, Form	990-T	Ex	cempt Organization		siness Income der section 6033(rn,	OMB No 1545-0047
. 0		For cala	dild ploxy tax ndar year 2019 or other tax year begin		•	· · · · · · · · · · · · · · · · · · ·		୬ ⋒ 1 0
		For Cale	Go to www.irs.gov/Form990				"—— I	<u>Z</u> W I3
	ment of the Treasury I Revenue Service	l ⊳ _{Do}	not enter SSN numbers on this form a				c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
Ā	Check box if				me changed and see instruction		D Emplo	yer identification number
_	address changed						(Emplo	yees' trust, see instructions)
B Exe	mpt under section	1	SANTA BARBARA COTTA	GE H	OSPITAL			
X	501(C) P 3)	Print	Number, street, and room or suite no	lf a P O	box, see instructions		95-16	644629
	408(e) 220(e)	Type						ated business activity code
	408A530(a)		P.O. BOX 689				(269 IU:	structions)
	529(a)		City or town, state or province, country	y, and Z	ZIP or foreign postal code			
	k value of all assets nd of year		SANTA BARBARA, CA 9	3102	-0689		54	
	•		up exemption number (See instruct					
1	817093511.	G Che	ck organization type 🕨 🕺 501	(c) co	rporation 501(c) trust	401(a)	trust Other trust
			nization's unrelated trades or busine			Describe	e the only	(or first) unrelated
			ROF, SCIENTIFIC, & TEC					e than one, describe the
fir	st in the blank spa	ace at the	end of the previous sentence, co	mplete	Parts I and II, complete a S	chedule M for ea	ch additior	nal
	ide or business, th							
			corporation a subsidiary in an affil			controlled group?		▶ X Yes No
			identifying number of the parent co	rporation	on ▶ ATCH I	. 5 /0	051324	. 0022
			RISTIN TUFVESSON			e number ► (8		\
			or Business Income		(A) Income	(B) Exper	ises	(C) Net
1a	Gross receipts or	sales	19,657,470. 11,109,608. c Balance ▶	١	8,547,862.			
				1c 2	0,547,002.			
2	-	-	ule A, line 7)	3	8,547,862.			8,547,862.
3	•		2 from line 1c	4a	0,517,002.			7 0,31,7002.
4a			Part II, line 17) (attach Form 4797)	4a 4b	· · · · · · · · · · · · · · · · · · ·		-/-	
b c			rusts	4c				
5			r an S corporation (attach statement)	5			-	
6			• • • • • • • • • • • • • • • • • • •					
7			come (Schedule E)	7				
8			ents from a controlled organization (Schedule F)	8				
9			1(c)(7), (9), or (17) organization (Schedule G)					
10			ncome (Schedule I)	10				
11		-	dule J)	11				
12			ctions, attach schedule)	12/	4,351.	ATCH 2	.4	4,351.
13	Total. Combine li	nes 3 thr	ough 12	/13	8,552,213.			8,552,213.
Z ₀ Z	t II Deductio	ns Not	Taken Elsewhere (See ınst	ructio	ons for limitations on o	leductions.) (Deduction	ons must be directly
	connecte	d with the	ne unrelated business∞ińcom	ie.)				
∞ 14	Compensation of	f officers,	directors, and trustees (Schedule K))			14	
CV 15								3,213,413.
급 16			<i>. f.</i>					77,467.
∽ 17			<i>. f.</i>					
Ω^{18}			(see instructions)					44 040
19 NN 20 21						232,470		44,940.
Ź 20			4562)			232,470		222 470
₹ ²¹	-		on Schedule A and elsewhere on re	eturn			21b	232,470.
() 22 () 23	Depletion	<i>f</i>	compensation plans	Ē	DECENTED.	7	22	95,713.
	Contributions to	dererred	compensation plans	· <u></u>	KECCINED .		23	1,298,591.
24	Employee benefit	t program	S	<u>⊹</u> '		3	24	1,230,331.
25 26	Excess exemple	n costo (S	Schedule I)	ŽĮ	NOV 2 5 2020 19		25	
26 27	Other deductions	r (2H2ch :	schedule)	<u>"[:</u>		ATCH 3	26	3,634,262.
28	Total deductions	Add line	es 14 through 27.	· · ·	COEN LIT	4 . *** > *** >	27	8,596,856.
29/			ole income before net operating			28 from line	• •	-44,643.
30			ig loss arising in tax years beginni					
31			e income Subtract line 30 from line					-44,643.
/			Notice, see instructions.					Form 990-T (2019)

Use Only

Preparer

Fim's EIN ▶ 34-6565596

Phone no 858-535-7200

Firm's name

► ERNST & YOUNG U.S. LLP

Firm's address > 4365 EXECUTIVE DRIVE, SUITE 1600, SAN DIEGO, CA 92121

Form 990-T (2019)	I- O-I-I -						Page 3
Schedule A - Cost of Good		iter method					
1 Inventory at beginning of year	· —	-			ar	6	
2 Purchases				•	ld. Subtract line		
3 Cost of labor	· 3				here and in Part	-	
4a Additional section 263A costs			i i			`	1 1
(attach schedule)					section 263A (w	•	Yes No
b Other costs (attach schedule)					or acquired for		
5 Total. Add lines 1 through 4b			to the org	ganization?			X
Schedule C - Rent Income (F	rom Real P	roperty ar	id Personal Property	/ Leased V	Vith Real Proper	rty)	
(see instructions)							
Description of property							
(1)							
(2)							
(3)			 				
(4)			·				
	2. Rent recei	ved or accrue	d				
(a) From personal property (if the perco for personal property is more than 10 more than 50%)		percenta	om real and personal propert ge of rent for personal proper If the rent is based on profit o	ty exceeds		rectly connected will (a) and 2(b) (attach so	
(1)				•			
(2)	-						
(3)			•				
(4)							
Total	•	Total	n				
(c) Total Income. Add totals of colum	ns 2(a) and 2((b) Enter			(b) Total deductio Enter here and on		
here and on page 1, Part I, line 6, col					Part I, line 6, colur		
Schedule E - Unrelated Debt	-Financed I	ncome (se	e instructions)				
1. Description of debt-fine	anced property		Gross income from or allocable to debt-financed		Deductions directly cor debt-financ	ed property	
			property	(a) Straigi	ht line depreciation ich schedule)	(b) Other ded (attach scho	
(1)							
(2)							
(3)							
(4)							•
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ible to property	6. Column 4 divided by column 5		income reportable n 2 x column 6)	8. Allocable de (column 6 x total 3(a) and 3	of columns
(1)			9/	0			
(2)			%	6			
(3)			9/	0			
(4)			9/	6			
Totale					re and on page 1, ne 7, column (A)	Enter here and Part I, line 7, co	on page 1, olumn (B)
Totals							

Form 990-T (2019)

Form 990-T (2019)	SANTA BA									644629 Page 4
Schedule F – Interest, Ann	uities, Royalties						ations (se	e instructi	ons)	
		Exe	mpt Co	ntrolled Org	ganızatı	ons				
Name of controlled organization	2 Employer identification numbe	;		ated income instructions)	1	of specifi nts made	^{ed} included	f column 4 ti in the contr on's gross in	olling	6 Deductions directly connected with income - in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organia	zations									
7. Taxable Income	8. Net unrelated ind (loss) (see instructi			Total of specific ayments made	ed	ıncl	Part of column uded in the con nization's gross	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totale					•	Ent	d columns 5 a er here and on t i, line 8, colui	page 1,	Ent	dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B)
Totals	ncome of a Sec	tion 501	(c)(7).	(9), or (17	· · · · · · · · · · · · · · · · · · ·	nizatio	n (see inst	ructions)	1	· · · · · · · · · · · · · · · · · · ·
1. Description of income	2. Amount of		(-/\-/-	3. Deduction directly contact (attach sch	tions inected		4. Se	l-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)				•						
(4)										
	Enter here and o Part I, line 9, co		· ·	4	di 21 11	triginari izt	Finite Col.		ē	Enter here and on page 1, Part I, line 9, column (B)
Totals ▶						····				
Schedule I – Exploited Exe	empt Activity Inc	ome, O	ther Th	an Adverti	ising Ir	come	(see instru	ctions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expe direc connecte product unrela business	itly ed with ion of ited	4. Net inconfrom unrelated or business 2 minus collected for cols 5 three cols 5 th	ed tradé (column lumn 3) ompute	from IS NO	ross income activity that at unrelated less income	6. Expe attributi colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	 							t		
(2)				t				1		
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,				,			Enter here and on page 1, Part II, line 25
Schedule J-Advertising In	ncome (see instru	uctions)		<u> </u>						
Part I Income From Per			Consol	idated Bas	sis					
								1		
1 Name of penodical	2. Gross advertising income	3. Dır advertisin		4 Adver gain or (los 2 minus co a gain, co cols 5 thre	ss) (col ol 3) If mpute		Circulation ncome	6 Read cos	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				1						- ;
(2)		•		1						`
(3)	1			1						,
(4)										
Totals (carry to Part II, line (5))										5 990 T (000)

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

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

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 here and on page 1, Part II, line 14.		▶	

Form 990-T (2019)

Form 3800

General Business Credit

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

SANTA BARBARA COTTAGE HOSPITAL

Identifying number 95-1644629

Part I	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT (See instructions and complete Part(s) III before Parts I and II.))	
1	General business credit from line 2 of all Parts III with box A checked	1	150,000
2	Passive activity credits from line 2 of all Parts III with box B checked 2	-	100,000
3	Enter the applicable passive activity credits allowed for 2019. See instructions	3	
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with	└	
•	box C checked. See instructions for statement to attach	4	1,445,906
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with	 	271107500
Ū	box D checked. See instructions	5	
6	Add lines 1, 3, 4, and 5	6	1,595,906
Part II			
7	Regular tax before credits		
	Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44. Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return.	7	0
	• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return		
8	Alternative minimum tax	ļ	
	● Individuals Enter the amount from Form 6251, line 11		
	• Corporations Enter -0	8	0
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54)		
9	Add lines 7 and 8	9	
102	Foreign tax credit		
	Certain allowable credits (see instructions).		
	Add lines 10a and 10b	10c	
·	7.00 11100 100 0110 100 1111111111111111		
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See		
	instructions		
14	Tentative minimum tax:		
	• Individuals Enter the amount from Form 6251, line 9		
	• Corporations Enter -0		
	• Estates and trusts Enter the amount from Schedule I (Form 1041),		
	line 52		
15	Enter the greater of line 13 or line 14	15	
16	Subtract line 15 from line 11 If zero or less, enter -0	16	0
17	Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · ·	17	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization		

Part	the state of the s		
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and ent	er -0- o	n line 26
18	Multiply line 14 by 75% (0 75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11 If zero or less, enter -0	20	0
21	Subtract line 17 from line 20 If zero or less, enter -0	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	-
23	Passive activity credit from line 3 of all Parts III with box B checked 23		
24	Enter the applicable passive activity credit allowed for 2019 See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	
27	Subtract line 13 from line 11 If zero or less, enter -0	27	0
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27 If zero or less, enter -0	29	0
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32		
33	Enter the applicable passive activity credits allowed for 2019 See instructions	33	
34	Carryforward of business credit to 2019 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	
35	Carryback of business credit from 2020 Enter the amount from line 5 of Part III with box D checked See instructions	35	
36	Add lines 30, 33, 34, and 35	36	
37	Enter the smaller of line 29 or line 36	37	
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c	38	2000

4e

4f

4g

4h

4i

4i

4z

5

Renewable electricity, refined coal, and Indian coal production (Form 8835)

Employer social security and Medicare taxes paid on certain employee tips (Form 8846)

Qualified railroad track maintenance (Form 8900)

Small employer health insurance premiums (Form 8941)

Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

Employer credit for paid family and medical leave (Form 8994)......

Other _____

h

i

j

lame(s) shown on return		Identifying number	
SAN	TA BARBARA COTTAGE HOSPITAL		95-1644629	
Par		tructio		
	plete a separate Part III for each box checked below See instructions		,	
-	· ·			
	-			
В	General Business Credit From a Passive Activity F Reserved	D	O	
c		Busin	ess Credit Carryforwa	aros
D [General Business Credit Carrybacks H Reserved			
	f you are filing more than one Part III with box A or B checked, complete and attach first an a			
	II with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit		(b) If claiming the credit	(c) Enter the
Note:	On any line where the credit is from more than one source, a separate Part III is needed for e		from a pass-through	appropriate
	through entity		entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
÷	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
, k		-"		
•		1k		150,000
	Instructions for limitation)	11		130,000
 		1m		
	Low sulfur diesel fuel production (Form 8896)			· · -
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		· · · · · · · · · · · · · · · · · · ·
r	Alternative motor vehicle (Form 8910)	11		
S		1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
u	, , , , , , , , , , , , , , , , , , ,	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
W		1w		
X	, , , , , , , , , , , , , , , , , , , ,	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	<u>1y</u>		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
а	a Employee retention (Form 5884-A)	1aa		
b	b General credits from an electing large partnership (carryforward only)	1bb		
Z	Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		150,000
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b		4b		
c	Biofuel producer (Form 6478)	4c		
d		4d		
e	D 11 1 1 1 5 1 1 11 1 1 1 1 1 7 2005	4e		
4	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		·····
ſ		 +		
9	Qualified railroad track maintenance (Form 8900)	4g		
h		4h		
ĺ	Increasing research activities (Form 6765)	4i		
j	Employer credit for paid family and medical leave (Form 8994)	41		
Z		4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		150,000

· Form 4562

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.

Attachment Sequence No 179

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Identifying number SANTA BARBARA COTTAGE HOSPITAL 95-1644629 Business or activity to which this form relates GENERAL DEPRECIATION 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. 2 Total cost of section 179 property placed in service (see instructions)....... 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 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 mamed filing separately, see instructions 6 (a) Description of property 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Business income limitation Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11.. 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 See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 15 232,470 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (a) Classification of property placed in (business/investment use (e) Convention (g) Depreciation deduction only - see instructions) 19a 3-year property 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/I 27 5 yrs мм S/I h Residential rental мм property 27 5 yrs мм S/L 39 yrs I Nonresidential real MM property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year S/L 12 yrs c 30-year 30 yrs мм S/L d 40-year 40 yrs MM S/L Part IV Summary (See instructions.)

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

here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs.

232,470.

*Pai	rt V	entertainme	operty (include ent, recreation, o ny vehicle for wh	r amusem	ent.)										•	
		24b, column	s (a) through (c) of	f Section A,	all of S	ection I	B, and	Section	C If a	pplicable			•			iy 24a
			Depreciation and				1 1								es)	
<u>24a</u>	Do yo	u have evidenc	e to support the bus		ent use	claimed?	<u> </u>		No	24b If "\	∕es," ıs t	he evide	nce writt	en?	Yes	X No
•		(a) property (list cles first)	(b) Date placed in service	Business/	Gost	(d) or other ba		isis for depr	stment	(f) Recovery period	Met	hod/	Depre	h) eciation uction	Elected s	i) ection 179 ost
25				qualified lis							1					
		-					e See	instruct	ions			. 25	<u> </u>		<u> </u>	
26	Prope	erty usea mor	e than 50% in a qi	Т.		<u>e </u>	<u> </u>	_			т		ī		1	
					_								 		 	
				.					-		 					
27	Prop	erty used 50%	or less in a qualifi		Sessinvestment use claimed? Yes X No 24b If "Yes," is the evidence writt (e)			1								
				T	Convention Denote Convention Denote Convention Deduction Deduction Deduction Deduction Deduction Deduction Decument Denote Decument Dec											
		•			%						S/L -				1	
					%						S/L -					
															<u> </u>	
29	Add a	amounts in co	lumn (ı), lıne 26 E	nter here a	nd on I	ine 7, pa	age 1 .		<u></u>			<u></u>	<u></u>	. 29		
	•		•												rovided	vehicles
to yo	our em	pioyees, first an	swer the questions in	1 Section C to			_	<u> </u>	Comp	<u>.</u>			ī .		1 -	
									v							f) icle 6
30			estment miles driv lude commuting m													
31			niles driven during										 			
	Total	•	personal (nonco	•		-			•							
		•		•							ŀ					
33			en during the y													
			2													
34			e available for		Yes	No_	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use d	luring off-duty	hours?			ļ					ļ		ļ	ļ	ļ	
35			used primarily by					İ							1	
			related person?					ļ	 -		<u> </u>			<u> </u>	-	
36			le available for					1		1	-					
	use /,					1	<u> </u>		 		ber Th					<u> </u>
۸	war t										-				who	ron't
			or related persons			eption	to con	ibieting	Secti	011 6 101	venicle	s useu	by em	pioyees	wiio a	rent
						obibite	all ne	reonal u	se of	vehicles	· includ	dina co	mmuter	ng by	Yes	No
٥,																
38	Do y	ou maintain	a written policy	statement 1	that pr	ohibits	perso	nal use	of ve	ehicles, e	except	commu	ting, by	y your		
								ers, dire	ctors,	or 1% or	more o	wners				
39	-		-													
40						•					-		es abo	ut the		
	use c	of the vehicles	, and retain the inf	ormation re	ceived.											
41	Do y	ou meet the re	equirements conce	erning quaii	ried aut	tomobile	e aem	onstratio	on use	r the cov	truction	S				<u></u>
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		(a) Description	of costs	Date amor		An						Amorti	zation od or	Amortiz	(f) ation for t	his year
42	Amo	rtization of co	sts that begins dur	ing your 20	19 tax	year (se	e inst	ructions)							
						L										
43	Amo	rtization of co	sts that began bef	ore your 20	19 tax	year .							43			
44	Tota	. Add amoun	its in column (f) S	ee the instr	uctions	for whe	ere to i	eport	<u></u>	<u></u>	<u> </u>	<u></u>	44			
JSA														Fo	om 456	2 (2019

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

COTTAGE HEALTH 77-0431902

	ATTACHMENT 2
PART I - LINE 12 - OTHER INCOME	
PATHOLOGY INCOME .	3,956.
INTEREST ON PATIENT ACCOUNTS	395.
PART I - LINE 12 - OTHER INCOME	4,351.

3,634,262.

ATTACHMENT 3

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

EDUCATION	1,764.
RENT EXPENSE	211,926.
SUPPLIES	2,010,263.
PURCHASED SERVICES	1,093,254.
INSURANCE	23,799.
UTILITIES (INCL. TELEPHONE)	65,785.
GOODWILL	126,783.
OTHER MISCELLANOEUS EXPENSES	95,699.
TAX PREPARATION FEES	4,989.

PART II - LINE 27 - OTHER DEDUCTIONS

FORM 990-T, LINE 34 - CHARITABLE CONTRIBUTIONS

FY ENDING	CHARITABLE CONTRIBUTIONS	CHARITABLE CONTRIBUTIONS UTILIZED IN PRIOR YEARS	CHARIT CONTRIB UTILIZED	UTIONS	CHARITABLE CONTRIBUTION CARRYFORWARD
12/31/2015	2,122,281	-		_	2,122,281
12/31/2016	2,510,862	=	1	_	2,510,862
12/31/2017	2,238,184	(25,962) *		_	2,212,222
12/31/2018	2,371,834	(5,254)		-	2,366,580
12/31/2019	2,675,219	-		-	2,675,219

^{*} Charıtable contribution converted to net operating loss pursuant to IRC Section 170(d)(2)(B)(ii)

⁵⁻year carryforward limit pursuant to IRC Section 170(d)(2)(A)

SCHEDULE D - NET CAPITAL LOSS DEDUCTION

FY ENDING	CAPITAL LOSS	UTILIZED CAPITAL LOSS	NET CAPITAL LOSS CARRYFORWARD
12/31/2015	2,825	_	2,825
12/31/2016	54,789	-	54,789
Net Operating Los	s Carryforward Available	e as of 12/31/2019	57,614

FORM 990-T. PART II. LINE 30 - NET OPERATING LOSS DEDUCTION (PROF. SCIENTIFIC, & TECH SVCS)

FY ENDING	NET OPERATING LOSS	NET OPERATING LOSS UTILIZED IN PRIOR YEARS	NET OPERATING LOSS UTILIZED IN CURRENT YEAR	NET OPERATING LOSS CARRYFORWARD
12/31/2018	51,284			51,284
12/31/2019	44,643	-	-	44,643
	95,927	-		
Net Operating	Loss Carryforward Avan	lable as of 12/31/2019)	95,927

FORM 990-T, PART III, LINE 36 - NET OPERATING LOSS DEDUCTION (PRE-2018 NOL)

FY ENDING	NET OPERATING LOSS		NET OPERATING LOSS UTILIZED IN PRIOR YEARS		NET OPERATING LOSS UTILIZED IN CURRENT YEAR	NET OPERATING LOSS CARRYFORWARD
12/31/2017	25,962	*	-	* *	-	25,962
	25,962		-	-		
Net Operating Loss Carryforward Available as of 12/31/2019					25,962	

^{*} Charitable contribution converted to net operating loss pursuant to IRC Section 170(d)(2)(B)(ii)

^{**} PURSUANT TO SECTION 302 OF THE NEWLY ENACTED "TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT OF 2019", THE NET OPERATING LOSS ("NOL") DEDUCTION UTILIZED IN PRIOR YEARS FOR CALENDAR YEAR ENDED DECEMBER 31, 2017 HAS BEEN ADJUSTED TO RETURN AMOUNTS UTILIZED AGAINST THE NOW RETROACTIVELY REPEALED IRC SECTION 512(A)(7) QUALIFIED TRANSPORTATION FRINGE BENEFITS.

FORM 3800, PART I, LINE 4 - CARRYFORWARD OF GENERAL BUSINESS CREDIT TO 2019

FY ENDING	CREDIT GENERATED		UTILIZED IN PRIOR YEARS		UTILIZED IN CURRENT YEAR	CREDIT CARRYFORWARD
12/31/2017	1,299,417	_	(3,511)		 	1,295,906
12/31/2018	150,000	*	-	*		150,000
	1,449,417	_	(3,511)		_	
Credit Carry	forward Avaılable as	of	12/31/2019			1,445,906

^{*} PURSUANT TO SECTION 302 OF THE NEWLY ENACTED "TAXPAYER CERTAINTY AND DISASTER TAX RELIEF ACT OF 2019", THE GENERAL BUSINESS CREDIT UTILIZED IN PRIOR YEARS FOR CALENDAR YEAR ENDED DECEMBER 31, 2018 HAS BEEN ADJUSTED TO RETURN THE CREDIT USED AGAINST TAX ON THE NOW RETROACTIVELY REPEALED IRC SECTION 512(A)(7) QUALIFIED TRANSPORTATION FRINGE BENEFITS.