

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2018**

For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19

1906

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://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

**A**  Check box if address changed

**B** Exempt under section

501(c)(3) (03)

408(e)  220(e)

408A  530(a)

529(a)

Name of organization (  Check box if name changed and see instructions )

**Print or Type** Candler Hospital, Inc.

Number, street, and room or suite no. If a P O box, see instructions  
5353 Reynolds Street

City or town, state or province, country, and ZIP or foreign postal code  
Savannah GA 31405-6015

**D** Employer identification number (Employees' trust, see instructions)  
58-0593388

**E** Unrelated business activity code (See instructions)  
713940 | 624410

**C** Book value of all assets at end of year  
204,769,401

**F** Group exemption number (See instructions) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

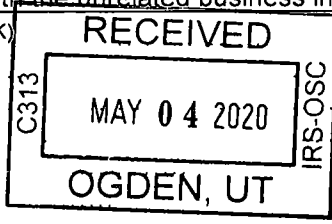
**H** Enter the number of the organization's unrelated trades or businesses ▶ 3 Describe the only (or first) unrelated trade or business here  
▶ See Statement 1 If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation  
▶ St. Joseph's/Candler Health System, Inc. 58-2288758

**J** The books are in care of ▶ Gregory J. Schaack Telephone number ▶ 912-819-6162

| Part I Unrelated Trade or Business Income |   | (A) Income | (B) Expenses | (C) Net |
|---|---|------------|--------------|---------|
| 1a  | Gross receipts or sales   |            |              |         |
| b   | Less returns and allowances   |            |              |         |
| c   | Balance ▶   | 1c         |              |         |
| 2   | Cost of goods sold (Schedule A, line 7)   | 2          |              |         |
| 3   | Gross profit Subtract line 2 from line 1c   | 3          |              |         |
| 4a  | 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 partnership and 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 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) <u>See Stmt 2</u>                  | 12         | 352,374      | 352,374 |
| 13  | Total. Combine lines 3 through 12   | 13         | 352,374      | 352,374 |

| 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  | 87,155  |
| 16   | Repairs and maintenance  | 16  | 9,690   |
| 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  |         |
| 22   | Less depreciation claimed on Schedule A and elsewhere on return  | 22a | 22b 0   |
| 23   | Depletion  | 23  |         |
| 24   | Contributions to deferred compensation plans   | 24  |         |
| 25   | Employee benefit programs  | 25  | 25      |
| 26   | Excess exempt expenses (Schedule I)  | 26  |         |
| 27   | Excess readership costs (Schedule J)   | 27  |         |
| 28   | Other deductions (attach schedule) <u>See Statement 3</u>  | 28  | 159,522 |
| 29   | Total deductions. Add lines 14 through 28  | 29  | 256,392 |
| 30   | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            | 30  | 95,982  |
| 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  | 95,982  |



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Part III Total Unrelated Business Taxable income

Table with 3 columns: Line number, Description, and Amount. Lines 33-38. Total unrelated business taxable income: 95,982. Specific deduction: 1,000. Unrelated business taxable income: 0.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 39-44. Total tax computation: 0.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 45a-55. Total payments: 0. Tax due: 0. Overpayment: 0. Credited to 2019 estimated tax: 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No. Lines 56-58. Questions regarding foreign accounts, foreign trusts, and tax-exempt interest.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date: 4/28/20, Title: Trustee/CFO

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only: Print/Type preparer's name: Jacqueline G. Atkins, Preparer's signature: Jacqueline Atkins CPA, Date: 4/22/20, Firm's name: Draffin & Tucker LLC, Firm's EIN: 58-0914992, Firm's address: PO Box 71309, Albany, GA 31708-1309, Phone no: 229-883-7878

**Schedule A – Cost of Goods Sold.** Enter method of inventory valuation ▶

|    |   |    |  |   |  |   |  |     |    |
|----|---|----|--|---|--|---|--|-----|----|
| 1  | Inventory at beginning of year              | 1  |  | 6 | Inventory at end of year   | 6 |  |     |    |
| 2  | Purchases                                   | 2  |  | 7 | Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2                                  |   |  |     |    |
| 3  | Cost of labor                               | 3  |  |   |  |   |  |     |    |
| 4a | Additional sec 263A costs (attach schedule) | 4a |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |   |  | Yes | No |
| b  | Other costs (attach schedule)               | 4b |  |   |  |   |  |     |    |
| 5  | Total. Add lines 1 through 4b               | 5  |  |   |  |   |  |     |    |

**Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

|   |   |   |
|---|---|---|
| 1 Description of property   |   |   |
| (1)   | N/A   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| 2 Rent received or accrued  |   |   |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | Total   | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶                  |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶       |   |   |

**Schedule E – Unrelated Debt-Financed Income** (see instructions)

|   |  |  |   |  |
|---|--|--|---|--|
| 1 Description of debt-financed property   |  | 2 Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property |  |
|   |  |  | (a) Straight line depreciation (attach schedule)                            | (b) Other deductions (attach schedule)                             |
| (1)   | N/A  |  |   |  |
| (2)   |  |  |   |  |
| (3)   |  |  |   |  |
| (4)   |  |  |   |  |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach 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(a) and 3(b)) |
| (1)   |  | %  |   |  |
| (2)   |  | %  |   |  |
| (3)   |  | %  |   |  |
| (4)   |  | %  |   |  |
| Totals  |  |  | Enter here and on page 1, Part I, line 7, column (A)                        | Enter here and on page 1, Part I, line 7, column (B)               |
| Total dividends-received deductions included in column 8  |  |  |   |  |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1 Name of controlled organization, 2 Employer identification number, 3 Net unrelated income (loss), 4 Total of specified payments made, 5 Part of column 4 that is included in the controlling organization's gross income, 6 Deductions directly connected with income in column 5. Row (1) contains 'N/A'.

Nonexempt Controlled Organizations

Table with 5 columns: 7 Taxable Income, 8 Net unrelated income (loss), 9 Total of specified payments made, 10 Part of column 9 that is included in the controlling organization's gross income, 11 Deductions directly connected with income in column 10. Includes a Totals row with arrows pointing to the right.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1 Description of income, 2. Amount of income, 3 Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5 Total deductions and set-asides (col 3 plus col 4). Includes a Totals row with arrows pointing to the right.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1 Description of exploited activity, 2 Gross unrelated business income from trade or business, 3 Expenses directly connected with production of unrelated business income, 4 Net income (loss) from unrelated trade or business, 5 Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). Includes a Totals row with arrows pointing to the right.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 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). Includes a Totals row with an arrow pointing to the right.

**Part II** Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1 Name of periodical               | 2 Gross advertising income                         | 3 Direct advertising costs                         | 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|--|--|--|----------------------|--------------------|---|
| (1) N/A                            |  |  |  |                      |                    |   |
| (2)                                |  |  |  |                      |                    |   |
| (3)                                |  |  |  |                      |                    |   |
| (4)                                |  |  |  |                      |                    |   |
| <b>Totals from Part I</b>          |  |  |  |                      |                    |   |
| <b>Totals, Part II (lines 1-5)</b> | 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                                      |

**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) N/A  |         | %                                     |   |
| (2)  |         | %                                     |   |
| (3)  |         | %                                     |   |
| (4)  |         | %                                     |   |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |         |                                       |   |

**SCHEDULE M  
(Form 990-T)**

**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 07/01/18, and ending 06/30/19

Go to [www.irs.gov/Form990T](http://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

Candler Hospital, Inc.

Employer identification number

58-0593388

Unrelated business activity code (see instructions) 624410

Describe the unrelated trade or business Childrens House

| Part I Unrelated Trade or Business Income |   | (A) Income | (B) Expenses | (C) Net |
|---|---|------------|--------------|---------|
| 1a  | Gross receipts or sales   |            |              |         |
| b   | Less returns and allowances   |            |              |         |
| c Balance                                 |   | 1c         |              |         |
| 2   | Cost of goods sold (Schedule A line 7)  | 2          |              |         |
| 3   | Gross profit Subtract line 2 from line 1c   | 3          |              |         |
| 4a  | 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 partnership and 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) See Stmt 1                           | 12         | 530,931      | 530,931 |
| 13  | Total. Combine lines 3 through 12   | 13         | 530,931      | 530,931 |

| 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 (reported on Form 4562)   | 21  |  |         |
| 22   | Less depreciation claimed on Schedule A and elsewhere on return  | 22a |  | 22b 0   |
| 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) See Statement 2   | 28  |  | 581,041 |
| 29   | Total deductions. Add lines 14 through 28  | 29  |  | 581,041 |
| 30   | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            | 30  |  | -50,110 |
| 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  |  | -50,110 |

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

**SCHEDULE M  
(Form 990-T)****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 07/01/18, and ending 06/30/19

Go to [www.irs.gov/Form990T](http://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

Candler Hospital, Inc.

Employer identification number

58-0593388

Unrelated business activity code (see instructions) ▶ 713940

Describe the unrelated trade or business ▶ Wellness Center

| Part I Unrelated Trade or Business Income |   | (A) Income | (B) Expenses | (C) Net |
|---|---|------------|--------------|---------|
| 1a  | Gross receipts or sales   |            |              |         |
| b   | Less returns and allowances   |            |              |         |
|   | c Balance ▶   | 1c         |              |         |
| 2   | Cost of goods sold (Schedule A line 7)  | 2          |              |         |
| 3   | Gross profit Subtract line 2 from line 1c   | 3          |              |         |
| 4a  | 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 partnership and 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) See Stmt 3                           | 12         | 643,373      | 643,373 |
| 13  | Total. Combine lines 3 through 12   | 13         | 643,373      | 643,373 |

**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  | 654,756  |
| 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 (reported on Form 4562)   | 21  |          |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return  | 22a | 22b 0    |
| 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) See Statement 4   | 28  | 335,365  |
| 29 | Total deductions. Add lines 14 through 28  | 29  | 990,121  |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13            | 30  | -346,748 |
| 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  | -346,748 |

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form **990-T****Schedule M Charitable Contribution and Loss Calculation****2018**Description **Childrens House**

Name

**Candler Hospital, Inc.**

Taxpayer Identification Number

**58-0593388**Unincorporated Business Income Tax Code **624410** Activity **Child day care services****Worksheet 1 Activity Charitable Contribution Deduction**

|    |  |    |         |
|----|--|----|---------|
| 1  | Activity Income (Schedule M, Line 13, col C)   | 1  | 530,931 |
| 2  | Activity Expense (does not include amount needed for Line 20)  | 2  | 581,041 |
| 3  | Net Income (Line 1 minus Line 2), If less than zero, enter -0-   | 3  | 0       |
| 4  | Current activity contribution limit (Multiplier used is 10%)   | 4  |         |
| 5  | Current year contributions   | 5  | 0       |
| 6  | Prior year contributions (corporations only)   | 6  |         |
| 7  | Total available contributions (Add lines 5 and 6)  | 7  |         |
| 8  | Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)   | 8  |         |
| 9  | Remaining contributions (subtract line 8 from line 7)  | 9  |         |
| 10 | Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits),<br>Enter amount here and on Form 990-T, Line 33 as a negative amount | 10 |         |
| 11 | Remaining contributions (carried forward for corporations only, See Worksheet 3)   | 11 | 0       |

**Worksheet 2 Activity Losses and Carryforward Amounts**

|   |  |   |        |
|---|--|---|--------|
| 1 | Activity losses (do not include amounts before 2018) | 1 |        |
| 2 | Amount of loss used in the current year              | 2 | 0      |
| 3 | Prior year losses carried over to next year          | 3 |        |
| 4 | Losses generated by current year activity            | 4 | 50,110 |
| 5 | Total loss carried forward to 2019                   | 5 | 50,110 |

**Worksheet 3 Activity Charitable Contribution Carryforward**

| Prior Tax Years  | Prior Year    |      |           | Current Year | Next Year |
|--|---------------|------|-----------|--------------|-----------|
|  | Contributions | Used | Carryover | Amount Used  | Carryover |
| 5th 06/30/14   |               |      |           |              |           |
| 4th 06/30/15   |               |      |           |              |           |
| 3rd 06/30/16   |               |      |           |              |           |
| 2nd 06/30/17   |               |      |           |              |           |
| 1st 06/30/18   |               |      |           |              |           |
| Charitable Contribution Carryover To Current Year        |               |      | 0         |              |           |
| Current Year Amount                                      |               |      | 0         |              | 0         |
| Charitable Contribution Carryover Available To Next Year |               |      |           |              | 0         |



Form **990-T****Schedule M Charitable Contribution and Loss Calculation****2018**Description **Wellness Center**

Name

**Candler Hospital, Inc.**

Taxpayer Identification Number

**58-0593388**

Unincorporated Business Income Tax Code

**713940**

Activity

**Fitness and recreational sports****Worksheet 1: Activity Charitable Contribution Deduction**

|    |  |    |         |
|----|--|----|---------|
| 1  | Activity Income (Schedule M, Line 13, col C)   | 1  | 643,373 |
| 2  | Activity Expense (does not include amount needed for Line 20)  | 2  | 990,121 |
| 3  | Net Income (Line 1 minus Line 2), If less than zero, enter -0-   | 3  | 0       |
| 4  | Current activity contribution limit (Multiplier used is 10%)   | 4  |         |
| 5  | Current year contributions   | 5  | 0       |
| 6  | Prior year contributions (corporations only)   | 6  |         |
| 7  | Total available contributions (Add lines 5 and 6)  | 7  |         |
| 8  | Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)   | 8  |         |
| 9  | Remaining contributions (subtract line 8 from line 7)  | 9  |         |
| 10 | Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits),<br>Enter amount here and on Form 990-T, Line 33 as a negative amount | 10 |         |
| 11 | Remaining contributions (carried forward for corporations only, See Worksheet 3)   | 11 | 0       |

**Worksheet 2: Activity Losses and Carryforward Amounts**

|   |  |   |         |
|---|--|---|---------|
| 1 | Activity losses (do not include amounts before 2018) | 1 |         |
| 2 | Amount of loss used in the current year              | 2 | 0       |
| 3 | Prior year losses carried over to next year          | 3 |         |
| 4 | Losses generated by current year activity            | 4 | 346,748 |
| 5 | Total loss carried forward to 2019                   | 5 | 346,748 |

**Worksheet 3: Activity Charitable Contribution Carryforward**

| Prior Tax Years  | Prior Year    |      |           | Current Year | Next Year |
|--|---------------|------|-----------|--------------|-----------|
|  | Contributions | Used | Carryover | Amount Used  | Carryover |
| 5th 06/30/14   |               |      |           |              |           |
| 4th 06/30/15   |               |      |           |              |           |
| 3rd 06/30/16   |               |      |           |              |           |
| 2nd 06/30/17   |               |      |           |              |           |
| 1st 06/30/18   |               |      |           |              |           |
| Charitable Contribution Carryover To Current Year        |               |      | 0         |              |           |
| Current Year Amount                                      |               |      | 0         |              | 0         |
| Charitable Contribution Carryover Available To Next Year |               |      |           |              | 0         |

**Statement 1 - Form 990-T - Primary Unrelated Business Activity**Description

Candler Hospital, Inc. operates a child day care facility for children of employees and non-employees. The day care service that is provided to children of non-employees generates unrelated business income.

Candler Hospital, Inc. maintains a reference lab (not used for inpatient or outpatient lab needs), which is used by hospital physicians for patients they see in their offices. This outside lab generates unrelated business income.

Candler Hospital, Inc. operates a wellness center that is used by patients, employees, and non-employees in order to promote emotion wellness, life management, and other social services. The services provided to non-employees generate unrelated business income.

**Statement 2 - Form 990-T, Part I, Line 12 - Other Income**

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------|
| Reference Lab      | \$ 352,374    |
| Total              | \$ 352,374    |

**Statement 3 - Form 990-T, Part II, Line 28 - Other Deductions**

| <u>Description</u>            | <u>Amount</u> |
|-------------------------------|---------------|
| Medical professional fees     | \$ 52,829     |
| Non-medical professional fees | 892           |
| Materials and supplies        | 105,049       |
| Purchased services            | 487           |
| Utilities                     | 9             |
| Other operating expenses      | 256           |
| Total                         | \$ 159,522    |

# Federal Statements

## Childrens House

### Statement 1 - Form 990-T, Schedule M, Line 12 - Other Income

| <u>Description</u> | <u>Amount</u>     |
|--------------------|-------------------|
| Childrens House    | \$ 530,931        |
| Total              | \$ <u>530,931</u> |

## Childrens House

### Statement 2 - Form 990-T, Schedule M, Line 28 - Other Deductions

| <u>Description</u> | <u>Amount</u>     |
|--------------------|-------------------|
| Other Deductions   | \$ 581,041        |
| Total              | \$ <u>581,041</u> |

**Wellness Center****Statement 3 - Form 990-T, Schedule M, Line 12 - Other Income**

| <u>Description</u> | <u>Amount</u>     |
|--------------------|-------------------|
| Wellness Center    | \$ 643,373        |
| Total              | \$ <u>643,373</u> |

**Wellness Center****Statement 4 - Form 990-T, Schedule M, Line 28 - Other Deductions**

| <u>Description</u> | <u>Amount</u>     |
|--------------------|-------------------|
| Other Deductions   | \$ 335,365        |
| Total              | \$ <u>335,365</u> |