Fam 990-T		TENDED TO AUGINATION BUS	sine	ss Income T	ax Return	۱ -	OMB No 1545-0687
<u>.</u> 2	For calendar year 2018 or other to	ax year beginning OCT 1,	20	18 , and ending SE	P 30, 201	<u>.9</u>	2018
Department of the Treasury		www.irs gov/Form990T for ii					
Internal Revenue Service	Do not enter SSN nu	mbers on this form as it may	be ma	de public if your organiz	ation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization	n (Check box if name o	changed	and see instructions.)		(Emplo	yer identification number byees' trust, see ctions)
B Exempt under section	Print FIRSTHEAL	TH OF THE CAR	OLI	NAS, INC.			6-1936354
$X = 501(c\sqrt{3})$	I TVAA I	room or suite no. If a P.O. bo	x, see i	nstructions			ted business activity code structions)
408(e) 220(e)	133 MEMOR				<u> </u>	-	
408A530(a) 529(a)	City or town, state or	province, country, and ZIP of NC 28374	r foreig	n postal code		9000	000
C Book value of all assets at end of year		number (See instructions.)	<u> </u>				
1,102,145,5				n 501(c) trust	401(a) trust	Other trust
	organization's unrelated trades		5		the only (or first) ur		
	SEE STATEME				, complete Parts I-V		
	lank space at the end of the pr	evious sentence, complete Pa	arts I ar	id II, complete a Schedule	e M for each addition	ial trade (Or
business, then complete		an affiliated areas as a serie	-	diani controlled around		7 ٧,	S X No
•	the corporation a subsidiary in and identifying number of the p		nt-subs	idiary controlled group?	> 1	Yes	S A NO
	► MICHAEL S.		OMD	LIANCE O Teleph	one number 🕨 (910	715-5182
	d Trade or Business		OHII I	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale			I	(,		٠,٠	(-,
b Less returns and allo		c Balance	1c		· ·		·/ ·-
2 Cost of goods sold (S			2				
3 Gross profit Subtract	•		3			$\overline{}$	
•	ne (attach Schedule D)		4a		· /	7,	
· -	4797, Part II, line 17) (attach	Form 4797)	4b		- /	~ '	
c Capital loss deduction	1 for trusts	·	4c		. /	ç*	
5 Income (loss) from a	partnership or an S corporatio	n (attach statement)	5	21,493.	STMT :	ر 2	21,493.
6 Rent income (Schedu	ile C)		6				
7 Unrelated debt-finance	ed income (Schedule E)		7_				
8 Interest, annuities, roy	alties, and rents from a control	led organization (Schedule F)	8				
9 Investment income of	f a section 501(c)(7), (9), or (1	7) organization (Schedule G)	9				
10 Exploited exempt acti	vity income (Schedule I)		10	/			
11 Advertising income (S	•		1,1/				
,	structions; attach schedule)		12	01 402		- '	01 (02
13 Total. Combine lines			13	21,493.			21,493.
	ns Not Taken Elsewl contributions, deductions n				income)		
14 Compensation of off	icers, directors, and trustees (Schedule K)			•	14	
15 Salaries and wages				~ ~ ~ 3		15	
16 Repairs and mainter	ance		M	81320		16	
17 Bad debts				$O(\mathcal{I}\mathcal{I}\mathcal{I})$		17	
18 Interest (attach sche	dule) (see instructions)		•	- •		18	
19 Taxes and licenses						19	8,235.
	ons (See instructions for limita	tion rules)		1 1		20	"
21 Depreciation (attach				21			
	aimed on Schedule A and elsev	here on return		22a		22b	
23 Depletion						23	
	erred compensation plans					24	
25 Employee benefit pro	_					25	
26 Excess exempt expe						26	
27 Excess readership co						27	
28 Other deductions (at 29 Total deductions A	dd lines 14 through 28					28	8,235.
/	au illes 14 through 26 axable income before net opera	iting loss deduction. Subtract	t line 20	from line 13		30	13,258.
,	axable income before het opera erating loss arising in tax years	•				31	
1	axable income Subtract line 3	-	, 1, 20	.o (aco man acadina)		32	13,258.
	or Paperwork Reduction Act No				(Î)		Form 990-T (2018)
		,			Y		, /

Form 990-T		<u> 56-193</u>	<u>6354</u>	Page 2
Part J	Total Unrelated Business Taxable Income			
. 23	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions	s)	38	238,054.
34	Amounts paid for disallowed fringes		3,4	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 3	35	238,054.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	\		
	lines 33 and 34	$(\ \)$	36	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	37	1,000.
	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.
Part IV			1	
	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		39	0.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from	m		
JU .	Tax rate schedule or Schedule D (Form 1041)		40	
44			41	
	Proxy tax See instructions Attractive managing toy (trusts only)		42	
	Alternative minimum tax (trusts only)		43	
	Tax on Noncompliant Facility Income See Instructions		44	0.
Part V	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments		44	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	Other credits (see instructions) 45b			
	General business credit. Attach Form 3800			
	Credit for prior year minimum tax (attach Form 8801 or 8827)		450	
_	Total credits. Add lines 45a through 45d		45e	0.
	Subtract line 45e from line 44		46	
		16[(attach schedule)	47	0.
	Total tax Add lines 46 and 47 (see instructions)		48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	
	Payments: A 2017 overpayment credited to 2018			
	2018 estimated tax payments 50b		1	
	Tax deposited with Form 8868			
	Foreign organizations: Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)	.,		
	Credit for small employer health insurance premiums (attach Form 8941)			
9	Other credits, adjustments, and payments: Form 2439			
l	Form 4136 Other Total ▶ 50g			
	Total payments. Add lines 50a through 50g		51	
	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	
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶,	54	
		Refunded	55	
Part V				
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other auth			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to			
I	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign count	try		
	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.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
Ci	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle	the best of my knowled adge	ge and belie	I, it is true,
Sign	1 90 5		y the IRS dis	scuss this return with
Here	Suprature obofficer Date PRESIDENT & C			own below (see
	Signature of officer Date Little	ıns	tructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	Check if	PTIN	
Paid		self- employed		
Prepai	er AMY BIBBY AMY BIBBY 08/05/20			445891
Use O	niv Firm's name ► DIXON HUGHES GOODMAN LLP	Firm's EIN	<u>56-</u>	0747981
	500 RIDGEFIELD COURT	1		
	Firm's address ► ASHEVILLE, NC 28806	Phone no (254-2254
823711 01-0	9-19		F	orm 990-T (2018)

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation N/A	A		
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of section	n 263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	i Personal Property I	Lease	d With Real Prope	erty)
1 Description of property						
(1)					·-	
(2)						
(3)			"			
(4)				-		
	2 Rent receive	ed or accrued				
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the percente personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)			<u>-</u>			
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	•		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)	,		
			2 Gross income from	İ	3 Deductions directly conne to debt-finance	
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)		-				
(4)]		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(e) and 3(b))
(1)	1		%			
(2)			%			
(3)	1		%			
(4)		•	%		•	
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions	ncluded in column	18			<u> </u>	0.
I ATEL MIAIGEBRA LEGELACH RENDERIONS	nonucua in contini					Form 200 T (2019)

(4)

0.

0

Form 990-T (2018)

Totals (carry to Part II, line (5))

Form 990-T (2018) FIRSTHEALTH OF THE CAROLINAS, INC. 56-19363 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)			-			
(3)	1					
(4)						
Totals from Part I	0.	0.	•			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	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNREL	LATED STATEMENT 1
~	BUSINESS ACTIVITY	

MEDICAL EQUIPMENT MAINTENANCE AND CALIBRATION, MASSAGE AND SPA SERVICES, COMMERCIAL LAUNDRY SERVICES, OUTSIDE LAB SERVICES, FACILITY RENTAL.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
PREMIER ALLIANCE K-1 - ORDINARY BUSINESS INCOME (LOSS)	21,493.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	21,493.

FORM 990-T	NET	STATEMENT 3		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/05	56,527.	56,527.	0.	0.
09/30/06	158,773.	158,773.	0.	0.
09/30/07	529,629.	529,629.	0.	0.
09/30/08	792,895.	310,889.	482,006.	482,006.
09/30/09	501,226.	0.	501,226.	501,226.
09/30/11	89,019.	0.	89,019.	89,019.
09/30/14	95,089.	0.	95,089.	95,089.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,167,340.	1,167,340.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service (99) Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) OMB No 1545-0687

ENTITY

1

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number Name of the organization 56-1936354 FIRSTHEALTH OF THE CAROLINAS, INC. Unrelated business activity code (see instructions) 812300 Describe the unrelated trade or business ► LAUNDRY SERVICES Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 64,222. 1 a Gross receipts or sales 64,222. **b** Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 64,222. 64,222. 3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12 64,222. 13 64,222. Total, Combine lines 3 through 12 13 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 24,795. 15 Salaries and wages 16 16 Repairs and maintenance 17 Bad debts 17 18 18 interest (attach schedule) (see instructions) 19 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) 20 20 157. 21 Depreciation (attach Form 4562) 157. 22 Less depreciation claimed on Schedule A and elsewhere on return 22b 23 Depletion 23 24 Contributions to deferred compensation plans 24 6,355. Employee benefit programs 25 25 26 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 27 22,321. SEE STATEMENT 4 28 Other deductions (attach schedule) 28 53,628. 29 Total deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 10,594. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 10.594. Unrelated business taxable income Subtract line 31 from line 30 32

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

FIRSTHEALTI	H OF TH	IE CAROLII	NAS	, INC.		56-1936	354 _	
Schedule A - Cost of Goods S	Sold . Enter	method of invent	ory v	aluation > N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6	
2 Purchases	2	7 Cost of goods sold Subtract line 6						-
3 Cost of labor	3			from line 5 Enter here a	and in F	Part I,		
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?				X
Schedule C - Rent Income (Fi	om Real	Property and	Pers	sonal Property Lo	ease	d With Real Prope	erty)	
(see instructions)								
Description of property								
(1)		•••						
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued					·	
(a) From personal property (if the percen rent for personal property is more that 10% but not more than 50%)	tage of n	of rent for pe	ersonal	nal property (if the percentag property exceeds 50% or if id on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the i d 2(b) (attach schedu	ile)
(1)								
(2)								
(3)		-	_					
(4)							•	
Total	0.	Total			0.			
(c) Total income Add totals of columns 2(a) and 2(b). En	ter				(b) Total deductions		
here and on page 1, Part I, line 6, column (A					0.	Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Debt-	Financed	Income (see	nstru	ctions)				
			Ι,			3 Deductions directly conne to debt-finance		ole
1			'	Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other d	eductions
1 Description of debt-finance	ed property			financed property	(attach schedule)		(attach schedule)	
						_		
(1)								
(2)								
(3)								
(4)							L	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 x to	a deductions stal of columns and 3(b))
(1)				%				
(2)				%			ļ	
(3)				%				
(4)				%				
						nter here and on page 1,	Enter here and	
						I I 7I (A)	I D-41 t 7	
					Р	art I, line 7, column (A)	Part I, line /,	column (B)
Totals				>	P	0 .	Part I, line 7,	0.
Totals Total dividends-received deductions inclu	ded in column	18		>	P	_	Parti, line 7,	

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
SUPPLIES PURCHASED SERVICES UTILITIES MISCELLANEOUS 990-T TAX PREPARATION FEE		12,416. 1,789. 5,335. 1,781. 1,000.
TOTAL TO SCHEDULE M, PART II, LI	NE 28	22,321.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30,

Internal Revenue Service (99)

▶ 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) ENTITY OMB No 1545-0687

2018 Open to Public Inspection for

Employer identification number Name of the organization FIRSTHEALTH OF THE CAROLINAS, INC. 56-1936354 812900 Unrelated business activity code (see instructions) Describe the unrelated trade or business

SPA/MASSAGE SERVICES Part I Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 280,144. 1 a Gross receipts or sales 280,144. c Balance ▶ **b** Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 280,144. 280,144. 3 Gross profit Subtract line 2 from line 1c 4a 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 5 statement) 6 6 Rent income (Schedule C) 7 7 Unrelated debt-financed income (Schedule E) 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) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 280,144. 280,144. Total. Combine lines 3 through 12 13 13

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	185,463.
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) 21 11,106.		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	11,106.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	47,293.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 5	28	21,388.
29	Total deductions. Add lines 14 through 28	29	265,250.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	14,894.
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	14,894.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

- Form 990-T (2018)						F	Page :
FIRSTHEAL	TH OF T	HE CAROL	INAS, INC.		56-193		-3-
Schedule A - Cost of Good	s Sold. Ente	r method of inve	ntory valuation N/A	1			
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6	
2 Purchases	2		7 Cost of goods sold S	ubtract	line 6	•	
3 Cost of labor	3	<u> </u>	from line 5 Enter here	and in l	Part I,		
4a Additional section 263A costs			line 2		Į	7	
(attach schedule)	4a		8 Do the rules of section	1 263A (with respect to	Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?				Х
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property L	_ease	d With Real Prope	erty) 	
Description of property	•				-		
<u>(1)</u>		-	···		······································	 ;-	
(2)							
(3)							
(4)							
	2 Rent receiv	ed or accrued					
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%)	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if int is based on profit or income)	ige		connected with the income in d 2(b) (attach schedule)	
(1)		- -			<u> </u>	<u> </u>	
(2)							
(3)	"				<u> </u>		
(4)							
Total	0.	Total		0.			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	, , , , ,	nter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Det		Income (see	e instructions)		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	- , -		2 Grass income from		3 Deductions directly conn to debt-finance		
, 1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	i
			-				
(2)					<u> </u>		
(3)							_
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	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 deductio (column 6 x total of colu 3(a) and 3(b))	
<u>(1)</u>	1		%			 	
(2)			%			 	
(3)			%			 	
(4)	· ·		%			 	
					nter here and on page 1, Part (, line 7, column (A)	Enter here and on page Part I, line 7, column (B	

Form 990-T (2018)

0.

Totals

0.

Total dividends-received deductions included in column 8

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
SUPPLIES UTILITIES MISCELLANEOUS 990-T TAX PREPARATION FEE		6,432. 10,955. 3,001. 1,000.
TOTAL TO SCHEDULE M, PART II, L	INE 28	21,388.

Department of the Treasury

Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

▶ 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)

ENTITY 3 OMB No. 1545-0687

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number Name of the organization 56-1936354 FIRSTHEALTH OF THE CAROLINAS, INC. Unrelated business activity code (see instructions) 621610 Describe the unrelated trade or business

MEDICAL SERVICES Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1,237,589. 1 a Gross receipts or sales 1,237,589. **b** Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 1,237,589. 1,237,589. 3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 6 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 1,237,589. 1,237,589. Total. Combine lines 3 through 12 13 13 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	303,505.
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) 22, 231.		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	22,231.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	69,183.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 6	28	643,362.
29	Total deductions. Add lines 14 through 28	29	1,038,281.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	199,308.
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	199,308.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018)						FC 100	C 2 F		Page 3
FIRSTHEAL'	TH OF TH	IE CAROL	INAS	, INC.		56-193	635	4	
Schedule A - Cost of Goods	Sold. Enter	method of inve	1						
1 Inventory at beginning of year	1			Inventory at end of year		_	6		
2 Purchases	2		⊣ 7	Cost of goods sold St					
3 Cost of labor	3		⊣ ł	from line 5 Enter here	and in F	Part I,	<u> </u>	4	
4a Additional section 263A costs				line 2			7		41.
(attach schedule)	48		8	Do the rules of section	263A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b		4	property produced or a	acquired	for resale) apply to		<u> </u>	ليبا
5 Total Add lines 1 through 4b	5			the organization?					<u>X</u>
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Pers	sonal Property L	.ease	d With Real Prop	erty) 	
Description of property									
(1)		,							
(2)									
(3)									
(4)									
	2 Rent receiv	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for	personal	nnal property (if the percental property exceeds 50% or if ad on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	conne nd 2(b)	cted with the income in (attach schedule)	
(1)				· »-					
(2)									
(3)									
(4)		-							
Total	0.	Total			0.				
(c) Total income Add totals of columns there and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions Enter here and on page 1, Part 1, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	e instruc	ctions)					
			2	. Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	\$
(1)							İ.		
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%			$oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$		
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (8	
Totals				▶		0	.		0.
Total dividends-received deductions in	cluded in columi	18		,			•		0.
					-			Form 990-T	

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
SUPPLIES PURCHASED SERVICES UTILITIES BAD DEBT EXPENSE MISCELLANEOUS 990-T TAX PREPARATION FEE		268,784. 114,208. 12,392. 170,868. 75,460. 1,650.
TOTAL TO SCHEDULE M, PART II,	LINE 28	643,362.

Unrelated Business Taxable Income for Unrelated Trade or Business

For celendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30,

Open to Public Inspection for

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99)

► 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)

501(c)(3) Organizations Only Employer identification number Name of the organization FIRSTHEALTH OF THE CAROLINAS, INC. 56-1936354 532000 Unrelated business activity code (see instructions) Describe the unrelated trade or business

RENTAL ACTIVITY Part I Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 1 a Gross receipts or sales **b** Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c

b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) 6 ĸ 142,074. 73.241. -68,833. 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled

8

9

10

11

12

4a

organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G)

Exploited exempt activity income (Schedule I) 10

4 a Capital gain net income (attach Schedule D)

Advertising income (Schedule J) 11

12 Other income (See instructions, attach schedule)

Total, Combine lines 3 through 12 13

-68,833. 73,241. 142,074. 13 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	
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)		•	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
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	
29	Total deductions. Add lines 14 through 28		29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line	29 from line 13	30	-68,833.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2	2018 (see		
	instructions)		31	
32	Unrelated business taxable income Subtract line 31 from line 30		32	-68,833.
1 1 1 4	For December 1 Poduction Act Nation and instructions		Schodulo I	4 /Form 990-T\ 2018

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Schedule M (Form 990-1) 2018

Page 3

FIRSTHEAL	TH OF THE CAI	ROLINA	S, INC.		56-1936	354	· agc ·
Schedule A - Cost of Goods	Sold. Enter method	of inventory	valuation >				
 Inventory at beginning of year 	1		6 Inventory at end of year	r	_	6	
2 Purchases	2		7 Cost of goods sold. Su	ibtract line	6	-	
3 Cost of labor	3		from line 5 Enter here a	and in Par	t I,	•	
4a Additional section 263A costs			line 2		L	7	
(attach schedule)	4a		8 Do the rules of section	•	•	ļ_	Yes No
b Other costs (attach schedule)	4b		property produced or a	cquired fo	r resale) apply to	<u> </u>	_
5 Total Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (From Real Propert	ty and Pe	rsonal Property L	eased '	With Real Prope	erty)	
(see instructions)							<u> </u>
1 Description of property							
(1)							
(2)					, <u>, ,</u>		
(3)							
(4)							
	2 Rent received or accrue				3(a) Deductions directly of	annected with the inc	ome in
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of (b) Fi	frent for person	rsonal property (if the percentag ial property exceeds 50% or if ased on profit or income)	ј ө	columns 2(a) and	2(b) (attach schedule	
(1)							
(2)			-	1			
(3)							
(4)			<u></u>				
Total	Total						
(c) Total income Add totals of columns 2 here and on page 1, Part I, line 6, column				Èr	Total deductions nter here and on page 1, art I, line 6, column (8)	•	
Schedule E - Unrelated Deb	t-Financed Income	e (see insti	ructions)				
			2. Gross income from	3	Deductions directly conne to debt-financed		
1 Description of debt-fine	anced property		or allocable to debt- financed property		aight line depreciation (attach schedule)	(b) Other ded	edule)
			50.044			STATEMEN	
(1) MEDICAL OFFICE BU	JILDING		73,241.		0.	142	,074.
(2)							
(3)						 -	
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted bas of or allocable to debt-financed propert	y	6. Column 4 divided by column 5	7 re	. Gross income portable (column 2 x column 6)	& Allocable d (column 6 x total 3(a) and	of columns
STATEMENT 8	STATEMENT)	9	100 00			4.46	0.7.4
(1) 2,847,587.	2,847,	587.	100.00%		73,241.	142	,074.
(2)			%				
(3)			%				
(4)			%				
					here and on page 1, I, line 7, column (A)	Enter here and o Part 1, line 7, co	
Totals			▶		73,241.	142	,074.
Total dividends-received deductions in	cluded in column 8						0.
						Corm O	00 T (2018)

FORM 990-T (M) SCHEDULE E - OTHER	R DEDUCTIONS		STATEMENT 7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
SALARIES		4,561.	
BENEFITS		1,167.	
SUPPLIES		1,414.	
PURCHASED SERVICES		30,861.	
UTILITIES		30,974. 19,390.	
PROPERTY TAXES		19,390.	
OPERATING EXPENSES DEPRECIATION		53,641.	
- SUBTOTAL -	- 4	33,041.	142,074
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)		142,074
FORM 990-T (M) AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN		TY	STATEMENT 8
		TY AMOUNT	STATEMENT 8 TOTAL
DESCRIPTION	ACTIVITY	AMOUNT	
ALLOCABLE TO DEBT-FIN	ACTIVITY NUMBER		
ALLOCABLE TO DEBT-FINDESCRIPTION ADJUSTED BASIS	ACTIVITY NUMBER 4	AMOUNT	TOTAL
ALLOCABLE TO DEBT-FIN DESCRIPTION ADJUSTED BASIS - SUBTOTAL -	ACTIVITY NUMBER 4 4 BASIS OF OR	AMOUNT 2,847,587.	TOTAL 2,847,587
ALLOCABLE TO DEBT-FINDESCRIPTION ADJUSTED BASIS - SUBTOTAL - TOTAL OF FORM 990-T, SCHEDULE E, COLUMN FORM 990-T (M) AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI	ACTIVITY NUMBER 4 4 ACTIVITY AUMBER ACTIVITY ACTIVITY	AMOUNT 2,847,587.	TOTAL 2,847,587 2,847,587 STATEMENT 9
ALLOCABLE TO DEBT-FINDESCRIPTION ADJUSTED BASIS - SUBTOTAL - TOTAL OF FORM 990-T, SCHEDULE E, COLUMN FORM 990-T (M) AVERAGE ADJUSTED	ACTIVITY NUMBER 4 4 BASIS OF OR NANCED PROPE	AMOUNT 2,847,587.	TOTAL 2,847,587 2,847,587
ALLOCABLE TO DEBT-FINDESCRIPTION ADJUSTED BASIS - SUBTOTAL - FOTAL OF FORM 990-T, SCHEDULE E, COLUMN FORM 990-T (M) AVERAGE ADJUSTED ALLOCABLE TO DEBT-FI	ACTIVITY NUMBER 4 4 ACTIVITY NUMBER ACTIVITY NUMBER ACTIVITY NUMBER	AMOUNT 2,847,587.	TOTAL 2,847,587 2,847,587 STATEMENT 9