<b>5</b> .	990₅T	Ex	cempt Organization	Bus	siness In	con	ne ]	Tax Retu	rn	ОМЕ	No 1545-0687
Form	3,000		(and proxy ta						1 0	a	0040
	(•₽	For cale	ndar year 2018 or other tax year begi	nning _	01/01, 20	18, and	d endır	ig 12/31,	20 <u> ± 8</u> .	2	<b>8018</b>
	ment of the Treasury	_	► Go to www.irs.gov/Form99							≩÷≩-Open∜to	Public Inspection for 14
Interna	Revenue Service	<b>▶</b> Do	not enter SSN numbers on this form								Public Inspection for the last of the last
A L	Check box if address changed		Name of organization ( Check	box if na	me changed and s	see inst	ructions	5)			see instructions )
<del></del>		,	REID HOSPITAL & HEA	ערדע	CADE SERV	TOFS	: TI	VC.			
	mpt under section	Print	Number, street, and room or suite no		·		, 11	···	35-0	892672	)
$\vdash$	501( C )( 03 )	or	Number, street, and room or suite no	паго	DOX, SEE ITISTIACT	10113					ness activity code
H	408(e) 220(e)	i ype	1100 REID PARKWAY							structions)	,
$\vdash$	408A530(a)		City or town, state or province, coun	try and	ZIP or foreign post	al code	1		i		
	529(a) ok value of all assets		RICHMOND, IN 47374-		• .	u, 0000			6116	0.0	
	nd of year	F Gro	up exemption number (See instruc			_		<del></del> -			
1	065106446.		· · · · · · · · · · · · · · · · · · ·		rporation * "		501(c)	trust	401(a)	trust	Other trust
			nization's unrelated trades or busin	_`			501(0)		e the only		<del></del>
17 CI	iter the number of	RAF	DIOLOGY SCHOOL	03303		If only	one	complete Parts	•		
			end of the previous sentence, co	omolete		•		•			0, 2000
	ade or business, th			J.111.p 0.11		,					
			corporation a subsidiary in an aff	iliated o	roup or a parent		diary c	ontrolled group?			Yes X No
			identifying number of the parent of					J			
			RISTOPHER D. KNIGHT,			Tel	ephon	e number ▶ 76	5-983	-3000	
			or Business Income		(A) Inc			(B) Exper	nses		(C) Net
1 a	Gross receipts or		44,230.								
b	Less returns and allowa		c Balance I	<b>▶</b> 1c	4	44,2	30.		ELAST SAME AND		
2	Cost of goods so	d (Sched	ule A, line 7)	<u>,</u> 2				TREATENANT TO A STATE OF THE ST			
3			2 from line 1c	- 1	-	44,2	30.				44,230.
4a	Capital gain net i	ncome (a	attach Schedule D)	4a							
b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b	_			alle and the second		, , , , , , , , , , , , , , , , , , ,	
С	Capital loss dedu	ction for	trusts	. 4c				RECEN	TE Day		<u> </u>
<u> </u>	Income (loss) from a p	artnership o	r an S corporation (attach statement)	. 5					医内室		
<b>3</b> 5	Rent income (Sch	edule C)		. 6			32			1131	
53 <sup>7</sup>	Unrelated debt-fit	nanced in	come (Schedule E)	. 7			9	OCT 292	019	3	
⇒8	Interest, annuities, roya	alties, and re	ents from a controlled organization (Schedule	F) 8			Ш			2	
و ر	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule C	s) <b>9</b>	<u> </u>		-	IONEN			
T10	Exploited exempt	activity i	ncome (Schedule I)	. 10	<u> </u>	-		Rapa CIV			
⊃ <sub>11</sub> '	-		dule J)		<u> </u>			Ripadeluan:	98454547. 88c34584		
12	Other income (Se	ee instrud	ctions, attach schedule)		· · · · ·	44 0	20			\$	44 220
13	Total. Combine li	nes 3 thr	ough 12	. 13		44,2			<u> </u>		44,230.
Par			Taken Elsewhere (See ins						Except	or cont	ributions,
			be directly connected with							<del>-</del> T-	
14			directors, and trustees (Schedule I								230,521.
15	•		• • • • • • • • • • • • • • • • • • • •							+	230,321.
16	•									+	
17									1	+	
18	•		(see instructions),			-				<del>                                     </del>	
19			See instructions for limitation rules								
20			4562)		1		ı	1,18		g ,	
21 22			on Schedule A and elsewhere on						22b		1,181.
23										<del>'  </del> -	
24			compensation plans							† <del></del>	<u> </u>
25			S								
26			Schedule I)							1	
27			schedule J)								
28			schedule)								12,467.
29			es 14 through 28,								244,169.
30			ole income before net operatin								-199,939.
31			ig loss arising in tax years beginn	-						1.01128-2023	
32		•	e income. Subtract line 31 from lir	-	-		•	•	32	1	-199,939.

For Paperwork Reduction Act Notice, see instructions.

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Form **990-T** (2018) PAGE 103

Form 9	990-T (2018)		Page 2
Par	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1	
	instructions).	33	10,362.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		-
33		35	10,362.
	instructions),	35	10,302.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34,		
37	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	38	0.
Par	t IV Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	1	
40		40	
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	$\overline{}$	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)		
43	Tax on Noncompliant Facility Income. See instructions		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	
Par	tV Tax and Payments		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	Other credits (see instructions)	7	
	General business credit Attach Form 3800 (see instructions)	i'	
۰	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
		45e	
	Total credits. Add lines 45a through 45d		
46	Subtract line 45e from line 44		
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		
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	
50 a	Payments A 2017 overpayment credited to 2018	. I	
	2018 estimated tax payments	] ,	
	Tax deposited with Form 8868	7 ;	
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	7 °	
u	Backup withholding (see instructions)	┦ . ~ [	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	┥。`.│	
		ᅥ∶ᆡ	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	<del></del>
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	55	
Par	Statements Regarding Certain Activities and Other Information (see instruction	าร)	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		authority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization in		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the		1. 1 1
		. J. J.g.	X
	here		<del></del>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trus	(7. · · · ·   A
	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 true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of m	ny knowledge and belief, it is
Sigr		av the	IRS discuss this return
Her		-	preparer shown below
			ons) <sup>2</sup> X Yes No
	Print/Type preparer's name Preparer's signature Date		PTIN
Paid	Che Che	ck LLLL if employed	1 500001004
Prep	arer 1070715		44-0160260
Use	Omles 1	s EIN F	
	Firm's address > 312 WALINOI SIREEI, SUILE 3000, CINCINNAII, OR 43202 Phot	ie no 3.	13-621-8300
JSA			Form <b>990-T</b> (2018)

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JSA

Form 990-T (2018)			· · · · · · · · · · · · · · · · · · ·						Page 3
Schedule A - Cost of Go		ter method				т.			
1 Inventory at beginning of y	-		_		ar	6			
2 Purchases				•	ld. Subtract line				
3 Cost of labor	· · ·		<del></del>		ter here and in				
4a Additional section 263A co	1 1		1			7	l . <u></u>	T	
(attach schedule)					section 263A (v		•	Yes	No
<b>b</b> Other costs (attach schedu					or acquired for				١,,
5 Total Add lines 1 through		·	to the orga	anization?		• • •	<del></del>		X
Schedule C - Rent Income	e (From Real P	roperty a	nd Personal Property	Leased V	Vith Real Prope	rty)			
(see instructions)									
1 Description of property									
(1)									
(2)									
(3)									
(4)			•						
	2. Rent recei	ved or accrue	ed		-				
(a) From personal property (if the for personal property is more th more than 50%)	an 10% but not	percenta	rom real and personal property age of rent for personal property of the rent is based on profit or	exceeds	3(a) Deductions d in columns 2				ome
(1)	•								
(2)									
(3)	_								
(4)									
Total		Total							
(c) Total income. Add totals of cohere and on page 1, Part I, line 6		•		•	(b) Total deduction Enter here and or Part I, line 6, column	page 1			
Schedule E - Unrelated De			e instructions)		<u> </u>				
			2 Gross income from or	3. [	Deductions directly co			le to	
1 Description of deb	t-financed property		allocable to debt-financed	(a) Straigl	debt-finance nt line depreciation		b) Other dedu	ctions	
			property	(attach schedule)		(attach schedule)			
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjust of or allocat debt-financed (attach sche	ble to property	6. Column 4 divided by column 5		income reportable n 2 x column 6)		Allocable ded umn 6 x total 3(a) and 3(	of colum	
(1)			%						
(2)			%						
(3)			%						
(4)			%						
				Enter her Part I, lin	re and on page 1, ne 7, column (A)	Ente Par	er here and o t I, line 7, col	n page umn (E	e 1, 3)
Totals									

Form 990-T (2018)

Page 4

Schedule F—Interest, Ann	uities, Royalties			ntrolled Or				,	111311 00110	,,,,,		
1 Name of controlled organization	2 Employer identification numb	ner 3.	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		fied	5. Part of column 4 that is included in the controlling organization's gross income		lling	6. Deductions directly connected with income in column 5	
(1)												
(2)					ļ							
(3)					ļ ·							
(4)					<u> </u>							
Nonexempt Controlled Organi	zations											
7. Taxable Income	8. Net unrelated in (loss) (see instruc			Total of specifi ayments made	-	inc	luded	of column in the cor on's gross	trolling		Deductions directly nected with income in column 10	
(1)												
(2)												
(3)			•									
(4)												
Totals	ncome of a Sec	 ction 50	 1(c)(7),		▶ ′) Orga	En Pa	iter her art I, lir	umns 5 ar re and on p ne 8, colur see inst	page 1, nn (A)	Ente	d columns 6 and 11 or here and on page 1, t I, line 8, column (B)	
1 Description of income	2 Amount o	fincome		3. Dedu directly co (attach sc	nnected				-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1)												
(2)												
(3)									-		•	
(4)											-	
Totals ▶ Schedule I-Exploited Exc		olumn (A)									Enter here and on page 1 Part I, line 9, column (B)	
Schedule 1-Exploited Ex	- Cuvity in	Come, C	/tilei ili				= (30	e ilisti u	Cuonsy		T	
Description of exploited activity	2. Gross unrelated business income from trade or business	dire connec produc unre	enses ectly ted with ction of lated s income	4. Net inco from unrela or business 2 minus co If a gain, c cols 5 thr	ted trade (column lumn 3) compute	from	activi	ncome ity that elated ncome	6. Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	<del>                                     </del>	_		<del>                                     </del>								
(2)									•			
	<del> </del>				-							
(3)				<b> </b>								
(4) Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1, line 10,					******				Enter here and on page 1, Part II, line 26	
Schedule J- Advertising le	ncome (see instr	uctions)		1-00%-04000-81#036,K	avae in rus titt fui	==5555555 f	Judun6758		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		<u></u>	
Part I Income From Per			Consol	idated Ba	sis						<del></del>	
moonie i joni i ei			20,1001		~. <b>~</b>							
1. Name of periodical	2. Gross advertising income		irect ing costs	4. Adver gain or (lo 2 minus of a gain, co cols 5 thr	ss) (col ol 3) If empute ough 7		Circul		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)		-										
(2)	,			THE RESTRICTED TO THE PROPERTY OF THE PROPERTY								
(3)	1											
(4)												
<u> </u>	1		•	2-1013 1201003005\$*6*	-2927-1-23776				-			
Totals (carry to Part II, line (5))		,									000 T	

Form **990-T** (2018)

(4)

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

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col costs (column 6 2. Gross 3. Direct 5. Circulation 6. Readership minus column 5, but 2 minus col 3) If advertising 1 Name of periodical income costs advertising costs not more than a gain, compute income column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (B) Part II, line 27 line 11, col (A) Totals, Part II (lines 1-5) . . . . ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to 4 Compensation attributable to 2 Title 1. Name unrelated business % (1) % (2) (3) %

Form 990-T (2018)

%

#### **Unrelated Business Taxable Income for Unrelated Trade or Business**

Department of the Treasury Internal Revenue Service

► 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 organization REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number 35-0892672

Unrelated business activity code (see instructions) ▶ 446110

Describe the unrelated trade or business ▶ PHARMACY CONTRACT SERVICES

Par	t I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 397,742.			+	TARLES AND THE STATE OF THE STA	
b	Less returns and allowances C &	Balance 🕨	1c	397,742.		
2	Cost of goods sold (Schedule A, line 7)	[	2			
3	Gross profit Subtract line 2 from line 1c	[	3	397,742.		397,742.
4a	Capital gain net income (attach Schedule D)	[7	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)	l l	7			
8	Interest, annuities, royalties, and rents from a control	lled				
	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	7	13	397,742.		397,742.

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 )

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	425,588.
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)	173336273	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	,
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)	27_	
28	Other deductions (attach schedule)		150,631.
29	Total deductions. Add lines 14 through 28	ſ	602,901.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-205,159.
<sup>,</sup> 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	-205,159.

For Paperwork Reduction Act Notice, see instructions.

# Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning  $\frac{-01/01}{}$  , 2018, and ending  $\frac{-12/31}{}$  , 20  $\frac{18}{}$ 

► 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 \$2501(c)(3) Organizations Only

Name of organization
REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number 35-0892672

Unrelated business activity code (see instructions) ► 446110

Describe the unrelated trade or business ► PHARMACY CONTRACT SERVICES

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 15,000.				
b	Less returns and allowances c Balance	1c	15,000.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	15,000.		15,000.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		Han-Anara Mal	
С	Capital loss deduction for trusts	4c	•	izibiandibilika	
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	15,000.		15,000.

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) \*

	deduction made be already defined as an ended business means y	γ	
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	634.
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)		ι
21	Depreciation (attach Form 4562)	Billiki	-
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	45.
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		3,959.
29	Total deductions. Add lines 14 through 28	1	4,638.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	10,362.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	*******	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	instructions)		
32	Unrelated business taxable income Subtract line 31 from line 30	32	10,362.

For Paperwork Reduction Act Notice, see instructions

#### **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning \_

01/01 , 2018, and ending \_

▶ 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 organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number 35-0892672

Unrelated business activity code (see instructions) ▶ 621990

Describe the unrelated trade or business ► MASSAGE THERAPY

Par	Unrelated Trade or Business Income	*	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 214,569.				
٠b	Less returns and allowances c Balance ▶	1c	214,569.		
2	Cost of goods sold (Schedule A, line 7)	2		AND PROPERTY OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH	
3	Gross profit Subtract line 2 from line 1c	3	214,569.		214,569.
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)	10	•		
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	214,569.	•	214,569.

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 )

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	271,183.
16	Repairs and maintenance		,
17	Bad debts		
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	r
21	Depreciation (attach Form 4562)	10.22	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	3,508.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		9,614.
29	Total deductions. Add lines 14 through 28		284,305.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-69,736.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	31	CRASSA SECOND I ZANNA SENECHACIONESESES I CONTRACTOR DE LA CONTRACTOR DE L
32	Unrelated business taxable income Subtract line 31 from line 30	32	-69,736.

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#### **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

2018

Department of the Treasury

01/01 , 2018, and ending \_ 12/31 .20 18 For calendar year 2018 or other tax year beginning \_\_\_

Internal Revenue Service Name of organization

▶ 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)

Employer identification number

REID HOSPITAL & HEALTH CARE SERVICES, INC.

35-0892672

Unrelated business activity code (see instructions) ▶ 722320

Describe the unrelated trade or business ► CATERING Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 71,643. Gross receipts or sales 71,643 Less returns and allowances Cost of goods sold (Schedule A, line 7)..... 2 71,643. 71,643. Gross profit Subtract line 2 from line 1c . . . . . . . . . . 3 Capital gain net income (attach Schedule D) . . . . . . . Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b Capital loss deduction for trusts . . . . . . . . . . . . . . . . . . Income (loss) from a partnership or an S corporation (attach 5 6 Unrelated debt-financed income (Schedule E), . . . , . . . 7 Interest, annuities, royalties, and rents from a controlled 8 Investment income of a section 501(c)(7), (9), or (17) 9 10 Exploited exempt activity income (Schedule I) . . . . . . 10 Advertising income (Schedule J)....... 11 11 Other income (See instructions, attach schedule) . . . . . 12 71,643. 71,643. 

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 )

Compensation of officers, directors, and trustees (Schedule K)	14	
Salaries and wages	15	22,509.
Repairs and maintenance	16	
Bad debts	17	
Interest (attach schedule) (see instructions)	18	
Taxes and licenses	19	
Charitable contributions (See instructions for limitation rules)	20	
Depreciation (attach Form 4562)		
	22b	2,546.
Depletion	23	
Contributions to deferred compensation plans	24	
Employee benefit programs	25	
Excess readership costs (Schedule J)	27	
		51,082.
Total deductions. Add lines 14 through 28		76,137.
Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-4,494.
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
instructions)	31	
Unrelated business taxable income Subtract line 31 from line 30	32	-4,494.
	Salaries and wages  Repairs and maintenance  Bad debts  Interest (attach schedule) (see instructions).  Taxes and licenses  Charitable contributions (See instructions for limitation rules).  Depreciation (attach Form 4562).  Less depreciation claimed on Schedule A and elsewhere on return  Depletion.  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I).  Excess readership costs (Schedule J).  Other deductions (attach schedule)  Total deductions. Add lines 14 through 28.  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 instructions).	Repairs and maintenance

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#### **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

► 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 organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number

35-0892672 Unrelated business activity code (see instructions) ▶ 812300

Describe the unrelated trade or business ► LAUNDRY

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 96,530.				Continues to the state of the s
ь	Less returns and allowances c Balance	1c	96,530.	AND	SECTION OF THE PROPERTY OF THE
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	96,530.		96,530.
4 a	Capital gain net income (attach Schedule D)	4a	-	ienzzus;unu iiparziuzua	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c		CONTRACTOR OF THE PROPERTY OF	
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	96,530.		96,530.

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 )

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	131,262.
16	Repairs and maintenance		
17	Bad debts,		
18	Interest (attach schedule) (see instructions)	1	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	20,583.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	85,976.
29	Total deductions. Add lines 14 through 28	l .	237,821.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-141,291.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	EXERCISE TO A SECOND	
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-141,291.

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	ATTACHMENT	1		
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### FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

EDUCATION	2,626.
SUPPLIES	2,176.
PURCHASED SERVICES	2,100.
OTHER	5,565.

PART II - LINE 28 - OTHER DEDUCTIONS 12,467.