Cand proxy tax under section 6033(e) Cand proxy tax under section 603(e)	on for Only er
Department of the Treasury Internal Revenue Service A ☐ Check box if address changed B Exempt under section X 501(c 03) 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ Book value of all assets at end of year at end of the organization's unrelated trade or business here ▶ SEE STATEMENT 1 Department of the Treasury Internal Revenue Service 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 Sol(c)(3). Open to Public Inspection Sol(c)(3). Open to Public Inspection Sol(c)(3). Demployer dentrication num (Employees' brust, see instructions.) ANDERSON REGIONAL MEDICAL CENTER 64-036240 Fund of Year 2124 14TH STREET City or town, state or province, country, and ZIP or foreign postal code MERIDIAN, MS 39301 621500 F Group exemption number (See instructions.) ▶ 1	on for Only er
Name of organization (Only er
ANDERSON REGIONAL MEDICAL CENTER ANDERSON REGIONAL MEDICAL CENTER Solic 3) 408(e) 220(e) Type 408A 530(a) F Group exemption number (See instructions.) C Book value of all assets at end of year 248, 337, 771. H Enter the number of the organization's unrelated trades or business here SEE STATEMENT 1 describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.	ode
Number, street, and room or suite no. If a P.O. box, see instructions. E Urrelated business activity (See instructions)	ode
Author Street, and found of stitle flot. If a P.O. box, see instructions.	
408(e) 220(e) 2124 141H STREET 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code MERIDIAN MS 39301 529(a) MERIDIAN MS 39301 621500 C Book value of all assets at end of year 5 Group exemption number (See instructions.)	ust_
To Book value of all assets at end of year 248, 337, 771. ■ F Group exemption number (See instructions.) ■ The 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 a Schedule M for each additional trade or business, then complete Parts III-V.	ust
C Book value of all assets at end of year 248, 337, 771. B C C Endex organization type C C C Endex organization type C Endex organiz	ıst
At an or year 248, 337,771. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other H Enter the number of the organization's unrelated trades or businesses. 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 a Schedule M for each additional trade or business, then complete Parts III-V.	ust
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 a Schedule M for each additional trade or business, then complete Parts III-V.	
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.	
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?	
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No If "Yes," enter the name and identifying number of the parent corporation.	
J The books are in care of ► STEVEN BROWN Telephone number ► 601-553-6647	
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net	
fa Gross receipts or sales 4,998,679.	/
b Less returns and allowances 4,111,454. c Balance ► 1c 887,225.	
2 Cost of goods sold (Schedule A, line 7)	إنج
3 Gross profit. Subtract line 2 from line 1c 3 887,225.	<u></u>
4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 46	
5 Income (loss) from a partnership or an S corporation (attach statement) 5	—
6 Rent income (Schedule C)	
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)	
10 Exploited exempt activity income (Schedule I)	
11 Advertising income (Schedule J)	
12 Other income (See instructions, attach schedule)	
13 Total Combine lines 3 through 12 13 887, 225. 887, 2 Part If Deductions Not Taken Elsewhere (See instructions for limitations on deductions)	5.
(Except for contributions, deductions must be directly connected with the unrelated business income)	
14 Compensation of officers, directors, and trustees (Schedule K) RECEIVED 14	
	<u>9.</u>
16 Repairs and maintenance	
16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 AUG 2 5 2020 10 11 15 17 18 18 18 18 18 18 18 18 18 18 18 18 18	
19 Taxes and licenses OGDEN, UT	
20 Character contributions (See instructions for initiation rules)	
21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22	
23 Depletion 23	—
24 Contributions to deferred compensation plans	
25 Employee benefit programs 23, 9	7.
26 Excess exempt expenses (Schedule I) 26	
27 Excess readership costs (Schedule J) 27	
28 Other deductions (attach schedule) SEE STATEMENT 2 28 703,5	
29 Total deductions. Add lines 14 through 28	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<u>.</u>
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	
32 Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions Form 990-T	

Form 990-T (//	64-036	524 ₆ 00		Page 2
Part II	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33		0.
34	Amounts paid for disallowed fringes		34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	TMT 3	35		0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35_from the sum of		\Box		
	lines 33 and 34	,	36		
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	G	37	1,0	00.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	$\boldsymbol{\theta}$		<u> </u>	
	egiter the smaller of zero or line 36		38		0.
	(Tax Computation				
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39		0.
	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 38 from		T T	•	
70	Tax rate schedule or Schedule D (Form 1041)		40		
41	Proxy tax. See instructions		41		
	Alternative minimum tax (trusts only)		42	 	
	Tax on Noncompliant Facility Income. See instructions		43		
	Fotal . Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44		0.
	Tax and Payments	· · · · · · · · · · · · · · · · · · ·	1 77 1		
'	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		TiT		
	Other credits (see instructions) 45b		111		
	General business credit. Attach Form 3800		1 I I		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		┤ 		
	Total credits. Add lines 45a through 45d		-		
	100.1		45e		0.
_	Subtract line 45e from line 44 Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other		46		<u> </u>
		(attach schedule)	7		0.
	Total tax. Add lines 46 and 47 (see instructions)		48		0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49		<u> </u>
	Payments. A 2017 overpayment credited to 2018		+ $+$ $+$		
	2018 estimated tax payments 50b		4)		
	Tax deposited with Form 8868		4 <i>1</i> 1 1		
	Foreign organizations: Tax paid or withheld at source (see instructions)		411		
	Backup withholding (see instructions)		-		
	Credit for small employer health insurance premiums (attach Form 8941)		411		
9 1	Other credits, adjustments, and payments. Form 2439		111		
	Form 4136 Other Total > 50g				
	Total payments Add lines 50a through 50g		51		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52		
	Fax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	.	53		
/	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54		
55 Pafrt VI		efunded 🕨	35		
		•		1	Γ
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other author	•	1	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fil		•		;
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	•			- ;
	nere >			— 	X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	oreign trust?			X
	f "Yes," see instructions for other forms the organization may have to file.				
58	inter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	a boot of multi-multi-			<u> </u>
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		oge and belle	ai, it is true,	
Here	108-11-2020 \$ 100 00 0000000	N	lay the IRS di	scuss this return v	vith
	Signature of officer Date VP OF FINANCE			nown below (see	¬
			structions)?	XYes	No
	Print/Type preparer's name Preparer's signature Date		If PTIN		
Paid		self- employed			
Prepar	DIVON NICONDA ACCOUNT FY D	T		0445891	
Use O	nly Firm's name ► DIXON HUGHES GOODMAN LLP	Firm's EIN	56	-074798	<u> </u>
	500 RIDGEFIELD COURT			054 55	- 4
	Firm's address ► ASHEVILLE, NC 28806	Phone no (254-22	
823711 01-0	9-19		F	orm 990-T	(2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation 🕨 N/A	A .		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here			
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5	<u> </u>	the organization?		,	
Schedule C - Rent Income	(From Real I	Property and	d Personal Property I	Lease	d With Real Prope	erty)
(see instructions)					<u></u>	
1. Description of property						
(1)						
(2)						
(3)						
(4)						
		ed or accrued			3/a \ Dadustions disastly	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age	columns 2(a) and	d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						-
Total	0.	Total		0.		
	•					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En	ter >		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.
	2(a) and 2(b). Ent n (A)	•	: instructions)		Enter here and on page 1,	0.
here and on page 1, Part I, line 6, column	2(a) and 2(b). Ent n (A)	•	2. Gross income from		Enter here and on page 1,	ected with or allocable
here and on page 1, Part I, line 6, column	2(a) and 2(b). End n (A) ot-Financed	•	T .	0.	Enter here and on page 1, Part I, line 6, column (B)	ected with or allocable
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb 1. Description of debt-fire	2(a) and 2(b). End n (A) ot-Financed	•	Gross income from or allocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly conn to debt-finance Straight line depreciation	ected with or allocable ad property (b) Other deductions
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb 1. Description of debt-fir	2(a) and 2(b). End n (A) ot-Financed	•	Gross income from or allocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly conn to debt-finance Straight line depreciation	ected with or allocable ad property (b) Other deductions
Schedule E - Unrelated Deb 1. Description of debt-fir	2(a) and 2(b). End n (A) ot-Financed	•	Gross income from or allocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly conn to debt-finance Straight line depreciation	ected with or allocable ad property (b) Other deductions
1. Description of debt-fir (2) (3)	2(a) and 2(b). End n (A) ot-Financed	•	Gross income from or allocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly conn to debt-finance Straight line depreciation	ected with or allocable ad property (b) Other deductions
Schedule E - Unrelated Deb 1. Description of debt-fir	2(a) and 2(b). Enternal 1 (A) ot-Financed manced property 5. Average of or a debt-financed problem.	•	Gross income from or allocable to debt-	0.	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly conn to debt-finance Straight line depreciation	ected with or allocable ad property (b) Other deductions
1. Description of debt-fin (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	2(a) and 2(b). Enternal 1 (A) ot-Financed manced property 5. Average of or a debt-financed problem.	Income (see	Gross income from or allocable to debt-financed property Column 4 divided by column 5	0.	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly connito debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column	ected with or allocable ad property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns
1. Description of debt-fine (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	2(a) and 2(b). Enternal 1 (A) ot-Financed manced property 5. Average of or a debt-financed problem.	Income (see	2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5	0.	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly connito debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column	ected with or allocable ad property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns
1. Description of debt-fin (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	2(a) and 2(b). Enternal 1 (A) ot-Financed manced property 5. Average of or a debt-financed problem.	Income (see	Gross income from or allocable to debt-financed property Column 4 divided by column 5	0.	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly connito debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column	ected with or allocable ad property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns
1. Description of debt-fine debt on or allocable to debt-fine debt on or allocable to debt-financed property (altach schedule) (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (altach schedule) (1) (2) (3)	2(a) and 2(b). Enternal 1 (A) ot-Financed manced property 5. Average of or a debt-financed problem.	Income (see	2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5	0.	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly connito debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column	ected with or allocable ad property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns
1. Description of debt-fin (1) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	2(a) and 2(b). Enternal 1 (A) ot-Financed manced property 5. Average of or a debt-financed problem.	Income (see	2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 %	(a)	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly connito debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column	ected with or allocable ad property (b) Other deductions (attach schedule) 8. Allocable deductions (column 6 x total of columns
1. Description of debt-fine debt on or allocable to debt-fine debt on or allocable to debt-financed property (altach schedule) (1) (2) (3) (4) 4 Amount of average acquisition debt on or allocable to debt-financed property (altach schedule) (1) (2) (3)	2(a) and 2(b). Enternal 1 (A) ot-Financed manced property 5. Average of or a debt-financed problem.	Income (see	2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 %	(a)	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly connito debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) Enter here and on page 1, Part I, line 7, column (B)
1. Description of debt-fire 1. Description of debt-fire 1. Amount of everage acquisition debt on or allocable to debt-fire accept (attach schedule) (1) (2) (3) (4) 4. Amount of everage acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	2(a) and 2(b). Entitle (A) ot-Financed property 5. Average of or a debt-finance (attach	Income (see	2. Gross income from or allocable to debt-financed property 6. Column 4 divided by column 5 %	(a)	Enter here and on page 1, Part I, line 6, column (B) 3 Deductions directly connito debt-finance Straight line depreciation (attach schedule) 7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) Enter here and on page 1, Part I, line 7, column (B)

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
		Exe	mpt (Controlled O	rganızatı	ons					
1. Name of controlled organizat	identif			elated income instructions)		tal of specified ments made	includ	rt of column 4 led in the cont tation's gross	rolling		eductions directly lected with income in column 5
(1)											
(2)		·		_							
(3)											
(4)											
Nonexempt Controlled Organi	zations			-							···-
7. Taxable Income	8. Net unrelated incor (see instruction		. Total	of specified payr made	nents	10. Part of colui in the controlli gross	mn 9 tha ng organ s income	nzation's			ns directly connected ne in column 10
(1)											
(2)											
(3)											
(4)											
						Add colun Enter here and line 8, c		1, Part I,	I	r here and	mns 6 and 11 d on page 1, Part I, column (B)
Totals					▶			0.	<u> </u>		0.
Schedule G - Investme		Section 501	(c)(7), (9), or (17) Org	ganization					
(see insti	ructions)							1			
1 Desc	cription of income			2. Amount of	ıncome	 Deduction directly conne 	cted	4, Set-	asides schedule)		Total deductions and set-asides
(1)			-			(attach sched	lule)	(attach s			(col 3 plus col 4)
(1)										+	
(3)										\dashv	
(4)										\dashv	
(1)				Enter here and				l .			er here and on page 1,
				Part I, line 9, co	lumn (A)	•		•		Par	t I, fine 9, column (B)
Totals	_		•		0.		*				0.
Schedule I - Exploited (see instru		Income, O	ther	Than Adv	ertisin	g Income					
Description of exploited activity	2. Gross urrelated business income from trade or business	3. Expenses directly connec with productio of unrelated business incon	ted on	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity t is not urrelat business inco	hat ed	attribut	penses table to mn 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							<u>-</u>				
(2)											
(3)										_ _	
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Part I line 10, col (B	i)		,					ſ	Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertising	0.	notnictio	0.	•				•			0.
Part I Income From I			Cons	hatehilos	Racie						
								.			
1. Name of periodical	2. Gross advertising income	3 Dire advertising		4. Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus sin, comput	5. Circulat income		6. Read cost		cos	Excess readership sts (column 6 minus umn 5, but not more than column 4)
(1)											
(2)				_						_	
(3)				4						4	*
(4)				1						<u> </u>	
Totals (carry to Part II, line (5))	•	0.	0	•							0 . m 990-T (2018)

LOUIN 330-1 (SO 10) THINDENSON							U z	030230	U rayo
Part II Income From Perio columns 2 through 7 on a			Separ	ate Basis (For ea	ch perio	dical listed	I ın Pa	ırt II, fill ın	-
1. Name of periodical	2. Gross advertising income	3. Dire		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation come	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
Totals from Part I	0.		0.		, , , , , ,	Carlo Company	نړ	ران م	0.
	Enter here and on page 1, Part I line 11, col (A)	Enter here of page 1, P line 11, co	Part I,			· - * · ·	م		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.		0.		· 4		1.	7. 1. Y	0.
Schedule K - Compensation	n of Officers, D	Directors	s, and	Trustees (see in	structio	ns)			
1. Name	-	-		2. Title		3. Percen time devote busines	ed to		ensation attributable elated business
(1)							%		
(2)							%		
(3)	-						%		

Form **990-T** (2018)

0.

(4)

Total. Enter here and on page 1, Part II, line 14

						_
FORM 990-T	DESCRIPTION	OF ORGANIZATIO	N'S PRIMARY	UNRELATED	STATEMENT 1	
		BUSINESS ACT	IVITY			

LABORATORY SERVICES AND HEALTH AND FITNESS CONSULTING

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
OTHER PAYROLL OTHER PROFESSIONAL FEES OCCUPANCEY EXPENSE MEDICAL SUPPLIES OTHER EXPENSES DEPRECIATION			21,725. 347,455. 12,469. 282,771. 8,610. 30,532.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28		703,562.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/99	365,258.	0.	365,258.	365,258.
09/30/00	139,254.	0.	139,254.	139,254.
09/30/01	15,075.	0.	15,075.	15,075.
09/30/02	324,129.	0.	324,129.	324,129.
09/30/03	656,561.	0.	656,561.	656,561.
09/30/04	354,383.	0.	354,383.	354,383.
09/30/05	650,786.	0.	650,786.	650,786.
09/30/06	401,278.	0.	401,278.	401,278.
09/30/07	551,144.	0.	551,144.	551,144.
09/30/08	332,749.	0.	332,749.	332,749.
09/30/11	48,975.	0.	48,975.	48,975.
09/30/13	71,876.	0.	71,876.	71,876.
09/30/14	226,932.	0.	226,932.	226,932.
09/30/15	133,112.	0.	133,112.	133,112.
09/30/16	460,944.	0.	460,944.	460,944.
09/30/17	89,994.	0.	89,994.	89,994.
09/30/18	237,718.	0.	237,718.	237,718.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	5,060,168.	5,060,168.

SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

Name of the organization

Unrelated Business Taxable Income for Unrelated Trade or Business

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

22a

SEE STATEMENT 4

Employer identification number

► 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).

OMB No 1545-0687

ENTITY

501(c)(3) Organizations Only

	ANDERSON REGIONAL MEDICA		JENTER	64-036	24	JU
Ĺ	Inrelated business activity code (see instructions) 44611					
	Describe the unrelated trade or business RETAIL PH	ARM	ACY			
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 5,869,133.					, [
ь	Less returns and allowances c Balance ▶	1c	5,869,133.		٠	4
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	5,869,133.			5,869,133.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
C	Capital loss deduction for trusts	4c		1		
5	Income (loss) from a partnership or an S corporation (attach				'	
	statement)	5		` .		
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				<u> </u>
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)	12				
13	Total. Combine lines 3 through 12	13	5,869,133.			5,869,133.
Pai	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken Elsewhere)				ept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			Ļ	14	
15	Salaries and wages			<u> </u>	15	881,130.
16	Repairs and maintenance			Ļ	16	
17	Bad debts			Ļ	17	1,716.
18	Interest (attach schedule) (see instructions)			Ĺ	18	
19	Taxes and licenses			Ĺ	19	
20	Charitable contributions (See instructions for limitation rules)			L	20	
21	Depreciation (attach Form 4562)		21			

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Employee benefit programs

Less depreciation claimed on Schedule A and elsewhere on return

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

22b

23

24

25

26

27

28

29

30

0.

80,615.

5,021,560.

5,985,021.

-115,888.

-115,888.

22

23

24

25 26

27

28

29

30

31

Depletion

instructions)

Form 990-T (2018)

Form 990-T (2018)• • • •							F	Page 3
ANDERSON	REGIONAL	L MEDICAL	CENTER		64-0362	2400		
Schedule A - Cost of Good	s Sola. Enter	method of inver	T			- 		
1 Inventory at beginning of year	1		6 Inventory at end of year			_6		
2 Purchases	2		7 Cost of goods sold. St					
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2		Ĺ	7	Т.,	
(attach schedule)	4a		8 Do the rules of section	•	•		Yes	No
 Other costs (attach schedule) 	4b	•	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5 (E D1	D	the organization?		- With Dool Door			<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	a Personal Property L	.ease	a with Real Prope	erty)		
Description of property		·				· .		
(1)			.,,, ,,,,,					
(2)	<u> </u>							
(3)				•				
(4)				·				
(4)	2. Rent receiv	ed or accrued			I			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of	` of rent for	and personal property (if the percentage personal property exceeds 50% or if int is based on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the d 2(b) (attach sche	income in dule)	
(1)								
(2)		\	- ;					
(3)			·			···		
(4)			***					
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b) En	ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	•		0.
Schedule E - Unrelated Deb		Income (see	nstructions)		[
		,	2. Gross income from		3. Deductions directly conne to debt-finance		able	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		deductions schedule)	5
(1)								
(2)								
(3)								
(4)						İ		
Armount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted besis allocable to nced property h schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 x	ole deduction total of column and 3(b))	
(1)		_	%			1		
(2)			%					
(3)			%					
(4)			%		_			
					nter here and on page 1, Part I, line 7, column (A)	Enterhere a Part I, line		
Totals					0.			0.
Total dividends-received deductions in	cluded in column	1 B				1		0.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
SUPPLIES DRUGS SUPPLIES OTHER PURCHASED SERVICES MAINTENANCE UTILITIES OTHER EXPENSES FRINGE BENEFIT DEPRECIATION		24,076. 4,665,155. 32,386. 16,944. 8,314. 17,849. 80,191. 176,645.
TOTAL TO SCHEDULE M, PART II	, LINE 28	5,021,560.

SCHEDULE M (Form 990-T)

Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

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

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

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

ENTITY 2

OMB No 1545-0687

2018

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

Name	ANDERSON REGIONAL MEDICA	AL (CENTER	64-03624	
	Inrelated business activity code (see instructions) 71394 Describe the unrelated trade or business HEALTH AN		ITNESS CENTER		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales Less returns and allowances C Balance ▶	1c	261,900.		
2 3	Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c	3	261,900.		261,900.
4a b	Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts	4a 4b 4c			
с 5	Income (loss) from a partnership or an S corporation (attach statement)	<u>4c</u> 5		,	
6 7	Rent income (Schedule C) Unrelated debt-financed income (Schedule E)	6			
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 11	Exploited exempt activity income (Schedule I) Advertising income (Schedule J)	10 11		······································	
12 <u>13</u>	Other income (See instructions, attach schedule) Total. Combine lines 3 through 12	12 13	261,900.		261,900.
Pai	deductions must be directly connected with the u				or contributions,
				1	

ompensation of officers, directors, and trustees (Schedule K) alaries and wages epairs and maintenance and debts			14 15 16	
epairs and maintenance ad debts			 	
ad debts			16	
			17	1,915.
terest (attach schedule) (see instructions)			18	
exes and licenses			19	
naritable contributions (See instructions for limitation rules)			20	
epreciation (attach Form 4562)	2	1		
ess depreciation claimed on Schedule A and elsewhere on return	22	?a	22b	0.
epletion			23	
ontributions to deferred compensation plans			24	
nployee benefit programs			25	
cess exempt expenses (Schedule I)			26	
cess readership costs (Schedule J)			27	
ther deductions (attach schedule)	SEE	STATEMENT 5	28	415,806.
otal deductions. Add lines 14 through 28			29	417,721.
nrelated business taxable income before net operating loss deduction. Subtract	line 29	from line 13	30	-155,821.
eduction for net operating loss arising in tax years beginning on or after January	1, 201	8 (see		
structions)			31	
nrelated business taxable income Subtract line 31 from line 30			32	-155,821.
	naritable contributions (See instructions for limitation rules) expreciation (attach Form 4562) ess depreciation claimed on Schedule A and elsewhere on return expletion contributions to deferred compensation plans exployee benefit programs excess exempt expenses (Schedule I) excess readership costs (Schedule J) extended deductions (attach schedule) extal deductions. Add lines 14 through 28 expended business taxable income before net operating loss deduction. Subtract explorations arising in tax years beginning on or after January extructions)	exes and licenses contributions (See instructions for limitation rules) expreciation (attach Form 4562) exists depreciation claimed on Schedule A and elsewhere on return expletion contributions to deferred compensation plans exployee benefit programs excess exempt expenses (Schedule I) excess readership costs (Schedule J) their deductions (attach schedule) extended deductions. Add lines 14 through 28 expleted business taxable income before net operating loss deduction Subtract line 29 expleted deduction for net operating loss arising in tax years beginning on or after January 1, 201 extructions)	exes and licenses contributions (See instructions for limitation rules) expreciation (attach Form 4562) exists depreciation claimed on Schedule A and elsewhere on return expletion expletion exployee benefit programs excess exempt expenses (Schedule I) excess readership costs (Schedule J) ther deductions (attach schedule) expletion SEE STATEMENT 5 extra deductions. Add lines 14 through 28 expletion stream of the schedule in th	tixes and licenses paratrable contributions (See instructions for limitation rules) preciation (attach Form 4562) preciation claimed on Schedule A and elsewhere on return peletion protributions to deferred compensation plans prologe benefit programs process exempt expenses (Schedule I) protributions (attach schedule J) protributions (attach schedule) protributions (attach schedule) protributions (attach schedule) protributions to deferred compensation plans prologe benefit programs protributions to deferred compensation plans prologe benefit programs protributions (Schedule I) protributions (Schedule I) protributions (Schedule I) protributions to deferred compensation plans prologe benefit programs prologe

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018)

Page 3

Form 990-T (2018) • • • • • • • • • • • • • • • • • • •	DECTONA	MEDICAL	CENTED		64 0363	Page	
ANDERSON Schedule A - Cost of Good	SOID Fata	MEDICAL	ntory valuation N/		64-0362		
		metriod of inve					
1 Inventory at beginning of year	1	6 Inventory at end of year			s	_6	
2 Purchases	2	7 Cost of goods sold. Subtract line 6			i		
3 Cost of labor	3		from line 5. Enter her	e and in	Part I,		
4a Additional section 263A costs			line 2		L	_7	
(attach schedule)	4a	8 Do the rules of section 263A (with respect to			·	Yes No	
b Other costs (attach schedule)	46	property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		the organization?		X		
Schedule C - Rent Income (see instructions)	(From Heal	Property and	a Personal Property	Lease	d with Real Prope	ertyj	
1 Description of property							
(1)							
(2)	••		_			· · · · · · · · · · · · · · · · · · ·	
(3)						"	
(4)							
	2. Rent receiv	red or accrued					
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)			and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age		Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(1)							
(2)							
(3)		<u> </u>					
(4)		* * * * * * * * * * * * * * * * * * * *					
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er	nter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.	
Schedule E - Unrelated Det	ot-Financed	Income (see	: instructions)				
					3. Deductions directly conne		
			Gross income from or allocable to debt-	(-)	to debt-finance		
Description of debt-financed property			financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)			_	†			
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
(1)			%	1			
(2)			%				
(3)			%				
(4)			%	1	· ··	· · ·	
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Tatala					_		
Totals Total dividends-received deductions in	naludad ia solii	. 0	•	`	0.	0.	

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
SUPPLIES - OTHER PURCHASED SERVICES MAINTENANCE INSURANCE UTILITIES OTHER EXPENSES DEPRECIATION		15,259. 302,081. 4,854. 5,122. 31,712. 40,625. 16,153.
TOTAL TO SCHEDULE M, PART I	I, LINE 28	415,806.