_ /	990-T	E>	cempt Organization	Bus	siness Income	Tax Retui	'n [OMB No 1545-0047
Form	330-1				der section 6033(<u>구</u> 。	∆ ∧40
		For cale	ndar year 2019 or other tax year begin				10 <u>1 9</u> ·	2019
	rtment of the Treasury al Revenue Service	▶ Do	► Go to www irs.gov/Form990 not enter SSN numbers on this form a				:)(3)	Open to Public Inspection for 555 501(c)(3) Organizations Only
A	Check box if				me changed and see instruction		D Emple	ver identification number
_	address changed						I - (Emplo	yees' trust, see instructions)
BEx	empt under section		REID HOSPITAL & HEA	LTH	CARE SERVICES, I	NC.	-	
Х	501(C)(<u>03</u>)	Print or	Number, street, and room or suite no	lf a P O	box, see instructions	, •		392672
	408(e) 220(e)	Type	1100 555 515777			•		ated business activity code structions)
	408A530(a)	1	1100 REID PARKWAY		7ID as farsian mostal code			
	529(a) ok value of all assets	-	City or town, state or province, countr RICHMOND, IN 47374-				6116	າດ
	end of year	F Gro	up exemption number (See instruct					
	1217959519.		eck organization type X 501) trust	401(a)	trust Other trust
H E	nter the number of		inization's unrelated trades or busine					(or first) unrelated
			DIOLOGY SCHOOL	1		complete Parts I	-V If more	e than one, describe the
fı	rst in the blank spa	ace at the	end of the previous sentence, co	mplete	Parts I and II, complete a S	chedule M for each	ch additioi	nal
	ade or business, th					ı		
			corporation a subsidiary in an affil			controlled group?		▶ Yes X No
			identifying number of the parent co RRISTOPHER D. KNIGHT	rporati	on P	ne number ▶ 76	5-983-	-3000
-			or Business Income		(A) Income	(B) Expen		(C) Net
<i>,</i> —	Gross receipts or		68,434.	-	(),			1382-2121-3.1-4.7
b	•		c Balance ▶	1c	68,434.			
> 2			ule A, line 7)	2		L		14 第四个人的数据 2.1
3	Gross profit Sub	tract line	2 from line 1c	3	68,434.	期間 "學" 语言		
5 4a	Capital gain net i	ncome (a	attach Schedule D)	4a		以外,这个		
) p	• , , ,		Part II, line 17) (attach Form 4797).	4b		The state of the s		
y ·	•		trusts	4c		Specify a Residence of		
SCANMEU			r an S corporation (attach statement)	6			79 82 8 8	
4 °			come (Schedule E)	7				
SON,			ents from a controlled organization (Schedule F)	8				
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt	activity i	ncome (Schedule I)	10		· .	<u>.</u>	
11	-	•	dule J)	11		K. Shiphai att at	- 1	<u> </u>
12	,		ctions, attach schedule)	12	68,434.	A. ARMOND	· * * * * * * * * * * * * * * * * * * *	68,434.
13 Pa	rt Deductio	nes 3 inr	ough 12	ructio			Deduction	
Га			ne unrelated business incom		RECEIVE	D . (• • •	ono made bo an odny
14			directors, and trustees (Schedule K)				14	
15					NOV 2:0 202	1 201	15	212,070.
16	Repairs and main	itenance	<i>[</i>				16	
17			. /			<u></u>	17	
18			(see instructions)			<u> </u>	18	 -
19			4562)			1,417	<u>19</u> . 注读	
20 21			on Schedule A and elsewhere on re				21b	1 1 1 1 7
22	•	/					22	<u> </u>
23		,	compensation plans					
24			s					17,058.
25	Excess exempt ex	φenses (Schedule I)				25	<u> </u>
26			chedule J)					20 225
27	. /		chedule)					20,235.
28			s 14 through 27				28	-182,346.
29 30	,		g loss arising in tax years beginnir					102,310.
31 /	,		e income Subtract line 30 from line					-182,346.
			lotice, see instructions			· · · · · · · · · · · · · · · · ·	· · · ·	Form 990-T (2019)

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Form 890-	T(2019) REID HOSPITAL & HEALTH CARE SERVICES, INC.	35-0892672	Page
Part III	Total Unrelated Business Taxable Income		
32 Vot	al of unrelated business taxable income computed from all unrelated trades or businesses (seq		
	ructions	32	10,435
	ounts paid for disallowed fringes		
	aritable contributions (see instructions for limitation rules)		
	al unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
	/_	1 1 1	10,435
	from the sum of lines 32 and 33	35	10,433
	duction for net operating loss arising in tax years beginning before January 1, 2018 (see		10 425
IIISI 7- T-A	ructions)		10,435
37 Tota	al of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	1 000
	ecific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
	related business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	`	_
ente	er the smaller of zero or line 37	39	0.
	Tax Computation	,	
0 Org	anizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		
1 Trus	sts Taxable at Tru <u>st</u> Rates. See instructi <u>ons</u> for tax computation. Income tax on		
the	amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
	xy tax. See instructions ,	42	
3 Alte	rnative minimum tax (trusts only)	43	
	on Noncompliant Facility Income. See instructions		
	al Add lines 42, 43, and 44 to line 40 or 41, whichever applies		
Part V	Tax and Payments		
	eign tax credit (corporations attach Form 1118, trusts attach Form 1116), 46a	10.	
	er credits (see instructions)		
	neral business credit Attach Form 3800 (see instructions)	<u> </u>	
	dit for prior year minimum tax (attach Form 8801 or 8827))	
		45-	
	al credits, Add lines 46a through 46d , , , , ,		
7 Sub	tract line 46e from line 45	47	
	er taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .		
	al tax. Add lines 47 and 48 (see instructions)	49	0.
	9 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
1a Pay	ments: A 2018 overpayment credited to 2019		
b 201	9 estimated tax payments		
c Tax	deposited with Form 8868	1.0	
d Fore	eign organizations: Tax paid or withheld at source (see instructions)	M2 (1)	
e Bac	kup withholding (see instructions)	<u>,</u> , , ,	
f Cred	dit for small employer health insurance premiums (attach Form 8941) 51f	, '	
g Oth	er credits, adjustments, and payments Form 2439	F' ()	
	Form 4136	\	
2 Tota	al payments. Add lines 51a through 51g	52	
	mated tax penalty (see instructions) Check if Form 2220 is attached	53	
	due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	·····
		55	
	rpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		
	er the amount of line 55 you want	56	
Part VI	<u> </u>		Voc -11-
	any time during the 2019 calendar year, did the organization have an interest in or a signature or		Yes No
	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may		1. 25 (1.2)
FinC	EN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	2 3
here			X
8 Duri	ing the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	gn trust?	X
If "Ƴ	es," see instructions for other forms the organization may have to file		3 44 Ci
9 Ente	er the amount of tax-exempt interest received or accrued during the tax year 🕨 \$		· Sara
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge a	and bellef, it is
Sign	true, correct, and complete Declaration of prepared (other than texpayer) is based on all information of which preparer has any knowledge	y the IRS discuss	this return
lere		h the preparer sh	
		Instructions)?X Ye	
	Print/Type preparer's name Preparer's signature - Date Check	PTIN	
aid	Check		51884
repare	THE TAXABLE PROPERTY.	EIN ► 44-016	
lse Onl	Firm's name FRD, LLP Firm's address 312 WALNUT STREET, SUITE 3000, CINCINNATI, OH 45202 Phone		
SA .	Filling address Dis Hadrot Street, South Sood, Circliverit, On 45202 Phone		0-T (2019)
41 1 000	O3AN D410 8/3/2020 3:21:10 PM	rom 38	PAGE

Form 990-T (2019)

Total dividends-received deductions included in column 8

Page 4

ochedule i militerest, Aim	uities, itoyaitie	o, and iten	113 1 1	om contre		guin		0113 (30	C IIISU GOU	01137	
		Exem	ipt Co	ontrolled Org	ganızatı	ons					
Name of controlled organization	2 Employer identification numb	Jei l	3. Net unrelated income (loss) (see instructions) 4 Total of specified payments made 5. Part of column 4 included in the conforganization's gross		in the controlling		6. Deductions directly connected with income in column 5				
(1)											
(2)								-			
(3)			-								
(4)											
Nonexempt Controlled Organiz	zations		-								
7 Taxable Income	8 Net unrelated (Total of specific		ind	lude	of column d in the co ation's gross	ntrolling		Deductions directly nected with income in column 10
(1)									•		
(2)											
(3)											
(4)											
Totals			 c)(7),	 (9), or (17	▶ ') Orga	Er Pa	nter h art I,	olumns 5 a ere and on line 8, colui	page 1, mn (A)	Ente	d columns 6 and 11 er here and on page 1, t I, line 8, column (B)
1 Description of income	2 Amount o			3 Deduction of the 3 directly cortain (attach sch	tions nected			4. Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											· · · · · · · · · · · · · · · · · · ·
(2)											
(3)											
(4)											
Totals	Enter here and Part I, line 9, o	column (A)	er Th	an Adverti	sing Ir	is in the second	e (s	ee 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 Expens directly connected production unrelate business ind	es with	4. Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 (fron	Gross n acti	income vity that prelated income	6 Expe attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				-							
(2)				 							<u></u>
(3)											·
(4)				 							
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa	ırt I,	25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 2 44 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 (4 (4) (4) (4) (4) (4) (4) (4) (4) (4)	Enter here and on page 1, Part II, line 25
Schedule J-Advertising In	come (see instr	ructions)									· · · · · · · · · · · · · · · · · · ·
Part I Income From Peri			onsol	idated Bas	sis			-	,		
1 Name of periodical	2 Gross advertising income	3 Directions	:t	4 Advert gain or (los 2 minus co a gain, coi cols 5 thro	ising s) (col bl 3) If mpute	5	Circi	ulation me	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				75 TO 100		-			 		
(1)				1 37 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							Fr and the feet of the name of the
(2)				N. B. T. C. S. San C. Co.		_					CONTRACTOR OF THE PROPERTY OF
(3)				· · · · · · · · · · · · · · · · · · ·							HATTO LE STATE OF THE STATE OF
(4)	<u> </u>			of the property	-1 FRa - 1 ,			•			Thus see a see the seeds of
Totals (carry to Part II, line (5))											

Form **990-T** (2019)

35-0892672

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			THISTHAM AS'.	The same was a Time	Band traffe for the same.	
Totals, Part II (lines 1-5) ▶	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 26

Schedule K - Compensation of Officers, 1 Name	Directors, and Trustees (see	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.			

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

12/31 , 20 19 .

(B) Expenses

► 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)

(A) Income

(C) Net

Name of the organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Part I Unrelated Trade or Business Income

Employer identification number

35-0892672

Unrelated Business Activity Code (see instructions) ▶ 446110 Describe the unrelated trade or business ▶ PHARMACY CONTRACT SERVICES

15,000.

1 a	Gross receipts or sales15,000.					
b	Less returns and allowances c Balance ▶	1 c	15,000.			·
2	Cost of goods sold (Schedule A, line 7)	2		2		,
3	Gross profit Subtract line 2 from line 1c	3	15,000.			15,000.
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			٧	
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		·	' '	
	Total. Combine lines 3 through 12	13	15,000.			15,000.
<u>13</u> Pa	Deductions Not Taken Elsewhere (See instruction	ns for	I	ns) (Deductions	must b	e directly
			limitations on deductio		·	
Pa	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income)		limitations on deductio		14	e directly 514.
Pa	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K).		limitations on deductio		14 15	
14 15	Compensation of officers, directors, and trustees (Schedule K). Salaries and wages		limitations on deductio		14 15 16	
14 15 16	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K). Salaries and wages		limitations on deductio		14 15 16 17	
14 15 16	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K), Salaries and wages		limitations on deductio		14 15 16 17 18 19	
14 15 16 17	Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K). Salaries and wages		limitations on deductio		14 15 16 17 18 19	514.
Pai 14 15 16 17 18	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K), Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on re	• • • • • • • • • • • • • • • • • • •	limitations on deductio	41.	14 15 16 17 18 19	
Pa 14 15 16 17 18 19 20 21 22	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K), Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions), Taxes and licenses Depreciation (attach Form 4562), Less depreciation claimed on Schedule A and elsewhere on red	eturn	limitations on deductio	41.	14 15 16 17 18 19 21b	514.
14 15 16 17 18 19 20 21	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K), Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on redepletion. Contributions to deferred compensation plans.	eturn	limitations on deductio	41.	14 15 16 17 18 19 21b 22 23	514.
Pa 14 15 16 17 18 19 20 21 22	Compensation of officers, directors, and trustees (Schedule K). Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on redepletion. Contributions to deferred compensation plans Employee benefit programs	eturn	limitations on deductio	41.	14 15 16 17 18 19 21b 22 23 24	514.
14 15 16 17 18 19 20 21 22 23	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K). Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on reductions. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I)	eturn	limitations on deductio	41.	14 15 16 17 18 19 21b 22 23 24	514.
Pa 14 15 16 17 18 19 20 21 22 23 24 25 26	Compensation of officers, directors, and trustees (Schedule K). Salaries and wages Repairs and maintenance Bad debts. Interest (attach schedule) (see instructions). Taxes and licenses Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on redepletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J).	• • • • • • • • • • • • • • • • • • •	limitations on deductio	41.	14 15 16 17 18 19 21b 22 23 24 25 26	41. 38.
Pa 14 15 16 17 18 19 20 21 22 23 24 25	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K). Salaries and wages	eturn	limitations on deductio	41. ATCH.2	14 15 16 17 18 19 21b 22 23 24 25 26 27	38. 3,972.
Par 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K), Salaries and wages	eturn	limitations on deductio	41. ATCH.2	14 15 16 17 18 19 21b 22 23 24 25 26 27 28	38. 3,972. 4,565.
Pa 14 15 16 17 18 19 20 21 22 23 24 25 26 27	Deductions Not Taken Elsewhere (See Instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K). Salaries and wages	eturn	limitations on deductio	41. 	14 15 16 17 18 19 21b 22 23 24 25 26 27	38. 3,972.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

Unrelated business taxable income Subtract line 30 from line 29

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning $\frac{-01/01}{}$, 2019, and ending $\frac{-12/31}{}$, 20 $\frac{19}{}$

► 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

Name of the organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

35-0892672

Employer identification number

Unrelated Business Activity Code (see instructions) ► 621990

Describe the unrelated trade or business ► MASSAGE THERAPY

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 235, 223.			3 3 4 1 2	
b	Less returns and allowances c Balance	1c	235,223.	ere of	
2	Cost of goods sold (Schedule A, line 7)	2		A Section of the second	
3	Gross profit Subtract line 2 from line 1c	3	235,223.	э, ^ н з	235,223.
4a	Capital gain net income (attach Schedule D)	4a		** * ** T	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		* -	
С	Capital loss deduction for trusts	4c		3	
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	235,223.		235,223.
Par				ns.) (Deductions must b	
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages				273,125.
16	Repairs and maintenance				
17	Bad debts			f -	
18	Interest (attach schedule) (see instructions),				

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		273,125.
16	Repairs and maintenance	1 1	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	3,523.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	20,372.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	9,059.
28	Total deductions Add lines 14 through 27	28	306,079.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-70,856.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		· · · · · · · · · · · · · · · · · · ·
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-70,856.

For Paperwork Reduction Act Notice, see instructions

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning $\underline{-01/01}$, 2019, and ending $\underline{-12/31}$, 20 $\underline{19}$

► 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

Name of the organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number 35-0892672

Unrelated Business Activity Code (see instructions) ▶ 722320

Describe the unrelated trade or business ▶ CATERING

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales 40,708.	1c	40,708.	×	
b	Less returns and allowances C Balance		10,700.	* L 1 /	•
2	Cost of goods sold (Schedule A, line 7)	2	40 700	* ,	40,708.
3	Gross profit Subtract line 2 from line 1c	3	40,708.		40,708.
4 a	Capital gain net income (attach Schedule D)	4a		_ c	
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			
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12		·	
13	Total. Combine lines 3 through 12	13	40,708.		40,708.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	26,112.
16	Repairs and maintenance	I	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	****	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	655.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs		2,252.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		•
27	Other deductions (attach schedule)	27	30,921.
28	Total deductions Add lines 14 through 27	28	59,940.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-19,232.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	· j	
	instructions)	1	
31	Unrelated business taxable income Subtract line 30 from line 29		-19,232.

For Paperwork Reduction Act Notice, see instructions

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury

For calendar year 2019 or other tax year beginning $\frac{01/01}{}$, 2019, and ending $_{-}$ 12/31 ,20 19

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 the 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

Pa	tl Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 110, 345.				, ,,,
b	Less returns and allowances c Balance	1c	110,345.	•	· · · · · · · · · · · · · · · · · · ·
2	Cost of goods sold (Schedule A, line 7)	2		2 4 7	•
3	Gross profit Subtract line 2 from line 1c	3	110,345.	**	110,345
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		· · · · · · · · · · · · · · · · · · ·	<u> </u>
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)				1
	organization (Schedule G)	9			
)	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12			
3	Total. Combine lines 3 through 12	13	110,345.		110,345

connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	143,532.
16	Repairs and maintenance	1	30,978.
17	Bad debts,	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	16,159.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	10,439.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	104,809.
28	Total deductions. Add lines 14 through 27	28	305,917.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-195,572.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-195,572.

For Paperwork Reduction Act Notice, see instructions

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning $\frac{-01/01}{}$, 2019, and ending $\frac{-12/31}{}$, 20 $\frac{19}{}$

► 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

Name of the organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number 35-0892672

Unrelated Business Activity Code (see instructions) ► 713940

Describe the unrelated trade or business ► HEALTHWORKS FITNESS CENTER

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales 35, 303.			,	-	
b	Less returns and allowances C Balance	1c	35,303.		•	
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	35,303.	- '-	35,303.	
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			4 1		
	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	35,303.		35,303.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	83,135.
16	Repairs and maintenance	1	
17	Bad debts,	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)]	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	159.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	6,020.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	1,985.
28	Total deductions. Add lines 14 through 27	28	91,299.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-55,996.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-55,996.

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ATTACHMENT	1	

FORM 990T - PART II - LINE	28 -	TOTAL	OTHER	DEDUCTIONS
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EDUCATION 12,860.
LICENSES & FEES 2,100.
SUPPLIES 1,893.
OTHER 3,382.

PART II - LINE 28 - OTHER DEDUCTIONS

20,235.

	ATTACHMENT 2
FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS	
EDUCATION LICENSE & FEES SUPPLIES PURCHASED SERVICES OTHER	4. 16. 3,942. 8. 2.
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	

PART II - LINE 28 - OTHER DEDUCTIONS

3,972.

ATTACHMENT 3

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SUPPLIES
PURCHASED SERVICES
OTHER

3,804. 2,584.

2,671.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 28 - OTHER DEDUCTIONS

9,059.

ATTACHMENT	4		

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

EDUCATION	37.
LICENSES & FEES	234.
SUPPLIES	29,754.
PURCHASED SERVICES	311.
UTILITIES	20.
OTHER	565.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 28 - OTHER DEDUCTIONS

30,921.

ATTACHMENT 5

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SUPPLIES PURCHASED SERVICES OTHER 94,468. 5,365.

4,976.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 28 - OTHER DEDUCTIONS

104,809.

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	ATTACHMENT 6
ORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS	
LICENSES & FEES SUPPLIES PURCHASED SERVICES OTHER	150. 277. 420. 1,138.
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	

PART II - LINE 28 - OTHER DEDUCTIONS

1,985.