,	990T	Éx	cempt Organiz	ation	Bus	siness Inc	ome -	Tax Retui	rn Z	OMB No 1545	5-0687
FOITH	J J U, I	l				der section				മെ ◀	0
	•	For caler	ndar year 2018 or other tax						20 1 9	<u> 2</u> 0 I	Ŏ
	ment of the Treasury if Revenue Service	▶ Do	► Go to www.irs.gov not enter SSN numbers on						-)(3)	Open to Public Ins 501(c)(3) Organiza	pection for
A	Check box if address changed		Name of organization (T		me changed and see			D Emplo	yer identification yees' trust, see instruc	number
B Exe	empt under section	1	GLADE' RUN MED	ICAL A	ssoc	IATES, INC					
X	501(C) () 3)	Print	Number, street, and room	or suite no l	faPO	box, see instruction	ıs		26-47	50523	
	408(e) 220(e)	Type								ited business acti	vity code
	408A530(a)		ONE NOLTE DRI	VE					(366 113	structions ;	
	529(a)]	City or town, state or prov		•	ZIP or foreign postal	code				
	ok value of all assets and of year		KITTANNING, P.					***			
4.0	·		up exemption number (S						т		
		J	ck organization type 🕨		-		[501(c)		401(a)		Other trust
		-	inization's unrelated trades	s or busine	sses				•	(or first) unrelate	4
	ade or business hei						•	complete Parts I			be the
	· ·		end of the previous sen	itence, coi	mplete	Parts I and II, cor	nplete a S	chedule M for ea	ch addition	al	
	ade or business, th										s I No
I Di	uring the tax year,	was the	corporation a subsidiary	in an attii	iateo g	roup or a parent-s	ubsidiary d	controlled group?		• <u>^</u> res	, 140
			identifying number of the		rporati	on P AICH	Telephon	e number ▶ 72	4-534-	8618	
			or Business Income			(A) Incon		(B) Exper		(C) N	
	Gross receipts or			•		(A) meon	110	(D) Exper	1303	(0)	
	Less returns and allowa			Balance ▶	1c			<u> </u>	PEC	EIVED	7 1
			ule A, line 7)		2				NEU	EIVED /	,
	-		2 from line 1c		3			· 48			0
►4a	*		ittach Schedule D)		4a			8	JUL 0	1 2020	?
- b			Part II, line 17) (attach Form		4b			I L		<u>_</u>	
			rusts		4c	-			OGDE	N, UT	1
5	•		r an S corporation (attach stateme		5			tou.	£0-7-0		
ç 6	Rent income (Sch	nedule C)			6						
₽87 1987	Unrelated debt-fi	nanced in	come (Schedule E)		7						
Received in alching Ogden	Interest annuities, roy	alties, and re	ents from a controlled organization	(Schedule F)	8						
8 동 9	Investment income of a	a section 50	1(c)(7) (9), or (17) organization	(Schedule G)	9					_	
æ≌₀	Exploited exempt	activity ii	ncome (Schedule I)		10						
€31	=		dule J)		11						
12	•		ctions, attach schedule).		-						
13	Total. Combine li	nes 3 thr	ough 12	<u></u>	13	6 1 1 1	0.	114 //	r		
			Taken Elsewhere (S						Except i	or contributio	ns,
န္တ			be directly connect							T	
GA#41#EED =\\B\% 1=6^2826Z			directors, and trustees (S								
770											
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18			(see instructions)							_	
Z19											
₹0			See instructions for limital								
<u>1 2 1</u>		•	4562)	,		1					
နှာ			on Schedule A and elsev						22b		
<u> </u>						· · · · · · · · · · · · · · · · · · ·			23		
24			compensation plans								
25			s								
26			Schedule I)								
27	Excess readership	p costs (S	chedule J)						27		
28	Other deductions	(attach s	schedule)						28		
29			s 14 through 28						F		
30			ole income before net								
31			ig loss arising in tax year	-	-	•					
32	Unrelated busine	ss taxable	e income Subtract line 3	11 from line	30 .	<u> </u>			32	1	
For F 8X274	raperwork Reduct	tion Act N	Notice, see instructions	24 211		0 0 15		0066110		Form 99	0-T (2018)
	4512NV K92	29 5/2	25/2020 6:56:3	34 AM	V 1	8-8.4F	(0066110			PAGE 4

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Form 990-T (2018) Page 2 **Fotal Unrelated Business Taxable Income** Part III 33 Total of unrelated business taxable income computed from all unrelated trades 33 34 Amounts paid for disallowed fringes 35 Deduction for net operating loss arising in tax years beginning 35 36 of lines 33 and 34. 36 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 37 37 38 Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36, 38 Part IV Tax Computation Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)....... 39 Taxable at Trust Rates. See instructions 40 for tax computation 40 the amount on line 38 from Tax rate schedule or Schedule D (Form 1041). . 41 41 Proxy tax. See instructions 42 42 Alternative minimum tax (trusts only). 43 43 Tax on Noncompliant Facility Income See instructions Part V Tax and Payments 45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 45a General business credit Attach Form 3800 (see instructions) Credit for prior year minimum tax (attach Form 8801 or 8827). . . 45e Total credits. Add lines 45a through 45d . . 46 46 Subtract line 45e from line 44. Form 8866 47 47 Other taxes, Check if from Form 4255 Form 8611 Form 8697 0. 48 48 49 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2... 50 a Payments A 2017 overpayment credited to 2018 50d Foreign organizations Tax paid or withheld at source (see instructions) 898. Credit for small employer health insurance premiums (attach Form 8941) Other credits, adjustments, and payments Form 2439 Form 4136 Other 898. Total payments Add lines 50a through 50g 51 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 53 898. 5Â 54 898. 5 ØRefunded ▶ Statements Regarding Certain Activities and Other Information (see instructions) Νo Yes 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 Х Χ 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 58 Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of penalty Toesiare 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 compl ion of preparer (other than taxpayer) is based on all Sign the IRS discuss this return May PRESIDENT AND CEO Here JOHN I LEWIS with the preparer shown below (see instructions)? X Yes Signature of officer Title Date Proprer's signature PTIN Print/Type preparer's name Date Paid 105/29/2020 P00422601 BRIAN D TODD self-employed Preparer 44-0160260 ▶ BKD, LLP Firm's EIN ▶ Firm's name Use Only Firm's address ▶ 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, 417-865-8701

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Page	

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Schedule A - Cost of G	oods Sold. Ei	nter method	d of invento	ory valuation	<u> </u>					
1 Inventory at beginning of	/ear . 1			6 Inventory	at end of yea	ar	6			
2 Purchases	2					ld Subtract line				
3 Cost of labor	3			6 from	line 5 En	ter here and in				
4a Additional section 263A c	osts			Part I, line	2		7			
(attach schedule)	4a					section 263A (w	ith re	espect to	Yes	No
b Other costs (attach schedu	ıle) 4b			property	produced	or acquired for	resa	le) apply		
5 Total Add lines 1 through	4b · 5		-	to the orga	anization? .					
Schedule C - Rent Income	e (From Real F	roperty a	nd Persoi	nal Property	Leased V	Vith Real Proper	ty)			
(see instructions)										
Description of property										
(1)						!				
(2)										
(3)										
(4)										
	2. Rent rece	ved or accru	ed							
(a) From personal property (if the for personal property is more th more than 50%	nan 10% but not	percent	age of rent fo	personal property r personal property based on profit or	exceeds	3(a) Deductions dii in columns 2(a				ome
(1)			••							
(2)										
(3)	-	<u> </u>								
(4)		-								
Total		Total								
(c) Total income Add totals of c	olumne 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 instructi	ons)			(-/			
				income from or	3 [Deductions directly con			le to	
1 Description of de	bt-financed property			to debt-financed	(a) Chraval	debt-finance		erty (b) Other dedu	otions	
			P	roperty		ch schedule)	,	attach sched		
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach sch	ible to property	4	Column divided column 5		income reportable n 2 x column 6)		Allocable dec umn 6 x total (3(a) and 3(of colum	
(1)				%					-	
(2)				%						·
(3)				%						
(4)				%						
Totals						re and on page 1, ne 7, column (A)		er here and c t I, line 7, col		
Total dividends-received deduct	tions included in c	olumn 8								

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Schedule F-Interest, Annu	ines, Royanies		pt Controlled Or	_		.51.5 (366	13 (1 0 0 (10)	,		
1' Name of controlled organization	2 Employer identification numbe	:1	t unrelated income) (see instructions)		of specified	included	column 4 the in the control on's gross inc	lling	6 Deductions directly connected with income in column 5	
(1)								-	·	
(2)				-						
(3)							 -			
(4)				<u> </u>		1				
Nonexempt Controlled Organiz					10 Pa	ert of column	9 that is	11	Deductions directly	
7 Taxable Income	8 Net unrelated ind (loss) (see instruction		9 Total of specification payments mad		10 Part of column 9 that is included in the controlling organization's gross income		con	connected with income in column 10		
(1)										
(2)										
(3)										
(4)					A -1 -1	columns 5 a		٠. ٨	d columns 6 and 11	
Totals ,	come of a Sec	 tion 501(c)(7), (9), or (1		Part	-	ructions)		er here and on page 1, t i, line 8, column (B)	
1. Description of income	2 Amount of	ıncome	directly co	nnected			l-asides schedule)		and set-asides (col 3 plus col 4)	
(1)								-	· · · · · ·	
(2)								-		
(3) (4)								-		
Totals ▶ Schedule I – Exploited Exe	Enter here and of Part I, line 9, co	olumn (A)	er Than Adver	tising Ir	come (see instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expense directly connected v production unrelated business inc	with or business	ted tradé (column dumn 3) compute	from a	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5		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 an page 1, Par line 10, col	rt I,				•		Enter here and on page 1, Part II, line 26	
Schedule J- Advertising In Part I Income From Peri			nsolidated Ba	sis						
1 Name of periodical	2 Gross advertising income	3 Direct advertising c	4 Adve	rtising ess) (col col 3) If ompute	5 Circulation 6 Readership income costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)	 									
<u>(1)</u> (2)		· · · · · · · · · · · · · · · · · · ·					ļ — — —		-	
(3)	-		—						\dashv	
-									-	
(4)									+	
Totals (carry to Part II, line (5))									Form 990-T (2018	

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 ▶				•		
	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 - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instri	uctions)		
				3 Percent of		

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, III	ne 14		

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