) See Statement 5	30	158,697.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

		OLITHE & I					0,50	70023		ugo o
Schedule A - Cost of Goo							_			
1 Inventory at beginning of ye	ar	1				end of year	6			
2 Purchases	<u> </u>	2				ds sold. Subtract ine 5 Enter here				
3 Cost of labor		3				l, line 2	7			
4 a Additional section 263A costs (attac	h schedule)								Yes	No
b Other costs		4a	;	B Do the	rules	of section 263A (wit	h rest	ect to		
(attach sch)		4 b				duced or acquired fo	r resa	ile) apply		 -
5 Total. Add lines 1 through 4		5				ızatıon?				<u> </u>
Schedule C - Rent Income	(From Real	Property and	d Personal F	roperty	/ Lea	sed With Real P	rope	rty) (see ır	struct	ions)
1 Description of property										
(1)										
_(2)										
(3)		1								
_(4)										
	2 Rent receive	d or accrued				3(a) Deduction:	s dire	ctly connec	tod wit	łh
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	personal	(if the perce property ex	eal and person entage of rent t ceeds 50% or i I on profit or inc	or persor f the rent	íaΙ	the income in	colur	nns 2(a) ar chedule)	nd 2(b))
(1)										
(2)										
(3)										
(4)		_		_						
Total		Total								
(c) Total income. Add totals of col here and on page 1, Part I, line 6,		2(b) Enter				(b) Total deductions. E here and on page 1, Par 1, line 6, column (B)				
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)							
1 Description of debt	financed prope	arty	2 Gross incor		3 D	eductions directly coi debt-finan	nnecte ced p	ed with or a	illocab e St	le to
i bescription of debt	-imanced prope	ir ty	financed pro		dep	(a) Straight line eciation (attach sch)	1 (b) Other de (attach sc	ductio	ns
(1)							1			
(2)	-									
(3)					1	***************************************	<u> </u>			
(4)					T		Ţ			_
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	or allocable to	usted basis of debt-financed ach schedule)	6 Colum divided column	by 5		7 Gross income ortable (column 2 x column 6)	(Allocable d column 6 x lumns 3(a)	total	of
(1)				- %	ļ		1			
(2)				્ર			ļ			
(3)				%					_	
(4)	<u> </u>			<u>~</u>						
					Ente Part	r here and on page 1 I, line 7, column (A)	, Ente	er here and t I, line 7, d	on pa column	ige 1, i (B)
Totals				•	1					
Total dividends-received deduction	ons included in	column 8			_	•	1			
ВАА		TE	EA0203L 09/19/19				•	Form 9	90-T (2019)

•		E	Exempt Controlled Organizations											
1 Name of controlled organization	identif	ployer rication nber	3 Net un income (see instr	(loss)	4 Total of sperpayments m	cified ade	5 Part of that is in the cor organia gross i	cluded itrolling zation's	in (eductions directly connected with come in column 5				
(1)														
(2)														
(3)														
(4)	<u></u>									·				
Nonexempt Controlled Organia	zations	·												
7 Taxable Income	incon	unrelated ne (loss) structions)	9 Total of paymen	of specifie nts made	ıncluded	in the c	n 9 that is ontrolling is income		connecte	ctions directly d with income olumn 10				
(1)														
(2)														
(3)														
(4)														
Totals					Add columns 5 and 10 Ente here and on page 1, Part I, III 8, column (A)		Part I, line	e here and on		s 6 and 11 Enter page 1, Part I, line lumn (B)				
Schedule G - Investme	nt Incom	e of a Sec	tion 501(c)(7), (9), or (17) Orga	nizati	on (see ins	truction	ns)					
	1 Description of income 2 Amous			3 dire	Deductions ctly connected ach schedule)	4 Set-asides (attach schedu		s	5 Tota set-a	Il deductions and sides (column 3 us column 4)				
(1)								-						
(2)														
(3)														
(4)														
	Pa	nter here and rt I, line 9, c	on page 1, olumn (A)						Enter he Part I, I	ere and on page 1 ine 9, column (B)				
Totals	>	-43: -14: -1		a a a Tha	. A al	<u></u>			Ļ					
Schedule I — Exploited I	xempt A									1				
1 Description of exploited a	activity	2 Gross unrelated business income fron trade or business	conne pro of u	nses directly ected with duction inrelated ess income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute columns 5 through 7	activit unrela	income from y that is not ted business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4)				
(1)										-				
(2)										 				
(3)					-					 				
(4)														
Tatala		Enter here a on page 1 Part I, line 1 column (A)	, on p	here and page 1, i, line 10, mn (B)						Enter here and on page 1, Part II, line 25				
Totals Schedule J — Advertisin		2 (000 motor)	otions)							L				
Part I Income From Pe		<u> </u>		ncolida	ted Racic									
raiti income riom re	Tiouicais	2 Gross		Direct	,	50,	culation	6 Pos	dorchin	7 Evenes roadership				
1 Name of periodical		advertising income	adve	ertising osts	4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7		come		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4).				
(1)														
(2)										4				
(3)						<u> </u>				4				
(4)			+			 				 				
	ļ						ļ			1				
Totals (carry to Part II, line (5)	<u> </u>							_		<u> </u>				
BAA			TE	EA0204 L 0	09/19/19				F	orm 990-T (2019)				

Part II Income From Periodica 7 on a line-by-line basis.)	Is Reported or	n a Separate I	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through
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)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1− 5)						
Schedule K — Compensation of	Officers, Dire	ctors, and Tru	istees (see instri	uctions)		
1 Name			2 Title	3 Percent o time devote to business	d to unrela	ation attributable ated business
				!	8	
				!		
					8	-
Total. Enter here and on page 1, Part II	, line 14				>	
BAA		TEEA0204 L (09/19/19		F	orm 990-T (2019)

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Department of the Treasury Internal Revenue Service

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

OMB No 1545 0172

2019

Attachment Sequence No 179

Name(s) shown on return

ldentifying number LEGACY EMANUEL HOSPITAL & HEALTH CENTER 93-0386823 Business or activity to which this form relates Form 990-T 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. 1,020,000 1 Maximum amount (see instructions) 1 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions). 2,550,000 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. 5 6 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instrs. 11 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 12 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 ▶ 13 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 785,190. tax year. See instructions 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property See instructions) Section A 17 757,235. 17 MACRS deductions for assets placed in service in tax years beginning before 2019 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (a)
Classification of property (b) Month and (C) Basis for depreciation (g) Depreciation Recovery period year placed in service (business/investment use only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27.5 yrs MM S/L h Residential rental 27.5 yrs MM S/L property MM S/L i Nonresidential real 39 yrs MM S/L property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L **b** 12-year S/L 30 yrs MM c 30-year MM S/L d 40-year 40 yrs Part IV Summary (See instructions.)

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

21 Listed property Enter amount from line 28

1,548,027.

21

22

5,602.

LEGACY EMANUEL HOSPITAL & HEALTH CENTER 93-0386823 Page 2 Partival 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) 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 (i) Elected (e) (b) (c) (d) (g) (h) Business/ investment Method Depreciation deduction Type of property Cost or Basis for depreciation Recovery Date placed other basis (business/investment period Convention section 179 (list vehicles first) use percentage use only) cost 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 25 Property used more than 50% in a qualified business use 2009 TOYOTA 11/30/08 100.0 24,479 24,479 5.0 200DB HY 34 20,068 5.0 FORD 7/31/07 100.0 20,068 **200DB HY** 5.0 200DB HY TOYOTA MATRI 11/30/07 100.0 17,613 17,613. 27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 5,602 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 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 (b) Vehicle 2 (d) Vehicle 4 (f) Vehicle 6 (a) Vehicle 1 (c) Vehicle 3 (e) Vehicle 5 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year Total other personal (noncommuting) miles driven Total miles driven during the year Add 33 lines 30 through 32 Yes No Yes Nο Yes No Yes Nο Yes No Yes No 34 Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more 35 than 5% owner or related person Is another vehicle available for 36 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 37 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 39 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 (b) (d) **(f)** (c) (e) (a) Description of costs Date amortization for this year beains amount section period or percentage Amortization of costs that begins during your 2019 tax year (see instructions) 43 Amortization of costs that began before your 2019 tax year 43 Total. Add amounts in column (f) See the instructions for where to report 44

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

44

	m 4562 (2019)	LEGACY EM												38682			ige 2
Рa	rtiV Listed		clude automo	biles, cer	tain othe	r vehic	les, cert	aın a	aircra	aft, and	property	used	for ente	rtainme	nt, recre	eatio	n,
	or amus Note: For	r any vehicle for w	vhich vou are ι	usina the s	tandard n	nileage i	rate or de	educti	ına le	ease exp	ense, co	mplete (oniv 24a	. 24b.			
	columns	(a) through (c)	of Section A	, all of S	ection B,	and Se	ection C	ıf ap	plica	able							
		n A – Deprecia				ution:		Instr				<u> </u>			_ _	_	1
24	a Do you have eviden		т т				∐ Yes	<u> </u>	No	I .			ce written		Yes	L	No
	(a) Type of property	(b)	(c) Business/		d) stor	Basis	(e) for depreci	ation	١,	(f) Recovery		(g) ethod/	Der	(h) preciation		(i) Electe	ed .
	(list vehicles first)	Date placed in service	investment use percentage		basis		ness/invest use only)			period		vention		eduction	se	ction	
25	Special deprec	lation allowance		Listed or	onerty ni	aced in		dur	na t	he tay v	ear and	$\overline{}$	 	-		cost	
25		n 50% in a qual					SCIVICE	uun	ing t	ile tax y	car and	25					
26	Property used	more than 50%	in a qualified	busines	s use												
TO	YOTA MATRI	2/01/05	100.0		5,670.		16,6			5.0	2001	DB HY					
	YOTA MATRI	3/15/05	100.0		5,674.		16,6		<u> </u>	5.0		DB HY					
	TOYOTA MAT	2/06/05	74.50		3 <u>,136.</u>	ļ	24,6	<u>86.</u>	<u> </u>	5.0	[200]	DB HY	l				
	Property used 5	00% or less in a	qualified bus	siness us	<u>e</u>	_			1		-		1		T=-		
		 									-		-				
			-			-	•				+		 				
28	Add amounts in	column (h) lin	es 25 throug	h 27 Ent	er here a	nd on l	line 21	nane	1		<u> </u>	28			\neg		
	Add amounts in	• • •	-					pugu					<u> </u>	29	, 		
		(7)			B – Info			e of \	Vehi	cles							
Com	plete this section	for vehicles used	by a sole pro	prietor, pa	artner, or	other 'm	nore than	5%	owne	er,' or re	lated per	rson If	you prov	ided veh	ncles		
to yo	our employees, f	irst answer the	questions in	Section C	to see i	f you m	ieet an e	exce	ptior	to com	pleting	this se	ction foi	those v	/ehicles		
30	Total business/	investment mile	s driven		a) _		b)	Ι.	_(c		(d			e) _		(f)	_
30	during the year	(don't include	3 driven	Ven	icle 1	Ven	icle 2	<u> </u>	/ehic	ile 3	Vehic	ie 4	Ven	icle 5	Veh	icie_	<u>ь </u>
	commuting mile	•															
	Total commuting m	•	•					<u> </u>	_				 				
32	Total other pers	sonai (noncomn	nuting)														
33	Total miles driv	en during the y	ear Add							- 1		-					
	lines 30 through	n 32					T	 _			 1		L		 		
	Mara Mara calacala			Yes	No	Yes	No	Ye	S	No	Yes	No	Yes	No	Yes	N	lo
34	Was the vehicle during off-duty	e avallable for p hours?	ersonar use														
35	Was the vehicle than 5% owner	used primarily	by a more														
					<u> </u>		_	<u> </u>	_								
36	Is another vehicles	cie available for	'		-				1								
	<u> </u>	Section C	– Question	s for Em	oloyers V	Vho Pro	ovide Ve	hick	es fo	or Use b	y Their	Emplo	yees		·		
	ver these question	ons to determine	e if you meet											who are	n't more	e tha	an.
5% (owners or related	persons See	instructions.														
37	Do you maintair	n a written polic	y statement t	hat prohi	bits all p	ersonal	use of	vehic	cles,	ıncludır	ng comn	nuting,			Yes	N	lo
	by your employe															_	
38	Do you maintain employees? See	n a written polic e the instructior	y statement this for vehicle:	nat proni s used by	dits pers corpora	onai us te offici	se of ver ers, dire	ctors	s, ex s, or	cept cor 1% or r	nmuting nore ow	i, by yo ners	our				
30	Do you treat all	use of vehicles	hy employee	e ac nere	Onal use	.7											
	Do you provide m			•			tion from	vour	em	olovees a	about the	use of	the		<u> </u>	\vdash	
	vehicles, and re	tain the informa	ation received	12				,	• •	,							
41	Do you meet the																
	Note: If your an		39, 40, or 41	ıs 'Yes,'	don't cor	nplete	Section	B fo	r the	covere	d vehicl	es					
Par Par	tìVI■ Amorti	zation	 -	<u> </u>					_								
	Desc	(a) cription of costs			(b) nortization		(c) Amortizabl	le		(d Co		Amo	(e) ortization		(f) Amortizatio	วก	
				1	egins		amount			sect	ion		eriod or centage		for this yea	ar	
42	Amortization of	costs that hear	ns during vou	r 2019 ta	x vear (c	ee inst	ructions).				T her		<u> </u>			—
7-					, (3	JU			Т			T					
			 -	 		+			+			†		<u> </u>			—
43	Amortization of	costs that bega	an before you	r 2019 ta	x year						-		43				_
44	Total. Add amo					ere to	report						44				
						20812L 08								Fo	rm 456	2 (20	วี 19)

Page 2

	11 4562 (2019)	LEGACY EM								_				38682		Page Z
P,a	rt\V Listed or amus		clude automo	biles, cer	tain othe	er vehic	les, cert	aın a	aircra	aft, and _l	property	used /	for ente	rtaınme	nt, recre	eation,
	Note: For	r anv vehicle for v	which you are u	ising the s	tandard r	nileage i	rate or de	educti	ıng le	ease expe	nse, cor	nplete o	only 24a	24b,		
	columns	(a) through (c)	of Section A	<u>, all of Se</u>	ection B,	, and Se	ection C	ıf ap	plic	able						
		n A – Deprecia				aution:	一	Instr					<u> </u>			
	a Do you have eviden		,				Yes	<u>. </u>	No	Ь	, 		ce written		Yes	No
	(a) Type of property	(b) Date placed	(c) Business/		d) stor	Basis	(e) for deprec	iation		(f) Recovery		(g) thod/	Dep	(h) reciation		(i) Elected
	(list vehicles first)	in service	investment use percentage		basıs		ness/invest use only)			period	Con	vention		duction	se	ction 179 cost
25	Special deprec	lation allowance		listed nr	operty n	laced in		duri	ina t	he tax ve	ar and	T^-	1			COST
		n 50% in a qual							g .			25		_		
26	Property used	more than 50%	in a qualified	business	s use.											
<u>GS</u>	LAB RENOV	3/31/18	58.00	199), 363.	:	105,1	<u>91.</u>	_	5.0	200I	OB HY		<u>5,568</u>	1.	
		ļ	-	_		<u> </u>			┢		├ ─					
27	Property used 5	EOW or loss in a	auglified but	10000 110							<u></u> _				Щ	
	Property used :	1	T qualified bus	- 111622 US		Τ					Τ				عقم	·
			 			 					 	_	 			
		 	 - 			+-					 -					
28	Add amounts in	column (h), lir	nes 25 through	n 27 Ente	er here a	and on I	line 21.	page	1			28				
	Add amounts in		•											29	,	
		<u>-</u>	-	Section	B – Info	rmatio	n on Us	e of \	Vehi	cles					-	
Com	plete this section	for vehicles used	by a sole pro	prietor, pa	ortner, or	other 'm	nore than	1 5%	own	er,' or rel	ated per	son. If	you prov	ided ver	ncles	
to yo	our employees, f	irst answer the	questions in a	Section C	to see	r you rr	neet an	exce	ptior	to com	pieting	tnis se	Ction for	those v	enicies	
30	Total business/	investment mile	es driven		a) icle 1	\(\(\)	b) icle 2		(c	i)	(d Vehic			e) cle 5	Vob.	(f) icle 6
	during the year	(don't include		Veri	icle i	Veni		─ `	-	Je 3	Verillo	16 4	Veri	CIE 5	Veil	
21	commuting mile	•	haa					╁					-		-	
	Total commuting m Total other pers	•	-					-					-			
32	miles driven	Soriai (noncomi	nuting)										1			
33	Total miles driv		ear Add													
	lines 30 through	h 32		- V	N 1-	V	l Ma	V.			V	Ma.	V	N _a	V	T No
24	Mas the vehicle	a available for e	orcanal usa	Yes	No	Yes	No	Ye	:5	No	Yes	No	Yes	No	Yes	No
34	Was the vehicle during off-duty	hours?	ersonar use													
35	Was the vehicle than 5% owner	e used primarily	by a more													
					_		 	<u> </u>	_						-	
36	Is another vehice personal use?	cle available for	•													
	·	Section C	C - Question	s for Emp	oloyers \	Nho Pro	ovide Ve	hick	es fo	or Use by	/ Their	Emplo	yees	<u></u>	<u> </u>	
Ansv	ver these question	ons to determine	e if you meet											who are	n't more	e than
5% (owners or related	persons. See	instructions													
37	Do you maintair		y statement t	hat prohi	bits all p	ersonal	use of	vehic	cles,	includin	g comn	nuting,			Yes	No
	by your employe															<u> </u>
38	Do you maintain employees? Se	n a written polic e the instruction	y statement t	hat prohil	bits pers	sonal us	e of veh	ncles	s, ex	cept con	nmuting nore ow	i, by yo ners	ur			
20	, ,			•	•			2.0.0	., •.	•. 11						
	Do you treat all Do you provide n			•			ion from	VOUR	emi	nlovees a	hout the	lise of	the			
→ U	vehicles, and re				o, votani	miorinal	aon nom	you	CITIF	proyects a	Sout tile	. u36 UI	a ic			
41	Do you meet the	e requirements	concernina ai	ualified ai	utomobil	le demo	nstratio	n use	e? S	ee instru	ıctıons					
	Note: If your an											es.				
P.ār	tìVI■ Amorti	zation														
	Dog	(a) cription of costs			(b) nortization		(c) Amortizab	le.		(d Cod			(e) ortization		(f) Amortizatio	OD.
	Desc	Emplion of costs			egins		amount			secti		pe	riod or		for this yea	
40	Amortization of	costs that harm	ne durine	r 2010 to	V V00- 1	200 1224	ructions			_		per	centage			
42	Amortization of	costs triat begin	ns during you	1 2019 ta	x year (S	See mst	iuctions	,	7	-		$\overline{}$		_		
						-	·		+			+-				
43	Amortization of	costs that here	an hefore you	r 2019 ta	x vear							ч—	43			
44		ounts in column	=		•	here to	report						44			
•						Z0812L 08				_				Fo	rm 4 56	2 (2019)

2019	Federal Statements		Page 1
•	LEGACY EMANUEL HOSPITAL & HEALTH CENTER		93-0386823
Statement 1 Form 990-T, Part II, Line Other Deductions	: 27		
ADMINISTRATIVE FEE BUILDING RENT INSURANCE POSTAGE PRINTING PROFESSIONAL FEES PURCHASED SERVICES SUPPLIES TRAVEL UTILITIES		\$ Total \$	1,053,733. 549,992. 27,468. 15,034. 58,263. 141,093. 2,923,674. 4,692,034. 23,428. 137,067. 9,621,786.

Statement 2 Form 990-T, Part II, Line 30 Net Operating Loss Deduction

Loss Year Original Loss		Loss Previously <u>Used</u>		Loss Available		
3/31/19	\$	2,308,772.	\$	0.	\$	2,308,772.
Net Operating Loss Taxable Income Net Operating Loss			axable Income)			\$ 2,308,772. \$ -3,492,459. \$ 0.

Statement 3 Form 990-T, Part III, Line 36 Net Operating Loss Deduction

Loss Year Ending	0	riginal Loss	Loss Previousl <u>Used</u>	У		Loss ilable
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	\$ Available	246,113. 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. 250,039.	\$ 5	3,163. 0. 0. 0. 0. 0. 0. 0. 0.	\$	192,950. 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. 250,039. \$6,897,798.
Net Operating Loss	Deduction	(Limited to T	axable Income)		:	<u>0.</u>

2019 `	Federal Statements		Page 2
•	LEGACY EMANUEL HOSPITAL & HEALTH CENTER	₹	93-0386823
Statement 4 Schedule M, Part II, Other Deductions	Line 27		
ADMINISTRATIVE F BUILDING RENT OVERHEAD	EE	\$ Total <u>\$</u>	21,379. 6,415. 34,767. 62,561.

Statement 5 Schedule M, Part II, Line 30 Net Operating Loss Deduction

Loss Year Ending	0	riginal Loss	Loss Previously Used		 Loss Availa	
3/31/19 Net Operating Loss Taxable Income	\$ Available	206,015.	\$	0.	\$ \$ \$	206,015. 206,015. 158,697.
Net Operating Loss	Deduction	(Limited to Ta	axable Income)		\$	158,697.