2939325009135 9

° _{Form} 990-Т	Exempt Organization Bus	GUS7	15, 2019 ss Income T			OMB No 1545-0887		
Form 330-1	(and proxy tax und	der se	ction 6033(e))	Va	30			
	For calendar year 2017 or other tax year beginning OCT 1, 2		, and ending SEP	30, 2018	'\	<i>2</i> 017		
Department of the Treasury	► Go to www.ırs.gov/Form990T for i	nstructio			_ [Ones to Public Inspection for		
Internal Revenue Service	Do not enter SSN numbers on this form as it ma	y be ma	de public if your organiza	ation is a 501(c)(3)	·!	Open to Public Inspection for 501(c)(3) Organizations Only		
A Check box if	Name of organization (Check box if name	changed	and see instructions.)		Empl	oyer identification number loyees' trust, see		
address changed	Drint ASHLAND HOSPITAL CORPORATION 61-0444716							
B Exempt under section	Of Number stoot and come courts as to D.D. box countrieties.							
X 501(c (3)	Or Number, street, and room or suite no. If a P.O. box, see instructions. Type 2201 LEXINGTON AVENUE							
	408(e) 220(e) 2201 LEXINGTON AVENUE City or town, state or province, country, and ZIP or foreign postal code							
529(a)	ASHLAND, KY 41101	or rording	n postar cocc		44619	9 446110		
C Book value of all assets at end of year	F Group exemption number (See instructions.)	>						
676,221	, 177. G Check organization type 🕨 🗓 501(c) con	rporation	501(c) trust	401(a) trust	Other trust		
H Describe the organization	n's primary unrelated business activity.	SEE S	FATEMENT 1					
	the corporation a subsidiary in an affiliated group or a pare	nt-subs	idiary controlled group?	>	Ye	s X No		
	and identifying number of the parent corporation. LAURIE STEWART, CONTROLLER		Talanh	ana numbar 🕨 6	06-40	8-9640		
	d Trade or Business Income		(A) Income	one number > 6 (B) Expense		(C) Net		
1a Gross receipts or sale		Τ	(//) ///00///0	(0) = > 0		(6)		
b Less returns and allo		1c				,		
C2 Cost of goods sold (€		2	" " "	r.		,		
-13 Gross profit, Subtrac	t line 2 from line 1c	3						
4a Capital gain net incor	ne (attach Schedule D)	4a						
l → b Net gain (loss) (Form	n 4797, Part II, line 17) (attach Form 4797)	4b						
Capital loss deduction		4c	12 401	•		12,401.		
Some (loss) from p	eartnerships and S corporations (attach statement)	6	12,401. 3,150.	3	726.	-576.		
Rent income (Schedu	ced income (Schedule E)	7	3,130,		,,20.			
4 ,	yalties, and rents from controlled organizations (Sch. F)	8						
9 Investment income o	f a section 501(c)(7), (9), or (17) organization (Schedule G	9						
0 Exploited exempt acti	ivity income (Schedule I)	10						
11 Advertising income (11						
	structions, attach schedule) STATEMENT 2	12	273,885.	,	706	273,885.		
Part II Deduction	s 3 through 12 ons Not Taken Elsewhere (See instructions f	13	289,436.		,726.	285,710.		
	contributions, deductions must be directly connecte			income)				
14 Compensation of off	ficers, directors, and trustees (Schedule K)			<u> </u>	14			
15 Salaries and wages	(,				15	103,735.		
16 Repairs and mainter	nance				16	9,603.		
17 Bad debts					17			
18 Interest (attach sche	edule)		DECENTED		18			
19 Taxes and licenses	(Constructions for lands on sides)		RECEIVED		19			
20 Charitable contribute 21 Depreciation (attach	ions (See instructions for limitation rules)	2	21	OSO 2,810.	20			
· · · · · · · · · · · · · · · · · · ·	aimed on Schedule A and elsewhere on return	5	AUG 2 1 2331 9 - 		22b	2,810.		
23 Depletion					23			
24 Contributions to def	erred compensation plans	Q	GDEN, UT		24			
25 Employee benefit pr	ograms				25	31,494.		
26 Excess exempt expe	•				26			
27 Excess readership c	•		CDD CD1 MDVD1	·m 3	27	252 460		
28 Other deductions (at	•		SEE STATEMEN	ıı J	28	353,460. 501,102.		
	add lines 14 through 28 taxable income before net operating loss deduction. Subtra	rt line of) from line 12		29 30	-215,392.		
	eduction (limited to the amount on line 30)	J. 11116 ZS	SEE STATEMEN	T 4	31	,		
	taxable income before specific deduction. Subtract line 31 fi	rom line	30		32	-215,392.		
	Generally \$1,000, but see line 33 instructions for exceptions				33	1,000.		
34 Unrelated business	taxable income. Subtract line 33 from line 32. If line 33 is	greater	than line 32, enter the sm	aller of zero or				
line 32				(1C,)	34	-215,392.		
723701 01-22-18 LHA F	or Paperwork Reduction Act Notice, see instructions.				•	► Form 990-T (2017)		



Form 990-T (2	2017) ASHLAND HOSPITAL CORPORATI	ON		61-04	44716	Page 2
Part III	Tax Computation					
35 (Organizations Taxable as Corporations. See Inst	ructions for tax computation.			\$ 120 m	
	Controlled group members (sections 1561 and 15	·—	is and:			
	Enter your share of the \$50,000, \$25,000, and \$9,					
	1) \$ (2) [\$	(3) \$,	1	58	
	enter organization's share of (1) Additional 5% ta					
	• • • • • • • • • • • • • • • • • • • •	l c				
•	2) Additional 3% tax (not more than \$100,000)	<u>\</u>	 	┙.	60348J	0.
	ncome tax on the amount on line 34				35c	
36 T	rusts Taxable at Trust Rates. See instructions fo		unt on line 34	from:	中的新	
	Tax rate schedule or Schedule D (Fo	orm 1041)			36	
	Proxy tax. See instructions			J	▶ 37	
	Alternative minimum tax				38	
39 T	ax on Non-Compliant Facility Income. See instr	uctions			39	
	otal. Add lines 37, 38 and 39 to line 35c or 36, w	hichever applies			40	0.
Part IV	Tax and Payments					
41a F	oreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	41a			
b C	Other credits (see instructions)		41b		333	
c G	General business credit. Attach Form 3800		41c			
	redit for prior year minimum tax (attach Form 88)	01 or 8827)	41d			
	otal credits. Add lines 41a through 41d		<u></u>	** *	41e	
	Subtract line 41e from line 40	•			42	0.
		Form 8611 Form 8697 Form	n 8866 🗔	Othor (m. sh. sh. sh. sh. sh.		
		- COLUMBIT FORTH 6057 FORTH	1 0000	Other (attach achedule		0.
	otal tax Add lines 42 and 43		1 1		44 (#-66/25	
	ayments: A 2016 overpayment credited to 2017		458			
	017 estimated tax payments		45b			
· ·	ax deposited with Form 8868		45c		— 陰緣	
d F	oreign organizations. Tax paid or withheld at sour	ce (see instructions)	45d			
e B	ackup withholding (see instructions)		45e			
t C	redit for small employer health insurance <u>premiur</u>	ns (Attach Form 8941)	451			
g 0	ther credits and payments.	orm 2439	1 1			
	Form 4136 0	ther Total	► 45g			
46 To	otal payments Add lines 45a through 45g				46	
47 Es	stimated tax penalty (see instructions). Check if Fi	orm 2220 is attached 🕨 🔲			47	
	ax due. If line 46 is less than the total of lines 44	· · · · · · · · · · · · · · · · · · ·		•	▶ 48	0.
	verpayment. If line 46 is larger than the total of li	·			▶ 49	0.
	nter the amount of line 49 you want: Credited to	•	ì	Refunded >	▶ 50	
Part V	Statements Regarding Certain		tion (see i		1 00	
	t any time during the 2017 calendar year, did the	 		······································		Yes No
	ver a financial account (bank, securities, or other)	-		-		25.00
	nCEN Form 114, Report of Foreign Bank and Fina					
_	ere	ncial Accounts. It 123, titles the hallo of the	ne toreign cou	and y		X 26.00 4.0 20 20
		listribution from a unglit the greater of		- Pterus sures		- x
	uring the tax year, did the organization receive a d		r transferor to	, a toreign trust?		16-6025 PE-08
	YES, see instructions for other forms the organization					
53 Er	ter the amount of tax-exempt interest received or			las the best of each live	4. 4 15.1	多类似
Sign	Under penalties of perjury, I declare that I have examined corrept, and apmpleto. Declaration of preparer (other than	trapayer) is based on all information of which prep	arer has any kno	i ta tha bast ar my know Wiedge	rieage and bolio	1, 11 IS 0'US,
Here	V / 10 10	1 disting >		_ [May the IRS die	scuss this return with
	COT LOS COTATOS		SIDENT/CF	<u> </u>		own below (soe
	Signature of officer	Date Title			instructions)?	X Yes No
	Print/Type preparer's name		Date	Check	if PTIN	
Paid	· i	Kern Bogden	8/14/2019	self- employe	d	
Prepare	KERRI N. BOGDA	P007	60402			
Use Onl		W KRAUSE, LLP		Firm's EIN	39-	-0859910
		PHIA STREET, SUITE 200				
	Firm's address > YORK, PA 17401			Phone no.	717.846.7	7000
					F	om 990-T (2017)

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory valuation	N/A		
1 Inventory at beginning of year	1		6 Inventory at end	of year		6
2 Purchases	2		7 Cost of goods s	old. Subtrac	t line 6	1
3 Cost of labor	3		from line 5. Ente	r here and ir	Part I,	
4 a Additional section 263A costs		•	line 2			7
(attach schedule)	4a		8 Do the rules of s	ection 263A	(with respect to	Yes No
b Other costs (attach schedule)	4b	<u> </u>	property produc	ed or acquire	ed for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization	?		
Schedule C - Rent Income	(From Real	Property and	Personal Prope	rty Leas	ed With Real Prop	erty)
(see instructions)						
1. Description of property						
(1) 706 23RD STREET, ASHLANI	O, KY					
(2)						
(3)						
(4)						
	2 Rent receiv	ed or accrued				
(a) From personal property (if the per	centage of	(b) From real a	nd personal property (if the p	ercentage	3(a) Deductions directly columns 2(a) an	connected with the income in id 2(b) (attach schedule)
rent for personal property is more 10% but not more than 50%)			ersonal property exceeds 50' t is based on profit or income		SEE STATEMEN	т 6
(1)			···	3,150,		3,726.
(2)						
(3)						
(4)						
Total	0.	Total		3,150.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter	·	3,150,	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	▶ 3,726.
Schedule E - Unrelated Det		income (see	instructions)		() () () () () () () () () ()	
		. (800	2. Gross income from		3. Deductions directly conn to debt-finance	nected with or allocable
1. Description of debt-fit			or allocable to debt-		Straight line depreciation	(b) Other deductions
1. Description of deat-to	папсец ргора ту		financed property		(attach schedule)	(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	edjusted besis illocable to nced property n schedule)	6. Column 4 divided by column 5	ā.	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)	1		1	%		
(4)				%		
			1		Enter 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 in	ncluded in column	18				0.
		· -				<u> </u>

Comparison Com	Schedule F - Interest,	Annuities	s, Royal	ties, an					tion	S (see in	structio	ns)
(1) (2) (3) (4) Nonexempt Controlled Organizations 7, Taxable Income 8, Net or white decrease (base) (see networked recent (base) (see networked (base) (see networked recent (base) (see networked (base) (see net					Exempt	Controlled O	rganizati	ons			т	
(d) Comparison Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations R. Net unrelated necess (pees) S. Total of specified payments made Controlled Organizations (see matructions) Co	1. Name of controlled organizat	ion	ıdentıfı	cation					includ	ied in the cont	rolling	6. Deductions directly connected with income in column 5
(d) Comparison Controlled Organizations Controlled Organizations Controlled Organizations Controlled Organizations R. Net unrelated necess (pees) S. Total of specified payments made Controlled Organizations (see matructions) Co	(1)											
(1) (2) (3) (4) And columns and to page 1, Pert (column (A)) (5) (6) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8		<u> </u>				<u>-</u>						
Annonexempt Controlled Organizations State Interested Income (loss) (fee instructions) State Interested Income (loss) (fee instructions) State Interested Int		+							╁			
Nonexempt Controlled Organizations S. Net unselsed recorse (less) S. Total of specified payments in the controlling organization's with receive in relicion in the controlling organization's with received in the controlling organization or the relicion of the re							 	-	┼──			
7. Tasable income 8. Not survished recome (loss) (see analystotone) 9. Total of specified payments made 10. Petric country of this in excluded in the controlling organization of the controlling organization organiza		zations			1		<u> </u>		<u> </u>			
(cse instructions) (i) (i) (ii) (iii) (iiii) (iii)				(()	A T-1-1			40 Pert of eath	0 45 -	A	T 44 5	
(4) Add columns 5 and 10 Enter here and on page 1, Pert I, Inne 8, column (A) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income directly connected (etach achedule) (1) (2) (3) (4) Enter here and on page 1, Pert I, Inne 9, column (A) Pert I, Inne 9, column (A) Pert I, Inne 9, column (B) Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions) 4. Set-asides (etach achedule) Pert I, Inne 9, column (A) Pert I, Inne 9, column (B) Pert I, Inne 9, column 2, Innex (etach below) Income proportion of exploited exempt Activity Income, Other Than Advertising Income (see instructions) 5. Gross income from the exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 5. Gross income from sectionly that business income of the page 1, Pert I, Inne 9, col (B) Income From Periodicals Reported on a Consolidated Basis 1. Name of preparted. 4. Advertising gain or (bos) (col 2 minus 5) 7. Excess read or page 1, Pert I, Inne 10, col (B) Intellegence of the page 1, Pert I, Inne 10, col (C) Innex Column 5 Column 5 7. Excess read or page 1, Pert I, Inne 10, col (B) Part I Income From Periodicals Reported on a Consolidated Basis	7. Taxable ilicolle	S. Neturi	noon braken	s)	9. 10(8)		nents	in the controlli	ing orgai	nization's	Wit	th income in column 10
(4) Add columns 5 and 10 Enter here and on page 1, Pert I, Inne 8, column (A) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income directly connected (etach achedule) (1) (2) (3) (4) Enter here and on page 1, Pert I, Inne 9, column (A) Pert I, Inne 9, column (A) Pert I, Inne 9, column (B) Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions) 4. Set-asides (etach achedule) Pert I, Inne 9, column (A) Pert I, Inne 9, column (B) Pert I, Inne 9, column 2, Innex (etach below) Income proportion of exploited exempt Activity Income, Other Than Advertising Income (see instructions) 5. Gross income from the exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 5. Gross income from sectionly that business income of the page 1, Pert I, Inne 9, col (B) Income From Periodicals Reported on a Consolidated Basis 1. Name of preparted. 4. Advertising gain or (bos) (col 2 minus 5) 7. Excess read or page 1, Pert I, Inne 10, col (B) Intellegence of the page 1, Pert I, Inne 10, col (C) Innex Column 5 Column 5 7. Excess read or page 1, Pert I, Inne 10, col (B) Part I Income From Periodicals Reported on a Consolidated Basis	(1)											
Add columns 5 and 10 Enter here and on page 1, Pert 1, line 8, column (5) Enter here and on page 1, Pert 1, line 8, column (6)											· · · · ·	
Add columns 5 and 10 Enter here and on page 1, Part 1, Inne 8, column (A) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of snoome 2. Amount of snoome 3. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of snoome 3. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(8) or (17) or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(8) or (17) or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(8) or (17) or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(8) or (17) or (17) Organization (see instructions) 1. Description of income of a Section 501(c)(8) or (17) or (17) Organization (see instructions) 1. Description of income organization or (17) or (17) Organization (see instructions) 2. Cross income organization organizat											···	
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (8) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Description of income (see instructions) 4. Set-asides (setsch schedule) (col 3 plus (col 3 plus (col 3 plus (col 3 plus 4) Enter here and on page 1, Part I, line 8, column (8) 5. Total ded (col 3 plus (col 3 plus (col 3 plus 4) Enter here and on page 1, Part I, line 9, column (8) Enter here and on page 1, Part I, line 9, column (8) Totals 2. Amount of income 3. Description of income (see instructions) 4. Set-asides (setsch schedule) (col 3 plus												
Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions drietly connected (attach schedule) (1) (2) (3) (4) Enter have and on page 1, Pert 1, line 8, column (8) Fart 1, line 9, column (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity with production business income brown page 1, Pert 1, line 9, column 2 minus column 3) if in gain, compute col 5 through 7 (1) (2) (3) (4) Enter here and on page 1, Pert 1, Income Pert Advertising Income (see instructions) Enter here and on page 1, Pert 1, Income Pert Advertising Income (see instructions) Part 1 Income From Periodicals Reported on a Consolidated Basis					l			A 44 b		440		
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions dractly connected (attach schedule) (attach schedule) (attach schedule) (col 3 plus (col 3 plus (dt) Enter here and on page 1. Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income from bade or business income from bade or business income bade or business income (see instructions) 3. Expanses dractly connected in the column (A) (see instructions) 4. Net recome (loss) 5. Gross income from business income from activity that surpositions of unrelated business income bade or business income (see instructions) 5. Gross income from activity that surpositions of unrelated business income bade or business income (see instructions) 7. Excess expenses (column 3 if a gain, compute cols 5 through 7 in the 10, col (A) Enter here and on page 1, Part I, line 9, column 3 if a gain, compute cols 5 through 7 in page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 9, column 3 if a gain, compute cols 5 through 7 in page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Intel 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Intel 10, col (A) Enter here and on page 1, Part I, line 9, column 3 if a gain, compute cols 5 through 7 is not unrelated business income (4) Enter here and on page 1, Part I, line 9, column 3 if a gain, compute cols 5 is not unrelated business income (A. Set-asides and set-active contents of a gain and a set-active contents of a gain and a set-active color of a g								Enter here and	on page	o 1, Part I,		here and on page 1, Part I,
(see instructions) 1. Description of income 2. Amount of income dracity connected (attach achadule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Set-assides (attach achadule) Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (A) 1. Description of exploited activity 2. Gross unrelated business income from trade or business unrelated business income from activity that is not unrelated business income from trade or business income from trade or business income from page 1, Part I, line 10, col (A) (4) Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Inter here and on page 1, Part I, line 10, col (B) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 7. Excess read on page 1, Part I, line 10, col (B) Income From Periodicals Reported on a Consolidated Basis 7. Excess read on page 1, Part I, line 10, col (B) Income From Periodicals Reported on a Consolidated Basis							•			0.		0.
1. Description of income 2. Amount of income directly connected (attach schedule) 4. Set-addition (cot 3 plus (cot			e of a S	Section	501(c)(7	'), (9), or ([·]	17) Org	anization				
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross urrelated business income from trade or business income business income business income business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column 2 minus column 3 if if gain, compute colo 5 through 7 Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Totals 0. Cross 2. Gross urrelated business income business income business income business income business income but not more column 5 (4) Enter here and on page 1, Part I, line 10, col (B) Dage 1, Part I, line 10, col (B) Totals 0. Drect 2. Gross 3. Expenses directive connected business income business income business income business income column 5 Enter here and on page 1, Part I, line 10, col (B) Totals 0. Cross 3. Expenses directive connected business income business income business income business income column 5 Enter here and on page 1, Part I, line 10, col (B) Totals 0. Cross 3. Drect 4. Advertising gain or (loss) (col 2 minus 5. Croulation 6. Readership 7. Excess reading costs (column 8 Totals 1. Name of narrodical	1. Desc	ription of incom	ne			2. Amount of	income	directly conne	cted			 Total deductions and set-asides (col 3 plus col 4)
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross urrelated business income from trade or business income business income business income business income (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column 2 minus column 3 if if gain, compute colo 5 through 7 Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Totals 0. Cross 2. Gross urrelated business income business income business income business income business income but not more column 5 (4) Enter here and on page 1, Part I, line 10, col (B) Dage 1, Part I, line 10, col (B) Totals 0. Drect 2. Gross 3. Expenses directive connected business income business income business income business income column 5 Enter here and on page 1, Part I, line 10, col (B) Totals 0. Cross 3. Expenses directive connected business income business income business income business income column 5 Enter here and on page 1, Part I, line 10, col (B) Totals 0. Cross 3. Drect 4. Advertising gain or (loss) (col 2 minus 5. Croulation 6. Readership 7. Excess reading costs (column 8 Totals 1. Name of narrodical	(1)						İ					
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Totals Contract C						1			-			
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross urrelated business income from exploited activity 2. Gross urrelated business income from bade or business 1. Description of exploited activity 2. Gross urrelated business income from bade or business 3. Expenses directly connected with production of urrelated business (column 2 minus column 3) if a gain, compute cols 5 through 7 5. Gross income from activity that is not urrelated business income 1. Name of payodical 2. Gross urrelated business 3. Expenses directly connected with production of urrelated business (column 2 minus column 3) if a gain, compute cols 5 through 7 5. Gross income from activity that is not urrelated business income 6. Expenses attributable to column 5 7. Excess read- on page Part II, line 10, col (A) 1. Name of payodical 2. Gross advertising 3. Direct 4. Advertising gain or (loss) (col 2 minus 5. Circulation 6. Readership 7. Excess read- costs (column 6 costs (col										•		Enter here and on page 1 Part I, line 9, column (B)
(See instructions) 2. Gross unrelated business income from bade or business income from bade or business income business income from column 5 (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. Column 5 Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 7. Excess each from unrelated dade or business income from activity that is not unrelated 6. Expenses attributable to column 5 7. Excess read on activity that is not unrelated business income from activity that is not unrelated. 6. Expenses detributed from activity that is not unrelated business income from activity that is not unrelated. 9. Column 5 9. Column 5 9. Column 5 9. Colu	Totals				>		0.					0.
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1. Description of exploited activity Comparison of exploited activity Column 5 Column 5 Column 5 Column 5			1	3		4. Net incom	e (loss)					7 5
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Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising gain or (loss) (col 2 minus) 1. Name of periodical advertising dain or (loss) (col 2 minus) 5. Circulation 6. Readership costs (column 6 costs (column	<u>Totals</u>		* 1									0.
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2. Gross 3. Direct or (loss) (col 2 minus 5. Circulation 6. Readership costs (column 6.	Part I Income From F	Periodica	ıls Repo	orted on	a Cons	solidated	Basis					
	1. Name of periodical					or (loss) (co	ol 2 minus in, compute		ion			7. Excess readership costs (column 8 minus column 5, but not more than column 4)
(1)	(1)											
(2)	(2)											
(3)						7						
(4)						7						
Totals (carry to Part II, line (5)) 0. 0.		•		0.	0		•					0.

Part III 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 8 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0
		Enter here and on page 1, Part I, (ine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	8-		p. 11	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.	g g		·	0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

Page 5

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

HOME MEDICAL EQUIPMENT SALES; KING'S DAUGHTERS FAMILY PHARMACY; INVESTMENT PARTNERSHIP INCOME; AND DISALLOWED FRINGE BENEFITS

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
PHARMACY		26,345.
DME SALES		231,470.
AMOUNTS PAID FOR DISA	LLOWED FRINGES BENEFITS	16,070.
TOTAL TO FORM 990-T,	PAGE 1, LINE 12	273,885.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
EDUCATION		105.
RENT EXPENSE		26,180.
LICENSES & FEES		33.
SUPPLIES		220,600.
PURCHASED SERVICES		27,092. 100.
OTHER		•
OVERHEAD AUTO EXPENSE		69,566. 3,653.
UTILITIES		6,131.
TOTAL TO FORM 990-T,		353,460.

FORM 990-T	NET	OPERATING LOSS DEI	DUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/98	481,512.	481,512.	0.	0.
09/30/99	283,914.	283,914.	0.	0.
09/30/00	193,817.	68,471.	125,346.	125,346.
09/30/01	9,181.	0.	9,181.	9,181.
	10,652.	0.	10,652.	10,652.
09/30/05	10,032.			
09/30/05 09/30/17	14,902.	0.	14,902.	14,902.
09/30/17	•	_	160,081.	160,081.
09/30/17	14,902. VER AVAILABLE THIS	YEAR =	160,081.	
09/30/17 NOL CARRYO	14,902. VER AVAILABLE THIS INCO	YEAR =	TNERSHIPS	160,081.
09/30/17 NOL CARRYOV FORM 990-T PARTNERSHI	14,902. VER AVAILABLE THIS INCO P NAME ALTHCARE ALLIANCE,	YEAR ME (LOSS) FROM PART GROSS INC	TNERSHIPS	STATEMENT 5 NET INCOME OR (LOSS)

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTAL	INCOME	STATEMENT 6
DESCRIPTION			ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES AND O	THER EXPENSES	S - SUBTOTAI	1	3,726.	3,726.
TOTAL TO FORM 9	90-т, SCHEDUL	E C, COLUI	MN 3		3,726.