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Form 990-T	E	kempt Organization		siness Income der section 6033			ОМВ N	o 1545-0687
Form O 70	Í	andar year 2018 or other tax year begin				105	മ	ล∢ด
14	For cale				·	20 = 3	<u>Z</u> (918
Department of the Treasury Internal Revenue Service	▶ no	► Go to www.irs.gov/Form990 not enter SSN numbers on this form a				-1/3)	Open to Pu	blic Inspection for rganizations Only
A Check box if			_	me changed and see instructi				ation number
address changed	4			•	•	(Emple	oyees' trust, see	instructions)
B Exempt under section	1	OWENSBORO HEALTH, II	NC.					
X 501(C)(3)	Print	Number, street, and room or suite no I	faPO	box, see instructions		61-1	286361	
408(e) 220(e	Type							s activity code
408A530(a)	1201 PLEASANT VALLE	Y RO	DAD		(See ii	nstructions)	
529(a)	_	City or town, state or province, country	y, and 2	ZIP or foreign postal code				
C Book value of all assets at end of year		OWENSBORO, KY 42303				7223	20	
		oup exemption number (See instruct			_			 1
1369224739.					(c) trust	401(a)		Other trust
		anization's unrelated trades or busine	sses			-	y (or first) un	
		ISIDE CATERING			e, complete Parts I			describe the
·		e end of the previous sentence, cor	npiete	e Parts I and II, complete a	Schedule M for ea	cn additio	nai	
trade or business, to		corporation a subsidiary in an affili	atod a	roup or a parent subsidiar	v controlled group?		$ \Box$	Yes X No
		identifying number of the parent co			y controlled group?] tes [<u></u>] 140
J The books are in ca			porati		one number > 27	0-417	-2000	
		or Business Income		(A) Income	(B) Expen			(C) Net
1a Gross receipts or					- 		<u> </u>	
b Less returns and allow		c Balance ▶	1c	3,482	.	-	1	. !
2 Cost of goods so	old (Sched	dule A, line 7)	2	1,741	• [
3 Gross profit Su	btract line	2 from line 1c	3	1,741	•			1,741.
4a Capital gain net	income (a	attach Schedule D)	4a		<u> </u>			
		Part II, line 17) (attach Form 4797)	4b				<u> </u>	
c Capital loss ded	uction for	trusts	4c_	ļ <u>.</u>	<u> </u>		 	
		or an S corporation (attach statement)	5				 	
			6				 	
_		ncome (Schedule E)	7	 			 -	
		ents from a controlled organization (Schedule F)			+		+	
_		O1(c)(7), (9), or (17) organization (Schedule G)	10	 			+	
· · · · · · · · · · · · · · · · · · ·	-	dule J)	11		+		+	···
		ctions, attach schedule)	12					
		rough 12	13	1,741	.		1	1,741.
	ns Not	Taken Elsewhere (See insti	ructio	ons for limitations on	deductions.) (I	Except 1	for contrib	outions,
deductio	ns mus	t be directly connected with t	he u	nrelated business inc	come)			
14 Compensation of	f officers,	directors, and trustees (Schedule K)				14		
								939.
							 	
								
		(see instructions)						
		See instructions for limitation rules)					 	
		1 4562)		1 1		20	+	
		on Schedule A and elsewhere on re						
							_	
24 Contributions to	deferred	compensation plans RE	CF	IVED				
25 Employee benef	it program	s		iùl				
26 Excess exempt e	xpenses (Schedule I)	.م.	2019. [0]		26		
27 Excess readersh	ıp costs (S	Schedule I)	V	6 2019 - 0		27		
28 Other deduction	s (attach :	schedule)				28		
29 Total deductions	s. Add line	es 14 through 28	DE	:N,. U.T				939.
30 Unrelated busin	ess taxai	ole income before net_operating-	-1055	deduction Subtract lin			 -:	802.
		ng loss arising in tax years beginnir						
32 Unrelated busine	ess taxab	le income_Subtract line 31 from line	30 .	<u> </u>	<u> </u>	32		802.

Form	990-T (2018)			_ F	Page 2
Par	t III 、 Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
•	instructions)	33		8,7	701.
34	Amounts paid for disallowed fringes	34		52,0	53.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	Instructions) ATTACHMENT. 5	35		60,7	754.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	-			
50	of lines 33 and 34	36			
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	_	1.(000.
37		31			
38	Unrelated business taxable income. Subtract line 37 from line 36 If line 37 is greater than line 36, enter the smaller of zero or line 36	38			0.
Day	t IV Tax Computation	30	_		
		39			
39 40	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40		40			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	40		_	
41	Proxy tax. See instructions	41			
42	Alternative minimum tax (trusts only)	42			
43	Tax on Noncompliant Facility Income. See instructions	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
	t V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)				
	Other credits (see instructions)				
	General business credit Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е		45e			
46	Subtract line 45e from line 44	46		_	
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47			
48	Total tax. Add lines 46 and 47 (see instructions)	48			0.
49	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				
b	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·				
С	· · · · · · · · · · · · · · · · · · ·				
	Foreign organizations Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)				
f		1			
g					
	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached,	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want	55			
Pai	Statements Regarding Certain Activities and Other Information (see instructions	5)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreigr	country		ı
	here >				Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn trus	t?	ļļ	Х
	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 ▶ \$			لـــا	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bitrue, correct, and complete Declaration of propagate (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	ny knowledge	and beli	af, it is
Sig	Ma	y the	IRS discuss	this r	etum
Her			preparer sh		7 I
		instructi		s	No
Paic	Print/Type preparer's name Preparer's signeture JENNIFER D RHODERICK Print/Type preparer's name Preparer's signeture Lhiderick 10/14/19 Check self-ei	, [] ,			_
		mployed			
•	Firm's name FERNSI & TOONG 0.3. LLP		34-656		
	Firm's address > 111 MONUMENT CIRCLE, SUITE 4000, INDIANAPOLIS, IN 46204 Phone	no 31	17-681-	7000	

Form **990-T** (2018)

Form 990-T (2018)									Page 3
Schedule A - Cost of Go	ods Sold	Enter metho	d of invento	ory valuation	N/A_				
1 Inventory at beginning of ye	ar . 1			6 Inventory	at end of yea	ar	6		
2 ` Purchases	2					ld. Subtract line			
3 Cost of labor	3	_		6 from	line 5 En	iter here and in			
4a Additional section 263A cos	sts			Part I, line	2		7	1,	741.
(attach schedule)	. 4a					section 263A (w	ith respect to	Yes	No
b Other costs (attach schedule		1	.,741.	property	produced	or acquired for	resale) apply		
5 Total. Add lines 1 through 4		1	741.	to the org	anization?	<u></u>			X
Schedule C - Rent Income	(From Rea	I Property a	nd Persor	nal Property	Leased V	Vith Real Proper	rty)		
_(see instructions) **	4B ATCH	_1							
1 Description of property									
(1)				_					
(2)									
(3)									
(4)									
	2. Rent re	eceived or accru	ed						
(a) From personal property (if the p for personal property is more than more than 50%)		percent	age of rent for	personal property r personal property based on profit or	y exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			ome
(1)									
(2)									
(3)							-		
(4)									
Total		Total							
(c) Total income. Add totals of colhere and on page 1, Part I, line 6,						(b) Total deduction Enter here and on Part I, line 6, colur	page 1,		
Schedule E - Unrelated De	bt-Finance	d Income (se	ee instruction	ons)					
1 Description of debt	-financed prope	rty		income from or to debt-financed		Deductions directly con debt-finance ht line depreciation	ed property		
			pr	roperty		ch schedule)	(b) Other ded (attach sche		
(1)		_							
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis locable to aced property schedule)	4	Column divided column 5		income reportable n 2 x column 6)	8. Allocable de (column 6 x total 3(a) and 3	of colum (b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						re and on page 1, ne 7, column (A)	Enter here and Part I, line 7, co		
Totals									

Form **990-T** (2018)

controlled in the controlling in column is a controlling payments made in the controlling granulation's gross income in column is a column is column is a column is column is a column is a column is column is a column is column is a column is colu	1 Name of controlled organizations 1 Name of controlled Organizations 2. Emptoyer identification number (loss) (see instructions) 3. Net unrelated income (loss) (see instructions) 4. Total of specified specified income included in the controlling organization's gross income on controlled Organizations 7 Taxable Income 8. Net unrelated access payments and organizations 7 Taxable Income 9 Total of specified income included in the controlling organization (see instructions) 10. Add columns 8 and 10 Enter here and on page 1. Part I, time 5, column (s) 10. Better here and on page 1. Part I, time 6, column (s) 11. Better here and on page 1. Part I, time 8, column (s) 12. Column (s) 13. Column (s) 14. Seaseded (altach schedule) 15. Column (s) 16. Column (s) 17. Column (s) 18. Column	Form 990-T (2018)	OWENSBOR									286361 P a
1 Name of controlled organization risemble desired in termination (ass) (see netrodores) 3. Net unrelated moore (ass) (see netrodores) (ass) (see netrodores) 3. Net unrelated moore (ass) (see netrodores) (ass) (see netrodores) 3. Net unrelated moore (ass) (see netrodores) 3. Net unrelated moore (ass) (see netrodores) 4. Total of specified gram at alon's gross moore on column 5 or an application (ass) (see netrodores) 4. Total of specified gram at alon's gross moore on column 5 or an application (ass) (see netrodores) 5. Part of column 9 that is or a column 5 or an application (ass) (see netrodores) 6. Part of column 9 that is or a column 6 or a column 6 or a column 5 or an application (ass) (see netrodores) 6. Part of column 9 that is or a column 6 or	1 Name of controlled organization administration number dentification number (loss) (see instructions) 3. Net unrelated moome (loss) (see instructions) 4. Total of specified gramutation's gross moome on column 5 in column 6 in colum	Schedule F-Interest, Anni	uities, Royalties						ons (see	instructions	s)	
2) 3) 40 50 50 50 50 50 50 50	10 10 10 10 10 10 10 10			er 3	. Net unrel	ated income	4. Total	of specified	included	in the controlling	ng	connected with inc
Schedule G - Investment Income of a Section 501(c) (7), (9), or (17) Organization (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) Part I line 9, column 6) Part I line 10, col (A) Part I line 10, col (B) Part I line	10 10 10 10 10 10 10 10	1)										
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7 Taxable Income (loss) (see instructions) 9 Total of specified in the controlling organization's gross income (loss) (see instructions) 10	7 Taxable Income (loss) (see instructions) 9 Total of specified and specified and specified payments made included in the controlling organization 3 globs income column 10 10 Add columns 5 and 10 Enter here and on page 1. Part I, line 8, column (A) 10 Description of income 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2 Cross advertising Income (see instructions) 3 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (see instructions) 5 Cross and the Advertising Income (see instructions) 5 Cross and the Advertising Income (see instructions) 5 Cross and the Advertising Income (see instructions) 6 Enter here and on page 1, Part 1, line 9, column 6 income and page 1, Part 1, line 9, column 6 income and page 1, Part 1, line 9, column 6 income and page 1, Part 1, line 10, col (b) 1 Name of periodical Inc	4)					<u> </u>					
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Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (A) Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (A) Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (A) 5. Total deduction and set-asides (column (B) 5. Gross income (see instructions) 7. Encors section 2. Gross income and unrelated trade and page 1, Part I, line 9, column (B) 1. Description of exploited activity and invertible of business income and unrelated trade and page 1, Part I, line 9, column (B) 5. Gross income and unrelated trade and page 1, Part I, line 9, column (B) 6. Enter here and on page 1, Part I, line 9, column (B) 7. Enter here and on page 1, Part I, line 9, column (B) 7. Enter here and on page 1, Part I, line 9, column (B) 7. Enter here and on page 1, Part I, line 9, column (B) 7. Enter here and on page 1, Part I, line 9, column (B) 8. Enter here and on page 1, Part I, line 9, column (B) 8. Enter here and on page 1, Part I, line 9, column (B) 8. Enter here and on page 1, Part I, line 9, column (B) 8. Enter here and on page 1, Part I, line 9, column (B) 8. Enter here and on page 1, Part I, line 9, column (B) 9. Gross income and unrelated trade and unrelated trade and unrelated trade business income from activity line on the first and unrelated trade column S, but and unrelated trade business income from activity line on the first and unrelated trade column S, but and unrelated trade business income from activity line 9, column (B) 9. Enter here and on page 1, Part I, li	Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) Part I line 8, column (A) Part I line 8, column (A)	2)								_		
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1) 2) 3) 4) — — — — — — — — — — — — — — — — — —	1) 2) 3) 4) Totals (carry to Part II, line (5)) ▶	1 Name of periodical	advertising			gain or (lo 2 minus o a gain, co	ess) (col col 3) If compute	1		1	ship	costs (column minus column 5 not more tha
2) 3) 4)	2) 3) 4) Cotals (carry to Part II, line (5)) ▶	41				cols 5 thr	rough 7					column 4)
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4)	4) Totals (carry to Part II, line (5)) ▶		+			+		-				-
	Totals (carry to Part II, line (5)) ▶	-			-	\dashv	٠			 		_
intale (comute Port II, line /5))		<u>-1</u>	 			+						
		Cotale (carry to Port II, lice /5)										

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)						
(2)				<u> </u>		
(3)						
(4)						
Totals from Part I ▶] . •			
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		7		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶					,	1

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)		%	
)		%	
)		%	
otal. Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

06/01 , 2018, and ending _

OMB No 1545-0887

Department of the Treasury Internal Revenue Service

▶ Go to www irs.gov/Form990T for Instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of organization OWENSBORO HEALTH, INC. Employer identification number 61-1286361

Unrelated business activity code (see instructions) ▶ 561500

Describe the unrelated trade or business ► SENIOR TRIP TRAVEL

For calendar year 2018 or other tax year beginning

Par	t1 Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			· <u>-</u>	,
b	Less returns and allowances C Balai	nce ▶ 1c			
2	Cost of goods sold (Schedule A, line 7)	2			•
3	Gross profit Subtract line 2 from line 1c	3		مة مقديقات على الموا	
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	7)4b			
C	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (att	tach			
	statement)	5			}
6	Rent income (Schedule C)				
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)	9			
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule) ATCH.	. 2 . 12	155,482.		155,482.
13	Total Combine lines 3 through 12	13	155,482.		155,482.

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	38,199.
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	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	_	
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	1	149,325.
29	Total deductions. Add lines 14 through 28.		187,524.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-32,042.
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		-32,042.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

47976N 2711

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

1 9

2018

OMB No 1545-0887

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning $\frac{-06/01}{}$, 2018, and ending $\frac{-05/31}{}$, 20 $\frac{19}{}$

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

7,899.

Name of organization

OWENSBORO HEALTH, INC.

Unrelated business activity code (see instructions) ▶ 900003

61-1286361

Employer identification number

Describe the unrelated trade or business > PARTNERSHIP INVESTMENTS Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales c Balance b Less returns and allowances 1c Cost of goods sold (Schedule A, line 7)..... 2 2 Gross profit Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . 4b 4c Income (loss) from a partnership or an S corporation (attach 5 7,899 7,899. statement) ATCH 4 . 5 6 6 Unrelated debt-financed income (Schedule E). 7 Interest, annuities, royalties, and rents from a controlled Investment income of a section 501(c)(7), (9), or (17) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12

7,899.

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	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)	l .	
28	Other deductions (attach schedule)		
29	Total deductions. Add lines 14 through 28		
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	7,899.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	Į.	
32	Unrelated business taxable income Subtract line 31 from line 30	32	7,899.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

13

47976N 2711

ΔΤΤΔ	CHMENT	1	

FORM 990T - SCHEDULE A - LINE 4B - OTHER COSTS

COST OF GOODS SOLD

TOTAL OTHER COSTS

1,741.

1,741.

ATTACHMENT 1

ATTACHME	NT	2

SCHEDULE M - LINE 12 - OTHER INCOME

SENIOR TRAVEL REVENUE

155,482.

LINE 12 - OTHER INCOME

155,482.

61-1286361

ATTACHMENT 3

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SENIOR TRAVEL EXPENSES

149,325.

PART II - LINE 28 - OTHER DEDUCTIONS

149,325.

61-1286361

ATTACHMENT 4

PARTNERSHIP

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

MULTICARE ASSOCIATES MEDICAL ARTS BUILDING

7,899.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

7,899.

Owensboro Health, Inc •EIN: 61-1286361

Form 990-T, Part II, line 35 - Net Operating Loss Deduction Net operating losses arising in tax years beginning before January 1, 2018

	Amount		Utilized in	
Year Ended	Generated	Amount Utilized	Current Year	Carryforward
5/31/2006	(848,791)	(848,791)		-
5/31/2007	(2,057,603)	(2,057,603)		-
5/31/2008	(2,202,889)	(2,202,889)		-
5/31/2009	(2,568,429)	(500,750)	(60,754)	(2,006,925)
5/31/2010	(1,157,628)			(1,157,628)
5/31/2011	(2,572,538)			(2,572,538)
5/31/2012	(3,138,854)			(3,138,854)
5/31/2013	(2,129,310)			(2,129,310)
5/31/2014	-	-		-
5/31/2015	-			-
5/31/2016	(1,139)			(1,139)
5/31/2017	-			-
5/31/2018	-			-
Total Carryforward =	(16,677,181)	(5,610,033)	(60,754)	(11,006,394)

Form 990-T, Part II, line 31 - Net Operating Loss Deduction Net operating losses arising in tax years after January 1, 2018 Senior Trip Revenue

	Amount		Utilized in	
Year Ended	Generated	Amount Utilized	Current Year	Carryforward
5/30/2019	(32,042)			(32,042)
Total Carryforward	(32,042)	-		(32,042)