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Form 990-T	=	xempt Organization and proxy ta:						L	OMB No	1545-0687
POINT JJU-1	l						09	ا ه	മെ	40
	For cale	ndar year 2018 or other tax year begi					, 20 <u>+</u>	-	<u>Z</u> 0	10
Department of the Treasury Internal Revenue Service	l ⊾ne	► Go to www irs gov/Form990 o not enter SSN numbers on this form					:01(c)/3\	. Ի	Open to Publi	c Inspection for anizations Only
A Check box if				me changed and see in:					yer identificat	
address change	d]				,	-	(Employ	yees' trust, see in	structions)
B Exempt under section	7	SCRIPPS HEALTH								
X 501(C)(03)	Print	Number, street, and room or suite no	lf a P C	box, see instructions			9	5-16	584089	
408(e) 220(e) Type						E		ted business	activity code
408A 530	1,700	10140 CAMPUS POINT	DRIV	E				(See ins	structions)	
529(a)		City or town, state or province, count	ry, and	ZIP or foreign postal cod	e		_			
C Book value of all assets		SAN DIEGO, CA 92121							<u></u>	
at end of year	<u> </u>	up exemption number (See instruc					, ₍			,
5667715696	G Che	eck organization type 🕨 🕺 501	(c) co	rporation	501(c	trust	40	01(a) t	rust	Other trust
		anization's unrelated trades or busine				Desc	ribe the	e only	(or first) unre	lated
		ALIFIED PARTNERSHIP I							than one, de	scribe the
		e end of the previous sentence, co	mplete	Parts I and II, compl	ete a S	chedule M for	each a	ddition	al	
trade or business,					_					Yes X No
•		corporation a subsidiary in an affil	•	· · ·	sidiary o	ontrolled grou	ıpγ	• • •	▶⊔	Yes X No
		identifying number of the parent co ICHARD ROTHBERGER	rporati	on ▶ Te	lechon	e number 🕨	858-	678-	6828	
		or Business Income		(A) Income	repriori		penses			
1a Gross receipts of		or Business income	Т	(A) mediae		(5) 22	penaca		(0)	
b Less returns and allo		c Balance ▶	1c					•		
		ule A, line 7)	2							
		2 from line 1c	3							
•		attach Schedule D)	4a	1,3	384.					1,384.
		Part II, line 17) (attach Form 4797)	4b							
c Capital loss dec	luction for t	trusts	4c							
5 Income (loss) from a	partnership o	r an S corporation (attach statement)	5	15,7	730.	ATCH	_1			15,730.
6 Rent income (Se	hedule C)		6						2511 //-1	
7 Unrelated debt-	financed in	come (Schedule E)	7					RE(CEIVE	
8 Interest annuities, re	yatties and re	ents from a controlled organization (Schedule F	8							
		1(c)(7), (9) or (17) organization (Schedule G)					B640	AUG	1 8 202	0 일
	-	ncome (Schedule I)					m _			<u> </u>
		dule J)	11					76	DEN, U	
•		ctions, attach schedule)	12	17,1	14		<u> </u>		<u> PLIV, C</u>	17,114.
13 Total Combine	nes 3 thr	ough 12	13			eductions) (Evc	ent fo	r contribu	
		be directly connected with t) (LAC	eptic	n continua	doris,
		directors, and trustees (Schedule K)						14		
•								15		
								16		
•								17		<u> </u>
		(see instructions)						18		
								19		8,000.
		See instructions for limitation rules)		1		. ĄŢĊĦ.	7]	20		
21 Depreciation (a	tach Form	4562)		21						
22 Less depreciation	on claimed	on Schedule A and elsewhere on re	eturn	22a	<u> </u>			22b		
24 Contributions to	deferred of	compensation plans						24		
								25		
		Schedule I)						26		· -·
27 Excess readersh	ip costs (S	chedule J)				7. π. σ. τ		27		5,044.
28 Other deduction	s (attach s	chedule)				. AICH.	~7?	28 29		13,044.
		s 14 through 28					. 7.0	29 30		4,070.
		le income before net operating g loss arising in tax years beginnii						- :		1,0,0.
		g loss arising in tax years beginnii e income Subtract line 31 from line						31		4,070.
For Paperwork Redu	tion Act N	lotice, see instructions.	~~·	· · · · · · · · · · · · · · · · · · ·	<u></u>		للزنن	<u> </u>	Form !	990-T (2018)
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			1				(6	クン	
			1					- 2		

PAGE 1



		_			- - -	-	_	
RI	Pes HE	EALTH						
ne	ss Tax	able inco	me					
le	ıncome	computed	from	all	unrelated	trades	Οľ	businesse

Forn	n 990-T (2018)	Page 2
,Pa	rt III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	
	instructions)	33 85,113.
34	Amounts paid for disallowed fringes	34
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	
	Instructions). ATCH 8	35 85, 113.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	
	of lines 33 and 34,	36
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37 1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	9
_	enter the smaller of zero or line 36	38 0.
Pa	rt IV Tax Computation	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40
41	Proxy tax. See instructions	41
42	Alternative minimum tax (trusts only)	42
43	Tax on Noncompliant Facility Income. See instructions	43
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44
	t V Tax and Payments	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	
	Other credits (see instructions)	}}
	General business credit. Attach Form 3800 (see instructions)	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	
		45e
46	Subtract line 45e from line 44	46
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47
48	Total tax. Add lines 46 and 47 (see instructions)	48 0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49
50 a	Payments. A 2017 overpayment credited to 2018	1
	Tax deposited with Form 8868	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	
	Backup withholding (see instructions)	
	Credit for small employer health insurance premiums (attach Form 8941)	
	Other credits, adjustments, and payments Form 2439	
9	Form 4136 Other Total ▶ 50g	
51		51 170,000.
52	, ,	52
53	· · · · · · · · · · · · · · · · · · ·	53
54	:/\rac{1}{	170,000.
36	Enter the amount of line 54 you want	55
Par	VI Statements Regarding Certain Activities and Other Information (see instructions)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or o	other authority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	have to file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts If "Yes," enter the name of the foreign Financial Accounts III (No. 1) (preign country
	here MEXICO	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	r trust?, X
	If "Yes," see instructions for other forms the organization may have to file	
58	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$	
	Under penalties of perjury, I declare that I have examined this return, including accompanying exhedules and statements, and to the best true, correct and complete Declaration of preparer has any knowledge	t of my knowledge and belief it is
Sign	11 had falled a comment	the IRS discuss this return
Here	CORP EXEC VP/CFO with	the preparer shown below
··		estructions)? Yes X No
Paid	Print/Type preparer's name Preparer's signature Date CheckL	If PTIN
raio Prepa	EVA NITTA 08/03/2020 self-emp	
Use (Firm's name English a Tooling U.S. LLP	N► 34-6565596
	Firm's address ▶ 560 MISSION ST, STE 1600, SAN FRANCISCO, CA 94105 Phone n	0 415-894-8000

JSA

Form 990-T (2018)



Form 990-T (2018)										Page
Schedule A - Cost of Goods	s Sold. Er	nter method	d of invento	ory valua	tion	<u> </u>				
1 Inventory at beginning of year .	1			6 Inve	ntory	at end of year	ar	6		
2 Purchases	2			7 Cos	t of	goods so	ld. Subtract line			
3 Cost of labor	3			6 f	rom	line 5 Er	iter here and in)	
4a Additional section 263A costs				Part	I, line	2		7		
(attach schedule)	4a			8 Do	the	rules of	section 263A (w	ith r	espect to	Yes No
b Other costs (attach schedule) .	4b						or acquired for			
5 Total Add lines 1 through 4b .	5			to th	e orga	anization? .	<u> </u>		 <u>.</u>	N/A
Schedule C - Rent Income (Fre	om Real P	roperty a	nd Person	nal Prop	erty	Leased V	Vith Real Proper	ty)		
(see instructions)										
Description of property					_					
(1)							-			
(2)										
(3)										
(4)										
2	Rent recei	ved or accru	ed							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and percentage of rent for personal property is more than 50% but not percentage of rent f			age of rent for	personal p	roperty	exceeds in columns 2(a) and 2(b) (attach schedule)				
(1)										
(2)										
(3)										
(4)										
Total		Total					(b) Takal dadaaha			
(c) Total income Add totals of column	, , ,	,					(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6, colur							Part I, line 6, colum	in (B)	<u> </u>	
Schedule E - Unrelated Debt-F	inanced l	ncome (se	e instructio	ons)						
			2 Gross in			3 0	eductions directly cond debt-finance			le to
1 Description of debt-finance	ced property			e to debt-financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)										
(2)										
(3)										
(4)										
acquisition debt on or	Average adjust of or allocal debt-financed (attach sche	ble to property	[4 d	Column fivided olumn 5			income reportable 1 2 x column 6)		Allocable ded mn 6 x total o 3(a) and 3(t	f columns
(1)					%					
(2)					%					
(3)					%					
(4)					%					
			-				e and on page 1, e 7, column (A)		r here and or I, line 7, colu	

Form 990-T (2018)

▶

Total dividends-received deductions included in column 8.

Scriedule F—Interest, Anna	uities, Royaltie			ontrolled Or			Lauc	113 (500	- IIISII GCIIC	3113)	
Name of controlled organization	2 Employer identification numb	per 3 Ne	t unrel	lated income instructions)	4 Total	5 Part of co		art of column 4 that is uded in the controlling nization's gross income		6 Deductions directly connected with income in column 5	
(1)											
(2)		-					_		 		-
(3)							_				
(4)					l .						<u>L</u> _
Nonexempt Controlled Organiz	zations							, .			
7 Taxable Income	8 Net unrelated in (loss) (see instruc	·		Total of specific payments made		ine	cluded	of column I in the co non's gros	introlling		Deductions directly nected with income in column 10
(1)											_
(2)			-								
(3)											
(4)				_			_	Lumns 5 a			dd columns 6 and 11
Totals	ncome of a Sec	 ction 501(c	···· :)(7),	(9), or (17		Pi	art I, lı	re and on ne 8, colu see inst	mп (A)		ter here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount o	f income		3 Deduction directly cor (attach sch	nected				t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)			<u> </u>								
(2)			<u> </u>								
(3) (4)			ļ								
Totals ► Schedule I – Exploited Exe	Enter here and Part I, line 9, c	olumn (A)	er Th	an Adverti	sing Ir	com	e (se	e instru	ctions)		Enter here and on page 1, Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected production unrelated business inc	with of	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed tradé (column umn 3) ompute	from	activ	ncome ity that elated ncome	6 Experatributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				 							
(2)	_	·	_								
(3)	· 										
(4)				_							
	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	t I,			L <u>-</u>			·		Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J– Advertising In	COMe (see instr	uctions)		<u> </u>							
Part I Income From Peri			ncol	idated Rac	ie						 _
nicome From Fer	duicais Report	ied on a Co	11501	luateu bas	913						
1 Name of periodical	2 Gross advertising income	3 Direct advertising of		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col ol 3) If npute	5	Circul		6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								,			
(2)			-	1					·· -		
(3)											7
(4)		_		1						<u> </u>	7
	_						_				-
Totals (carry to Part II, line (5))											5 900 T (2010)

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

95-1684089	

Part II Income From Per 2 through 7 on a			rate Basis (For	each periodical	listed in Part I	i, fiii in columns
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						
	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 27
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
1 Name			Title	3 Percent of time devoted to business	4 Compensation	
(1)				%		
(2)				%		
(3)				%		
(4)				%		

Form **990-T** (2018)

SCHEDULE D (Form 1120)

Name

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form1120 for instructions and the latest information

Employer identification number

SCR	IPPS HEALTH					95-1684089
Part	Short-Term Capital Gains and Losses	(See instructions)			<u>-</u> :
	See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments or loss from Form 8949, Part I, line column (g)	n(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1t	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain from installment sales from f					
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
7 Pari	Net short-term capital gain or (loss) Combine lines 1			<u></u>	7	
Fair	See instructions for how to figure the amounts to enter on	(See instructions) 	(g) Adjustments	lo gain	(h) Gain or (loss)
	the lines below	(d) Proceeds	(e) Cost	or loss from Form 8949, Part II, line	n(s)	Subtract column (e) from column (d) and combine
	This form may be easier to complete if you round off cents to whole dollars	(sales pnce)	(or other basis)	column (g)	,	the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	o Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Enter gain from Form 4797, line 7 or 9				11	1,384.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchange	nges from Form 8824			13	
14	Capital gain distributions (see instructions)	14				
15	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	ıh	<u> </u>	15	1,384.
Part	Summary of Parts I and II				1	
16	Enter excess of net short-term capital gain (line 7) or	ver net long-term capita	al loss (line 15)		16	
17	Net capital gain Enter excess of net long-term capit				17	1,384.
18	Add lines 16 and 17 Enter here and on Form 1120, Note: If losses exceed gains, see Capital losses in the	-	proper line on other ret	ums	18_	1,304.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

95-1684089

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

AG REALTY VALUE FUND X LP COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP COMMONFUND CAPITAL VENTURE PARTNERS VI, L.P. SHELTER COVE MARINA LTD. TPG GROWTH IV DE AIV I, LP	-23,296. 493. -428. 44,458. -50.
TPG GROWTH IV, LP	-5,447.
INCOME (LOSS) FROM PARTNERSHIPS	15,730.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

5,044.

PART II - LINE 28 - OTHER DEDUCTIONS

5,044.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\underline{-10/01}$, 2018, and ending $\underline{-09/30}$, 20 $\underline{1}$

► 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) Omanizations Only

Name of organization
SCRIPPS HEALTH

Employer identification number 95-1684089

Unrelated business activity code (see instructions) ▶ 81

Describe the unrelated trade or business ▶ OTHER SERVICES (EXCEPT PUBLIC ADMINISTRATION)

4a Capital gain net income (attach Schedule D)	Pa	rt I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
2 Cost of goods sold (Schedule A, line 7)	1a	Gross receipts or sales 225, 407.			
2 Cost of goods sold (Schedule A, Ine 7).	b	Less returns and allowances c Balance ▶ 1c	225,407.		
4a Capital gain net income (attach Schedule D)	2	1 1			
b Net gam (loss) (Form 4797, Pan II, line 17) (attach Form 4797). c Capital loss deduction for trusts	3	Gross profit Subtract line 2 from line 1c	225,407.		225,407.
c Capital loss deduction for trusts .	4a	Capital gain net income (attach Schedule D) 4a			
5 Income (loss) from a partnership or an S corporation (altach statement)	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b			
Statement	c	Capital loss deduction for trusts			
6 Rent income (Schedule C). 6 7 7 Unrelated debt-financed income (Schedule E). 7 8 Interest, annuities, royalities, 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). 12 13 Total, Combine lines 3 through 12. 12 13 Total, Combine lines 3 through 12. 13 15 Salaries and wages 15 15 Salaries and wages 15 15 Salaries and maintenance 16 16 5, 051 17 Bad debts 17 18 Interest (attach schedule) (see instructions) (see instructions) 18 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions) 19 21 Depreciation (attach Form 4562). 20 22 Less depreciation (attach Form 4562). 21 21 Depreciation (attach Form 4562). 22 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 117, 912. 225 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 17, 912. 225 23 Depletion 24 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 5, 888. 25 26 Excess exempt expenses (Schedule I). 27 27 Excess readership costs (Schedule I). 27 28 Contributions Add lines 14 through 28. 29 29 C244, 867. 30 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 540. 30 31	5	Income (loss) from a partnership or an S corporation (attach			
Total Combination Tota		statement)			
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F). 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G). 9 Investment income (Schedule G). 10 Exploited exempt activity income (Schedule I). 11 Advertising income (Schedule J). 12 Other income (See instructions, attach schedule). 12 Income (See instructions, attach schedule). 13 Total. Combine lines 3 through 12. 14 Compensation of officers, directors, and trustees (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salanes and wages 15 53,553. 16 Repairs and maintenance 16 5,051. 17 Bad debts. 17 Interest (attach schedule) (see instructions). 18 Interest (attach schedule) (see instructions). 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules). 20 Charitable contributions (See instructions for limitation rules). 21 Depreciation (attach Form 4562). 22 Less depreciation claimed on Schedule A and elsewhere on return. 22a 22b 117, 912. 23 Depletion. 24 Contributions to deferred compensation plans 25 Employee benefit programs 26 Excess exempt expenses (Schedule I). 26 Excess exempt expenses (Schedule I). 27 Contributions (attach schedule). 28 Employee benefit programs 29 Total deductions (attach schedule). 30 Charitable contributions (attach schedule). 31 Peduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).	6	Rent income (Schedule C) 6			
organization (Schedule F)	7	Unrelated debt-financed income (Schedule E)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8	Interest, annuities, royalties, and rents from a controlled			
organization (Schedule G)		organization (Schedule F)			
10 Exploited exempt activity income (Schedule I) 10 11	9	Investment income of a section 501(c)(7), (9), or (17)			
11		organization (Schedule G)			
12	10	Exploited exempt activity income (Schedule I) 10			
13 225,407. 225,407. 225,407. 225,407. 225,407. 225,407. 225,407. 225,407. 225,407. 225,407.	11	Advertising income (Schedule J)			
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K)	12	Other income (See instructions, attach schedule) 12		·	
deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K)	13	Total. Combine lines 3 through 12	225,407.		225,407.
16 5,051. 17 Bad debts. 17 18 Interest (attach schedule) (see instructions). 18 19 20 20 Charitable contributions (See instructions for limitation rules). 20 21 Depreciation (attach Form 4562). 21 117,912. 22 Less depreciation claimed on Schedule A and elsewhere on return. 22a 22b 117,912. 23 Depletion. 23 24 Contributions to deferred compensation plans. 24 25 Employee benefit programs. 25 5,888. 26 Excess exempt expenses (Schedule I). 26 27 Excess readership costs (Schedule J). 27 28 Other deductions (attach schedule) ATCH 3. 28 42,463. 29 224,867. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13. 30 540. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 31					50.550
17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 21 117, 912 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 117, 912 23 Depletion 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs 25 5,888 26 Excess exempt expenses (Schedule I). 26 27 Excess readership costs (Schedule J). 27 28 Other deductions (attach schedule) ATCH 3. 28 42,463 29 224,867 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 540 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 31					5 051
18 Interest (attach schedule) (see instructions). 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 21 117, 912 22 22 1 117, 912 23 22b 117, 912 24 22b 117, 912 25 25 26 25 27 25 28 42, 463 29 224, 867 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).					*
Taxes and licenses					
Charitable contributions (See instructions for limitation rules)					
Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion. Contributions to deferred compensation plans Employee benefit programs. Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule). Total deductions Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).					
Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).		•	1 1	_	0
Depletion				 -	117 012
Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).		•			
Employee benefit programs					
Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).					5 000
Excess readership costs (Schedule J). Other deductions (attach schedule). Total deductions Add lines 14 through 28. Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).					<u>-</u>
Other deductions (attach schedule)					
Total deductions Add lines 14 through 28					10 160
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 540. 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)					224 255
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)					5.10
instructions)		· -			<u>J40.</u>
	31		•	,	
		monucuons)		3	

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

95-1684089

ATTACHMENT 3

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

SUPPLIES	2,503.
PURCHASED SERVICES	18,354.
ADMINISTRATION	16,562.
TAX PREPARATION FEES	5,044.

PART II - LINE 28 - OTHER DEDUCTIONS

42,463.

Form 4562

Department of the Treasury 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.

OMB No 1545-0172

Attachment Sequence No 179

Nam	ne(s) shown on return	l l		vity to which th				Identifying number
SCI	RIPPS HEALTH			ER SERVI	CES			95-1684089
Pa	Note: If you have any listed property, con			you comp	olete Part I.			
1	Maximum amount (see instructions)					[1	
2	Total cost of section 179 property placed in service (see in	structions)				[2	
3	Threshold cost of section 179 property before reduction in	n limitation (se	e instructio	ns)		[3	
4 5	Reduction in limitation Subtract line 3 from line 2 If zero o Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter-separately, see instructions	r less, enter -0 0- If marned filing)			F	5	
6	(a) Description of property	<u></u>		usiness use onl			Ť	
	(a) occupion of property		(3) 0001 (00		(0) 2.00			
	Listed property Enter the amount from line 29							
	Total elected cost of section 179 property Add amounts in						8	
9	Tentative deduction Enter the smaller of line 5 or line 8.						9	
10	Carryover of disallowed deduction from line 13 of your 20						10	L _
11	Business income limitation. Enter the smaller of business						<u>11</u>	ļ <u></u>
						· · · - L	12	
	Carryover of disallowed deduction to 2019 Add lines 9 an			<u>▶</u> 13	<u>.l</u>			
4	e: Don't use Part II or Part III below for listed property. Instead							
_	rt II Special Depreciation Allowance and Otl	<u>-</u>					ınst	ructions)
14	Special depreciation allowance for qualified property							
	during the tax year See instructions					1	14	
	Property subject to section 168(f)(1) election						15	117,912
	Other depreciation (including ACRS)				<u> </u>	<u> </u>	16	117,912
Pa	ITT III MACRS Depreciation (Don't include listed		ee instruc	tions)				
17	MACRS deductions for assets placed in service in tax year						17	
	If you are electing to group any assets placed in sen					⊢	<u> </u>	<u></u>
	asset accounts, check here	•	-		, ,	<u>"</u> "		
	Section B - Assets Placed in Service					reciatio	n Sv	/stem
	(a) Classification of property placed in service	(c) Basis for (business/invi	depreciation estment use		(e) Convention	(f) Meth		(g) Depreciation deduction
19a	3-year property				- · · · · · · · · · · · · · · · · · · ·			
b	5-year property							
С	7-year property				- -			
d	10-year property							
е	15-year property							
f	20-year property	<u></u>						
g	25-year property			25 yrs		S/L		
h	Residential rental			27 5 yrs	ММ	S/L		
	property			27 5 yrs	ММ	S/L		
	Nonresidential real		-	39 yrs	MM	S/L		
	property				ММ	S/L		
	Section C - Assets Placed in Service D	uring 2018	Tax Year	Using the	Alternative De	preciat	ion S	System
20a	Class life					S/L		
b	12-year			12 yrs		S/L		
	30-year			30 yrs	ММ	S/L		
	40-year			40 yrs	MM	S/L	\neg	-
	rt IV Summary (See instructions.)		··	·		<u> </u>		
	Listed property Enter amount from line 28						21	
	Total. Add amounts from line 12, lines 14 through 17	lines 19 ai	nd 20 in (column (a)	and line 21 Er	· · · ⊢	\neg	
	here and on the appropriate lines of your return. Partnership			,			22	117,912

23

For Paperwork Reduction Act Notice, see separate instructions

portion of the basis attributable to section 263A costs

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

Form **4562** (2018)

Forn	n 4562 (2018)														Page 2
Pa	entertainm	operty (Include ent, recreation, o	r amusem	ent)										-	
	24b, columr	any vehicle for whas (a) through (c) o	f Section A,	all of S	Section	B, and	Section	C If a	pplicable						nly 24a,
	Section A -	- Depreciation and	Other Info	rmatio	n (Caut	ion: Se	e the in	struct	ions for li	mits for	passe	nger au	tomobil	es)	
24a	Do you have evident	ce to support the bus	iness/investr	nent use	claimed	? Y	es	No	24b If "	es," is t	he evide	nce writt	en?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	Se Cost	(d) or other b		(e) sis for depr isiness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	(h) eciation uction	Elected s	(I) section 179 ost
25	Special depreciati	on allowance for	qualified lis	sted pr	operty	placed	ın serv	/ice d	urina						
		sed more than 50%									. 25	İ		ĺ	
26	Property used mo								<u></u>	<u>· · · ·</u>		L		<u> </u>	
	, , , , , , , , , , , , , , , , , , ,			%						r		Ι		γ	
		 	 -	%											
				%		- 			 -						
27	Property used 50%	% or less in a qualif	<u> </u>						L	L		l			
	· · · · · · · · · · · · · · · · · · ·	1		%						S/L -		ſ			
				%					-	S/L -			_		
		 		%						S/L -					
20	Add amounts in co	Nump (h) Jipos 25			hore ar	od on lir	ne 21 n	200 1			28			(
	Add amounts in co											L	. 29		
	7 dd dinodins in oc	7 ann (1), mic 20 L								• • • •	· · · · ·	• • • •	. 29	<u> </u>	
^^~	nplete this section fo	ar volucios usad by							ehicles	r" or r	oloted n	orcon	f vou n	rouded	vobiolos
	our employees, first an													ovided	veriicles
					a)		b)	1	(c)		1)		e)		<u>r)</u>
					icle 1		icle 2	Ve	ehicle 3	Vehi		,	ıcle 5	Vehr	
30	Total business/inve														
24						 				-				_	
31 Total commuting miles driven during the year										_					
32	•	personal (nonco	٠, ١												
	miles driven														
33	Total miles drive	= -			0		0		0		0		0		0
	lines 30 through 3			Vac		Vac	No	V		Vac		Voo		Yes	<u>~</u>
34	Was the vehicle		`	Yes	No	Yes	NO_	Yes	NO	Yes	No	Yes	No	Tes	No
	use during off-duty				-										
35	Was the vehicle					ļ									
	than 5% owner or				 				_				-		
36	Is another vehic use?														
		ction C - Questic		evola	rs Who	Provi	de Ver	icles	for Use	by Th	eir Em	ployee	es	····	
	wer these question e than 5% owners o	ns to determine if	you meet a	an exce						-				who ar	ren't
37	Do you maintain	a written policy s	tatement t	hat pro	ohibits	all pers	sonal us	se of	vehicles	ınclud	ina coi	nmutin	a. bv	Yes	No
	your employees?														
38	Do you maintain	a written policy s	itatement t	hat pro	ohibits	person	al use	of ve	hicles, ex	cept c	ommut	ıng, by	-		
	employees? See th	ne instructions for v	ehicles use	ed by co	orporate	e officer	s, direc	tors, d	or 1% or r	nore ov	vners				
39	Do you treat all use	e of vehicles by em	ployees as	persona	al use?										
10	Do you provide n	nore than five vel	nicles to yo	our em	ployees	s, obta	in infor	matio	n from y	our en	nployee	s abou	it the		
	use of the vehicles									<i>.</i>					
11	Do you meet the re	equirements conce	rnıng qualıfı	ed aut	omobile	demoi	nstratio	n use?	See inst	ructions	 .				
	Note: If your answ		0, or 41 is '	'Yes," d	lon't co	mplete	Section	B for	the cove	red veh	ıcles				
Pa	rt VI Amortizat	ion													
	(a) Description o	of costs	(b) Date amorti begins		Am	(c) iortizable	amount		(d) Code sec	tion	(e) Amortiz period	ation I or	Amortiza	(f) tion for th	ıs year
12	Amortization of cos	sts that hegge duri			vear lea	e instru	ictions)			1	percen	lay o		-	
_	, and tazation of cos	Just that Degins dull	ng your 20	, o tax	year (se	o matru	10(10)113)	$\overline{}$							
	·- <u>-</u>							-				-		_	
3	Amortization of cos	ste that began hofe	TE VOLL 201	18 tav :								12			
4	Total. Add amount	ts in column (f). Se	e the instri	i o iax y ictione	for whe	re to re	oort	• • • •		• • • •	• • • • }	43			
•	- Ctan / au amoun	(1) Oct.	.5 0.15 1113010	.5.,5,1,5				• • • •	· · · · ·	• • • • •	••••	44			

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 20 19

• Go to www irs gov/Form990T for instructions and the latest information

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

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

Name of organization
SCRIPPS HEALTH

Employer identification number 95-1684089

Unrelated business activity code (see instructions) ▶ 72

Describe the unrelated trade or business ▶ ACCOMMODATION AND FOOD SERVICES

Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 4,368.					
b	Less returns and allowances	1c	4,368.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	4,368.			4,368.
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	4,368.			4,368.
14	deductions must be directly connected with the un Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	3,295.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		1 1			
22	Less depreciation claimed on Schedule A and elsewhere on re				22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)				28	9,019.
29	Total deductions. Add lines 14 through 28				29	12,314.
30	Unrelated business taxable income before net operating				30	-7,946.
1	Deduction for net operating loss arising in tax years instructions).	begin	ning on or after January	, 1, 2018 (see	31	
2	Unrelated business taxable income Subtract line 31 from line				32	-7,946.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

95-1684089

ATTACHMENT 4

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

SUPPLIES 3,198.
PURCHASED SERVICES 777.
TAX PREPARATION FEES 5,044.

PART II - LINE 28 - OTHER DEDUCTIONS

9,019.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning $\underline{-10/01}$, 2018, and ending $\underline{-}$ ► Go to www.irs.gov/Form990T for instructions and the latest information.

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

Name of organization SCRIPPS HEALTH Employer identification number 95-1684089

Unrelated business activity code (see instructions) ▶ 54

	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 4,669,773.]]]	
b	Less returns and allowances 585, 100. c Balance ▶	1c	4,084,673.		
2	Cost of goods sold (Schedule A, line 7),	2			
3	Gross profit Subtract line 2 from line 1c	3	4,084,673.		4,084,673.
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			
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total Combine lines 3 through 12	13	4,084,673.		4,084,673.

	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	1,831,984.
16	Repairs and maintenance	16	11,618.
17	Bad debts,	17	
18	Interest (attach schedule) (see instructions)	1 1	
19	Taxes and licenses	19	-4,501.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	45,626.
23	Depletion ,	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		326,210.
26	Excess exempt expenses (Schedule I).	l I	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	1,814,395.
29	Total deductions Add lines 14 through 28	29	4,025,332.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	59,341.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	59,341.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT 5

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

RENT EXPENSE	190,473.
SUPPLIES	288,942.
PURCHASED SERVICES	940,316.
OTHER MISCELLANEOUS EXPENSES	31,540.
SUPPORT SERVICES	123,248.
ADMINISTRATION	234,832.
TAX PREPARATION FEES	5,044.

PART II - LINE 28 - OTHER DEDUCTIONS

1,814,395.

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.

OMB No 1545-0172 20**18**

Attachment Sequence No 17

Name(s) shown on return SCRIPPS HEALTH

Department of the Treasury Internal Revenue Service (99)

Business or activity to which this form relates

Identifying number 95-1684089

SC		HEALTH				SCIENTI	FIC	, AND TECHN	CAL	svcs	95-1684089
Pa		Election To Expense C Note: If you have any lis				NOU CO	mnl	oto Part I			
_										1	
1		um amount (see instructions).								-	
		ost of section 179 property pla								2	
3		hold cost of section 179 proper								3	
4 5	Dollar III separatel	tion in limitation Subtract line mitation for tax year Subtract line 4 from ly, see instructions	o line 1 If zero or less, enter	or less, enter -l -0- If marned filing	,		 		 	5	
6		(a) Description			(b) Cost (bu						
				<u> </u>							1
		-	-	_]
7	Listed	property Enter the amount fro	m line 29				7				}
8		lected cost of section 179 pro								8	
9	Tentati	ve deduction. Enter the smalle	r of line 5 or line 8							9	
10		ver of disallowed deduction fro								10	
11		ss income limitation. Enter the								11	
12		n 179 expense deduction Add								12	
13		ver of disallowed deduction to					13				
Note	e. Don't	use Part II or Part III below for	r listed property Instea	ad, use Part V							·
Pa	rt II	Special Depreciation A	llowance and Ot	her Depred	iation (D	on't inclu	ide l	isted propert	y Se	e inst	ructions)
14		l depreciation allowance fo									
		the tax year See instructions.								14	ł
15		ty subject to section 168(f)(1)								15	
16		depreciation (including ACRS)								16	45,626
Pa		MACRS Depreciation (D									<u> </u>
				Sec	tion A						
17	MACRS	S deductions for assets placed	in service in tax yea	rs beginning b	efore 2018					17	
18		are electing to group any a									
	asset a	ccounts, check here						▶ [
		Section B - Assets							reciat	ion S	ystem
	(a)	Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Recove	ery	(e) Convention	(f) M	ethod	(g) Depreciation deduction
19a	3-yea	r property	0011100	<u> </u>							
		r property									
c	7-yea	r property					_				
d	10-year	r property					_				-
e	15-year	r property	-				1				
f	20-year	r property									
g	25-year	r property				25 yrs			S	/L	
h	Reside	ntial rental				27 5 yrs	T	MM	S	/L	
	propert					27 5 yrs	_	MM	S	/L	
		idential real				39 yrs	_	MM	S	/L	
•	propert			-				MM	S	/L	
		Section C - Assets P	laced in Service D	uring 2018	Tax Year	Using th	e Al	ternative De	precia	ation	System
20a	Class lif		[· · · · · · · · · · · · · · · · · · ·				Т		S		
b	12-year					12 yrs	\neg		S	'L	
	30-year				-	30 yrs		мм	S		
	40-year					40 yrs		ММ	S/		
		Summary (See instruction	ons)								<u> </u>
		property Enter amount from lin								21	
		Add amounts from line 12,			 nd 20 in c	column (a), an	nd line 21 Fr	ter		
-		d on the appropriate lines of yo	•				•			22	45,626
23		sets shown above and place		•				· · · · · · ·	• • • _		
		of the basis attributable to sec					23				

_	m 4562 (2018)		 ,								· ·				Page 2
Pá	entertainme	operty (Include ent, recreation, o	r amusem	ent.)									, ,	•	
		ny vehicle for wh s (a) through (c) o								lucting	lease e	expense	e, comp	olete or	niy 24a,
_	Section A -	Depreciation and	Other Info	rmatic	n (Caut	ion: Se	e the in	structi	ons for li	mits for	passe	nger au	itomobile	es)	
24	a Do you have evidenc	e to support the bus	iness/investm	nent use	claimed	2 Y	es	No	24b If "\	es," is th	ne evide	nce writt	ten?	Yes	No
	(a)	(b)	(c)		(4)		(e)		(f)	(9	9)		(h)		(1)
	Type of property (list vehicles first)	Date placed in service	Business/ investment us percentage	Se Cost	(d) or other b		sis for depr usiness/inve use only	estment	Recovery period	Meth Conve			eciation uction	1	section 179 ost
25	Special depreciation	on allowance for	qualified lis	sted pr	operty	placed	ın serv	/ice d	uring		T				
	the tax year and us	ed more than 50%	in a qualifi	ed bus	iness us	se See	instruct	ions			. 25	Í			
26	Property used more	e than 50% in a q	ualified busir	ness us	e										
			[%			,			[[
				%											
	· <u>-</u>			%							_	_			
27	Property used 50%	or less in a qualif	ed business	use					'			·			
	· <u>.</u>	 		%						S/L -					
		<u> </u>		%						S/L -				1	
				%						S/L -				1	
28	Add amounts in col	lumn (h) lines 25	L		here ar	ad on lu	ne 21 n	ane 1			28			1	
29	Add amounts in col	lumn (i), line 26. F	nter here a	nd on	line 7 p	age 1	110 Z 1, p	age .					. 29		
	, taa amaanto m oo	(1), 11110 20 2					on Use			· · · · <u>· ·</u>	• • •	· · · · ·	. 23	L	
Can	mplete this section for	r volucios usad by								r" or re	lated a	ercon	lf you n	royadod	vobielos
	our employees, first ans													TOVIGEG	verificies
					a)		b)	1	(c)	(d			e)	1	f)
					icle 1		icle 2	Ve	ehicle 3	Vehic			icle 5		cle 6
30	Total business/inve					1									
24	the year (don't inclu					-						_			
31 Total commuting miles driven during the year .															
32	32 Total other personal (noncommuting)							1							
	miles driven					-									
33	Total miles driver				^	}	0		0		0		0		^
	lines 30 through 32				0		0		0		0		0		<u> </u>
34	Was the vehicle		· .	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty		r			ļ	-								
35	Was the vehicle t		I							1					
	than 5% owner or re		· · · · · · · · · · · · · · · · · · ·												
36	Is another vehicle	e available for	personal							i					
	use [?]				L								l		
	Sec	ction C - Questic	ns for Em	ploye	rs Who) Provi	ide Vel	nicles	for Use	by The	eir Em	ployee	es		
	swer these questions re than 5% owners o				eption t	o com	pleting	Section	on B for	vehicles	used	by emp	oloyees	who a	ren't
	Do you maintain a				ahihite	all ner	sonal	se of	vehicles	includ	na co	mmutin	a by	Yes	No
٠,	your employees?												.g, J,		_
38	Do you maintain a	written policy s	tatement t	hat pr	ohibits	person	al use	of ve	hicles, ex	cept c	ommuti	ing, by	your		
	employees? See the	e instructions for v	ehicles use	d by c	orporate	e officei	rs, direc	tors, d	or 1% or r	nore ow	ners		-		
39	Do you treat all use	of vehicles by em	ployees as i	person	al use?										
40	Do you provide m	ore than five vel	nicles to yo	our en	ployees	s, obta	ın ınfor	matio	n from y	our em	ployee	s abou	ut the		
	use of the vehicles,	and retain the info	rmation red	ceived?	,										
41	Do you meet the re-	quirements conce	rning qualifi	ed aut	omobile	demo	nstratio	n use?	See inst	ructions)		
	Note: If your answe														
Pa	rt VI Amortizati									_					
											(e)				
	(a)		(b) Date amorti	zation		(c)			(d)		Amortiz	ation		(f)	
	Description of	costs	begins		Am	ortizable	amount		Code sec	tion	period		Amortiza	tion for th	is year
42	Amortization of cost	ts that begins duri	ng your 201	18 tax	vear (se	e instri	ictions)				p 0.0011	- 9- 1			
					, - 2. (0 <u>0</u>	,		1							
						_									
43	Amortization of cost	ts that hegan hefo	re vour 201	. Vet R	l						ſ	13			
44	Total. Add amounts	s in column (f). Se	e the instru	i u idix) ictione	for whe	 ere to re	port				• • • • •	44			
· •	. s.u / www.amounts	oo.u (1) - Se	- 110 manu	3.10113			P-11	<u></u>	<u> </u>	• • • •	<u></u> .	44		4555	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\underline{-10/01}$, 2018, and ending $\underline{-09/30}$, 20 $\underline{1}$

▶ 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

Name of organization
SCRIPPS HEALTH

95-1684089

Employer identification number

Unrelated business activity code (see instructions) ▶ 53 Describe the unrelated trade or business ▶ REAL ESTATE AND RENTAL AND LEASING Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 55,689. 1a Gross receipts or sales 55,689. b Less returns and allowances 2 Cost of goods sold (Schedule A, line 7). 55,689. 55,689. 3 4a Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4c Income (loss) from a partnership or an S corporation (attach 6 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J)....... 11 11

55,689.

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

13

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)	l .	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	25,145.
23	Depletion	23_	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	(
28	Other deductions (attach schedule)	l	9,382.
29	Total deductions. Add lines 14 through 28	29	34,527.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	21,162.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	21,162.

For Paperwork Reduction Act Notice, see instructions

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12.......

Schedule M (Form 990-T) 2018

55,689.

12

13

95-1684089

ATTACHMENT 6

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

SUPPORT SERVICES
TAX PREPARATION FEES

4,338.

5,044.

PART II - LINE 28 - OTHER DEDUCTIONS

9,382.

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.

OMB No 1545-0172

Attachment Sequence No

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Business or activity to which this form relates

Identifying number

SC	RIPPS HEALTH		53 - REAL E	STATE AND F	RENTAL AND LE	EASING	95-1684089
Pa	Election To Expense Certain Pro Note: If you have any listed proper			you comp	lete Part I.		
1	Maximum amount (see instructions)					1	
2	Total cost of section 179 property placed in service	e (see instruction	s)			2	
3	Threshold cost of section 179 property before rec	luction in limitation	on (see instructio	ns)		3	
4 5	Reduction in limitation Subtract line 3 from line 2 Dollar limitation for tax year Subtract line 4 from line 1 if zero or to separately, see instructions	If zero or less, er ess, enter -0- If marne	nter-0				
-6	separately, see instructions	• • • • • • • •		usiness use only	(c) Electe	<u>· · · · · · · · · · · · · · · · · · · </u>	· · ·
					1 1 1		_
7	Listed property Enter the amount from line 29.						
8	Total elected cost of section 179 property Add ar					_	
9	Tentative deduction Enter the smaller of line 5 or						
10	Carryover of disallowed deduction from line 13 of	your 2017 Form	4562			10)
11	Business income limitation. Enter the smaller of I					· -	
12	Section 179 expense deduction Add lines 9 and	10, but don't ent	er more than line	∍11 <u></u>	<u>,</u>	<u> 12</u>	2
13	Carryover of disallowed deduction to 2019 Add li	nes 9 and 10, les	s line 12	▶ 13			
Note	e. Don't use Part II or Part III below for listed proper						
Pa	rt II Special Depreciation Allowance a	and Other De	preciation (D	on't include	listed propert	y See in	structions)
14	Special depreciation allowance for qualified	property (other	than listed	property) pla	ced in servic	e	
	during the tax year See instructions					14	
15	Property subject to section 168(f)(1) election						
16						16	25,145
Pa	rt III MACRS Depreciation (Don't include	e listed propert	ty See instruc	tions)			
			Section A				·
17	MACRS deductions for assets placed in service in	n tax years beginn	ing before 2018			17	<u> </u>
18	If you are electing to group any assets placed	ın service dur	ing the tax yes	ar into one d	or more genera	<u>. l</u>	
	asset accounts, check here						
	Section B - Assets Placed in S			T	General Dep	reciation	System
	(a) Classification of property placed service	in (busine	is for depreciation ss/investment use see instructions)	(d) Recovery period	(e) Convention	(f) Method	d (g) Depreciation deduction
19a	3-year property						
b	5-year property						
	7-year property						
d	10-year property						
е	15-year property					- <u>-</u> -	
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental			27 5 yrs	ММ	S/L_	
	property			27 5 yrs	MM	S/L	
j	Nonresidential real			39 yrs	ММ	S/L	
	property				ММ	S/L	
	Section C - Assets Placed in Se	rvice During 2	018 Tax Year	Using the A	Iternative De	preciatio	n System
20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	30-year			30 yrs	MM	S/L	
	40-year			40 yrs	ММ	S/L	
Pa	rt IV Summary (See instructions)						
21	Listed property Enter amount from line 28	· · · · · · · · · · · ·	. .			21	
22	Total Add amounts from line 12, lines 14 thrown here and on the appropriate lines of your return. Pa						25,145
23	For assets shown above and placed in service	•	· ·		1		
	portion of the basis attributable to section 263A co	•		23	1		

$\overline{}$	n 4562 (2018)						4haz	a bual a			oroft		propor	ety up	Page 4
Pa		operty (Include ent, recreation, or			certair	1 0	tner v	enicie	s, certa	ain air	crait,	ano	proper	ty us	ed fo
	Note: For a	ny vehicle for whi	ch you are	e using							lease (expense	e, comp	olete o r	nly 24a
		is (a) through (c) of													
244	Section A - 1 Do you have evidence	Depreciation and							24b If "					es) Yes	No
248		1	(c)	ent use	ciaimed		Yes (e	No	1	1		1		Т -	
	(a) Type of property (list	(b) Date placed	Business/	Cook	(d)		Basis for de	preciation	I Recovery		(g) thod/	ļ	(h) eciation	1	(I) section 179
	vehicles first)	in service	investment us percentage	e Cost	or other ba	asis	(business/ir use o		period		ention/		uction	c	ost
25	Special depreciation	on allowance for		ted pr	operty	place	ed in se	rvice o	durina			†			
	the tax year and us										. 25				
26									•		•				
			ļ	%											
				%		_									
	·			%										<u></u>	
27	Property used 50%	6 or less in a qualifi										1			
	- 101.00			%						S/L -				-	
				%						S/L -		1		-	
				<u>%</u>		-1	1 04			S/L -				{	
28	Add amounts in co													├──	
29	Add amounts in co	numm (I), line 20 E							ehicles		• • • • •		. 29	<u> </u>	
Con	nplete this section fo	or vehicles used by								er" or r	elated r	person	lf vou n	rovided	vehicle
	our employees, first an														
				(a)	•	(b)		(c)	(d)	((e)	((f)
30	Total business/inve	estment miles drive	en durina	Veh	icle 1	_ v	'ehicle 2	\	/ehicle 3	Veh	ıcle 4	Veh	ncle 5	Veh	icle 6
the year (don't include commuting miles)															
31	Total commuting m	niles driven during	the year .							<u> </u>				<u> </u>	
32	Total other p	ersonal (nonco	mmuting)												
miles driven															
33	Total miles drive	•			0			٦	0		0		0		,
	lines 30 through 3			V	0	V		0	0	V		Vaa	0		l No
34	Was the vehicle			Yes	No	Yes	s No	Ye	s No	Yes	No	Yes	No	Yes	No
25	use during off-duty		Г		ļ		-	+		1			 	<u> </u>	
33	Was the vehicle than 5% owner or it						ł		ĺ						İ
36	Is another vehic	•													
00	use?						İ								
		ction C - Questio		plove	rs Who	Pro	vide V	ehicle	s for Use	by Th	eir Em	ploye	es		
Ans	swer these question													who a	ren't
moi	re than 5% owners o	or related persons	See instruc	tions											
37	Do you maintain	a written policy s	tatement tl	nat pro	ohibits	all po	ersonal	use of	f vehicles	, includ	ding co	mmutir	ıg, by	Yes	No
	your employees?.							<u>.</u> .						<u> </u>	-
38	Do you maintain														
20	employees? See th					omic								\vdash	-
39 40	Do you treat all use Do you provide m	ore than five veh	piciae to vi	our en	ai use i		tain inf		on from		 mnlovec	 es abou			
40	use of the vehicles,					, 00									
41	Do you meet the re					· · ·	 nonstrat	 Ion use	 ? See ins	truction	 s				
	Note: If your answ														
Pa	rt VI Amortizat	ion													
			(b)								(е			(5)	
	(a) Description of	of costs	Date amorti	zation	Am		(c) ble amoun	.	(d) Code se		Amorti: perio		Amortiza	(f) ation for th	nis vear
	<u></u>		begins								percer				
42	Amortization of cos	sts that begins duri	ng your 20	18 tax	year (se	e ins	tructions	s)			1	г			
								_							
	··· <u>·</u> ····				J					_		 -			
43	Amortization of cos	sts that began befo	re your 20	18 tax	year							43			
44	Total. Add amoun	is in column (f) Se	e me mstru	CUONS	ioi wne	16 10	report	<u></u>	<u></u>			44		AEC	2 (0010)
JSA													Foi	rm 456 2	~ (2018)

Form 3800
Department of the Treasury

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

2018
Attachment

Name(s) shown on return SCRIPPS HEALTH

Identifying number 95-1684089

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)	Γ)	
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		
3	Enter the applicable passive activity credits allowed for 2018 See instructions	3	
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with		
	box C checked See instructions for statement to attach	4	150,000
5	Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with		
_		5	
6	box D checked See instructions	6	300,000
Part II			
7	Regular tax before credits		
	 Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, 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	
	• 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		
	• 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 56		
9	Add lines 7 and 8	9_	
10a	Foreign tax credit		
	Certain allowable credits (see instructions)	1	
	Add lines 10a and 10b	10c	
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 54		
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	
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		
For Pape	erwork Reduction Act Notice, see separate instructions.		Form 3800 (2018)

Allowable Credit (continued)

Par								
Note	lote: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on 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						
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 2018 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						
28	Add lines 17 and 26	28						
29	Subtract line 28 from line 27 If zero or less, enter -0	29	C					
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 2018 See instructions	33						
34	Carryforward of business credit to 2018 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 2019 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	C					
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), line 54, or Form 1040NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c	38						
			E 2800 (2040)					

Page 3

	3800 (2018)		Identification	Page
	s) shown on return		Identifying number 95-168408	
				
Par	General Business Credits or Eligible Small Business Credits (see in plete a separate Part III for each box checked below. See instructions	Structio	ons)	
A	- Constant Pagings Greek Form a Hour addition in the Constant and the Cons			
В	General Business Credit From a Passive Activity F Reserved	l Duam	ann Cradit Carmfon	warda
C		ii busiii	ess Credit Carryfon	warus
Di	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	ما داداد	al Dark III acarbinina	amazinto fuero all Danta
	If with box A or B checked. Check here if this is the consolidated Part III.			
	(a) Description of credit		(b)	(c)
pass-	On any line where the credit is from more than one source, a separate Part III is needed for through entity	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
6	Disabled access (Form 8826) (see instructions for limitation)	1e		<u> </u>
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	-	
9	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i	 .	
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
K	Employer-provided child care facilities and services (Form 8882) (see			150,000
	Instructions for limitation)	1k 1l	·	130,000
I ~~	Biodiesel and renewable diesel fuels (attach Form 8864)	1m		
		\rightarrow		
n o	Distilled spirits (Form 8906)	10	* <u></u>	
a	Energy efficient home (Form 8908)	1p		
a a	Energy efficient appliance (carryforward only)	1g		
1	Alternative motor vehicle (Form 8910)	11		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		·
ť	Enhanced oil recovery credit (Form 8830)	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
	Carbon oxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1у		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	Employee retention (Form 5884-A)	1aa		<u> </u>
ы	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
22	Other Oil and gas production from marginal wells (Form 8904) and certain			
	other credits (see instructions)	1zz		150.00
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		<u></u>
4 a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
Ь	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
q	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f .	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		·
9	Qualified railroad track maintenance (Form 8900)	4g		
h :	Small employer health insurance premiums (Form 8941)	4h		
	Increasing research activities (Form 6765)	4i	<u></u>	
J	Employer credit for paid family and medical leave (Form 8994)	4 <u>J</u>	_	

5 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

150,000

Page	2	

Form 3800 (2018)			Page
Name(s) shown on return		Identifying numbe	
SCRIPPS HEALTH		95-168408	9
Part III General Business Credits or Eligible Small Business Credits (see	nstructio	ons)	
Complete a separate Part III for each box checked below See instructions			
A General Business Credit From a Non-Passive Activity E Reserved			
B General Business Credit From a Passive Activity F Reserved			
C X General Business Credit Carryforwards G Eligible Sm.	all Busin	ess Credit Carryfor	wards
D General Business Credit Carrybacks H Reserved			
If you are filing more than one Part III with box A or B checked, complete and attach first ar			
Ill with box A or B checked Check here if this is the consolidated Part III		<u></u>	<u></u>
(a) Description of credit	1	(b)	(c)
Note: On any line where the credit is from more than one source, a separate Part III is needed fo	each	If claiming the credit from a pass-through	Enter the appropriate
pass-through entity		entity, enter the EIN	amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	<u> </u>	
b Reserved	1b		
c Increasing research activities (Form 6765)			
d Low-income housing (Form 8586, Part I only)			<u></u>
e Disabled access (Form 8826) (see instructions for limitation)			
f Renewable electricity, refined coal, and Indian coal production (Form 8835)			
g Indian employment (Form 8845)	1g	<u></u>	
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874)			
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)			
k Employer-provided child care facilities and services (Form 8882) (see			
instructions for limitation)	1k		150,000
Biodiesel and renewable diesel fuels (attach Form 8864)			
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		[
o Nonconventional source fuel (carryforward only)	10		
p Energy efficient home (Form 8908)	1p	·	
q Energy efficient appliance (carryforward only)	1q		
r Alternative motor vehicle (Form 8910)	1r		
s Alternative fuel vehicle refueling property (Form 8911)	1s		
t Enhanced oil recovery credit (Form 8830)	1t		
u Mine rescue team training (Form 8923)	1u		
v Agricultural chemicals security (carryforward only)	1v		
w Employer differential wage payments (Form 8932)	1w		
x Carbon oxide sequestration (Form 8933)	1x		
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z Qualified plug-in electric vehicle (carryforward only)	1z		
aa Employee retention (Form 5884-A)	1aa		
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz 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			
4a Investment (Form 3468, Part III) (attach Form 3468)			
h Work opportunity (Form 5884)	4h		

Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II)

Renewable electricity, refined coal, and Indian coal production (Form 8835). . . . Employer social security and Medicare taxes paid on certain employee tips (Form 8846). . .

Small employer health insurance premiums (Form 8941)

Increasing research activities (Form 6765).......

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

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

150,000

4d 4e

4f

4g

4h

4i

4j

4z

5

SCRIPPS HEALTH ATTACHMENT 7

EIN: 95-1684089

FORM 990-T

FOR YEAR ENDED SEPTEMBER 30, 2019

CHARITABLE CONTRIBUTION CARRYOVER SCHEDULE

FYE	ORIGINAL AMOUNT	UTILIZED IN PRIOR YEARS	UTILIZED IN CURRENT YEAR	AMOUNT REMAINING
9/30/2015	1,145,448	11,181		1,134,267
9/30/2016	637,925	_	_	637,925
9/30/2016 *	(3,561)	-	-	(3,561)
9/30/2017	468,519	22,292	_	446,227
9/30/2017 *	(3,610)	-	_	(3,610)
9/30/2018	2,897,949	-	-	2,897,949
9/30/2019	2,005,366	-	-	2,005,366
9/30/2019 *	(8,511)	-	-	(8,511)
	AMOUNT	CARRIED FORWARD T	0 9/30/2020:	7,106,052

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

SCRIPPS HEALTH ATTACHMENT 8

EIN: 95-1684089

FORM 990-T

FOR YEAR ENDED SEPTEMBER 30, 2019

FORM 990-T, PART III, LINE 35 - NET OPERATING LOSS DEDUCTION - PRE 2018

FISCAL YEAR ENDED		AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	AMOUNT UTILIZED IN 9/30/2019	CARRYOVER NOT UTILIZED
9/30/2017	*	3,610	3,610		-
9/30/2018		134,209	=	85,113	49,096
9/30/2019	*	8,511	-	-	8,511
TOTAL		146,330	3,610	85,113	57,607
			TOTAL CARRYFORW	ARD TO 9/30/2020	57,607

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

SCRIPPS HEALTH ATTACHMENT 9

EIN: 95-1684089

FOR YEAR ENDED SEPTEMBER 30, 2019

72 - Accommodation and Food Services

SCHEDULE M, PART II, LINE 31 - NET OPERATING LOSS DEDUCTION

FISCAL YEAR ENDED	AMOUNT GENERATED	AMOUNT UTILIZED IN PRIOR YEARS	CONVERTED CONTRIBUTION	AMOUNT UTILIZED IN 9/30/2019	CARRYOVER NOT UTILIZED
9/30/2019	7,946	-	-	-	7,946
TOTAL	7,946				7,946
			TOTAL CARRYFOR	WARD TO 9/30/2020	7,946

ATTACHMENT 10

SCRIPPS HEALTH
EIN 95-1684089
FORM 3800 - Part I, Line 6
FOR YEAR ENDED SEPTEMBER 30, 2019

CARRYFORWARD OF GENERAL BUSSINESS CREDIT

TYPE OF CREDIT	FYE	ORIGINAL AMOUNT	UTILIZED IN PRIOR YEARS	UTILIZED IN CURRENT YEAR	AMOUNT REMAINING
Employer-provided Childcare	9/30/2018	150,000	-	-	150,000
Employer-provided Childcare	9/30/2019	150,000	_	-	150,000
		AMOUNT CARRIED	FORWARD TO	9/30/2020	300,000



EIN: 95-1684089 Tax Year Ending 09/30/2019

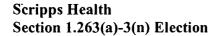
Section 1.263(a)-1(f) de minimis safe harbor election statement

Taxpayer Name: Scripps Health ("Taxpayer")

Taxpayer Address: 10140 Campus Point Drive Court San Diego, CA 92121

EIN: 95-1684089

The above-referenced Taxpayer is making the de minimis safe harbor election under Section 1.263(a)-1(f) for its tax year ending September 30, 2019.



EIN: 95-1684089 Tax Year Ending 09/30/2019

Section 1.263(a)-3(n) Election Statement

Taxpayer Name: Scripps Health ("Taxpayer")

Taxpayer Address: 10140 Campus Point Drive Court San Diego, CA 92121

EIN: 95-1684089

The above-referenced Taxpayer is making the election to capitalize repair and maintenance costs under Section 1.263(a)-3(n) for its tax year ending September 30, 2019.