

1909

OMB No 1545-0087

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))For calendar year 2018 or other tax year beginning 10/01, 2018, and ending 09/30, 2019.**2018**Department of the Treasury  
Internal Revenue Service▶ Go to [www.irs.gov/Form990T](http://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 OnlyA ☒ Check box if  
address changedName of organization ( ☐ Check box if name changed and see instructions.)D Employer identification number  
(Employees' trust, see instructions)B Exempt under section  
☒ 501(c)(3) ☐ 220(e) ☐ 530(a)  
☐ 408(e) ☐ 529(a)  
☐ 408APrint  
or  
Type

BUTLER HOSPITAL

Number, street, and room or suite no. If a P.O. box, see instructions.

171 SERVICE AVE, BLDG. 2, 1ST FLOOR CNE TAX

City or town, state or province country, and ZIP or foreign postal code

WARWICK, RI 02886

05-0258812

E Unrelated business activity code  
(See instructions)

531120 532000

C Book value of all assets  
at end of year

68,332,513.

F Group exemption number (See instructions) ▶

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trustH Enter the number of the organization's unrelated trades or businesses ▶ 2 Describe the only (or first) unrelated trade or business here ▶ ATCH 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ ATCH 2 CARE 05-0490997J The books are in care of ▶ KATHY TOPORTelephone number ▶ 401-921-7602**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 (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c 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	522,439.	309,923.
7 Unrelated debt-financed income (Schedule E)	7	713,475.	595,032.
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	1,235,914.	904,955.
			330,959.

**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)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
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	
29 Total deductions. Add lines 14 through 28.	29	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	330,959.
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	330,959.

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Form **990-T** (2018)

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SCANNED MAY 25 2021

05 Received in  
Batching Office  
JAN 05 2021

RECEIVED

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INTERNAL REVENUE SERVICE  
KANSAS CITY, MO

8X2740 1.000 JSA 7425CY 0600

615

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions).	33	350,751.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions).	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34.	36	350,751.
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, enter the smaller of zero or line 36.	38	349,751.

**Part IV Tax Computation**

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).	39	73,448.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	73,448.

**Part V Tax and Payments**

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).	45a	
b	Other credits (see instructions).	45b	
c	General business credit. Attach Form 3800 (see instructions).	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827).	45d	
e	Total credits. Add lines 45a through 45d.	45e	
46	Subtract line 45e from line 44.	46	73,448.
47	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8897 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).	47	
48	Total tax. Add lines 46 and 47 (see instructions).	48	73,448.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2.	49	
50a	Payments. A 2017 overpayment credited to 2018.	50a	55,000.
b	2018 estimated tax payments.	50b	44,000.
c	Tax deposited with Form 8868.	50c	
d	Foreign organizations. Tax paid or withheld at source (see instructions).	50d	
e	Backup withholding (see instructions).	50e	
f	Credit for small employer health insurance premiums (attach Form 8941).	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other. Total	50g	
51	Total payments. Add lines 50a through 50g.	51	99,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed.	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.	54	25,552.
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax <input checked="" type="checkbox"/> 25,552. Refunded <input type="checkbox"/>	55	

**Part 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 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.	Yes	No
57	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.		X
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 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.

Sign Here	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	SCOTT J MARIANI	8/12/2020	EVP/CEO		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	WITHUMSMITH+BROWN, PC	8/4/2020		P00642486
	Firm's address	200 JEFFERSON PARK SUITE 400, WHIPPANY, NJ 07981-1070		Firm's EIN	22-2021092
				Phone no.	973-898-9494

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶

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

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**  
(see instructions)

1. Description of property		
(1) 345 BLACKSTONE BLVD - CLINICIAN OFFICES		
(2) 345 BLACKSTONE BLVD - RAY HALL		
(3) 353 & 355 BLACKSTONE BLVD		
(4)		
2. Rent received or accrued		
(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 personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1) ATCH 3	517,161.	295,339.
(2)	1,255.	1,547.
(3)	4,023.	13,037.
(4)		
Total	Total 522,439.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A).		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B).
522,439.		309,923.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) ATCH 6				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 713,475.	Enter here and on page 1, Part I, line 7, column (B). 595,032.
Total dividends-received deductions included in column 8				

**Schedule F—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 page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals

**Schedule G—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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Enter here and on page 1, Part I, line 9, column (A).				Enter here and on page 1, Part I, line 9, column (B).

Totals

**Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)**

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	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 and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Totals

**Schedule J—Advertising Income (see instructions)****Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I.</b> . . . . . ▶						
	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.
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 . . . . . ▶			

Form 990-T (2018)

**SCHEDULE M  
(Form 990-T)**

**Unrelated Business Taxable Income for  
Unrelated Trade or Business**

OMB No. 1545-0687

**2018**

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

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://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

BUTLER HOSPITAL

Employer identification number

05-0258812

Unrelated business activity code (see instructions) ▶ 900099

Describe the unrelated trade or business ▶ COMMISSIONS - VENDOR SALES

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 (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	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) ATCH. 7	12	24,365.	24,365.
13	Total. Combine lines 3 through 12	13	24,365.	24,365.

**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)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	22b	
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule) ATCH. 8	27	
29	Total deductions. Add lines 14 through 28	28	4,573.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29	4,573.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	19,792.
32	Unrelated business taxable income. Subtract line 31 from line 30	31	
		32	19,792.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT 1

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

THE ORGANIZATION'S UNRELATED BUSINESS ACTIVITY PRIMARILY CONSISTS  
OF INCOME RELATED TO RENTAL REAL ESTATE AND RENTAL SERVICES.

BUTLER HOSPITAL

05-0258812

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

CARE NEW ENGLAND HEALTH SYSTEM  
05-0490997



BUTLER HOSPITAL

ATTACHMENT 7

SCHEDULE M - LINE 12 OTHER INCOME

COMMISSIONS - VENDOR SALES

24,365.

LINE 12 - OTHER INCOME

24,365.

7425CY U600

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

ADMINISTRATIVE AND GENERAL DIRECT EXPENSES	317.
OTHER DIRECT EXPENSES	856.
PROFESSIONAL FEES	3,400.

PART II - LINE 28 - OTHER DEDUCTIONS

4,573.

ATTACHMENT 3SCHEDULE C - RENT INCOME DEDUCTIONS345 BLACKSTONE BLVD - CLINICIAN OFFICES

SALARIES & WAGES	114,788.
EMPLOYEE BENEFITS	24,105.
OTHER EXPENSES	67,062.
DEPRECIATION	9,621.
ADMINISTRATIVE & GENERAL	79,763.
TOTAL	<u>295,339.</u>

ATTACHMENT 4SCHEDULE C - RENT INCOME DEDUCTIONS345 BLACKSTONE BLVD - RAY HALL

SALARIES & WAGES	635.
EMPLOYEE BENEFITS	133.
OTHER EXPENSES	361.
ADMINISTRATIVE & GENERAL	418.
TOTAL	<u>1,547.</u>

ATTACHMENT 5SCHEDULE C - RENT INCOME DEDUCTIONS353 & 355 BLACKSTONE BLVD

SALARIES & WAGES	299.
EMPLOYEE BENEFITS	63.
OTHER EXPENSES	9,154.
ADMINISTRATIVE & GENERAL	3,521.
TOTAL	<u>13,037.</u>

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

ATTACHMENT 6

1. DESCRIPTION OF DEBT-FINANCED PROPERTY	2. GROSS INCOME	3 DEDUCTIONS DIRECTLY CONNECTED (3A)	4		5 AVERAGE ADJUSTED BASIS	6 % 4 IS OF 5	7 GROSS INCOME REPORTABLE (2 X 6)	8 ALLOCABLE DEDUCTIONS 6 X (3A - 2B) -
			AVERAGE ACQUISITION DEBT	ADJUSTED BASIS				
MEDICAL OFFICE BUILDING - CARRIAGE HOUSE	713,475:	224,742.	2,764,588:	2,726,587	100 000		713,475.	595,032.
TOTALS							<u>713,475</u>	<u>595,032</u>