, -	Form	990-T	E	Exempt Orga		sines	ss Inco	ome T	ax Retur	n	OMB No 1545-0047
•			For ca	(a) Jendar year 2019 or other tax ye	and proxy tax und	der sed	ction 603		1912		2019
		rtment of the Treasury al Revenue Service	•	► Go to www Do not enter SSN number	v.irs.gov/Form990T for i ers on this form as it ma).	Open to Public Inspection for 501(c)(3) Organizations Only
	A [Check box if address changed		Name of organization (Check box if name	changed	and see instr	uctions.)		(Empl	oyer identification number oyees' trust, see ctions)
		xempt under section	 _	3-6001820							
	X] 501(c∳3)] 408(e) []220(e)	or Type	Number, street, and room 1725 PINE S							ated business activity code nstructions)
		408A 530(a) 529(a)		City or town, state or pro	-	or foreign	postal code			621	500
	C Bo	ok value of all assets end of year		F Group exemption num		>					
				G Check organization typ		rporation	50	01(c) trust		a) trust	Other trust _\
			_	ition's unrelated trades or SALES FROM		<u>ד</u>		-	the only (or first) u		than and
				ice at the end of the previo				-	, complete Parts I-V		•
		siness, then complete l		·	ous sentence, complete r	ai is i aiiu	i ii, compicie	a Scheuult	s IVI 101 Each additio	iiai ii auc	UI
				ooration a subsidiary in an	affiliated group or a pare	ent-subsid	diary controll	ed group?	<u> </u>	Ye	s X No
•		•		tifying number of the pare		,	Jiai y Gorili Gii	ca group		٠٠ · · ·	[==] 110
		ne books are in care of						Teleph	ione number	(334)293-8816
	Pa	rt I Unrelated	Trac	de or Business Inc	come		(A) Inc	come	(B) Expense	86	(C) Net
,	1 a	Gross receipts or sale	s		·	i i					· ·
	b	Less returns and allow	vances		c Balance	1c					
	2	Cost of goods sold (S	chedule	A, line 7)		2			· .		. / .
	3	Gross profit. Subtract	line 2 fr	rom line 1c		3			,		
	4 a	, ,	•	•		4a					.=
	b			97, Part II, line 17) (attach Form 4797)					· ./.		
						4c	252	0.4.0	·/	1	252 040
				artnership or an S corporation (attach statement) 5			233	<u>,948,</u>	STMT		253,948.
	6 7	Rent income (Schedul		ma (Cabadula E)		7		/			
-	, o	Unrelated debt-finance		nd rents from a controlled	organization (Schedule E)	1					
02	٥	•		on 501(c)(7), (9), or (17) o	-	\vdash			 		
7	10	Exploited exempt activ			yganization (ochedale o	10/	,				
0 7	11	Advertising income (S	-	•							
۵.	12	Other income (See ins		•		12		•	1		
SE	13	Total. Combine lines	3 throu	gh 12		13		,948.			253,948.
SCANNED	Pa	Tt II Deductions (Deductions	ns No must b	ot Taken Elsewher be directly connected w	re (See instructions firith the unrelated busing	or limitat ness inc	tions on de ome)	ductions)			-
Z	14	Compensation of offi	cers, du	rectors, and trustees (Sch	edule K)					14	
¥	15	Salaries and wages								15	
ပ္ထ	16	Repairs and mainten	ance		DEOE"	(** = -				16	
	17	Bad debts			RECEI	/ED	1			17	
	18	Interest (attach sche	dule) (se	ee instructions)	Z		၂ဗ္ဗု			18	
	19	Taxes and licenses			8 NOV 17	2020	S-08C	1 1		19	238.
	20	Depreciation (attach	Form 45	562)	L		[왕]	20	 :	-	
	21	Less depreciation cia	umea or	n Schedule A and elsewher	I ON THE OGDEN	. UT		21a		21b	
	22 23	Depletion Contributions to defe	j			-				22	
	23 24	Employee benefit pro	,	/						24	
	25	Excess exempt exper	~ /							25	
	26	Excess readership co								26	
	27	Other deductions (att					SEF	STAT	TEMENT 2	27	1,500.
	28	Total deductions. Ac								28	1,738.
	29			ncome before net operatio	g loss deduction. Subtrac	ct line 28	from line 13			29	252,210.
	30	Deduction for net operations (see instructions)	eratıng I	loss arising in tax years be	ginning on or after Janua	ary 1, 201		E STAT	CEMENT 3	30	143,390.
	31	7	ax <u>able</u> ır	ncome. Subtract line 30 fro	om line 29					31	108,820.
-				work Reduction Act Notic					<u> </u>		Form 990-T (2019)

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	20191 JACKSON HOSPITAL AND CLINIC, INC.	<u>63-</u>	6001820 Page 2
	Total Unrelated Business Taxable Income		
32 / 70	tal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	108,820.
33 An	nounts paid for disallowed fringes	33	
34 Ch	aritable contributions (see instructions for limitation rules)	34	<u>8</u> 9,816.
35 To	tal unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	E) 35	19,004.
	duction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	. /	14,574.
	tal of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	4,430.
	ecific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	> 38	1,000.
	related business taxable income. Subtract line 38 from line 37, If line 38 is greater than line 37,		
	ter the smaller of zero or line 37) 39	3,430.
	/ Tax Computation ,	(1 0 0 1	3,1301
	ganizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	¥ 0	720.
	usts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 39 from:	1 10	720.
41 [
40 0-	Tax rate schedule or Schedule D (Form 1041)	► 41 40	
	oxy tax. See instructions	► 42	
	ternative minimum tax (trusts only)	43	
	x on Noncompliant Facility Income. See instructions	7 44	700
	tal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	720.
Part V		1 1	
	reign tax credit (corporations attach Form 1118; trusts attach Form 1116)	⊣ 1	
b Ot	her credits (see instructions)	-	
c Ge	neral business credit. Attach Form 3800	_	
d Cr	edit for prior year minimum tax (attach Form 8801 or 8827)		
e To	tal credits. Add lines 46a through 46d	46e	
47 Su	btract line 46e from line 45	47	720.
48 Oti	her taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	e) 48	
49 To	tal tax. Add lines 47 and 48 (see instructions)	49	720.
50 20	19 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	yments: A 2018 overpayment credited to 2019	' 「	
	19 estimated tax payments 51b	7	
	x deposited with Form 8868	_	
	reign organizations: Tax paid or withheld at source (see instructions) 51d	7	
	ckup withholding (see instructions) 51e	-	
	edit for small employer health insurance premiums (attach Form 8941) 51f	-	
	her credits, adjustments, and payments Form 2439	\dashv \mid	
y 0	Form 4136 Other Total 51g		
52 To	tal payments. Add lines 51a through 51g	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	timated tax penalty (see instructions). Check if Form 2220 is attached	53	29.
	x due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	► 54	749.
	· · · · · · · · · · · · · · · · · · ·	55	143.
	rerpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		
Part V	ter the amount of line 55 you want: Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions)	▶ 56	
	any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	er a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	ICEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		. .
he			X
	ring the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	Yes," see instructions for other forms the organization may have to file.		
59 En	ter the amount of tax-exempt interest received or accrued during the tax year > \$		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	wiedge and be	ilet, it is true,
	1. XXV X 1 X X	May the IRS	discuss this return with
Here	PRESIDENT / CEO		shown below (see
	Signature of officer	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	l if PTIN	
Paid	self- employe		
Prepar	rer AMY BIBBY Aug Bibby 11/11/2020		0445891
Use O	nly Firm's name ► DIXON HUGHES GOODMAN LLP Firm's EIN	<u>► 56</u>	-0747981
	500 RIDGEFIELD COURT		
	Firm's address ► ASHEVILLE, NC 28806 Phone no.	(828)	254-2254
923711 01-2			Form 990-T (2019)

Schedule A - Cost of Goods Sold. Enter	method of invent	ory valuation 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. So	ubtract line 6	
3 Cost of labor 3		from line 5. Enter here	and in Part I,]
4a Additional section 263A costs		line 2		7
(attach schedule) 4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule) 4b		property produced or a	equired for resale) apply to	
5 Total. Add lines 1 through 4b 5		the organization?	<u></u>	
Schedule C - Rent Income (From Real F (see instructions)	Property and	Personal Property L	eased With Real Pro	perty)
1 Description of property				
(1)				
(2)				
(3)				
(4)		-		
	ed or accrued			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` of rent for pe	od personal property (if the percenta ersonal property exceeds 50% or if is based on profit or income)	ge 3(a) Deductions direc columns 2(a)	tly connected with the income in and 2(b) (attach schedule)
(1)				
(2)				
(3)				
(4)		<u> </u>		
Total 0.	Total		0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enthere and on page 1, Part I, line 6, column (A)	•		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	
Schedule E - Unrelated Debt-Financed	Income (see i	nstructions)	T	
		2. Gross income from		onnected with or allocable inced property
Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)			7.	• • • • • • • • • • • • • • • • • • • •
debt on or allocable to debt-financed of or all property (attach schedule) debt-financed	adjusted basis llocable to iced property ischedule)	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)		%		
· · · · · · · · · · · · · · · · · · ·			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		•		o. o.
Total dividends-received deductions included in column	8			0.

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Schedule F - Interest, A	Innuities, R	oyalties,	and Rents	From Co	ntrolle	d Organiza	tions	(see ins	truction	s)
			, 	Controlled O						
1. Name of controlled organizate	on	2. Employer identification number	3. Net unre	elated income instructions)	4. Tota			6. Deductions directly connected with income in column 5		
(1)					<u> </u>			_		
(2)				•						
(3)				•				_		
(4)								_		
Nonexempt Controlled Organiz	zations					-				
7. Taxable Income	8. Net unrelate (see ins	ed income (loss)	9 _. Total (of specified payr made	nents	10. Part of colur in the controlli gross	mn 9 that is ing organiza income	s included ation's		ductions directly connected income in column 10
(1)		-	T I		<u> </u>					
(2)										
(3)										
(4)				-						
						Enter here and	nns 5 and 1 on page 1 column (A)	, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					<u> </u>			0.		0.
Schedule G - Investme		of a Secti	on 501(c)(7), (9), or (17) Org	anization				
(see instr	uctions)						1			T
1. Desc	ription of income			2. Amount of	ıncome	 Deduction directly connected (attach schedule) 	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)					Ī					
(2)										·
(3)			•							
(4)										
				Enter here and Part I, line 9, co					•	Enter here and on page 1, Part I, line 9, column (B)
Totals			•		0.	•				0.
Schedule I - Exploited	Exempt Act	ivity Inco	me. Other	Than Adv		a Income				
(see instru	-	ivity into	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		9				
Description of exploited activity	2. Gross unrelated busing income from trade or busine	ess dire	3. Expenses city connected th production of unrelated siness income	4. Net incon from unrelated business (co minus colum gain, compute through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
	Enter here and page 1 Part l line 10, col (A	. p) lin	er here and on age 1, Part I, le 10, col (B)			•		,	•	Enter here and on page 1, Part II, line 25
Totals		0.	0.							0.
Part I Income From I				solidated	Basis					
Name of periodical	adve	Gross rtising ome	3. Direct advertising costs			5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2)						-				+
(3)				┥	-					
(4)				1						1
Totals (carry to Part II, line (5))	•	0.	0	.]						0.
<u></u>					-				_	Form 990-T (2019)

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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)	Ì						
(3)			-				
(4)							
Totals from Part I	▶	0.	0.	, 4 , , .			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)		ing the standard stan		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)		0.	0.		-	, f =	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 (2019)

FORM 990-T I	NCOME (LOSS) FROM P	ARTNERSHIPS	STATEMENT 1
DESCRIPTION			NET INCOME OR (LOSS)
JMS HEALTH SERVICES, LLC	253,948.		
TOTAL INCLUDED ON FORM 99	253,948		
FORM 990-T	OTHER DEDUCT	IONS	STATEMENT 2
DESCRIPTION			AMOUNT
TAX PREP FEE			1,500
TOTAL TO FORM 990-T, PAGE	1,500		
FORM 990-T	NET OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR LOSS SUSTAINE	LOSS PREVIOUSLY D APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
		142 200	1.12.200
12/31/18 143,390	0.	143,390.	143,390.

FORM 990-T	NET	OPERATING LOS	E DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	14,574.	0	. 14,574.	14,574.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	14,574.	14,574.