Farm	990-T	EX	empt Organi	zation	Bus	iness inc	ome ensam	I and Ketul	(n)	OMB N	0 1545-0047
Form	330-1		anu p) Indar year 2019 or other 1			der section			0 1	മ	040
ř		For caler							2020	<u></u>	919
	ment of the Treasury I Revenue Service	▶ Do	► Go to www.irs.g not enter SSN numbers						c)(3).	Open to Pu	blic Inspection for rganizations Only
A	Check box if		Name of organization (ne changed and see			D Emp	loyer identific	ation number
	address changed								(Emp	loyees' trust, see	instructions)
	mpt under section		SOUTHCOAST H	OSPITALS	S GR	OUP, INC.					
X	501(C)(B)	Print or	Number, street, and roo	m or suite no	faPO	box, see instruction	ıs			592333	
\neg	408(e) 220(e)	Туре	101 DAGE COL	an man						elated busines instructions)	s activity code
-	408A530(a)		101 PAGE STF		u and 7	ID or foreign postal	code				
	529(a) k value of all assets		NEW BEDFORD,	-	-	ir or loreign postar	code .		5200	000	
	nd of year	F Gro	up exemption number		-	<u> </u>			0-00		
<u>2</u> 1	213595255.	_	ck organization type	` , 			501(c)) trust	401(a) trust	Other trust
H Er			nization's unrelated tra			<u> </u>				y (or first) un	related
			TNERSHIP INVE					complete Parts I			describe the
11	st in the blank spa	ice at the	end of the previous s	entence, cor	nplete	Parts I and II, cor	mplete a S	chedule M for ea	ch additio	onal	
	de or business, th									. [7	
			corporation a subsidia				_ []:	controlled group?	::17	1014 X	Yes No.
			DE BROUGHMAN	the parent co	rporation	on P AICE		e number ▶ 50	<u>り</u> 8-973	-2905	>
100		_	or Business Incom	ne		(A) Incor		(B) Exper		1	(C) Net
Ja	Gross receipts or						,	. , , , ,			
CB	Less returns and allowa			c Balance	1c						/
B	Cost of goods so	ld (Sched	ule A, line 7)		2						
3			2 from line 1c		3			<u> </u>		4	
4a			ttach Schedule D)		4a						
b			Part II, line 17) (attach Fe		4b				•		
C			rusts		4c	508	3,395.	ATCH 2			508,395.
5 6			r an S corporation (attach state		6	300	, 5,00.	AICH Z			300,333.
7	·	•	come (Schedule E)		7					 	
8			ints from a controlled organiza		8						
9	Investment income of	a section 50	1(c)(7), (9), or (17) organizati	on (Schedule G)	9/						
10	Exploited exempt	activity ii	ncome (Schedule I) .		10						
11	Advertising incom	ne (Sched	lule J)	<i>. /</i> .	11						
12			tions, attach schedule)	/	12	500	3,395.				508,395.
13 Par		nes 3 thr	ough 12	/See insti	13			eductions \ (Deduct	ione must	
Гаі	connecte	d with th	ne unrelated busin	ièss incom	e.)		ons on a	leductions.) (Deduci	ions musi	be directly
14	Compensation of	officers.	directors, and trustees	(Schedute K)	<u> </u>	<u> ED</u>		1	14	.]	
15	Salaries and wage	es		NEU-	V	······································	Un()	()	15		
16	Repairs and mair	itenance	/	100 2 2 2	γ.a.		<i>((</i> 1979)	(· · · · · · · · · · · · · · · · · · ·	16		
17	Bad debts			SEP.	<u>n'r</u>	2021 9	سبهرسز.		17		
18						<u> </u>		• • • • • • •	18		33,625.
19	Taxes and license	s/	4500)	~-0GD	EN	. U.T			19		33,623.
20 21			on Schedule A and els				12		211		
22	•	/									
23			compensation plans								
24	,		s								
25			Schedule I)							T'	
26			chedule J)								
27			chedule)							1	20,132.
28			s 14 through 27								53,757.
29	/		le income before ne	_						1	454,638
30		•	g loss arising in tax yo e income Subtract lin	_	-						454,638.
	Paperwork Reduct	ion Act	lotice, see Instructions	5.	29.	<u> </u>		<u> </u>	31		n 990-T (2019)

	990-T (2019) SOUT AST HOSPITALS GROUP, INC.	22-2592333	Page 2
Par	Total Unrelated Business Taxable Income		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see,	_	
-	Instructions)	32 5	11,226.
33	Amounts paid for disallowed fringes	3β	
34	Charitable contributions (see instructions for limitation rules) ATCH. 4		51,323.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract ling.	f	
33		35 4	59,903.
	34 from the sum of lines 32 and 33		03/303
36		36	
	Instructions)	36 4 37 4	59,903
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	38	1,000
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	36	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37.		58,903
	enter the smaller of zero or line 37	39 4	30, 303
	Tax Computation	46	96,370
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	30,370
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041),	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
11	Tax on Noncompliant Facility Income. See Instructions		06 270
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	96,370
Pai	Tax and Payments		
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
	Other credits (see instructions)		
	General business credit Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827),		
е	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	96,370
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	48	
49	Total tax. Add lines 47 and 48 (see instructions)	4 9	96,370
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
51 a	Payments: A 2018 overpayment credited to 2019	•	
b	2019 estimated tax payments		
С	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f		
g	Other credits, adjustments, and payments Form 2439		
_	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	 5/2 2	08,790
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	5 5 1	12,420
56	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶112, 420. Refunded ▶	56	
Pa		s)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		
	here	, ,	x
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an trust?	Х
58	If "Yes," see instructions for other forms the organization may have to file	g// 1.400	
58	•		
	Enter the amount of tay-eyempt interest received or accured dilling the tay year 🕳 🛪		and belief, it
58 <u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year S Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge a	
<u>59</u>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b true, correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge		
<u>59</u> Sig	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b true, correct, and pomplete Declaration of preparer other than taxpayer) is based on all information of which preparer has any knowledge	y the IRS discuss	
<u>59</u> Sig	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and pomplete Declaration of prepare Other than taxpayer) is based on all information of which preparer has any knowledge **EXEC VP FIN & CFO** Ma with the between the penjury of the penjury of the penjury of the preparer has any knowledge. The penjury of	y the IRS discuss h the preparer sh	own below
<u>59</u> Sig	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and pomplete Declaration of preparer other than taxpayer) is based on all information of which preparer has any knowledge Company EXEC VP FIN & CFO	ty the IRS discuss the preparer she instructions)? X Ye	own below
59 Sig Hei	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the brune, correct, and promplete Declaration of prepage (other than taxpayer) is based on all information of which preparer has any knowledge Company Co	ty the IRS discuss the the preparer she instructions)? X Ye	own below
Sig Hei	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the brune, correct, and pomplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Violation EXEC VP FIN & CFO Mawit (see Print/Type preparer's name Preparer's significer Date Date Check self-example PAUL TANIS Date Date Check self-example PAUL TANIS Date Date Date Check self-example PAUL TANIS Date Date Date Check self-example PAUL TANIS Date Date	ty the IRS discuss the the preparer she instructions)? X Yes If PTIN P014	own belowes No
Sig Hei Paid	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the brune, correct, and promplete Declaration of prepage (other than taxpayer) is based on all information of which preparer has any knowledge Company Co	ty the IRS discuss the the preparer she instructions)? X Ye PTIN imployed P014	wn below No
Sig Hei Paid	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the brune, correct, and promplete Declaration of prepage (other than taxpayer) is based on all information of which preparer has any knowledge Company Co	ty the IRS discuss the preparer shape instructions)? X Yes PTIN P014 P014 P10 P1	own below No. 141612

Form 990-T (2019)									ļ	Page 3
Schedule A - Cost of G	oods Sold. En	ter method	d of invento	ory valuation	•					
1 Inventory at beginning of y	year . 1			6 Inventory	at end of yea	ar	6			
, 2 Purchases	2					ld. Subtract line				
3 Cost of labor				6 from lir	ne 5 Enter	here and in Part				
4a Additional section 263A co	osts			I, line 2			7			
(attach schedule)	4a					section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedu						or acquired for				
5 Total. Add lines 1 through						<u>. ,</u>				
Schedule C - Rent Income		roperty a	nd Persor	nal Property	Leased V	Vith Real Proper	tv)			1
(see instructions)							-37			
Description of property						 -				
(1)	-				•					
(2)								-		
(3)								_		
(4)					-					
	2 Rent recei	ved or accrue	ed						•	
(a) From personal property (if the	nementage of rent	(b) F	rom real and	personal property	(if the	3(a) Deductions di	rectly c	onnected with	n the inci	ome
for personal property is more th	nan 10% but not	percent	age of rent for	r personal property	exceeds	in columns 2(a				00
more than 50%))	50% oi	r if the rent is	based on profit or	income)					
(1)										
(2)										
(3)										
(4)										
Total		Total						-		
(c) Total income. Add totals of c	columns 2(a) and 2((b) Total deduction				
here and on page 1, Part I, line 6	, ,					Enter here and on Part I, line 6, colun				
Schedule E - Unrelated D			e instruction	ons)		, ,	· · ·			
		,		income from or	3. [Deductions directly con			ble to	
1. Description of de	bt-financed property			to debt-financed	(a) Strough	debt-finance		_•	l et . e e e	
			Pi	roperty		ch schedule)	1	(b) Other ded attach scho		
(1)										
(2)										
(3)	•									
(4)										
4 Amount of average	5. Average adju		_	Column				Allocable de	duations	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed			divided		income reportable n 2 x column 6)		ımn 6 x total		
property (attach schedule)	(attach sch		by c	column 5	(Column	ii 2 x column o)		3(a) and 3	B(b))	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
						re and on page 1, ne 7, column (A)		er here and t I, line 7, co		

Total dividends-received deductions included in column 8 . . .

Schedule F - Interest, Ann	uities, Royanies	s, and Rer	its Fr	om Contro	olled O	rganiza	s (se	e instruction	ons)	
		Exem	npt Co	ontrolled Or	ganizatı	ons				<u>-</u>
1 Name of controlled organization	2. Employer identification numb	iei [ated income instructions)	1	of specified ents made	included	f column 4 th in the control ion's gross in	olling	Deductions directly connected with income in column 5
(1)						·-			-	
(2)	.		-					_		
(3)										
(4)										-
Nonexempt Controlled Organi	zations						·		_	<u> </u>
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific		ınclud	rt of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)						-				
(3)									-	
(4)	- <u></u>									
Totals	ncome of a Sec		c)(7)	(9) or (17	▶	Enter Part I	columns 5 a here and on , line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1. Description of income	2 Amount of		<u> </u>	3. Deduction directly contact (attach sch	ctions nnected		4 Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)					-					
(2)					-•					
(3)		•								
(4)										
Totals ▶	Enter here and Part I, line 9, c	olumn (A)						,		Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited Ex	empt Activity In	come, Oth	er Th	nan Advert	ising Ir	come (see instru	ctions)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expens directly connected productio unrelate business in	y with n of ed	4. Net incor from unrelat or business 2 minus co If a gain, c cols 5 thre	ted trade (column lumn 3) ompute	from ac	s income tivity that unrelated is income	6 Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)				-						
(4)				 						
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	art I,			<u> </u>		L		Enter here and on page 1, Part II, line 25
Schedule J- Advertising I	ncome (see instr	uctions)		1						
Part I Income From Per			onsol	lidated Bas	sis	<u> </u>				
	logicalo report		<u> </u>							
1. Name of periodical	2. Gross advertising income	3. Directadvertising		4 Adver gain or (los 2 minus co a gain, co cols 5 thro	ss) (col ol 3) If mpute	ı	culation ome	6. Reade cost	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	 								_	
(2)				 						<u> </u>
(3)	-			†						<u> </u>
(4)				†· · ·		<u> </u>		-		
Totals (carry to Part II, line (5)) ▶										
	<u></u>		_							

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

SOU	ST HOSPITALS	GROUP, INC.		22-25	92333 Page 5
		rate Basis (For	each penodica	I listed in Part II	, fill in columns
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)
			_	_	
Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
n of Officers, D	irectors, and Tr	rustees (see insti	ructions)		
	2.	Title	3 Percent of time devoted to business		
			%		
			%		
			%		
			%		
	Ine-by-line basis 2 Gross advertising income Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (A) Proof Officers, Directors, and Trees.	riodicals Reported on a Separate Basis (For eline-by-line basis.) 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 Enter here and on page 1, Part I, line 11, col (A) line 11, col (B)	riodicals Reported on a Separate Basis (For each penedical line-by-line basis.) 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 5 Circulation income 5 Circulation income 6 There and on page 1, Part I, line 11, col (B) 7 Title 8 Percent of time devoted to business 9 %	riodicals Reported on a Separate Basis (For each penedical listed in Part III. 2 Gross advertising income

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\underline{10/01}$, 2019, and ending

09/30 .20 20

► 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 the organization

22-2592333

Employer identification number

SOUTHCOAST HOSPITALS GROUP, INC.

Unrelated Business Activity Code (see instructions) ► 440000 Describe the unrelated trade or business ▶ PHARMACY SALES TO NON-SYSTEM PATIENTS

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 4,647.				ı
b	Less returns and allowances c Balance	1c	4,647.		
2	Cost of goods sold (Schedule A, line 7)ATCH. 5.	2	2,047.		1
3	Gross profit. Subtract line 2 from line 1c	3	2,600.		2,600.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797).	4b			<u> </u>
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	2,600.		2,600.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	179.
16	Repairs and maintenance	16	3.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	96.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	1.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	7.
24	Employee benefit programs	24	30.
25	Excess exempt expenses (Schedule I)		
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	284.
28	Total deductions. Add lines 14 through 27	28	600.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	2,000.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		2,000.
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29		

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

4562

Department of the Treasury

Internal Revenue Service (99)

epreciation 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

2019

Attachment Sequence No 179

Business or activity to which this form relates Identifying number Name(s) shown on return SOUTHCOAST HOSPITALS GROUP, INC. PHARMACY SALES TO NON-SYSTEM PATIENTS 22-2592333 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). 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 3 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 (b) Cost (business use only) 6 (a) Description of property (c) Elected cost 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 . . . 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. 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 16 Other depreciation (including ACRS) 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 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use service only—see instructions) 3-year property **b** 5-year property 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. g 25-year property S/L 27.5 yrs. MM h Residential rental 27.5 yrs. MM S/L property S/L 39 yrs. MM i Nonresidential real MM S/L Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L MM S/L 30 yrs. c 30-year 40 yrs. MM d 40-year 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 23 For assets shown above and placed in service during the current year, enter the

om 4562 (2019)								Page 2
	Propert ainment, r	• '	de automobiles or amusement.		vehicles	, certain a	ircraft, and p	property used for
				the standard mile f Section B, and S			lease expense,	complete only 24a,
Section A-	—Depreci	ation and (Other Information	n (Caution: See th	e instructio	ons for limits	for passenger a	automobiles.)
24a Do you have ev	idence to su	pport the bus	siness/investment us	e claimed? 🔲 Yes	☐ No 24	4b If "Yes," is	s the evidence wr	itten? 🔲 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 репоd	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
				property placed in business use. See				
26 Property used	d more tha	ın 50% in a	qualified busines	s use:				
		%						
		%	·					

	(a) of property (list ehicles 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 peпod	(g) Meth Conve	od/	(h) Depreciation deduction	(i) Elected section 179 cost
25	Special dep	reciation a	llowance fo	or qualified listed	property placed ii	n service d	luring			
	the tax year	and used	more than t	50% in a qualified	business use. See	e instructio	ns .	25		1
26	Property use	ed more tha	an 50% in a	qualified busines	s use:					
			%							
			%							
			- %							ł
27	Property use	ed 50% or	less in a qu	alified business u	se:					<u> </u>
			%				S/L-			
			%				S/L-			
			%				S/L-			
28	Add amount	s in columi	n (h), lines 2	25 through 27. Ent	ter here and on line	21, page	1 .	28		
29	Add amount	s in columi	n (i), line 26	. Enter here and o	n line 7, page 1 .				29	
			•	0 - 4 - 5	1 - 6		-1			

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.

30	Total business/investment miles driven during the year (don't include commuting miles) .	(a Vehi			o) cle 2		c) cle 3	Vehi		(€ Vehi	e) cle 5	(Vehi	
31 32	· · · · · · · · · · · · · · · · · · ·												
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	Yes	No
٠.	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		
-			

u eu	Alloltization						
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiza period percenta	or	(f) Amortization for this year
42	Amortization of costs that beg	ins during your 20	19 tax year (see instruction	ons):			
			·				
43	Amortization of costs that beg	an before your 20°	19 tax year			43	
44	Total. Add amounts in column	n (f). See the instru	ctions for where to repor	t <u></u>		44	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

09/30 ,20 20

► 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 the organization

SOUTHCOAST HOSPITALS GROUP, INC.

Employer Identification number

22-2592333

Unrelated Business Activity Code (see instructions) ▶ 620000 Describe the unrelated trade or business ► NON-PATIENT LAB TESTING

Par	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales 100,005.				
b	Less returns and allowances 94 ⋅ c Balance ▶	1c	99,911.		
2	Cost of goods sold (Schedule A, line 7)	2		=-	1
3	Gross profit Subtract line 2 from line 1c	3	99,911.		99,911.
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)				-
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)				
13	Total. Combine lines 3 through 12		99,911.		99,911.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		12,903.
16	Repairs and maintenance		401.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions),		
1 19	Taxes and licenses	19	6,259.
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	228.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	501.
24	Employee benefit programs	24	2,198.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	20,833.
28	Total deductions. Add lines 14 through 27	28	43,323.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	56,588.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	56,588.

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2019

Department of the Treasury

Depreciation and Amortizatio

(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

Internal Revenue Service (99) Business or activity to which this form relates Identifying number Name(s) shown on return SOUTHCOAST HOSPITALS GROUP, INC. NON-PATIENT LAB TESTING 22-2592333 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions). Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 . 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 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 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 228 17 MACRS deductions for assets placed in service in tax years beginning before 2019 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (e) Convention (g) Depreciation deduction (a) Classification of property placed in service (business/investment use only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. S/L g 25-year property MM S/L 27.5 yrs. h Residential rental S/L 27.5 yrs. MM property 39 vrs. MM S/L i Nonresidential real S/L MM property Section C—Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. S/L b 12-year MM S/L 30 yrs. c 30-year MM 40 vrs. d 40-year Part IV Summary (See instructions.) 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 22 228 23 For assets shown above and placed in service during the current year, enter the

			4								4						
Form	4562 (2019)		•														Page 2
		Proper	ty (Includ	e auto	omobile	es. ce	ertain	other	vehic	les.	certa	ain a	ircraft	and	prope	rtv us	
			recreation, o							,				,	FF.	,	
•			hicle for whi through (c) o										lease	expense	e, com	olete o r	ı ly 24a,
			ation and O										for pas	senger	autom	obiles.)	
248	Do you have e															☐ Yes	☐ No
	(a) e of property (list /ehicles first)	in service	percentage	Cost or o	d) ther basis	(busir	(e) for depre ness/inve use only	stment)	(f) Recove	ery d	(g Meth Conve) iod/	Dep	(h) preciation eduction		(i) ected sect cost	ion 179
25	Special dep the tax year		llowance for more than 50									25					
26	Property use	ed more tha	an 50% in a d	qualified	d busine	ess use) :										
			%		_	-								_			
	-		%														
		L	%														
_27	Property use	ed 50% or I		lified bu	isiness i	use:		1		10	S/L				1 -	_	
			% %								S/L~ S/L~				_		
	-		%								3/L- S/L-				\dashv		
28	Add amount	e in column		throug	h 27 Fr	nter he	re and	on line	21 ns			28			\dashv		
	Add amount			-					Ζ1, μο	ige i				Т	29		
	Add amount	.5 III COIGITII	11 (1), 11110 20. 1		tion B-			_	e of V	ehic		•	<u> </u>	-			
	plete this sect			sole pr	opnetor	partne	er, or oth	ner "mo	re than	า 5%	owner						vehicles
to yo	ur employees,	iirst answe	r the question	is in sec	1		Ť.		xceptic		compi	<u>-</u> -		l .		Ι .	
30	Total busines		t miles driven mmuting mile	-	(a) (b) Vehicle 1 Vehicle			(c) Vehicle 3		(d) 3 Vehicle 4			(e) Vehicle 5		(f) Vehicle 6		
31	Total commut	ting miles dri	iven during the	e year													-
	Total other miles driven	personal	_	-												ļ	
33	Total miles lines 30 thro		ing the year	· Add						•							
34	Was the veh	ıcle availab	le for persor	nal	Yes	No	Yes	No	Yes	1	No	Yes	No	Yes	No	Yes	No
	use during o	off-duty hou	ırs?														
35	Was the veh than 5% ow			more 			`										
36	Is another vel	ncle availabl	e for personal	use?													
	wer these que	estions to d		ou mee	t an exc	eption										who ar e	en't
	e than 5% ow Do you maii	ntain a writ	<u> </u>				s all pe	rsonal	use o	f veh	nicles,	includ	ling co	mmutin	g, by	Yes	No
38	your employ Do you mair		 ten policy st						 e of ve	 ehicle	es, ex	 cept c	 commu	ting, by	 your		
			structions fo												-		

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	Yes	No
	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? See instructions		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles		
Par	t VI Amortization		
	(6)		

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiza period percent	or	(f) Amortization for this year
42	Amortization of costs that beg	ins during your 20	19 tax year (see instruction	ons):			
		_					
43	Amortization of costs that beg	43					
44	Total. Add amounts in column	n (f). See the instru	ctions for where to repor	t		44	
							4500

22-2592333

ATTACHMENT 2

PARTNERSHIP INTERESTS

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

INCOME (LOSS) FROM PARTNERSHIPS

508,395.

INCOME (LOSS) FROM PARTNERSHIPS

508,395.

ATTACHMENT 3

PARTNERSHIP INTERESTS

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

TAX PREPARATION FEES

20,132.

PART II - LINE 27 - OTHER DEDUCTIONS

20,132.

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

INC.

UNRELATED TRADE OR BUSINESS INCOME	508,395.
UNRELATED TRADE OR BUSINESS INCOME (SCHEDULES M)	102,511.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	53,757.
DED W/O CHARITABLE CONTRIBUTIONS & DPAD (SCH M)	42,958.
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	51,323.
CHARITABLE CONTRIBUTION	1,243,098.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	51,323.

22-2592333 ATTACHMENT 5

PHARMACY SALES TO NON-SYSTEM PATIENTS

SCHEDULE M LINE 2: SCHEDULE A - COST OF GOODS SOLD

	COST OF LABOR	2,047.
	0111211 00010 1111111111111111111111111	2,047.
6 7	INVENTORY AT END OF YEAR	
8	DO THE RULES OF SECTION 263A (WITH RESPECT TO PROPERTY PRODUCED OR ACQUIRED FOR RESALE) APPLY TO THE ORGANIZATION?	O YES NO X

22-2592333 ATTACHMENT 6

PHARMACY SALES TO NON-SYSTEM PATIENTS

FORM 9	990T	-	PART	ΙI	LINE	27	TOTAL	OTHER	DEDUCTIONS
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TAX PREPARATION FEES OTHER EXPENSES

55.

229.

PART II - LINE 27 - OTHER DEDUCTIONS

284.

ATTACHMENT 6A

PHARMACY SALES TO NON-SYSTEM PATIENTS

SCHEDULE M LINE 30: DEDUCTION FOR NOL TAX YEARS ON OR AFTER JANUARY 1, 2018

YEAR ENDING	ORIGINAL NOL	AMOUNT AVAILABLE	AMOUNT USED	CONVERTED CONTRIBUTIONS	CARRYOVER TO NEXT YEAR
09/30/2019	7,806.	7,806.	2,000.	0.	5,806.
TOTAL	7,806.	7,806.	2,000.	0.	5,806.
	=========	========	=========	===========	========

22-2592333 ATTACHMENT 7

NON-PATIENT LAB TESTING

FORM 990T -	PART I	I LINE	27 TOTAL	OTHER	DEDUCTIONS
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TAX PREPARATION FEES SUPPLIES OUTSOURCED SERVICES OTHER EXPENSES	3,553. 8,265. 7,063. 1,952.
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PART II - LINE 27 - OTHER DEDUCTIONS

20,833.

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ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

SOUTHCOAST HEALTH SYSTEM, INC. 04-2794625