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Solito 03 1906 19		A X			Name of organization (Check box if name c	hanged	and see instructions.)		(Emp	loyees' trust see
Addisoration Temporary T		B Exe	mpt under section	Print	MISSION HOSPITAL	REGIONAL MEDICAL	CEN	TER			95-1643360
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trade or business here ▶ NON-PATENT PATHOLOGY SERVICES It only one, complete parts I vil im ore than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete parts I vil III was, enter the name and identifying number of the parent corporation. ▶		at enc	626,257,	394.	G Check organization type	e 🕨 🗓 501(c) corp	oration	501(c) trus	t 401(a) trust	Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or blusiness, then complete Parts III-V. 1 During the fax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group. STEMP 2 X Yes No II Yes, enter the name and identifying number of the parent corporation. Part II Unrelated Trade or Business Income (A) Income (B) Expenses (C).NRT Part I		H Enter	r the number of the o	organiza	tion's unrelated trades or b	usinesses 🕨	3	Descrit	e the only (or first) ur	related	
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J The books are in care of AARON NEUTARTH Telephone number 949) 364-7767		I Durii	ng the tax year, was	the corp	oration a subsidiary in an a	affiliated group or a pagen	it-subs	idiary controlled group?	STMT 2	X Ye	es 🔲 No
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26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 Unrelated business taxable income before net operating on or after January 1, 2018 (see instructions) 30 Junelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29 32 P1, 485.			· · ·	-	hadula IX					-	2,034.
Other deductions (attach schedule) Total deductions Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 30 from line 29 27 73,060. 28 81,027. 29 91,485.	i		,								
Total deductions Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 30 from line 29 28 81,027. 29 91,485.	-							SEE STATEM	ENT 1		73 060
Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 30 from line 29 29 91,485.	-	27 Only doddenous (under senedule)									
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 0. Unrelated business taxable income Subtract line 30 from line 29 31 91, 485.)		/			loce daduation Cubernet	lina oc	from line 12			
(see instructions) 30 0. 31 Unrelated business taxable income Subtract line 30 from line 29 31 91,485.	0		,							7.9	/ 2
31 Unrelated business taxable income Subtract line 30 from line 29 31 91,485.				aung l	uss arising ili tax years beg	proming on or after Januar	y 1, 2U	10		20) f
of official defined that the office in the second of the s			•	vahla :=	nome Subtract line 20 free	m line 20					
										31	

Form 9	90-T (3 019)	MISSION HOSPITAL REGIONAL MEDIC	AL CENTER			95-1643360	Page 2
Par	t IJ(1	otal Unrelated Business Taxable	Income				
32	fotal of	unrelated business taxable income computed from	n all unrelated trades or businesses (se	e instructions)		332	,456.
33	Amount	s paid for disallowed fringes			<u> </u>	3	
34	Charitat	le contributions (see instructions for limitation ru	les) STMT 3	STMT 4		1'	,146.
35	Total un	related business taxable income before pre-2018 i	NOLs and specific deduction Subtract	ine 34 from the sum of	lines 32 and 33	35 299	,310.
36	Deducti	on for net operating loss arising in tax years begin	ning before January 1, 2018 (see instri	uctions)		16	
37	Total of	unrelated business taxable income before specific	deduction. Subtract line 36 from line 3	35	7.	7 299	,310.
38	Specific	deduction (Generally \$1,000, but see line 38 insti	ructions for exceptions)		8	18	,000.
39	Unrelat	ed business taxable income. Subtract line 38 fro	m line 37. If line 38 is greater than line	37,			
		e smaller of zero or line 37	·		[1]	39 298	,310.
Par	t IV 🔢	Tax Computation					
40	Organiz	ations Taxable as Corporations. Multiply line 39	by 21% (0.21)		×∟	0 62	,645.
41	Trusts 7	axable at Trust Rates. See instructions for tax c	omputation. Income tax on the amount	on line 39 from;		1	
	Та	x rate schedule or Schedule D (Form 10-	11)		▶	4.1	
42	Proxy to	x. See instructions				42	
43	Alternat	ive minimum tax (trusts only)				43	
44	Tax on	Noncompliant Facility Income. See instructions				44	
45	Total, A	dd lines 42, 43, and 44 to line 40 or 41, whicheve	r applies			45 62	,645.
Par	rt V 🔢	ax and Payments				<u>] </u>	
46 a	Foreign	tax credit (corporations attach Form 1118; trusts	attach Form 1116)	46a		!	
t	Other c	redits (see instructions)		46b		1	
(General	business credit. Attach Form 3800	- •	46c			
(d Credit f	or prior year minimum tax (attach Form 8801 or 8	827)	46d			
(e Total ci	edits. Add lines 46a through 46d			. 4	6e	
47		t line 46e from line 45	<u> </u>			62	,645.
48	Other ta	xes. Check if from: Form 4255 For	m 8611 Form 8697 Form	8866 Other	, I	48	
49	Total ta	x. Add lines 47 and 48 (see instructions)			4	49 62	,645.
50	2019 no	t 965 tax liability paid from Form 965-A or Form	365-B, Part II, column (k), line 3	frankrig i s		50	0.
51	a Paymer	its: A 2018 overpayment credited to 2019		30 51a	45,027.		
	ь 2019 es	timated tax payments		b 516	12,989.		
	c Tax dep	osited with Form 8868		51c			
	d Foreign	organizations: Tax paid or withheld at source (see	e instructions)	51d			
		withholding (see instructions)		51e			
		or small employer health insurance premiums (att		511			
		redits, adjustments, and payments: Form			ľ	1	
		orm 4136 Other	Total	► 51g			016
52		syments. Add lines 51a through 51g					,016.
53		ed tax penalty (see instructions). Check if Form 2		•••		53	96.
54		e. If line 52 is less than the total of lines 49, 50, ar			• • –	}`- -	<u>,725,</u>
. 1		yment. If line 52 is larger than the total of lines 4			_	55	
1 1 <u>58</u>	Enter tr	e amount of line 55 you want: Credited to 2020 of Statements Regarding Certain Ac				56	
Pa				 			T
57		ime during the 2019 calendar year, did the organi				Yes	No
		inancial account (bank, securities, or other) in a f					ļ
		Form 114, Report of Foreign Bank and Financial A	accounts. If Yes," enter the name of the	e toreign country			x
	here						$\frac{\lambda}{x}$
58		the tax year, did the organization receive a distrib		ransteror to, a fore	ign trust?		 ^-
	•	see instructions for other forms the organization					
59		e amount of tax-exempt interest received or accru nder penalties of perjury. I dectare that I have examined this		statements, and to the	e best of my knowledge	and helief, it is true.	
Sig		rrect, and complete Declaration of preparer (other than tax	payer) is based on all information of which prep	parer has any knowledg	19.	3110 2011017 11 10 11 00 1	
Her		Glander BU	1 11/12/2016 A GHATHA CE	0 587 U		the IRS discuss this return	with
	_	Signature of officer/	Date / Title	0 3400	··	reparer shown below (see	-] No
		· · · · · · · · · · · · · · · · · · ·		Date	Check It	PTIN	, ,,,,
	_	Print/Type preparer's name	reparer's signature	Date		1 1114	
Pai		EVA NITTA	Jua Mirole Netto	11/11/20	self- employed	P01286320	
	eparer	Firm's name FRNST & YOUNG U.S. I	77.00		Firm's EIN >	34-6565596	
Us	e Only	560 MISSION STREE		· <u>-</u> -	Firm's EIN		
		Firm's address SAN FRANCISCO, CA	•		Phone no. 415	-894-800Ó	
92274	1 01-27-20	ram addition P Diat Literication, Ca			1	Form 990-1	(2019)
323/1							()

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A					_
1 Inventory at beginning of year	1	111001100 01 111101	6 Inventory at end of ye	ar		6		_
2 Purchases	2		7 Cost of goods sold. S		line 6			
3 Cost of labor	3		from line 5. Enter here					
4 a Additional section 263A costs	-3-1-		line 2	, and m	i art i,	7		
(attach schedule)	4a		8 Do the rules of section	1 263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	•	•			
5 Total. Add lines 1 through 4b	5		the organization?	acquire	a for result, apply to			-
Schedule C - Rent Income		Property and		ease	d With Real Prop	erty)		_
(see instructions)	<u> </u>							
1. Description of property								
(1)							··· ··· ··· ··· · · · · · · · · · · ·	
(2)								
(3)								
(4)								
		ed or accrued			0/-> Dad add add add add add add add add add			
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	nd 2(b) (attacl	with the income in h schedule)	
(1)		1						
(2)								
(3)								
(4)								_
Total	0.	Total		0.			•	
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columns		ter		0.	(b) Total deductions. Enter here and on page 1, Part 1 line 6, column (B)	_		Ο.
Schedule E - Unrelated De		Income (see	instructions)		1, 5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			_
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2. Gross income from		3. Deductions directly coni		or allocable	
1 Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		Other deductions attach schedule)	
(1)		-		1				
(2)				 				_
(3)						+		
(4)							-	_
	E Augrage	adjusted basis	E Calumn 4 duudad		7. Gross income		Allocable deductions	_
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	allocable to nced property h schedule)	6. Column 4 divided by column 5		reportable (column 2 x column 6)		nn 6 x total of colum 3(a) and 3(b))	
(1)			%					
(2)			- %	<u></u>				
(3)			%					
(4)			%					
					Enter here and on page 1, Part I, line 7, column (A)		here and on page 1, I, line 7, column (B)	
Totals					0	.1		Ο.
Total dividends-received deductions	included in column	n 8				.		0.

Form 990-T (2019)

Schedule F - Interest, A	uitic	_, . 10 yai	, air		Controlled O				/200 1113		~,	
1 Name of controlled organizat	lion -	2. Em identifi num	cation		elated (ncome (instructions)	4. Tota payn	al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		olling	6. Deductions directly connected with income in column 5	
(1)												
(2)								L		_		
(3)		`										
(4)								<u> </u>				
Nonexempt Controlled Organi	zations											
7 Taxable income		nrelated incom ee instructions		9. Total	of specified payr made	nents	10 Part of coluin the controllingross		nization's	11. De- with	ductions directly connected income in column 10	
(1)												
(2)												
(3)						•						
(4)											<u></u>	
							Add colun Enter here and line 8, c		1, Part I, A)	Enter h	d columns 6 and 11 ere and on page 1, Part I line 8, column (B)	
Totals						<u> </u>			0.		0.	
Schedule G - Investme		ne of a S	Section	501(c)(7	'), (9), or ([.]	17) Org	anization					
	(see instructions) 1. Description of income				2. Amount of	ıncome	3. Deduction	cted	4 Set-a		5 Total deductions and set-asides	
(1)							(attach sched	ule)	<u>. </u>	······	(col 3 plus col 4)	
(2)												
(3)									· · -			
(4)												
(4)					Enter here and o	n page 1			<u>l</u>		Enter here and on page 1,	
					Part I, line 9 col	umn (A)	,				Part I, line 9, column (B)	
Totals				>		0.			t		0.	
Schedule I - Exploited (see instru	-	Activity	Income	e, Other	Than Adv	ertisin	g Income					
Description of exploited activity	2 G unrelated income trade or t	business e from	directly of with pro of unr	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	ble to	7 Excess exempt expenses (column 6 minus column 5 but not more than column 4)	
(1)												
(2)												
(3)												
(4)												
	Enter here page 1 line 10	Part I, col (A)									Enter here and on page 1, Part II, line 25	
Totals ► Schedule J - Advertising	na Incon	0.	notri intic-	0.	L		.				0.	
Part I Income From I					solidated	Basis						
1 Name of periodical		2. Gross advertising income		3 Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulat income	ion	6. Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)]_							
(2)												
(3)												
(4)												
Totals (carry to Part II, line (5))	>		0.	0							0.	
											Form 990-T (2019	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (foss) (col. 2 minus col. 3). If a gain compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)							
(2)	Ī						
(3)							
(4)							
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.	<u> </u>			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

	1. Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter her	re and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION	-	AMOUNT
SUPPLIES PURCHASED SERVICES		6,352. 48,601.
UTILITIES INSURANCE		12,391. 3,779.
OTHER EXPENSES		1,937.
TOTAL TO FORM 990-T, PAGE 1, L	NE 27	73,060.

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT
CORPORATION'S	NAME						IDENTIFYING 1
COVENANT HEAL?	TH NETWO	ORK		,			46-1259908

FORM 990-T	CONTRIBUTIONS	STATEMENT 3		
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT		
50% CASH ONLY	N/A	587,959.		
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	587,959.		

MISSION HOSPITAL REGIONAL MEDICAL CENTER

FORM 990-T

FEIN: 95-1643360

FYE: DECEMBER 31, 2019

CHARITABLE CONTRIBUTIONS CARRYFORWARD SCHEDULE

TAX YEAR	ORIGINAL AMOUNT	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT UTILIZED IN 12/31/2019 *	CARRYFORWARD TO 12/31/2020						
6/30/2016	2,331,501	36,526		2,294,975						
6/30/2017	2,638,659	26,085		2,612,574						
12/31/2017	1,469,861	19,566		1,450,295						
12/31/2018	2,811,198	7,106		2,804,092						
12/31/2019	587,959		33,146	554,813						
TOTAL CARRYOVER TO DECEMBER 31, 2020										

FORM 990-T CONTRIBUTIONS SUMMARY	3	STATEMENT	4
QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT			
CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS FOR TAX YEAR 2014 FOR TAX YEAR 2015			
FOR TAX YEAR 2016 2,303,333 FOR TAX YEAR 2017 4,045,909 FOR TAX YEAR 2018 2,804,090			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTIONS	9,153,332 587,959		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJUSTED	9,741,291 33,146	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	9,708,145 0 9,708,145		
ALLOWABLE CONTRIBUTIONS DEDUCTION	c	, 33,	146
TOTAL CONTRIBUTION DEDUCTION		33,	146

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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

Attachment Sequence No 179

(99)

Business or activity to which this form relates

Identifying number

MISS	ION HOSPITAL REGIONAL MEDICA	AL CENTER		FORM	990-	T PAGE	1		95-1643360
Par	t Election To Expense Certain Prope	rty Under Section 1	79 Note: If yo	ou have any lis	sted pr	operty,	complete Part	V before	you complete Part I
1 N	Maximum amount (see instructions)		_	•				1	1,020,000.
2 T	otal cost of section 179 property plac	ed in service (see	instructions)					2	
3 T	hreshold cost of section 179 property	before reduction	in limitation					3	2,550,000.
4 R	Reduction in limitation Subtract line 3	from line 2 If zero	or less, ente	er -O-				4	
5 D	ollar limitation for tax year. Subtract line 4 from line	1 If zero or less, enter -	0- If married filin	g separately, see i	nstructio	ns		5	
6	(a) Description of pr	roperty		(b) Cost (busin	ess use	only)	(c) Elected	cost	
									1
								-	
									7
						j			7
7 L	isted property Enter the amount from	line 29				7			
	otal elected cost of section 179 prope		ın column (c), lines 6 and	7			8	
	entative deduction Enter the smaller	-		,,				9	
	Carryover of disallowed deduction from		018 Form 45	62				10	
	Business income limitation. Enter the s	•			o) or lir	ne 5		11	-
	ection 179 expense deduction Add li		•					12	
	Carryover of disallowed deduction to 2	·				13			
	: Don't use Part II or Part III below for							-	-
Par	t II Special Depreciation Allowa	nce and Other D	epreciation	Don't includ	e listed	proper	ty)		
14 S	pecial depreciation allowance for qua		··						
	ne tax year	amou property (or	io. triair motor	, p. op 5. t), p.c		00. 1.00	uug	14	
	roperty subject to section 168(f)(1) ele	ection						15	
	Other depreciation (including ACRS)	501.011						16	
Par		include listed pro	perty See in	structions)					·—··
	,			ction A					
17 N	ACRS deductions for assets placed i	in service in tax ve	ars beginning	n before 2019				17	39.
	you are electing to group any assets placed in serv	•		-		k here	>	٦ ا	<u> </u>
	Section B - Assets						eral Deprecia	tion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation ivestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property						İ		
	7-year property								
d	10-year property								
e	15-year property	_			ĺ				
f	20-year property					•			
g	25-year property				2	5 yrs		S/L	
		/			1	5 yrs	ММ	S/L	
h	Residential rental property	/			1	5 yrs	ММ	S/L	
		/			$\overline{}$	9 yrs	ММ	S/L	
ı	Nonresidential real property	/				- , -	мм	S/L	
	Section C - Assets F	Placed in Service	During 2019	Tax Year Us	ing th	e Altern			tem
20a	Class life						T	S/L	·
<u></u> b	12-year				1	2 vrs		S/L	
	30-year	,			 		S/L	-	
d	40-year	,			 	0 yrs	ММ	S/L	
Par		,				- ,,,	1 141141		l
	isted property Enter amount from line	28		·		_		24	<u> </u>
	otal. Add amounts from line 12, lines		oc 10 and 00	un column (a)	and !	ne 21		21	
	otal. Add amounts from line 12, lines nter here and on the appropriate lines	· ·						22	39.
23 F	or assets shown above and placed in	service during the	current year	, enter the		´			
р	ortion of the basis attributable to sect	ion 263A costs				23			1

Fo	rm 4562 (2019)	MISSI	ON HOSPITA	L REG	IONAL N	MEDICA	L CENT	ER				95	-164336	0	Page 2
P	art V Listed Propert				her vehic	les, cert	taın aırcı	aft, and	d property	used fo	r				
	entertainment, Note: For any			•	etandar	d miload	an rata a	r dodu	ctina loss	o ovnone	a com	oloto o	nh. 24a		
	24b, columns (e expens		piete U	711 y 24a,		
	Section A -	Depreciatio	n and Other	nforma	tion (Ca	ution: 3	See the i	nstruct	tions for li	mits for p	oasseng	ger auto	mobiles)		
24:	a Do you have evidence to s	upport the bus	iness/investme	nt use cl	aimed?	Y	es 🗌	No	24b If "Y	'es," ıs th	ne evide	nce writ	tten?] Yes [No
	(a)	(b)	(c)		(d)		(e)		(f)	(g)		(h)		(i)
	Type of property	Date placed in	Business/ investment		Cost or	l (bu	sis for depri siness/inve		Recovery		thod/		reciation duction		cted on 179
	(list vehicles first)	service	use percentag	ge O	ther basis	<u> </u>	use only	/)	period	COIIV	ention	uec	Juction	1	ost
25	Special depreciation allo	wance for qu	ualified listed į	property	placed	ın servic	e during	the ta	x year and	t					
	used more than 50% in a	a qualified bu	isiness use								25			L	
26	Property used more than	n 50% in a qu	ualified busine	ss use						,		,		,	
_			9	6						ļ					
			9	6						<u> </u>					
	-		9	6				الـــــــا		L					
27	Property used 50% or le	ss in a qualif	ied business u	ıse								1		,	
			9	6						S/L					
_			9	6						S/L -]	
			9	6						S/L -]	
28	Add amounts in column	(h), lines 25 t	through 27 Ei	nter her	e and on	line 21,	page 1				28				
29	Add amounts in column	(i), line 26 E	nter here and	on line	7, page 1								29		
			S	ection	B - Infor	mation	on Use	of Veh	ıcles						
Co	mplete this section for ve	hicles used b	y a sole prop	rietor, p	artner, oi	r other "	more tha	an 5% d	owner," o	related	person	If you p	provided v	/ehicles	
to y	your employees, first ansv	wer the quest	tions in Sectio	n C to s	see if you	ı meet a	n excep	tion to	completir	ng this se	ction fo	r those	vehicles		
				,		,	<u> </u>					,			
				((a)	(b)		(c)	(4	d)	1	(e)	(1	f)
30	Total business/investment i	siness/investment miles driven during the		Ve	hicle	Ve	hicle	V	Vehicle Ve		Vehicle \		hicle	Veh	ncle
	year (don't include commut	ting miles)													
31	Total commuting miles of	driven during	the year									<u> </u>			
32	Total other personal (nor	ncommuting)	miles												
	driven											ļ			
33	Total miles driven during	the year													
	Add lines 30 through 32									<u></u>					
34	Was the vehicle available	e for persona	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?				<u> </u>										
35	Was the vehicle used pr	ımarıly by a r	nore						1						
	than 5% owner or relate	d person?			<u> </u>										
36	Is another vehicle availal	ble for persor	nal										1		
	use?														
		Section C	- Questions f	or Empl	loyers W	ho Pro	vide Veh	icles f	or Use by	Their E	mploye	es			
An:	swer these questions to d	letermine if y	ou meet an ex	ception	to comp	oleting S	Section E	for ve	hicles use	d by em	ployees	who a	aren't		
mo	re than 5% owners or rela	ated persons													
37	Do you maintain a writte	n policy state	ement that pro	ohibits a	ıll person	al use o	f vehicle	s, ınclu	uding com	muting,	by your			Yes	No
	employees?														
38	Do you maintain a writte	n policy state	ement that pro	ohibits p	ersonal	use of v	ehicles,	except	commuti	ng, by yo	ur				Ī
	employees? See the inst	tructions for	vehicles used	by corp	orate off	icers, di	rectors,	or 1% (or more o	wners					
39	Do you treat all use of ve	ehicles by em	ployees as pe	ersonal i	use?										
40	Do you provide more that	an five vehicle	es to your em	oloyees,	obtain ii	nformati	on from	your e	mployees	about					
	the use of the vehicles, a			•				•	• •						
11	Do you meet the require	ments conce	rning qualified	autom	obile der	nonstra	tion use	?							
	Note: If your answer to 3	37, 38, 39, 40), or 41 is "Ye	s," don'	t comple	te Secti	on B for	the co	vered veh	ıcles					
P	art VI Amortization				·-···							_			
	(a)			(b)		(c)			(d)	$\overline{}$	(e)			(f)	
	Description of	costs		amortization begins		Amortizat amount			Code section		Amartizz Period or pei			nortization r this year	
12	Amortization of costs that	at begins dur			ır							*		-	
_		-		•							_				
				·						1					
43	Amortization of costs that	at began befo	ore your 2019	tax yea	r			•			_	43			
				,											

916252 12-12-19

Form **4562** (2019)

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

- SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

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

ОМВ	No	1545-004

ENTITY

2010

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _______, and ending _______, and ending _______.

For calendar year 2019 or other tax year beginning _______, and ending _______.

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

Name	of the organization MISSION HOSPITAL REGIONAL MEDICAL	Employer identification number 95-1643360				
	Inrelated Business Activity Code (see instructions) 621500			1		
	escribe the unrelated trade or business LB PATHOLOGY					
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 309,780.			· · · · · · · · · · · · · · · · · · ·		
b	Less returns and allowances c Balance	1c	309,780.			
2	Cost of goods sold (Schedule A, line 7)	2				· · · · · · · · · · · · · · · · · · ·
3	Gross profit Subtract line 2 from line 1c	3	309,780.			309,780.
4 a	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	309,780.			309,780.
Par	directly connected with the unrelated business in			Ctions.) (Dec		must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		ا مو ا	3,699.	19	
20	Depreciation (attach Form 4562)		20 21a	3,055.	21b	3,699.
21	Less depreciation claimed on Schedule A and elsewhere on return		[218]		22	•, •, •, •
22 23	Depletion Contributions to deferred compensation plans				23	
23 24	Employee benefit programs				24	
2 5	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)		,		26	
27	Other deductions (attach schedule)		SEE STATEMENT	5	27	144,510.
28	Total deductions. Add lines 14 through 27				28	148,209.
29	Unrelated business taxable income before net operating loss deduced	ction. Si	ubtract line 28 from line 13	3	29	161,571.
30	Deduction for net operating loss arising in tax years beginning on o			-		,
	instructions)				30	0.
31	Unrelated business taxable income Subtract line 30 from line 29				31	161,571.
	For Paperwork Reduction Act Notice, see instructions.			Sc		(Form 990-T) 2019

D	20	

MISSION HOSPI						95-16433	60		- agc	
Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuati	ion N/A						
1 Inventory at beginning of year	1	··	7	ntory at end of yea		-	6			
2 Purchases	2		_	t <mark>of goods sold</mark> . Su			1			
3 Cost of labor	3		from	line 5. Enter here	and in F	Part I,	-			
4a Additional section 263A costs			line 2			Ĺ	7	Т		
(attach schedule)	4a		8 Doti	he rules of section	263A (v	with respect to		Yes	No	
b Other costs (attach schedule)	4b		7 ' '		cquired	for resale) apply to				
5 Total Add lines 1 through 4b	5	D		organization?		J.With Deel Drope			х	
Schedule C - Rent Income	(From Real	Property and	Persona	al Property L	ease	a with Real Prope	ertyj			
(see instructions)									-	
1 Description of property										
(1)										
(2)										
(3)										
(4)	O Bank annual									
(a) From personal property (if the per		red or accrued	and personal pre	operty (if the percents)	70	3(a) Deductions directly of	connected with the	income in	1	
rent for personal property in the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	personal proper of is based on p	operty (if the percentage ty exceeds 50% or if profit or income)		columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)										
Total	0.	Total			0.	 				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		nter -			0.	(b) Total deductions. Enter here and on page 1, Part I line 6, column (B)	-		0.	
Schedule E - Unrelated Del		Income (see	instruction	s)						
	-		2 Gros	ss income from		 Deductions directly connected to debt-finance 		ible		
1. Description of debt-fi	nanced property			ocable to debt- nced property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach s	deduction schedule)		
(1)			+							
(2)						-				
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to anced property th schedule)		umn 4 divided column 5		7. Gross income reportable (column 2 x column 6)	8. Allocab (column 6 x t 3(a) a			
(1)		-		%						
(2)			1	%						
(3)				%						
(4)				%						
						nter here and on page 1, Part I, line 7, column (A)	Enter here ar Part I, line 7			
					1		1		_	
Totals				▶		0.	.		0,	

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION	÷	AMOUNT
SUPPLIES PURCHASED SERVICES		54,860. 2,718.
UTILITIES		86,932.
TOTAL TO SCHEDULE M, PART II, L	INE 27	144,510.

Internal Revenue Service

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.

1

OMB No. 1545-0172

Sequence No 179

Name(s) shown on return Business or activity to which this form relates Identifying number MISSION HOSPITAL REGIONAL MEDICAL CENTER 95-1643360 LB PATHOLOGY Part | 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. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,550,000. 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 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 2020 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) Part III | MACRS Depreciation (Don't include listed property See instructions) Section A 17 3,699. 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation business/investment us only - see instructions) (a) Classification of property (g) Depreciation deduction 19a 3-year property 5-year property b 7-year property C 10-year property d 15-year property 20-year property 25 yrs S/I 25-year property g ММ 27 5 yrs S/L h Residential rental property 27 5 yrs MM S/L MM S/L 39 yrs Nonresidential real property ı MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System Class life S/L 20a b 12-year 12 yrs S/L 30 yrs MM С 30-year S/L 40-year 40 yrs MM S/L d Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 3,699. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 22

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

portion of the basis attributable to section 263A costs

MISSION HOSPITAL REGIONAL MEDICAL CENTER 95~1643360 Page 2 · Form 4562 (2019) Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement? Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes No Yes (b) (c) (e) (f) (g) (d) Date Elected Business Basis for depreciation Method/ Depreciation Type of property Recovery Cost or placed in investment section 179 deduction period Convention (list vehicles first) other basis use only) service use percentage cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L % S/I % S/L 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 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 (f) (a) (b) (c) (d) (e) Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? Was the vehicle used primarily by a more 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 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 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? 40 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? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization (C) Amortizable amount (f) (a) (b) Description of costs Date amortization Code Amortization Amortization for this year period or percentag 42 Amortization of costs that begins during your 2019 tax year

43 43 Amortization of costs that began before your 2019 tax year 44

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

Form 4562 (2019)

916252 12-12-19

· SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No	1545-004
T 110	

ENTITY

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ______, and ending ______, and ending ______.

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 MISSION HOSPITAL REGIONAL MEDICAL	Employer identification number 95-1643360				
	Inrelated Business Activity Code (see instructions) 812930 Describe the unrelated trade or business PARKING					
Pai			(A) Income	(B) Expenses	(C) Net	
	Gross receipts or sales 79,400.					
b	Less returns and allowances c Balance	1c	79,400.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	79,400.		79,400.	
4 a	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				
<u>13</u>	Total. Combine lines 3 through 12	13	79,400.		79,400.	
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income to the connected with			· · ·	ns must be	
14	Compensation of officers, directors, and trustees (Schedule K)			14		
15	Salaries and wages			15		
16	Repairs and maintenance			16 17		
17	Bad debts			18		
18	Interest (attach schedule) (see instructions) Taxes and licenses			19		
19 20	Depreciation (attach Form 4562)		20	19		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	21b		
22	Depletion		[210]	22		
23	Contributions to deferred compensation plans			23		
24	Employee benefit programs			24		
25	Excess exempt expenses (Schedule I)			25		
26	Excess readership costs (Schedule J)			26		
27	Other deductions (attach schedule)			27		
28	Total deductions. Add lines 14 through 27			28	0.	
29	Unrelated business taxable income before net operating loss deduc	tion Si	ubtract line 28 from line 1:		79,400.	
30	Deduction for net operating loss arising in tax years beginning on o			- <u>-</u> 9	•	
	instructions)			30	0.	
31	Unrelated business taxable income Subtract line 30 from line 29			31	79,400.	
LHA			Schedule M (Form 990-T) 2019			

Form 990-T (2019) MISSION HOSPI	TAL REGIONAL	L MEDICAL CEN	TER			95-16433	60	ſ	- Page 3
Schedule A - Cost of Good				raluation N/A					
1 Inventory at beginning of year 2 Purchases	1 2		6	Inventory at end of year		ine 6	6		
3 Cost of labor 4 a Additional section 263A costs				from line 5. Enter here line 2	7				
(attach schedule) b Other costs (attach schedule)	4a 4b		8	Do the rules of section property produced or a	•	•		Yes	No
5 Total. Add lines 1 through 4b Schedule C - Rent Income	5 (From Real	Property and	Per	the organization? sonal Property L	.ease	d With Real Prope	erty)	<u></u>	х
(see instructions) 1 Description of property					-				
(1)									
(2)					· · ·				
(4)	_								
	2. Rent receive	ed or accrued	_						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	conal property (if the percental property exceeds 50% or if led on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the i d 2(b) (attach schedu	ncome in	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.]			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)					
			2	Gross income from or allocable to debt-		Deductions directly connected to debt-finance	anced property		
1. Description of debt-fil	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other d (attach so	leductions chedule)	S
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	€	5. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x to 3(a) ai	e deduction tal of colo nd 3(b))	ons umns
(1)				%					
(2)				%					
(3)			<u> </u>	%	ļ	· · · · · · · · · · · · · · · · · · ·	ļ		
(4)				%					
					E	nter here and on page 1,	Enter here and	d on page) 1,

0.

Totals

Total dividends-received deductions included in column 8