For Paperwork Reduction Act Notice, see instructions. 7X2740 2,000 3GB K929 2/1/2019

enter the smaller of zero or line 32

2:21:37 PM V 17-7.10 0097320

Form 990-T (2017) PAGE 73

10,716

Form	990-T (20	17) TTTIIS	VILLE AREA HOSPITAL '		25-0965579	Dona 2		
_		Tax Computation	VIBBO MADA MOOLITAD			Page 2		
35			ations: See instructions for tax computa	tion Controlled group				
33	-	•	k here See instructions and	mon Controlled group				
2		•		ets (in that order)				
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order) (1) \$ (2) \$ (3) \$							
b			5% tax (not more than \$11,750)	<u> </u>				
-	(2) Addı	tional 3% tax (not more than \$100)	000)	\$	1			
С			AT(35c	1,926.		
36		Taxable at Trust Rates	See instructions for tax computati					
	the amo	ount on line 34 from Tax rate	schedule or Schedule D (Form 1041)	•	36			
37	Proxy ta	ax. See instructions		37				
38	Alternat	ive minimum tax			3,8			
39	Tax on	Non-Compliant Facility Income. See	e instructions		39			
40	Total. A	dd lines 37, 38 and 39 to line 35c o	er instructions	<u> </u>	40	1,926.		
		Tax and Payments						
41 a	Foreign	tax credit (corporations attach Form	m 1118, trusts attach Form 1116) 41	a	<u> </u>			
b	Other c	redits (see instructions)		b				
С	General	business credit Attach Form 3800	(see instructions)	С	1			
d	Credit f	or prior year minimum tax (attach F	orm 8801 or 8827)	d	<u> </u>			
е		•			41e			
42			······		42	1,926.		
43			Form 8611 Form 8697 Form 8866 _		 	1 006		
44					44	1,926.		
			2017		4			
b					-			
C			45		-			
			at source (see instructions)		-			
e	-	• •	premiums (Attach Form 8941)		-			
۱ ~		redits and payments	-	1	-			
g			Form 2439					
46		evments Add lines 45a through 45c]	91	46			
47			neck if Form 2220 is attached		47			
48	Tax due	. If line 46 is less than the total of l	lines 44 and 47, enter amount owed	····· 53 \	48	1,926.		
49			otal of lines 44 and 47, enter amount overpaid		49	-		
50	•	e amount of line 49 you want Credited		Refunded ▶	5.0			
Par	t V	Statements Regarding C	ertain Activities and Other Inforn	nation (see instruction	is)			
51	At any		year, did the organization have an intere			Yes No		
	over a	financial account (bank, securit	ies, or other) in a foreign country? If Y	ES, the organization m	ay have to file			
	FinCEN	Form 114, Report of Foreign	Bank and Financial Accounts If YES, e	nter the name of the	foreign country			
	here 🕨					X		
52	During t	he tax year, did the organization re	ceive a distribution from, or was it the grantor	of, or transferor to, a fore	ıgn trust?	Х		
	If YES, s	ee instructions for other forms the o	rganization may have to file					
53			ceived or accrued during the tax year 🕨 \$					
	l tn		ave examined this retum, including accompanying schedul er (other than taxpayer) is based on all information of which pr		best of my knowledge	and belief, it is		
Sig	n	Cal	V =lala a A ar	_	ay the IRS discuss	this return		
Her		yum nu	- N 5 17 1219 N CEC	resident wi	th the preparer sh	own below		
	Sı	gnature of officer	Date Title		ee instructions)? X Ye	s No		
Paid	I	Print/Type preparer's name	Brain D WAL CRA	Date Chec self-6	5004	22601		
	arer	BRIAN D TODD	LMan W WELL OF A			22601		
	Only	Firm's name BKD, LLP	S #200/PO BOX 1190, SPRINGFIELD,	MO CEOOC 2522	s EIN ►44-01603 e no 417 865			
	*	Firm's address > 910 E ST LOUI		MO 63806-2323 Phon		-8701		

Form **990-T** (2017)

Form 990-T (2017)

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	iities, Royalties	, and R	ents Fro	m Contro	led Or	ganizat	ions (see	instruction	ons)		
	,			ntrolled Org							
1 Name of controlled organization	2 Employer identification numb	' ' Not uprolet			4 Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross incom		olling	ng connected with income	
(1)							•	-		_	
(2)						'			_	-	
(3)	•										
(4)											
Nonexempt Controlled Organiz	zations									 	
7. Taxable Income	8 Net unrelated income (loss) (see instructions)		Total of specified payments made		10. Part of column 9 that is included in the controlling organization's gross income		ntrolling,	11 Deductions directly connected with income in column 10			
(1)											
(2)											
(3)											
(4)											
Totals	ncome of a Sec	 ction 50	 1(c)(7),	(9), or (17	<u> </u>	Enter Part	columns 5 a here and on I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)	
1 Description of income	2. Amount of income		-	directly cor			4. Set-asides (attach schedule)			5 Total deductions and set-asides (col 3 - plus col 4)	
(1)		-	_ _								
(2)											
(3)											
(4)	Enter here and				_					Enter here and on page 1,	
Totals	empt Activity In	come, C	Other Th			come (see instru	ictions)	*		
Description of exploited activity .	2 Gross unrelated business income from trade or business	dire connec produc unre	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		at not unpolated at		6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)								<u> </u>			
(2)										-	
(3)								<u> </u>		,	
(4)		•						<u> </u>		,	
	Enter here and on page 1, Part I, line 10, col (A)		re and on , Part I, col (B)						. Enter here and on page 1, Part II, line 26		
Totals											
Schedule J - Advertising In			<u>.</u>	idata d D							
Part I Income From Peri	iodicals Report	ed on a	Consol	idated Bas	SIS						
1 Name of periodical 2 Gross advertising income advertisi		rect ing 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)		. ,								i i	
(2)				1		_				-	
(3)		•	-	1						7	
(4)				1			_	 		7	
		•	•				•				
Totals (carry to Part II, line (5))		•								Form 990-T (2017)	

25-0965579

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)

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)		1				
(3)						
(4)				-		
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - 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)		%	
otal. Enter here and on page 1, Part II, line 14.			

Form 990-T (2017)

25-0965579 ATTACHMENT 3

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENG	DED TAX RATE
1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34). 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX	10,716.
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	1,607.
3 TAX ON LINE 1 FIGURED USING THE 21% RATE	2,250.
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018	295,688.
5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181 IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017	407,250.
IN THE CORPORATION'S TAX YEAR	810.
7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365 IN THE CORPORATION'S TAX YEAR	1,116.
8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	1,926.