Form 990-T	EX Exempt Orga	TENDED TO MAINING TO M			ax Returr		OMB No 1545-0687			
تين ١		nd proxy tax unde			1904		-			
· · · · · · · · · · · · · · · · · · ·	For calendar year 2018 or other tax ye	ear beginning JUL 1,	20	18 and ending JU	เท 30, 201	.9	2018			
Department of the Treasury Internal Revenue Service	•	v.irs.gov/Form990T for in				_	Open to Public Inspection for			
	Do not enter SSN number				alion is a 50 i(c)(5)		501(c)(3) Organizations Only oyer identification number			
A Check box if address changed	wame or organization (L	Name of organization (Check box if name changed and see instructions.) Demployee (Employee Emplo								
B Exempt under section		SOMC MEDICAL CARE FOUNDATION, INC								
X 501(C)(3 62) 408(e) 220(e)	Type 1248 KINNEY	n or suite no. If a P.O. box 'S LANE	k, see ii	istructions.		(See	ated business activity code instructions)			
408A 530(a)	City or town, state or pro	ovince, country, and ZIP or	r foreig	n postal code						
C Book value of all assets	F Group exemption num					561	000			
at end of year	73. G Check organization typ		oration	501(c) trust	401(a) trust	Other trust			
	organization's unrelated trades or		1		the only (or first) u	·				
trade or business here	>			. If only one	, complete Parts I-V	. If more	than one,			
describe the first in the b	lank space at the end of the previo	us sentence, complete Pa	rts I an	d II, complete a Schedule	e M for each addition	nal trade	10 9			
business, then complete	Parts III-V.									
I During the tax year, was	the corporation a subsidiary in an	affiliated group or a paren	it-subs	idiary controlled group?	STMT 2►	X Y	es 🔲 No			
	nd identifying number of the parei		0.1	<u> 51-06.48</u>		140	256 5600			
	► RICHARD GILC				ione number					
337-3 134-9-4	d Trade or Business Inc	Tome	r	(A) Income	(B) Expense	S სოკვებები,	(C) Net			
 1 a Gross receipts or sale b Less returns and allow 		c Balance	1c							
b Less returns and allow2 Cost of goods sold (S		C Dalalice	2							
3 Gross profit. Subtract	·		3			SERVICE AND	V 21 M 171 W 21 M 4			
•	ne (attach Schedule D)		4a		AND THE PROPERTY OF THE					
	4797, Part II, line 17) (attach Forr	n 4797)	4b	-	电影话至约 通时					
c Capital loss deduction	for trusts		4c			\$1, 4, 4, 5 1, 1, 1, 1, 1				
5 Income (loss) from a	partnership or an S corporation (a	ittach statement)	5							
6 Rent income (Schedu	le C)		6_	, <u> </u>			<u> </u>			
	ed income (Schedule E)		7							
	ralties, and rents from a controlled	=	8_							
	a section 501(c)(7), (9), or (17) o	organization (Scheoule G)	10		 					
10 Exploited exempt active 11 Advertising income (S	vity income (Schedule I)		11							
	structions; attach schedule)		12		TO MENT					
13 Total. Combine lines	•		13	0.						
Part II Deductio	ns Not Taken Elsewhei	re (See instructions fo	r limit	ations on deductions)						
(Except for	contributions, deductions mus	t be directly connected	l with 1	the unrelated business	s income)		· · · · · · · · · · · · · · · · · · ·			
•	icers, directors, and trustees (Sch					14				
15 Salaries and wages		_ REC	CEI	VED		15				
16 Repairs and mainten	ance					16 17				
17 Bad debts	dule) (see instructions)	MAY	13	2020 850		18	· · · · · ·			
18 Interest (attach sche19 Taxes and licenses	nnie) (see man nenous)	[4]	- 0	3		19				
	ons (See instructions for limitation	rules)		——————————————————————————————————————		20				
21 Depreciation (attach	•	rules) OGD	EN	, U i [21]						
	simed on Schedule A and elsewhe	re on return		22a		22b				
23 Depletion						23				
24 Contributions to defe	erred compensation plans					24				
25 Employee benefit pro	=					25				
26 Excess exempt expe	· ·					26				
27 Excess readership co	•					27	<u> </u>			
28 Other deductions (at	•					28	0.			
	dd lines 14 through 28	a lace deduction. Cubtract	t line O	0 from line 12		29 30	0.			
	axable income before net operatin erating loss arising in tax years be	-				31				
	erading loss arising in tax years be axable income. Subtract line 31 fr		ıyı, 20	no (accimanuchona)		32	0.			
	or Panerwork Reduction Act Notic					j	Form 990-T (2018)			

Form 990		74523	Paga 2
Part	II: Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	. 33	0.
34	Amounts paid for disallowed fringes		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)STMT _ 3	35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	1 1	
	lines 33 and 34	0 36	
37	lines 33 and 34 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
-	enter the smaller of zero or line 36	34	0.
Partil	VI Tax Computation	-1 ji 1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	10	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 38 from:	17 (18)	
40		1 -1	
	Tax rate schedule or Schedule D (Form 1041)		
41	Proxy tax. See instructions		
42	Alternative minimum tax (trusts only)	12	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		<u> </u>
	Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 47	
48	Total tax. Add lines 46 and 47 (see instructions)		0.
49	2018 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	Paris I	<u>_</u>
	2048 cetimeted to a comment		
	1		
	Tax deposited with Form 8868 . 50c Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	· · · · · · · · · · · · · · · · · · ·		
	Backup withholding (see instructions) 50e	- 4	
	Credit for small employer health insurance premiums (attach Form 8941)	 	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ► 50g		
	Total payments. Add lines 50a through 50g		
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	·
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	
Part \	Statements Regarding Certain Activities and Other Information (see Instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		Army Same
	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 trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		Bar Bar
58	Enter the amount of tax-exempt interest received or accrued during the tax year		
	Under penalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the best of my know	ledge 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.		
Here	VP FINANCE	May the IRS discus the preparer shown	
1	Signature of officer Date Title	instructions)?	
	<u> </u>		1 100
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	Self- employe	L	06300
Prepa	I DI BRITTI C MODERI DI I O		96388
Use C	nly Firm's name ► PLANTE & MORAN, PLLC Firm's EIN	38-1	357951
	250 S. HIGH ST, SUITE 100	C1 4 C1 C	2000
	Firm's address ► COLUMBUS, OH 43215 Phone no.	614-849	
823711 01-	09-19	Forn	n 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır		6	
2 Purchases	2		7 Cost of goods sold. St	ubtract l	ine 6	u Č	
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	Yes No
b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to	,5%	
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income ((see instructions)	From Real	Property and	Personal Property L	ease	d With Real Prope	erty)	
Description of property	•						
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued	· · · · · · · · · · · · · · · · · · ·				
(a) From personal property (if the percorent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	and personal property (if the percentag personal property exceeds 50% or if at is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with the income in id 2(b) (attach schedule)	1
(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	ı (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
			2. Gross income from		3. Deductions directly conn to debt-finance	nected with or allocable ed property	
1. Description of debt-fin	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduction (attach schedule)	
(1)						1	
(2)							
(3)	-						
(4)							
4. Amount of average acquisition dabt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	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 deduct (column 6 x total of cc 3(a) and 3(b))	
(1)			%				
(2)			%_				
(3)			%				
(4)			%				
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on pag Part I, line 7, column	
Totals			>		0 .	•	0.
Total dividends-received deductions in	icluded in columi	18			•	·	0.
						Form 990-T	(2018)

Schedule F - Interest,		<u> </u>			Controlled O		_			structions	·
1. Name of controlled organization		2. Em Identifi num	cation		elated income a instructions)	4. To	tal of specified ments made	includ	t of column 4 ed in the contration's gross i	olling	6. Deductions directly connected with income in column 5
(1)							-			-	-
(2)											
(3)											
(4)							•				
Nonexempt Controlled Organi	zations	<u></u>		•		•			*****		
7. Taxable Income		nrelated incon ee instruction		9. Total	of specified payr made	ments	10. Part of colur in the controlli gross	nn 9 tha ng orgar s income	nization's		ductions directly connected income in column 10
(1)											
(2)	1		·	İ							•
(3)							-				* 1,231,2
(4)											
	•			<u> </u>			Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals						•			0.		` 0.
Schedule G - Investme	ent Incon ructions)	ne of a S	Section	501(c)(7	'), (9), or (17) Org	ganization				
1. Desc	cription of inco	me			2. Amount of	Income	3. Deduction directly connected (attach schedule)	cted	4. Set- (attach s	asıdes schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)				•							
(4)											
Totals					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	•	Activity	Income	e, Other	Than Adv		ng Income	TI'IK SHINI	F 11.480%14K, 1	ALCENT F	
1. Description of exploited activity	2. d	Pross business e from business	directly of with pro of uni	penses connected oduction elated s income	4. Net inconfrom unrelated business (cominus colum gain, compute through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	ļ · · · · · ·										
(3)									·		
(4)	<u> </u>										
	Enter her page 1 line 10,	, Part I, col (A)	page 1	re and on I, Part I, col (B)							Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisi	na Incor	0.	nstruction	0.	Tarana mar menang	hschfillion	mate in 1914, programme 1	AC CHANGES		reress Section	~1
Part I Income From					solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct extising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, compu nrough 7			6. Read cos	ts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					25 k 192 197 197		13		<u> </u>		
(2)							Na Carlotte				
(3)									<u> </u>		
(4)							, i)		<u> </u>		
(*)		_	_		8446W WORK	Service Service,	D*				8 1, 211 1921, " HP 1948 1 24/93.
Totals (carry to Part II, line (5))	•		0.	0		_					0 . Form 990-T (2018

Form 990-T (2018) SOMC MEDICAL CARE FOUNDATION, INC 31-13745

Partill 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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	一			1			· · · · · · · · · · · · · · · · · · ·
(2)							
(3)	一		-		- ,		
(4)							
Totals from Part I	▶	0.	0.			建物、建筑	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)				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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT 2
•	,						
CORPORATION'S	NAME						IDENTIFYING NO
SOUTHERN OHIO	MEDICA	L CENTER					31-0678022

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/99	232,577.	30,925.	201,652.	201,652.
06/30/00	298,658.	0.	298,658.	298,658.
06/30/01	75,771.	0.	75,771.	75,771.
06/30/02	150,901.	0.	150,901.	150,901.
06/30/04	42,804.	0.	42,804.	42,804.
06/30/05	69,906.	0.	69,906.	69,906.
06/30/06	45,193.	0.	45,193.	45,193.
06/30/07	61,775.	0.	61,775.	61,775.
06/30/08	34,762.	0.	34,762.	34,762.
06/30/09	41,168.	0.	41,168.	41,168.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	1,022,590.	1,022,590.