Continued Service Cont		Everent Orga	nization Pur	oinos		ov Botur	_	OMB No 1545-0687
Concord Conc	Form 990-T	Exempt Orga	INIZATION DUS	ler sect	ion 6033(e))	Igna	'' ├	
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Secretary contents of the properties of the pr		Do not enter SSN numb	ers on this form as it may	be made	public if your organiz	ation is a 501(c)(3		
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X Solic 3 Owner 20(0) Pyte 20(0) Py	B Exempt under section	Print Concord Hos	pital, Inc.				22	2-2594672
Good	X 501(c)(3 03	or Number, street, and room			uctions			
South register of a season Concord, NH 03301 722210	408(e)220(e)	250 Pleasar	t Street					•
H Enter the number of the organization type X 501(c) corporation 501(c) trust Joli(s)	529(a)	1		r foreign p	ostal code		7222	210
HE Enter the number of the organization's unrelated trades or business here is See Statement 1	C Book value of all assets at end of year	F Group exemption num		>				
trade or business here ► See Statement 1 If nonly one, complete Paris I-V If more than one, obscribe the first in the blank space at the end of the provious sentineor, complete Paris I and III, complete a Schedule M for each additional tade or business, then complete Paris III-V During the law year, was the corporation a subsulary in an affiliated group or a pergins-dusbillary commoled group? Stribt 3 X Tes No							<u> </u>	Other trust
decorate the first in the blank gaze at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III. Touring the lax year, was the corporation a subsolary in an affiliated group or a permissubstitlary committed group 2 SERNE 3 ► 10 ► 11 The blooks are or care of ► SCOCT \$10 Calane, \$Servious Port Port Port Port Port Port Port Port		-		6				
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The books are in care of Scott Sloane, Senior VP, CFO Telephone number (603) 227-7000			Althornal manner or conservation	u naholelle	Turner ballour manus 7	at mt 1 b	I V I van	his.
The books are in care of Scott Sloane						117.2	A TES	140
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net					<u></u>		(603)	227-7000
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							<u> </u>	Form 990-T (2018

Form 990-T	Concord Hospital, Inc.	22-25946	72	Page 2
Part I				
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1 33	3 2	0,961.
#	Amounts paid for disallowed fringes	1 34		
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt	5 35	2	0,961.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	A 86	3	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions	. B #	7	1,000.
	Unrelated business taxable income Subtract line 37 from line 36 if line 37 is greater than line 36,	. 0	<u> </u>	
	enter the smaller of zero or line 36		3	0.
Part I	✓ Tax Computation			
	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	▶ 89	9	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from			
	Tax rate schedule or Schedule D (Form 1041)	▶ 40)	
41	Proxy tax See instructions	▶ 41	<u> </u>	
	Alternative minimum tax (trusts only)	42	2	
	Tax on Noncompliant Facility Income See instructions	43	3	
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44		0.
Part V			·	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		T	
	Other credits (see instructions) 45b	i		
	General business credit Attach Form 3800			
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)			
	Total credits Add lines 45a through 45d	95	e l	
	Subtract line 45e from line 44	46		0.
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attack)	——		
	Total tax Add lines 46 and 47 (see instructions)	48	-+	0.
	20 18 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.
	Payments A 2017 overpayment credited to 2018	H		
	20 18 estimated tax payments 50b			
	Tax deposited with Form 8868		1	
	Foreign organizations Tax paid or withheld at source (see instructions) 504			
	Backup withholding (see instructions) 50e			
	Credit for small employer health insurance premiums (attach Form 8941) 50f			
	Other credits, adjustments, and payments Form 2439			
8	Form 4136 Other Total > 50g			
51	Total payments Add lines 50a through 50g	J ₁	1	
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52		
	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53		
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54		
	Enter the amount of line 54 you want. Credited to 2019 estimated tax.	· + +		-
Part V				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			
	here >			X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	1 trust?		X
	If "Yes," see instructions for other forms the organization may have to file			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the b	est of my knowledg	e and belief, it is	true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Senior VP, CFO,	& May the	IRS discuss thi	s return with
Here	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		parer shown belo	
	Signatureto forticer Date Title	instructi	ions)? X Y	es 🔙 No
	Print/Type preparer's name Preparer's signature Date Che	ck if F	PTIN	
Paid		- employed		
Prepa	rer Nicholas E. Porto 06/02/20		P01310	
Use O	niv Firm's name ▶ Baker Newman & Noyes Fir	m's EIN 🕨	01-049	4526
430 0	P.O. Box 507			
	Firm's address ► Portland, ME 04112	none no (20	7)879-	
823711 01-	09-19		Form 9	90-T (2018)

Schedule A - Cost of Good	ls Sold. Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	г		6		
2 Purchases	2		7 Cost of goods sold Su	ubtract li	ine 6			
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,			
4 a Additional section 263A costs			line 2			7		,
(attach schedule)	4a		8 Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	46		property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	perty	/)	
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent receiv	ed or accrued			2(2)			
rent for personal property is more than of rent for			and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	3(a)Deductions directly columns 2(a) a		ttach schedule)	in.
(1)								
(2)								
(3)								
(4)			· · · · · · · · · · · · · · · · · · ·		<u> </u>			
Total	0.	Total		0.	(h) Takal da da da a			
(c) Total income Add totals of columns		ter		^	(b) Total deductions Enter here and on page 1			^
here and on page 1, Part I, line 6, colum Schedule E - Unrelated De		► I Income (see	instructions)	0.	Part I line 6, column (B)	<u> </u>		0.
· · · · · · · · · · · · · · · · · · ·		,			3 Deductions directly con to debt-finance			
1 Description of debt-fi			2 Gross income from or allocable to debt-	(a)	Straight line depreciation	1	(b) Other deduction	ns
Description of debt-in	inanced property		financed property	, ,	(attach schedule)		(attach schedule)	
(1)	·				.		<u> </u>	
(2)							•	
(3)								
(4)	·	····						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column (c 2 x column 6)		8 Allocable deduction 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I line 7 column (A)	F	nter here and on pag Part I line 7 column	-
Totals			>		′0			0.
Total dividends-received deductions in	ncluded in column	ı 8	- 1					0.

Schedule F - Interest,	Annuities, Ro	byaities, a		Controlled O			zatioi	15 (see ins	struction	15)
1 Name of controlled organiza		Employer dentification number	3 Net uni	related income a instructions)	4 Tot	al of specified ments made	ınclud	t of column 4 ed in the cont ation s gross	rolling	6 Deductions directly connected with income in column 5
(1)							<u> </u>			
(2)										
(3)										
(4)			<u> </u>		L		l	. <u> </u>		
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated (see instru		9 Total	of specified pay made	ments	10 Part of colui in the controlli gross		nzation s		ductions directly connected in income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colun Enter here and line 8 k		1, Part I		dd columns 6 and 11 nere and on page 1, Part I line 8 column (B)
Totals					>			0.		0.
Schedule G - Investme (see insti		f a Sectio	n 501(c)((7), (9), or	(17) Or					
1 Desc	ription of income			2 Amount of	income	3 Deduction directly connected (attach scheduler)	ected	4 Set- (attach s	asides ichedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)				5-1	1					Catar have and as agen 1
				Enter here and Part I line 9 co						Enter here and on page 1 Part I, line 9, column (B)
Totals			>	<u> </u>	0.					0.
Schedule I - Exploited (see instru	-	vity Incor	ne, Othe	r Than Ad	dvertisi	ng Income	•			
1 Description of exploited activity	2 Gross unrelated busines income from trade or business	directly with p	expenses y connected production inrelated ess income	4 Net incor from unrelated business (co minus colum gain comput through	d trade or plumn 2 in 3) If a e cols 5	5 Gross inco from activity to is not unrelate business inco	that ted	6 Exp attribut colur		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(4)				<u> </u>						
Totals -	Enter here and or page 1, Part I, line 10, col (A)	page	nere and on e 1, Part I, 0 col (B)							Enter here and on page 1, Part II line 26
Schedule J - Advertisi				1						1 0.
Part I Income From				solidated	l Basis					
1 Name of periodical	2 Gri adverti incor	sing an	3 Direct Ivertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain comput hrough 7	5 Circulation of the come		6 Read		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))	•	0.	0		·					0.
										Form 990-T (2018

Form 990-T (2018) Concord Hospital, Inc. 22-25946 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by line basis)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)				-		
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11 col (A)	Enter here and on page 1, Part I, line 11, col (B)		ı		Enter here and on page 1 Part II line 27
Totals, Part II (lines 1-5)	0.	0.	, ·			0.

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)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Entity

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019

► 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)

ZU 10

501(c)(3) Organizations Only

Concord Hospital, Inc.						22-2594672			
(Unrelated business activity code (see instructions) ▶ 72251	. 4							
	Describe the unrelated trade or business Food Serv	rice	s						
_	rt I Unrelated Trade or Business Income		(A) Inco	me	(B) Expense	es	(C) Net		
1 a	Gross receipts or sales 1,225,921.								
b	Less returns and allowances c Balance ▶	1c	1,225						
2	Cost of goods sold (Schedule A, line 7)	2		,290.					
3	Gross profit Subtract line 2 from line 1c	3	749	,631.			749,631.		
4 a	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	<u> </u>						
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	749	,631.			749,631.		
Pa	Tt Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the i					cept f	or contributions,		
14	Compensation of officers, directors, and trustees (Schedule K)					14			
15	Salaries and wages					15	350,942.		
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)		1	,		20			
21	Depreciation (attach Form 4562)		_ 2	!1		_			
22	Less depreciation claimed on Schedule A and elsewhere on return	1	2:	2a		22b			
23	Depletion					23			
24	Contributions to deferred compensation plans					24			
25	Employee benefit programs					25	86,751.		
26	Excess exempt expenses (Schedule I)					26			
27	Excess readership costs (Schedule J)					27			
28	Other deductions (attach schedule)		See	State	ment 6	28	612,018.		
29	Total deductions. Add lines 14 through 28					29	1,049,711.		
30	Unrelated business taxable income before net operating loss dedu	uction	Subtract line 2	9 from line	13	30	-300,080.		

LHA For Paperwork Reduction Act Notice, see instructions

Unrelated business taxable income Subtract line 31 from line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

31

instructions)

31

-300,080.

Concord H	ospital	. Inc.			22-2594	1672
Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation N/	A		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ear		6
2 Purchases	2	476,290.	7 Cost of goods sold S	Subtract	line 6	
3 Cost of labor	3		from line 5. Enter her	e and in t	Part I,	
4 a Additional section 263A costs			line 2		Ĺ	7 476,290.
(attach schedule)	4a	····	8 Do the rules of section	n 263A (with respect to	Yes No
b Other costs (attach schedule)	46		property produced or	acquired	d for resale) apply to	
5 Total Add lines 1 through 4b	5	476,290.				X
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Leas	ed With Real Prop	perty)
1 Description of property						
(1)				<u> </u>		
(2)						
(3)						
(4)						
	2 Rent receiv	red or accrued			2(4) Post at a set of set	
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percentersonal property exceeds 50% or at its based on profit or income)			connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions Enter here and on page 1, Part I line 6, column (B)	0.
Schedule E - Unrelated Del		Income (see	instructions)	<u> </u>	Part Time 0, column (b)	0.
					3 Deductions directly conn	ected with or allocable
			2 Gross income from or allocable to debt-	/2\	to debt-finance	(b) Other deductions
1 Description of debt-fi	nanced property		financed property	(")	(attach schedule)	(attach schedule)
(1)				 		
(2)	_					
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-linanced property (attach schedule)	of or a	e adjusted basis allocable to anced property h 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)			%	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(2)			%			
(3)			%	<u> </u>		
(4)			%			<u></u>
					inter here and on page 1 Part I, line 7 column (A)	Enter here and on page 1, Part 1 line 7 column (B)
Totals			•	•	0.	0.
Total dividends-received deductions in	ncluded in columi	n 8			>	0.

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

Entity

2018

5

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019

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

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

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

381,163.

Employer identification number Name of the organization Concord Hospital, Inc. 22-2594672 812900 Unrelated business activity code (see instructions) ▶ Housekeeping & Linen Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 381,163. 1a Gross receipts or sales 381,163 b Less returns and allowances c Balance 1c Cost of goods sold (Schedule A, line 7) 2 2 381,163. 381,163. 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 5 statement) Rent income (Schedule C) 6 7 Unrelated debt financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11

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)

12

381,163.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	257,035.
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)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	63,537.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 7	28	239,885.
29	Total deductions. Add lines 14 through 28	29	560,457.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-179,294.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
20	Instructions)	31	-179,294.
32	Unrelated business taxable income. Subtract line 31 from line 30	32	
LHA	For Paperwork Reduction Act Notice, see instructions.	Schedul	le M (Form 990-T) 2018

12

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Form 990-T (2018)		_			00 0504	680	P	Page :			
Concord H	ospital	, Inc.	22-2594672								
Schedule A - Cost of Good	S Sold. Enter	method of inver	T		 		·····				
1 Inventory at beginning of year	1		6 Inventory at end of ye			6					
2 Purchases	2		7 Cost of goods sold S								
3 Cost of labor	3		from line 5. Enter her	e and in l	Part I,						
4 a Additional section 263A costs			line 2		Ĺ	7	1				
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to		Yes	No			
b Other costs (attach schedule)	4b		property produced or	acquired	d for resale) apply to			ĺ			
5 Total Add lines 1 through 4b	5		the organization?				1 1	X			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	/ Leas	ed With Real Prop	perty)					
1 Description of property	·		 		,						
					·····						
(1)											
(2)					 						
(3)			···		 						
(4)	2 Rent receiv	.									
	red or accrued			3(a) Deductions directly of	connected with the	e income ir	n				
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	` of rent for p	and personal property (if the percentersonal property exceeds 50% or of its based on profit or income)	ntage if		d 2(b) (attach sche					
(1)											
(2)											
(3)											
(4)											
Total	0.	Total		0.							
c) Total income Add totals of columns here and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)			0.			
Schedule E - Unrelated Del	:_:	Income (see	instructions)	.	Part I, Illie O, Coldinii (6)			.			
		(333	T	1	3 Deductions directly conn		able				
			2 Gross income from or allocable to debt-	1-7-3	to debt-finance						
1 Description of debt-fi	nanced property		financed property	(4)	Straight line depreciation (attach schedule)		deduction: schedule)	S			
(1)				<u> </u>		1					
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	e adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 x	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))				
(1)			%	1							
(2)			%								
(3)			%	1		T					
(4)	1		%	1		1					
			*		nter here and on page 1, Part I line 7, column (A)	Enter here a					
Totals			L		0.]		0.			
Total dividends-received deductions in	ncluded in colum	n 8	•		<u>``</u>	 		0.			

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ED 30 3010 20'

2018

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019

► 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)

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Mame	Concord Hospital, Inc.		22-2594672			
	Inrelated business activity code (see instructions) 62150 Describe the unrelated trade or business Medical T		ing Labs			
Pa			(A) Income	(B) Expense:	s	(C) Net
1 a	Gross receipts or sales 699,613.			••		
b	Less returns and allowances c Balance ▶	1c	699,613.			· · · · · · · · · · · · · · · · · · ·
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	699,613.			699,613.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c		_		
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total Combine lines 3 through 12	13	699,613.			699,613.
Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the taken to be a second to be a se	ons f unrela	for limitations on dedicated business income	uctions) (Exc	ept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	212 420
45	Colored and washes				15	212 /

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	212,438.
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 12,965.		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	12,965.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	52,513.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 8	28	440,916.
29	Total deductions. Add lines 14 through 28	29	718,832.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-19,219.
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	-19,219.

LHA For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

Concord H	Iospital	. Inc.			22-2594	4672	raye
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N	/A			
1 Inventory at beginning of year	1	<u></u>	6 Inventory at end of	vear		6	
2 Purchases	2		7 Cost of goods sold	•	line 6		
3 Cost of labor	3		from line 5 Enter h	ere and in	Part I,		
4 a Additional section 263A costs			line 2		·	7	
(attach schedule)	4a		8 Do the rules of sect	tion 263A (with respect to	Ye	s No
b Other costs (attach schedule)	4b		=		d for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?	·			X
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Proper	ty Leas	ed With Real Prop	perty)	
1 Description of property							
(1)							
(2)							
(3)							
(4)	·						
	2 Rent receiv	red or accrued					
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the peropersonal property exceeds 50% in its based on profit or income)	centage or if		connected with the incom d 2(b) (attach schedule)	10 IN
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columi		nter		0.	(b) Total deductions Enter here and on page 1 Part I line 6, column (B)	>	0.
Schedule E - Unrelated Del		Income (see	instructions)				
		······································	T .	T	3 Deductions directly conf		
			2 Gross income from or allocable to debt-	70	to debt-finance		
1 Description of debt-fi	nanced property		financed property	(4)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)						 	
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	a adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable dadu (column 6 x total of 3(a) and 3(b)	columns
(1)			9	6		<u> </u>	
(2)			9	—+——			
(3)			9	/ 6			
(4)			9			†	
	<u> </u>		•	E	Enter here and on page 1 Part I line 7, column (A)	Enter here and on p Part I, fine 7 colum	
Totals					0 .	.	0.
Total dividends-received deductions is	achided in column	n 8				+	0.

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

Entity 7

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

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

e Service (99) 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 the organization Concord Hospital, Inc.	Employer identification number 22-2594672				
l	Unrelated business activity code (see instructions) > 81100	0				<u> </u>
	Describe the unrelated trade or business Off-Premi		Maintenance			
Pa			(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sales 14,847.					
	Less returns and allowances c Balance	1c	14,847.		1	
2	Cost of goods sold (Schedule A, line 7)	2			İ	.,,,,
3	Gross profit Subtract line 2 from line 1c	3	14,847.		Ì	14,847.
4 a	Capital gain net income (attach Schedule D)	4a				
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
	Capital loss deduction for trusts	4c			Î	
5	Income (loss) from a partnership or an S corporation (attach			-	İ	
	statement)	5				
6	Rent income (Schedule C)	6			Î	
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			ĺ	
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total Combine lines 3 through 12	13	14,847.		[14,847.
Pa	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the taken to be a second to be directly connected with the taken to be dir				cept f	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	22,160.
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	1	22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	5,478.
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)		See State	ment 9	28	8,645.

LHA For Paperwork Reduction Act Notice, see instructions

Unrelated business taxable income. Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

29

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instructions)

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36,283.

-21,436.

-21,436.

Form 990-T (2018)								1	Page :
Concord H	ospital	, Inc.				22-2594	1672		
Schedule A - Cost of Good	l s Sold. Enter	method of inver	ntory v	aluation 🕨 N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases	2		7	Cost of goods sold Su	ıbtract l	ıne 6			
3 Cost of labor	3	-		from line 5. Enter here	and in F	Part I,			
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	cquirec	for resale) apply to			
5 Total Add lines 1 through 4b	5		7	the organization?	•			1	Х
Schedule C - Rent Income	(From Real	Property an	d Pe	sonal Property	Leas	ed With Real Prop	perty)	,	
(see instructions)	•			, .		·			
1									
1 Description of property									
(1)									
(2)									
(3)	·			· · · · · · · · · · · · · · · · · · ·					
(4)				<u></u>					
		ed or accrued		· 		3(a)Deductions directly	connected with t	he income	וח
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` 'of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige		d 2(b) (attach sch		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns		ter				(b) Total deductions Enter here and on page 1			
here and on page 1, Part I, line 6, columi		•		· · · · · · · · · · · · · · · · · · ·	0.	Part I, line 6 column (B)	<u> </u>		0.
Schedule E - Unrelated Del	ot-Financec	I Income (see	ınstru	ctions)		· <u>.</u>			
			1 2	Gross income from		3 Deductions directly conn to debt-finance		ocable	
1 Description of debt-fi	nanced property		-	or allocable to debt-	(a)	Straight line depreciation	(b) Othe	r deduction	
- Description of dest in	naneda proporty			financed property	(attach schedule)		(attach schedule)		
(4)									
(1)			+				 		
(2)			+						
(3)		<u> </u>					 		
· ·····························			+			7 -			
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 :	able deduct × total of co) and 3(b))	
(1)				%		·			
(2)				%					
(3)			T	%					
(4)				%					
						nter here and on page 1 Part I, line 7, column (A)	Enter here Part I, line	and on pag 7 column	
						•			^

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

Entity 8

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning $\underline{OCT~1}$, $\underline{2018}$, and ending $\underline{SEP~30}$, $\underline{2019}$

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

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

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

Nam	of the organization Concord Hospital, Inc.	Employer identification number 22-2594672				
	Unrelated business activity code (see instructions) ► 56130	0		1 22 23	710	
	Describe the unrelated trade or business EAP Servi					
	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
	Gross receipts or sales 114,124.	Ι				
b		1c	114,124.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	114,124.	·		114,124.
	Capital gain net income (attach Schedule D)	4a	· · · · · · · · · · · · · · · · · · ·			
b		4b				
С		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	114,124.			114,124.
Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the table)				cept f	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	108,995.
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		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	26,943.
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)		See Stater	nent 10	28	68,643.
29	Total deductions Add lines 14 through 28				29	204,581.

LHA For Paperwork Reduction Act Notice, see instructions

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

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instructions)

31

-90,457.

-90,457.

•							LIICIC	- Y	O
Form 990-T (2018)									Page
Concord H	ospital	, Inc.	· · · · · · · · · · · · · · · · · · ·		22-25	9467	7.2		
Schedule A - Cost of Good	s Sold. Enter	method of inven-	tory valuation N/A	<i>y</i>		.,	, 		
 Inventory at beginning of year 	1		6 inventory at end of ye	ar		6			
2 Purchases	2		7 Cost of goods sold S	ubtract	line 6				
3 Cost of labor	3		from line 5. Enter here	and in	Part I,	_			
4 a Additional section 263A costs			line 2			7			
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to			Yes	No
 Other costs (attach schedule) 	4b		property produced or	acquire	d for resale) apply to				
5 Total Add lines 1 through 4b	5		the organization?					<u> </u>	X
Schedule C - Rent Income	(From Real	Property and	d Personal Property	Leas	ed With Real Pr	oper	ty)		
(see instructions)									
1 -				·					
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	nd personal property (if the percentersonal property exceeds 50% or it is based on profit or income)					ın	
(1)	·								
(2)									
(3)									
(4)		-			·				
Total	0.	Total		0.					
(c) Total income Add totals of columns	2(a) and 2(b) En	ter			(b) Total deductions Enter here and on page 1	, _			0
here and on page 1, Part I, line 6, column		11		0.	Part I line 6 column (B)	<u> </u>			0
Schedule E - Unrelated Deb	ot-Financed	i income (see	instructions)	1	0.0				
		2 Gross income from		3 Deductions directly of to debt-fine			аріө		
Description of debt-financed property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other of (attach s			
(1)			<u> </u>	1					
(2)		•					•		
(3)									
(4)									

5 Average adjusted basis of or allocable to debt-financed property (attach schedule)

Form 990-T (2018)

0.

0.

8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))

Enter here and on page 1,

Part I line 7 column (8)

(1)

(2)

(3)

(4)

Totals

6 Column 4 divided by column 5

%

%

%

%

4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

Total dividends-received deductions included in column 8

7 Gross income reportable (column 2 x column 6)

Enter here and on page 1

Part I line 7 column (A)

0.

Form 990-T (M)	Other Deductions	Statement 10
Description		Amount
Supplies Purchased services Other expenses Allocated admin & general Allocated occupancy		609. 2,417. 6,714. 45,569. 13,334.
Total to Schedule M, Part II, li	ne 28	68,643.

· Concord Hospital, Inc.

Form 990-T (M)	Other Deductions	Statement 9
Description		Amount
Allocated admin & general		8,645.
Total to Schedule M, Part II,	line 28	8,645.

Form 990-T (M)	Other Deductions	Statement 8
Description		Amount
Supplies Purchased services Other expenses Allocated courier Allocated admin & general Allocated occupancy		147,377. 84,112. 4,651. 7,852. 156,741. 40,183.
Total to Schedule M, Part II,	line 28	440,916.

Form 990-T (M)	Other Deductions	Statement 7
Description		Amount
Supplies Purchased services Allocated admin & general Occupancy		2,877. 89,869. 129,286. 17,853.
Total to Schedule M, Part II, 1	ine 28	239,885.

Form 990-T (M)	Other Deductions	Statement 6
Description		Amount
Supplies Purchased services Other expenses Allocated admin & general Allocated occupancy		27,540. 1,361. 2,939. 295,853. 284,325.
Total to Schedule M, Part II, 1	ine 28	612,018.

Form 990-T	Description o	f Organization's	Primary Unrelated	Statement	1
		Business Activi	ty		

Food Services, Off-Premises Housekeeping and Maintenance, Off-Premises Meals, EAP Services, and Partnership Income

To Form 990-T, Page 1

Form 990-T	Income (Loss) from Partnerships	Statement	2
Description		Net Income or (Loss)	
Yankee Allian Davidson Kemp (loss)	29,91		
Total Include	d on Form 990-T, Page 1, line 5	29,02	22.
Form 990-T	Parent Corporation's Name and Identifying Number	Statement	3
Corporation's	Name	Identifying N	10
Capital Regio	n Health Care Corp.	02-0222123	

Form 990-T	Contributions Summary		Statement	4
Qualified Contribut	ions Subject to 100% Limit			
For Tax Year 2013 For Tax Year 2014 For Tax Year 2015 For Tax Year 2016	294,700			
For Tax Year 2017 Total Carryover Total Current Year	80,000 —————————————————————————————————	374,700		
Total Contributions Taxable Income Limi	374,700			
Excess 10% Contribu Excess 100% Contrib Total Excess Contrib	374,700 0 374,700			
Allowable Contribut	ions Deduction			0
Total Contribution	Deduction			0

Form 990-T	Net	Operating Loss D	eduction	Statement 5
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/99	341,642.	0.	341,642.	341,642.
09/30/00	639,659.	0.	639,659.	639,659.
09/30/01	589,802.	0.	589,802.	589,802.
09/30/02	550,202.	0.	550,202.	550,202.
09/30/03	993,158.	0.	993,158.	993,158.
09/30/04	1,014,655.	0.	1,014,655.	1,014,655.
09/30/05	1,097,871.	0.	1,097,871.	1,097,871.
09/30/06	600,651.	0.	600,651.	600,651.
09/30/07	599,470.	0.	599,470.	599,470.
09/30/08	720,250.	0.	720,250.	720,250.
09/30/09	626,533.	0.	626,533.	626,533.
09/30/10	530,962.	0.	530,962.	530,962.
09/30/11	678,884.	0.	678,884.	678,884.
09/30/12	749,658.	0.	749,658.	749,658.
09/30/13	601,618.	0.	601,618.	601,618.
09/30/14	379,292.	0.	379,292.	379,292.
09/30/15	620,049.	0.	620,049.	620,049.
09/30/16	676,172.	0.	676,172.	676,172.
09/30/17	898,151.	0.	898,151.	898,151.
09/30/18	690,254.	0.	690,254.	690,254.
NOL Carryov	er Available This	Year	13,598,933.	13,598,933.