

Form **990-T**


Department of the Treasury  
Internal Revenue Service

**Exempt Organization Business Income Tax Return**  
**(and proxy tax under section 6033(e))**  
For calendar year 2022 or other tax year beginning 01-01-2022 and ending 12-31-2022  
▶ **Go to [www.irs.gov/Form990T](https://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).**

OMB No. 1545-0047


**2022**

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

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed.	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) WILLIAM BEAUMONT HOSPITAL	<b>D</b> Employer identification number 38-1459362
		Number, street, and room or suite no. If a P.O. box, see instructions. 26901 BEAUMONT BLVD	<b>E</b> Group exemption number (see instructions) 5981
		City or town, state or province, and ZIP or foreign postal code SOUTHFIELD, MI 48033	<b>F</b> <input type="checkbox"/> Check box if an amended return.
		<b>C</b> Book value of all assets at end of year . . . . ▶ 3,913,083,114	
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust State college/university <input type="checkbox"/>			
<b>H</b> Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
<b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation . . . . ▶ <input type="checkbox"/>			
<b>J</b> Enter the number of attached Schedules A (Form 990-T) <u>2</u> . . . . ▶ 3			
<b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . ▶ <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation ▶ COREWELL HEALTH.  38-3382353			
<b>L</b> The books are in care of ▶ CORPORATE TAX 100 MICHIGAN STREET NE MC498 GRAND RAPIDS, MI 49503 Telephone number ▶ (866) 989-7999			

**Part I**

**Total Unrelated Business Taxable Income**

<b>1</b> Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) . . . . .	<b>1</b>	278,281
<b>2</b> Reserved . . . . .	<b>2</b>	
<b>3</b> Add lines 1 and 2 . . . . .	<b>3</b>	278,281
<b>4</b> Charitable contributions (see instructions for limitation rules)  . . . . .	<b>4</b>	27,828
<b>5</b> Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 . . . .	<b>5</b>	250,453
<b>6</b> Deduction for net operating loss. See instructions . . . . .	<b>6</b>	
<b>7</b> Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 . . . . .	<b>7</b>	250,453
<b>8</b> Specific deduction (generally \$1,000, but see instructions for exceptions) . . . . .	<b>8</b>	1,000
<b>9</b> <b>Trusts.</b> Section 199A deduction. See instructions . . . . .	<b>9</b>	
<b>10</b> <b>Total deductions.</b> Add lines 8 and 9 . . . . .	<b>10</b>	1,000
<b>11</b> <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero . . . . .	<b>11</b>	249,453

**Part II**

**Tax Computation**

<b>1</b> <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) . . . . . ▶	<b>1</b>	52,385
<b>2</b> <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) . . . . . ▶	<b>2</b>	
<b>3</b> <b>Proxy tax.</b> See instructions . . . . . ▶	<b>3</b>	
<b>4</b> Other tax amounts. See instructions . . . . .	<b>4</b>	
<b>5</b> Alternative minimum tax (trusts only) . . . . .	<b>5</b>	
<b>6</b> <b>Tax on noncompliant facility income.</b> See instructions . . . . .	<b>6</b>	
<b>7</b> <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies . . . . .	<b>7</b>	52,385

**Part III Tax and Payments**

<b>1a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>		
<b>b</b> Other credits (see instructions)	<b>1b</b>		
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>1c</b>		
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>		
<b>e</b> <b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>		
<b>2</b> Subtract line 1e from Part II, line 7	<b>2</b>		52,385
<b>3</b> Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>3</b>		
<b>4</b> <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter the tax amount here	<b>4</b>		52,385
<b>5</b> Current net 965 tax liability paid from Form 965-A, Part II, column (k)	<b>5</b>		
<b>6a</b> Payments: A 2021 overpayment credited to 2022	<b>6a</b>	1,028,265	
<b>b</b> 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	<b>6b</b>	50,000	
<b>c</b> Tax deposited with Form 8868	<b>6c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>		
<b>e</b> Backup withholding (see instructions)	<b>6e</b>		
<b>f</b> Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>		
<b>g</b> Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total ▶	<b>6g</b>		
<b>7</b> <b>Total payments.</b> Add lines 6a through 6g	<b>7</b>		1,078,265
<b>8</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>8</b>		
<b>9</b> <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>		
<b>10</b> <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>		1,025,880
<b>11</b> Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax▶</b> 60,000 <b>Refunded▶</b>	<b>11</b>		965,880

**Part IV Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority 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 country here ▶ CJ	<b>Yes</b>	<b>No</b>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	<b>Yes</b>	<b>No</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
<b>4</b> Enter available pre-2018 NOL carryovers here. ▶ \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
<b>5</b> Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business activity code	Available post-2017 NOL carryover	
440000	\$	983,423
620000	\$	6,937,846
	\$	
	\$	
<b>6a</b> Did the organization change its method of accounting? (see instructions)		<b>No</b>
<b>b</b> If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	<b>CHRISTINA FREESE DECKER</b>	<b>2023-11-13</b>	<b>CFO</b>	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
	Signature of officer	Date	Title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name TRAVIS L PATTON	Preparer's signature	Date 2023-11-14	Check <input type="checkbox"/> if self-employed	PTIN P00369623
	Firm's name ▶ PwC US Tax LLP	Firm's EIN ▶ 92-0460586			
	Firm's address ▶ 655 NEW YORK AVENUE NW SUITE 1100 WASHINGTON, DC 20001	Phone no. (202) 414-1000			

**TY 2022 CharitableContriSchedule2****Name:** WILLIAM BEAUMONT HOSPITAL**EIN:** 38-1459362**Contribution Description:** CHARITABLE CONTRIBUTION**Cash contributions paid during the  
year:****Cash contributions by accrual  
basis taxpayer:****Contributions carried forward  
prior year:** 381,126**Total charitable contributions:** 381,126

**TY 2022 CharitableContriSchedule2****Name:** WILLIAM BEAUMONT HOSPITAL**EIN:** 38-1459362**Contribution Description:** CHARITABLE CONTRIBUTION**Cash contributions paid during the  
year:****Cash contributions by accrual  
basis taxpayer:****Contributions carried forward  
prior year:** 131,047**Total charitable contributions:** 131,047

TY 2022 CostGoodSoldOtherCostSchedule

Name: WILLIAM BEAUMONT HOSPITAL

EIN: 38-1459362

Description	Amount
SUPPLIES	1,176,360

Total other costs: 1,176,360

TY 2022 CostGoodSoldOtherCostSchedule

Name: WILLIAM BEAUMONT HOSPITAL

EIN: 38- 1459362

Description	Amount
LABORATORY COSTS	188,065,612

Total other costs: 188,065,612

# TY 2022 IncomeLossPartnershipSCorpSch

**Name:** WILLIAM BEAUMONT HOSPITAL

**EIN:** 38-1459362

## Total gross receipts

Partnership or S Corporation name	Share of gross income	Share of deductions	Gain or loss
INCOME FROM PARTNERSHIP INVESTMENTS	278,281		278,281

**Total share of gross income:** 278,281

**Total share of deductions:**

**Total gain or loss:** 278,281



TY 2022 OtherDeductionSchedule

Name: WILLIAM BEAUMONT HOSPITAL

EIN: 38-1459362

Form 4562 amount:

Form 8873 amount:

Management fees (non-employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount: 44,636

Occupancy amount:

Travel amount:

Information technology amount:

Office expenses amount:

Other type of deduction	Other type deduction amount
CONSULTING	78,242
CORPORATE ADMIN	2,386,366
SUPPLIES	26,739,197
INTEREST	87,290
PENSION AND PROFIT SHARING	1,075,539
MEMBERSHIP AND DUES	500
TRAVEL	1,225
UTILITIES	1,440
MISCELLANEOUS	84

**TY 2022 OtherIncomeSchedule3****Name:** WILLIAM BEAUMONT HOSPITAL**EIN:** 38-1459362**Earnings And Profits Other Adjustment Statement**

Form Number or IRC Section Number	Other income description	Other income amount
ScheduleA - Line12	OTHER OPERATING REVENUE	171,210

**Total Other Income Amount:** 171,210

SCHEDULE A  
(Form 990-T)

Department of the Treasury  
Internal Revenue Service

Unrelated Business Taxable Income  
From an Unrelated Trade or Business

OMB No. 1545-0047

2022

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

▶ Go to [www.irs.gov/Form990T](https://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).

A Name of the organization  
WILLIAM BEAUMONT HOSPITAL

B Employer identification number  
38-1459362

C Unrelated business activity code (see instructions) ▶ 440000


D Sequence: 1 of 3

E Describe the unrelated trade or business ▶ OUTPATIENT PHARMACY

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 1,414,384			
b	Less returns and allowances	1c	1,414,384	
2	Cost of goods sold (Part III, line 8)	2	1,176,360	
3	Gross profit. Subtract line 2 from line 1c	3	238,024	238,024
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	238,024	0
				238,024

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	283,966
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7	7,251
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	20,961
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	312,178
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-74,154
17	Deduction for net operating loss (see instructions)	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-74,154

**Part III Cost of Goods Sold** Enter method of inventory valuation ► **OTHER APPROVED METHOD**

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	
<b>2</b>	Purchases . . . . .	<b>2</b>	
<b>3</b>	Cost of labor . . . . .	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	
<b>5</b>	Other costs (attach statement)  . . . . .	<b>5</b>	1,176,360
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	1,176,360
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	1,176,360
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

<b>1</b> Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
<b>A</b> <input type="checkbox"/>				
<b>B</b> <input type="checkbox"/>				
<b>C</b> <input type="checkbox"/>				
<b>D</b> <input type="checkbox"/>				
<b>2</b> Rent received or accrued	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .				
<b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . ►				
<b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
<b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . . ►				

**Part V Unrelated Debt-Financed Income** (see instructions)

<b>1</b> Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
<b>A</b> <input type="checkbox"/>				
<b>B</b> <input type="checkbox"/>				
<b>C</b> <input type="checkbox"/>				
<b>D</b> <input type="checkbox"/>				
<b>2</b> Gross income from or allocable to debt-financed property . . . . .	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>3</b> Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement)				
<b>b</b> Other deductions (attach statement) . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . . ►				
<b>9</b> Allocable deductions. Multiply line 3c by line 6				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . ►				
<b>11</b> <b>Total dividends-received deductions</b> included in line 10 . . . . . ►				

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Totals** . . . . . ►**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Totals** . . . . . ►**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: _____		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .	4	
5	Gross income from activity that is not unrelated business income . . . . .	5	
6	Expenses attributable to income entered on line 5 . . . . .	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . .	7	

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A** ☐ \_\_\_\_\_
- B** ☐ \_\_\_\_\_
- C** ☐ \_\_\_\_\_
- D** ☐ \_\_\_\_\_

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income . . . . .				

- a** Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . . ►

<b>3</b>	Direct Advertising costs by periodical . . .				
----------	--	--	--	--	--

- a** Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . . ►

- |          |   |  |  |  |  |
|----------|---|--|--|--|--|
| <b>4</b> | Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 . . . . . |  |  |  |  |
| <b>5</b> | Readership costs . . . . .  |  |  |  |  |
| <b>6</b> | Circulation income . . . . .  |  |  |  |  |
| <b>7</b> | Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero . . . . .  |  |  |  |  |
| <b>8</b> | Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .  |  |  |  |  |

- a** Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . ►

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			

**Total.** Enter here and on Part II, line 1 . . . . .

**Part XI** Supplemental Information (see instructions)

SCHEDULE A  
(Form 990-T)

Department of the Treasury  
Internal Revenue Service

Unrelated Business Taxable Income  
From an Unrelated Trade or Business

OMB No. 1545-0047

2022

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

A Name of the organization  
WILLIAM BEAUMONT HOSPITAL

B Employer identification number  
38-1459362

C Unrelated business activity code (see instructions) ▶ 620000


D Sequence: 2 of 3

E Describe the unrelated trade or business ▶ HEALTH CARE AND SOCIAL ASSISTANCE

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 256,302,723			
b	Less returns and allowances	1c 256,302,723		
2	Cost of goods sold (Part III, line 8)	2 188,065,612		
3	Gross profit. Subtract line 2 from line 1c	3 68,237,111		68,237,111
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12 171,210		171,210
13	Total. Combine lines 3 through 12	13 68,408,321	0	68,408,321

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	31,279,935
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7 1,477,975	
8	Less depreciation claimed in Part III and elsewhere on return	8a	8b 1,477,975
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	8,294,953
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	30,414,519
15	Total deductions. Add lines 1 through 14	15	71,467,382
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-3,059,061
17	Deduction for net operating loss (see instructions)	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-3,059,061

**Part III Cost of Goods Sold** Enter method of inventory valuation ► **OTHER APPROVED METHOD**

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	
<b>2</b>	Purchases . . . . .	<b>2</b>	
<b>3</b>	Cost of labor . . . . .	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	
<b>5</b>	Other costs (attach statement)  . . . . .	<b>5</b>	188,065,612
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	188,065,612
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	0
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	188,065,612
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> <b>Yes</b> <input checked="" type="checkbox"/> <b>No</b>		

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

<b>1</b>	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions) <b>A</b> <input type="checkbox"/> _____ <b>B</b> <input type="checkbox"/> _____ <b>C</b> <input type="checkbox"/> _____ <b>D</b> <input type="checkbox"/> _____				
<b>2</b>	Rent received or accrued	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>a</b>	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</b>	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .				
<b>c</b>	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .				
<b>3</b>	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . ► _____				
<b>4</b>	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
<b>5</b>	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . . ► _____				

**Part V Unrelated Debt-Financed Income** (see instructions)

<b>1</b>	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions) <b>A</b> <input type="checkbox"/> _____ <b>B</b> <input type="checkbox"/> _____ <b>C</b> <input type="checkbox"/> _____ <b>D</b> <input type="checkbox"/> _____				
<b>2</b>	Gross income from or allocable to debt-financed property . . . . .	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>3</b>	Deductions directly connected with or allocable to debt-financed property				
<b>a</b>	Straight line depreciation (attach statement)				
<b>b</b>	Other deductions (attach statement) . . . . .				
<b>c</b>	Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b>	Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b>	Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b>	Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b>	Gross income reportable. Multiply line 2 by line 6				
<b>8</b>	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . . ► _____				
<b>9</b>	Allocable deductions. Multiply line 3c by line 6				
<b>10</b>	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . . ► _____				
<b>11</b>	<b>Total dividends-received deductions</b> included in line 10 . . . . . ► _____				



**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Totals** . . . . . ►**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Totals** . . . . . ►**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	2	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	3	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .	4	
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .	5	
5 Gross income from activity that is not unrelated business income . . . . .	6	
6 Expenses attributable to income entered on line 5 . . . . .	7	
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . .		

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income . . . . .				

**a** Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . . ►

3	Direct Advertising costs by periodical				
---	--	--	--	--	--

**a** Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . . ►

**4 Advertising gain (loss).** Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.


**a** Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . ►

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			

**Total.** Enter here and on Part II, line 1 . . . . .

[illegible]

SCHEDULE A  
(Form 990-T)

Department of the Treasury  
Internal Revenue Service

Unrelated Business Taxable Income  
From an Unrelated Trade or Business

▶ Go to [www.irs.gov/Form990T](https://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).

OMB No. 1545-0047

2022

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

A Name of the organization  
WILLIAM BEAUMONT HOSPITAL

B Employer identification number  
38-1459362

C Unrelated business activity code (see instructions) ▶ 901101

D Sequence: 3 of 3

E Describe the unrelated trade or business ▶ INVESTMENT ACTIVITIES

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶			
1c				
2	Cost of goods sold (Part III, line 8)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)			
4a				
4b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)			
4b				
4c	Capital loss deduction for trusts			
4c				
5	Income (loss) from a partnership or an S corporation (attach statement)	278,281		278,281
6	Rent income (Part IV)			
7	Unrelated debt-financed income (Part V)			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)			
10	Exploited exempt activity income (Part VIII)			
11	Advertising income (Part IX)			
12	Other income (see instructions; attach statement)			
13	Total. Combine lines 3 through 12	278,281	0	278,281

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
8b			
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	278,281
17	Deduction for net operating loss (see instructions)	17	
18	Unrelated business taxable income. Subtract line 17 from line 16	18	278,281

**Part III Cost of Goods Sold** Enter method of inventory valuation ►

<b>1</b>	Inventory at beginning of year . . . . .	<b>1</b>	
<b>2</b>	Purchases . . . . .	<b>2</b>	
<b>3</b>	Cost of labor . . . . .	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach statement) . . . . .	<b>4</b>	
<b>5</b>	Other costs (attach statement) . . . . .	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 . . . . .	<b>6</b>	
<b>7</b>	Inventory at end of year . . . . .	<b>7</b>	
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 . . . . .	<b>8</b>	
<b>9</b>	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

**1** Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Rent received or accrued				
<b>a</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) . . . . .				
<b>b</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) . . . . .				
<b>c</b> Total rents received or accrued by property. Add lines 2a and 2b, columns A through D . . . . .				
<b>3</b> Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . . . . .	► _____			
<b>4</b> Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) . . . . .				
<b>5</b> <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) . . . . .	► _____			

**Part V Unrelated Debt-Financed Income** (see instructions)

**1** Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

**A** ☐ \_\_\_\_\_

**B** ☐ \_\_\_\_\_

**C** ☐ \_\_\_\_\_

**D** ☐ \_\_\_\_\_

	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>
<b>2</b> Gross income from or allocable to debt-financed property . . . . .				
<b>3</b> Deductions directly connected with or allocable to debt-financed property				
<b>a</b> Straight line depreciation (attach statement)				
<b>b</b> Other deductions (attach statement) . . . . .				
<b>c</b> Total deductions (add lines 3a and 3b, columns A through D) . . . . .				
<b>4</b> Amount of average acquisition debt on or allocable to debt-financed property (attach statement) . . . . .				
<b>5</b> Average adjusted basis of or allocable to debt-financed property (attach statement) . . . . .				
<b>6</b> Divide line 4 by line 5 . . . . .	%	%	%	%
<b>7</b> Gross income reportable. Multiply line 2 by line 6				
<b>8</b> <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) . . . . .	► _____			
<b>9</b> Allocable deductions. Multiply line 3c by line 6				
<b>10</b> <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) . . . . .	► _____			
<b>11</b> <b>Total dividends-received deductions</b> included in line 10 . . . . .	► _____			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

## Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Totals** . . . . . ►**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Totals** . . . . . ►**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1 Description of exploited activity: _____	2	
2 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	3	
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) . . . . .	4	
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 . . . . .	5	
5 Gross income from activity that is not unrelated business income . . . . .	6	
6 Expenses attributable to income entered on line 5 . . . . .	7	
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 . . . . .		

**1** Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

**D** ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income . . . . .				

**a** Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . . ►

3	Direct Advertising costs by periodical				
---	--	--	--	--	--

**a** Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . . ►

**4 Advertising gain (loss).** Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.


**a** Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . ►

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			

**Total.** Enter here and on Part II, line 1 . . . . .

[illegible]

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Form **4562**  
Department of the Treasury  
Internal Revenue Service  
(99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
▶ **Attach to your tax return.**  
▶ **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 1545-0172  
**2022**  
Attachment  
Sequence No. **179**

Name(s) shown on return  
WILLIAM BEAUMONT HOSPITAL

Business or activity to which this form relates  
GENERAL DEPRECIATION

Identifying number  
38-1459362

**Part I**

**Election To Expense Certain Property Under Section 179**  
**Note:** If you have any listed property, complete Part V before you complete Part I.

1

Maximum amount (see instructions)

1

1,050,000

2

Total cost of section 179 property placed in service (see instructions)

2

3

Threshold cost of section 179 property before reduction in limitation (see instructions)

3

2,620,000

4

Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-

4

5

Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions

5

6

(a) Description of property

(b) Cost (business use only)

(c) Elected cost

7

Listed property. Enter the amount from line 29

7

8

Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7

8

9

Tentative deduction. Enter the **smaller** of line 5 or line 8

9

10

Carryover of disallowed deduction from line 13 of your 2021 Form 4562

10

11

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

12

13

Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12

13

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II**

**Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14

Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions

14

15

Property subject to section 168(f)(1) election

15

16

Other depreciation (including ACRS)

16

7,251

**Part III**

**MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17

MACRS deductions for assets placed in service in tax years beginning before 2022

17

18

If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 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/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV**

**Summary (See instructions.)**

21

Listed property. Enter amount from line 28

21

22

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

22

7,251

23

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

23

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2022)

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)  
**Note:**For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No

24b If "Yes," is the evidence written? ☐ Yes ☒ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year					43
44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report					44



# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-1459362

**Name:** WILLIAM BEAUMONT HOSPITAL

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Form **4562**  
Department of the Treasury  
Internal Revenue Service  
(99)

**Depreciation and Amortization**  
**(Including Information on Listed Property)**  
▶ **Attach to your tax return.**  
▶ **Go to *www.irs.gov/Form4562* for instructions and the latest information.**

OMB No. 1545-0172  
**2022**  
Attachment  
Sequence No. **179**

Name(s) shown on return  
WILLIAM BEAUMONT HOSPITAL

Business or activity to which this form relates  
OUTPATIENT PHARMACY

Identifying number  
38-1459362

**Part I**

**Election To Expense Certain Property Under Section 179**  
**Note:** If you have any listed property, complete Part V before you complete Part I.

1

Maximum amount (see instructions)

1

2

Total cost of section 179 property placed in service (see instructions)

2

3

Threshold cost of section 179 property before reduction in limitation (see instructions)

3

4

Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-

4

5

Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions

5

6

(a) Description of property

(b) Cost (business use only)

(c) Elected cost

7

Listed property. Enter the amount from line 29

7

8

Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7

8

9

Tentative deduction. Enter the **smaller** of line 5 or line 8

9

10

Carryover of disallowed deduction from line 13 of your 2021 Form 4562

10

11

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

12

13

Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12

▶

13

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II**

**Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14

Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions

14

15

Property subject to section 168(f)(1) election

15

16

Other depreciation (including ACRS)

16

7,251

**Part III**

**MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17

MACRS deductions for assets placed in service in tax years beginning before 2022

17

18

If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

▶

☐

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 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/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV**

**Summary (See instructions.)**

21

Listed property. Enter amount from line 28

21

22

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

22

7,251

23

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

23

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2022)

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note:For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☒ No

24b If "Yes," is the evidence written? ☐ Yes ☒ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions.						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions.		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2022 tax year (see instructions):					
43 Amortization of costs that began before your 2022 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 38-1459362

**Name:** WILLIAM BEAUMONT HOSPITAL

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Business or activity to which this form relates  
HEALTH CARE AND SOCIAL ASSISTANCE

Identifying number  
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MACRS deductions for assets placed in service in tax years beginning before 2022

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20a Class life					S/L	
b 12-year			12 yrs.		S/L	
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