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<b>)</b> \	( •			× .								<u>_</u>
•	,	•	l Ex	cempt Organi	zation	Bus	siness In	come	Tax Retu	rn~ l	OME	3 No 1545-0687
_	Form	990 <sub>-</sub> -T	l				der sectio			041	- OWB	1343-0087
$\sim$	_		For cale	ndar year 2018 or other ta						20 1 9	G	) <b>⋒</b> 1 <b>₽</b>
ري ري	)	4 <sup>1</sup>	POI Cale							<sup>20</sup> -	4	<u> </u>
$\mathcal{S}_{\mathcal{S}}$		ment of the Treasury  I Revenue Service	, ▶ Do	► Go to www irs go not enter SSN numbers						(C)(3)	Open to	Public Inspection for Organizations Only
<b>ン</b>	ΑX			Name of organization (	1		me changed and s					fication number
		address changed					<b>.</b>		,	(Emplo	yees trust s	see instructions )
	B Eve	empt under section	1	ST. BERNARDS	HOSPITZ	ΔT	TNC					
		501( C )( 3-)	Print	Number, street, and room				nne		1 71-0°	290019	4
	H		ог	Namber, street, and room	11 01 30310 110 1		box, see mandem	J113				ness activity code
	$\vdash$	408(e) 220(e)	lighe	225 EAST WAS	ытмст∩м						structions)	,
	$\mathbb{H}$	408A530(a)	'	City or town, state or pre		, and	7ID or foreign posts	l codo	<del></del>	-		
		529(a)	-	JONESBORO, A		y, and 2	ZIF of foreign posta	ii code		6215	00	
		ok value of all assets and of year	5 0:-	<del></del>		\				0213		
	2.0	)3 004 CEC		up exemption number (	<del>`</del>				T	1	<del></del>	T-120
		93,884,656.		eck organization type				501(0	t) trust	401(a)		Other trust
				inization's unrelated trad	les or busine	sses				e the only		
		ade or business he					-	•	complete Parts			e, describe the
				e end of the previous se	entence, cor	nplete	Parts I and II, c	omplete a S	schedule M for ea	sch additioi	nal	
		ade or business, th										<del>51                                      </del>
		-		corporation a subsidiar	•	-		-	controlled group?	71:	▶∟	Yes No
				identifying number of the		porati	on ▶ ATC	H Z •	7 VIII ne number ▶ 8°	70 207	41000	77 5 90V
ı				ENJAMIN BARYLSI					T .		T 100	
ļ		_		or Business Incom	1e		(A) Inco	ome	(B) Expe	nses	+	(C) Net
	1 a	Gross receipts or					2.54	0 075				
	b	Less returns and allowa	ances	609,369.	c Balance ►		2,54	0,975.				
_	2	_	•	lule A, line 7)		2		0.025	<u> </u>			0.540.075
2020	3	•		2 from line 1c		3	2,54	0,975.			<del></del>	2,540,975.
20	4 a	Capital gain net i	ncome (a	attach Schedule D)		4a					<del>                                     </del>	
6	b	•		Part II, line 17) (attach Fo		4b			,		<del></del> -	•
	С	Capital loss dedu	iction for t	trusts		4c						
Ξ	5	Income (loss) from a p	artnership o	r an S corporation (attach state)	ment)	5						
MAK	6	Rent income (Sch	nedule C)			6						
	7	Unrelated debt-fi	nanced in	come (Schedule E) .		7						
ININED	8	Interest, annuities roy	alties and re	ents from a controlled organizati	on (Schedule F)	8					<del></del>	
₹	9	Investment income of	a section 50	1(c)(7), (9), or (17) organization	on (Schedule G)	9			1			
É	10	Exploited exempt	activity is	ncome (Schedule I) .		10	ļ					· · · · · · · · · · · · · · · · · · ·
5	11	Advertising incon	ne (Sched	dule J)		11						
)	12	Other income (Se	ee instruc	ctions, attach schedule)		12					$\bot$	
	13			ough 12				0,975.	1			2,540,975.
	Par	t II Deductio	ns Not	Taken Elsewhere	(See instr	uc <u>tic</u>	ons for limitat	tions on o	deductions ) (	Except f	or conti	ributions,
		deduction	is must	be directly connec	cted with t	he ui	nrelated-busi	nessince	me )			
	14	Compensation of	officers,	directors, and trustees (	(Schedule K)	.		IVED	<u>,                                  </u>	14		
	15	Salaries and wage	es			પ્ર		· · · · ·		15		658,022
	16	Repairs and main	itenance			[g	🖟FEB 1.	8 2020	. [이	16		2,425
	17	Rad debts								17		
	18	Interest (attach s	chedule)	(see instructions)		.   .	OCOE	kl: 117	<u> </u>	18		
	19						The same of the sa		<u></u>	19		
	20	Charitable contrib	butions (\$	See instructions for limit	tation rules)				<del></del>	20	<u> </u>	
	21	Depreciation (atta	ach Form	4562)				21	7,509	9		
	22			I on Schedule A and els						22b		7,509
	23	Depletion								23		
	24	Contributions to	deferred	compensation plans .						24		
	25	Employee benefit	programs	s						25		48,095
	26			Schedule I)								
	27			ichedule J)								
	28			schedule)					. ATCH. 3	2/8	T	1,159,912.
	29			es 14 through 28						4 1	1	1,875,963.
	30			ole income before ne					_	-		665,012.
	31			ig loss arising in tax ye							1	
	32			e income Subtract line						<b>3</b>	1	665,012.
i	For P	aperwork Reduct	ion Act N	Notice, see instructions		<u></u>	<u> </u>	<del></del>		1 7	F	orm 990-T (2018
	3X274	01000E0PZ K92	25 2/9	5/2020 9:57:	:35 AM	V 1	.8-7.6F 🕿	120				PAGE
						_	3	1 20				

	990-1 (2018)		Pag
Pai	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	716,38
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions),	35	648,52
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	67,85
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	<b>\$</b> 7	1,00
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 38.		
	enter the smaller of zero or line 36	38	66,85
Pai	t IV Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	39	14,04
40	Trusts Taxable at Trust Rates See instructions for tax computation income tax on		
	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		14,04
Par	t V Tax and Payments , T		
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b	Other credits (see instructions)	]	
	General business credit Attach Form 3800 (see instructions)	] ]	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	] .	
	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	14,04
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	14,04
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018	<b>⊣</b> 1	
	2018 estimated tax payments		
С	Tax deposited with Form 8868		
d	Foreign organizations Tax paid or withheld at source (see instructions)	]	
е	- · · · · · · · · · · · · · · · · · · ·	]	
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments Form 2439	]	
	Form 4136 Other Total ▶ 50g	] .	
51	Total payments Add lines 50a through 50g	5	18,00
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	58	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	5	3,96
<u>55</u>	Enter the amount of line 54 you want  Credited to 2019 estimated tax ▶ 3, 960. Refunded ▶	5\$	
Par	tVI Statements Regarding Certain Activities and Other Information (see instruction	ıs) 🚺	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other au	thority Yes N
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have t	to file
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign c	ountry
	here <b>&gt;</b>		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?.	L X
	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 ▶ \$		
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	best of my kr	nowledge and belief
Sigi		av the IRS	discuss this retu
Her	2-13-20 PCFD/VPof Finance W		parer shown belo
	Signature of officer Date Title (se	ee instructions)	<sup>2</sup> X Yes 1
Dei	Print/Type preparer's name Preparer's signature Date Chec	k if	PTIN
Paid	AMBER SHERRILL WWW. AMBER SHERILL & Self-	employed	P00748683
·			4-0160260
	Firm's address ► P.O. BOX 3667, LITTLE ROCK, AR 72203-3667	<sub>eno</sub> 501-	-372-1040
ISA	<del></del>		Form 990-T (20

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PAGE 89

Form 990-T (2018)

Total dividends-received deductions included in column 8 .

,	·	Exer	npt Co	ontrolled Org	ganızatı	ons				
1 Name of controlled organization	2 Employer identification numb	e		ated income instructions)		of specifie ents made	included	f column 4 the in the control ion's gross inc	lling	6 Deductions directly connected with income in column 5
(1)									-	
(2)										
(3)										· · · · · · · · · · · · · · · · · · ·
(4)										
Nonexempt Controlled Organiz	zations	1								
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific payments made		Inclu	art of column ded in the co zation's gros	ntroiling		Deductions directly inected with income in column 10
(1)										
(2)							-			
(3)					_					
(4)										
Totals					<b>►</b>	Enter Part	columns 5 a here and on I, line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G-Investment Ir	come of a Sec	tion 501(	c)(7),			nizatio	i (see ins	tructions)		
1 Description of income	2 Amount of	income		3 Deduction of the directly core (attach school)	nected			t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										·
(4)										
Totals ▶ Schedule I-Exploited Exe	Enter here and of Part I, line 9, or empt Activity Inc	olumn (A)	ner Th	an Advert	ising Ir	ncome (	see instru	ctions)		Enter here and on page 1, Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expen directl connected productio unrelate business in	y with n of ed	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed tradé (column umn 3) ompute	from a	ss income clivity that unrelated ss income	6 Expen attributat column	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			_			i				
(2)	1					l				
(3)										
(4)	İ İ									
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, P line 10, co	art I,					•		Enter here and on page 1, Part II, line 26
Totals	<u> </u>			1						<del></del>
Schedule J-Advertising In										
Part I Income From Per	iodicals Report	ed on a C	onsol	idated Bas	SIS					
1 Name of periodical	2 Gross advertising income	3 Direa		4 Advertigan or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute		culation come	6 Reader costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				<u> </u>						!
(2)				1						-
(3)				i						╡ .
(4)				1			·	<del></del>		┤ !
Totals (carry to Part II, line (5)) ▶										
3,00	<u> </u>			<del></del>						Form <b>990-T</b> (2018)

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)						
(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)	,		-	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶			,			

**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) ATCH 4		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

Form **990-T** (2018)

### Form **4562**

### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172 20**18** 

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (9 Name(s) shown on return

Business or activity to which this form relates

ldentifying number

ST	. BERNARDS HOSPITAL, II	NC D/B/A	REF	ERENCE LA	AB & BIO-MI	EDICAL SERVIC	ES	71-0290019
Pa	art I Election To Expense (	Certain Property U						•
	Note: If you have any li	sted property, con	nplete Part	V before	you comp	lete Part I		_
1	Maximum amount (see instructions)						1	1,000,000.00
2	Total cost of section 179 property p							
3	Threshold cost of section 179 prope	erty before reduction ii	n limitation (se	e instruction	ns)	. <b></b>	3	
4	Reduction in limitation Subtract line	3 from line 2 If zero o	r less, enter -0	)			4	
_5 	Dollar limitation for tax year Subtract line 4 fro separately, see instructions	m line 1 If zero or less, enter	O- If marned filing	· · · · ·	<u></u>		5	1,000,000.00
6	(a) Description	of property		(b) Cost (bu	siness use only	(c) Election	ed cost	
7	Listed property Enter the amount from					<u> </u>		_
8	Total elected cost of section 179 pro							
9	Tentative deduction Enter the small							<del> </del>
10	Carryover of disallowed deduction for							· · · · · · · · · · · · · · · · · · ·
11	Business income limitation Enter th							
	Section 179 expense deduction Additional Carryover of disallowed deduction to						1	2
	e: Don't use Part II or Part III below for			12	13			
	art II Special Depreciation			iation (D	on't include	listed propert	v See ir	estructions )
_	Special depreciation allowance f							
14	during the tax year. See instructions,							<u> </u>
15	Property subject to section 168(f)(1)							
	Other depreciation (including ACRS)							
Pa	rt III MACRS Depreciation (	Don't include listed	property Se	ee instruct	tions)			<del></del>
		-		tion A				
17	MACRS deductions for assets place	ed in service in tax yea	rs beginning b	efore 2018			1:	7,509.00
18	If you are electing to group any	assets placed in ser	vice during t	he tax yea	ar into one	or more gener	al_	
	asset accounts, check here	<u> </u>						•
	Section B - Assets	Placed in Service			<del></del> _	General Dep	reciation	System
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for o (business/inve only - see in	estment use	(d) Recovery period	(e) Convention	(f) Metho	d (g) Depreciation deduction
19a	3-year property							
t	5-year property	ļ		<del></del>				
- (	7-year property	1						
-	d 10-year property	•						
	e 15-year property	ŗ						
	20-year property				_			
	g 25-year property				25 yrs		S/L	
ł	Residential rental				27 5 yrs	MM	S/L	·
	property				27 5 yrs	MM	S/L	
i	Nonresidential real				39 yrs	MM	S/L	
	property	Diagramii Carrian F	2040	T V	llaina Aba A		S/L	
200	Section C - Assets   Class life	Placed in Service L	Juring 2016	Tax Tear		Alternative De	S/L	on System
	12-year				12 yrs		S/L	
	: 30-year	<u>'</u>			30 yrs	MM	S/L	
	40-year	<del> </del>			40 yrs	MM	S/L	<del></del>
_	rt IV Summary (See instruct	tions )	L			141141	L. 5/L	
						<del></del> -		1
		INP /X						
	Listed property Enter amount from I		 7 lines 19 ai	-	column (a)	and line 21 Fi	2	<u>'                                    </u>
22	Total. Add amounts from line 12, here and on the appropriate lines of For assets shown above and place.	lines 14 through 17 your return Partnershi	7, lines 19 a ps and S corp	nd 20 in o orations - se	ee instruction		nter	7 500 00

٠,	-	•															·	
_	n 4562 (	<del>`                                    </del>												-				Page
Pa	irt V	enterta	ınmei	nt, réci	rèation,	e autom or amusei	ment)									proper	•	ed f
		Note: F	or any	y vehic	le for w	hich you a of Section .	are usi	ng the s	tanda R and	rd milea	ge ra	te or ded	ducting	lease e	expense	e, comp	lete o	nly 24
						d Other In							mite for	nassa	nger al	ıtom obili		
24:	Do vo			_		usiness/inves				Yes	No	24b If "					Yes	N
	i Do yo		lacrice		_	(c)		ac claimed		(e)	110						т'	
	Type of	(a) property (li:	st		(b) placed	Business		(d)		Basis for dep		(f) Recovery	Meti	g) hod/		(h) eciation	1	(I) section 17
		icles first)	•		ervice	investment percentag		st or other I	oasis (	business/inv use onl		period	Conve			uction	1	ost
25						qualified % in a qual								. 25				
26						qualified bu			30 00	- 11131140	10113	· · · · ·	· · · ·	.   25	<u>ـــــ</u>		1	
		,	1				%					T	Τ		Γ	<del></del>		
	_						%					<del> </del>	<u> </u>					
						_	%											
27	Prop	erty used	50%	or less	ın a qua	lified busine	ss use	···										
							%						S/L -					
							%						S/L -			•	]	
							%						S/L -				]	
28	Add a	amounts	ın colu	ımn (h)	, lines 2	5 through 2	7 Ente	er here a	nd on	line 21, p	oage '	1		. 28				
29	Add a	amounts	ın colu	ımn (ı),	line 26	Enter here	and o	n line 7, p	age 1						<u></u>	. 29		
						Sect	tion B	- Inform	nation	on Use	of V	ehicles						
						y a sole pr											rovided	vehic
to y	our em	ployees, fil	rst ansv	wer the	questions	in Section C	to see		et an ex	<u>-</u>	comp							
							<sub>V</sub>	(a) ehicle 1	\ v	(b) ehicle 2	\	(c) 'ehicle 3	1 '	d) cle 4		(e) hicle 5		(f) icle 6
30						iven during miles)	,	cincic i	"	Silicic Z		emole 5		oic 4	'`	incic 3	'	1010 0
31	-				_	g the year												
	Total		-			ommuting)												
	miles	driven .							1								ļ	
33						year Add	,											
	lines	30 throu	gh 32				.	0		0		0		0		0		
34	Was	the ve	ehicle	availa	able for	persona	Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
	use d	luring off-	-duty h	ours?.														
35	Was	the veh	icle u	sed pr	ımarıly l	oy a more	•									1		ŀ
	than	5% owne	r or re	lated p	erson?.												1	
36	ls a	nother v	vehicle	avail	able for	r persona	1											ļ
	use?.					<u></u>										<u> </u>	·	<u> </u>
			Sect	tion C	- Quest	ions for E	mploy	ers Wh	o Pro	vide Ve	hicle	s for Use	by Th	eir Em	ploye	es		
						f you mee			to cor	mpleting	Sect	ion B for	vehicles	s used	by em	ployees	who a	ren't
mo	re thar	1 5% own	ers or	related	persons	See instr	uctions										T-:	
37						statement									mmutii	ng, by	Yes	No
	your (	employee	es?					• • • • •			٠ ; ٠	• • • • •						-
38	_					statement			•						-			
••						r vehicles u				ers, dire	ctors,	or 1% or	more ov	wners				-
						mployees a												<del> </del> -
40	•	-				ehicles to	•		s, od	tain into	ımatı	on trom	your er	прюуее	s abo	out the		
44						formation												-
41						erning qua											<del></del>	<u> </u>
					30, 39,	40, 0141	is res,	don t Co	omplet		11 15 10	i the covi	sieu ver	iicies				
عسا	III VI	Amort	izatio	)[]		1								1-	, T			
		Descri	(a) ption of c	costs		Date am	b) ortization	Δ.		c) ole amount		( <b>d</b> ) Code se		Amorti Perio	zation	Amortiz	(f) ation for t	his vear
							gins							percer				
42	Amor	tization o	of costs	s that b	egins du	iring your 2	2018 ta	x year (s	ee inst	ructions	)							

43

### Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

2018

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service

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Business or activity to which this form relates

Identifying number

ST. BERNARDS HOSPITAL, INC D/B/A 71-0290019 CLINIC SUPPORT & TRANSCRIPTION SERVICES **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 1,000,000.00 1 Maximum amount (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If marned filing 1,000,000.00 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . . . Tentative deduction Enter the smaller of line 5 or line 8 . . . . . . . . . Carryover of disallowed deduction from line 13 of your 2017 Form 4562 . . . . . . 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 . . Carryover of disallowed deduction to 2019 Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A 2,143.00 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (a) Depreciation deduction period service only - see instructions) 3-year property 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs S/L 27 5 yrs ММ S/L h Residential rental 27 5 yrs мм S/L property 39 yrs ММ S/L i Nonresidential real мм S/L property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L c 30-year 30 yrs MM S/L d 40-year 40 yrs мм S/L Part IV Summary (See instructions 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter 2,143.00 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions, 23 For assets shown above and placed in service during the current year, enter the

Forn	n 4562 (2018)							-		_						Page 2
Pa			rty (Include recreation, o			certaii	n oth	ier vel	nicles	s, certa	ın aır	craft,	and	proper	ty use	ed fo
	Note: F	or any v	ehicle for wh through (c) of	ich you ar	e using	g the st Section	tandard B, and	d mileag Section	je rat Cıfaj	e or ded pplicable	ucting	lease e	expense	, comp	lete on	ı <b>ly</b> 24a
			reciation and								mits for	passe	nger au	tomobile	es)	
248	a Do you have evi	dence to	support the bus	iness/investn	nent use	claimed	? Y	'es	No	<b>24b</b> If "Y	es," is t	he evide	nce writt	en?	Yes	No
	(a)		(b)	(c)		4.41		(e)		(f)	(	g)	(	h)	(	 ()
	Type of property (lis vehicles first)	t	Date placed in service	Business/ investment us percentage	se Cost	(d) or other b		isis for depre usiness/inve use only	stment	Recovery period	Met	hod/ ention		eciation action	Elected s	
25	Special depre-											. 25				
26	Property used									<u> </u>	· · · · ·				L .	
		111010			%										<del></del>	
					%		_									
					%										<del>-</del>	
27	Property used	50% or	less in a qualifi	ed business	<u> </u>						L		L		<u> </u>	
<u></u> -	1 Toporty dood	1	icco iii a qaaiii	00 000111001	%						S/L -	-			Γ	
					%						S/L -				1	
_			<del></del>		%		_				S/L -				1	
20	Add amounts i	n column	(h) lines 25	through 27		hore ar	nd on h	ne 21 n	200 1			28			1	
	Add amounts i											•	·	. 29		
	ridd diffodrits i	11 00101111	1 (1), III10 20 E					on Use			· · · ·	<u></u>		.   23	<u> </u>	
	mplete this section			a sole prop	orietor,	partner,	or other	er "more	than	5% owne					rovided	vehicle
to y	our employees, fir	st answer	the questions in	Section C to	o see if	you mee	an exc	eption to	comp	leting this	section	ror those	venicies	3	r .	
						(a) nicle 1	1	( <b>b)</b> nicle 2	\ \ <i>\</i>	(c) ehicle 3		<b>d)</b> icle 4		e) icle 5		f) icle 6
30	Total business the year (don't				VC.	ilicic i		noic 2		Sincic 5	V C.17	1010 4	***	10.0		
31	Total commuti															
	Total other	perso	_	mmuting)												
	miles driven .															
33	Total miles of															
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•	use during off-			•				1								
35	Was the vehi	-														
	than 5% owner							ļ		İ		1	ł		ŀ	
36	ls another v		•					1	-							
	use?			•				ì				ł	l		,	
			n C - Questic		nlove	rs Who	Prov	ide Vel	nicles	for Use	by Th	eir Em	plove	es		
Ans	swer these que:										-				who a	ren't
	re than 5% owner			•									.,,	,		
37	Do you maint	ain a wi	utten nolicy s	tatement t	hat nr	ohihits	all ner	eonal u	se of	vehicles	includ	lina co	mmutin	a by	Yes	No
٠.	your employee													· 9, • 7		
38	Do you maint	aın a wi	itten policy s	statement	that pr	ohibits	persor	nal use	of ve	hicles, e	xcept o	commu	ing, by	your		
	employees? So	ee the in:	structions for v	vehicles us	ed by c	orporate	e office	ers, direc	tors,	or 1% or i	more o	wners				
39	Do you treat a															
40	Do you provid	de more	than five vel	hicles to y	our er	nployee	s, obta	ain infor	matio	n from	your er	nployee	s abou	ut the		
	use of the vehi					2										l
41	Do you meet the Note: If your a					tomobile	e demo	onstratio	n use'	? See inst	truction	s				
Б			137, 36, 39, 4	0, 01 41 15	165,	uont co	ilibiere	Section	1 10 101	THE COVE	ieu vei	licies			L	
Fe	rt VI Amorti	<u>ization</u>				T										
	Descrip	(a) ition of cost	s	(b) Date amor begin		An	(c) nortizabl	e amount		( <b>d)</b> Code se	ction	Amorti perio percer	zation d or	Amortiza	(f) ation for th	nis year
42	Amortization o	f costs th	nat begins duri	ng your 20	18 tax	year (se	e instr	uctions)		·						
			<del>`</del>			Ī						<u> </u>				
						1								-		
43	Amortization o	f costs th	nat began befo	ore your 20	18 tax	year							43			
44	Total. Add am	ounts in	column (f) Se	ee the instr	uctions	for whe	ere to r	eport					44			
JSA		-			-		_							Fo	rm 456	2 (2018

## Form **4562**

# **Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

Identifying number

ST	. BERNARDS HOSPITAL, IN	C D/B/A	RE	TAIL PR	RINT SHO	P		71-0290019
Pa	rt I Election To Expense C	ertain Property l	Jnder Sect	ion 179	-			
	Note: If you have any lis	ted property, con	nplete Part	V before	you comp	lete Part I		
1	Maximum amount (see instructions).						1	1,000,000.00
2	Total cost of section 179 property pla	aced in service (see in	structions)				2	
3	Threshold cost of section 179 proper	ty before reduction in	n limitation (se	e instruction	ns)		3	
4 5	Reduction in limitation Subtract line and Dollar limitation for tax year. Subtract line 4 from							1 000 000 00
	separately, see instructions							1,000,000.00
	(a) Description	of property		(b) Cost (bus	siness use only	(c) Elect	ed cost	
								-
7	Listed property Enter the amount from	m line 29			7			·
	Total elected cost of section 179 proj						8	
9	Tentative deduction Enter the smaller	r of line 5 or line 8					9	
10								
11	Business income limitation. Enter the	e smaller of business	income (not	less than z	zero) or line	5 See instructi	ons . 11	
12	Section 179 expense deduction Add	lines 9 and 10, but of	don't enter m	ore than line	11	<u> </u>	12	
13	Carryover of disallowed deduction to	2019 Add lines 9 ar	nd 10, less line	12	<b>▶</b> 13	.J		]
	e: Don't use Part II or Part III below for	<u></u>						
Рa	rt II Special Depreciation A	llowance and Ot	her Depred	iation (Do	on't include	listed propert	ty See inst	ructions)
14	Special depreciation allowance fo	r qualified property	(other tha	in listed p	property) pl	aced in servic	e e	
	during the tax year See instructions.						14	
	Property subject to section 168(f)(1) e							
16	Other depreciation (including ACRS)	<u> </u>	<u></u>		<u> </u>		16	
Pa	rt III MACRS Depreciation (D	Oon't include listed			ions)			
				tion A				2 011 00
		t in corvice in tax ver	re hoginning h	oforo 2018			17	2,911.00
	MACRS deductions for assets placed	•						·
	If you are electing to group any a	ssets placed in ser	vice during	he tax yea	ir into one	or more gener		
	If you are electing to group any a asset accounts, check here	ssets placed in ser	vice during	he tax yea	ar into one	or more gener	al	.otom
	If you are electing to group any a	ssets placed in ser	vice during During 201	he tax yea	r into one	or more gener	al	ystem
	If you are electing to group any a asset accounts, check here	Placed in Service (b) Month and year placed in	During 201 (c) Basis for (business/inv	he tax year  8 Tax Year  depreciation estment use	ar into one	or more gener	al	ystem  (g) Depreciation deduction
18	If you are electing to group any a asset accounts, check here Section B - Assets	Placed in Service (b) Month and year	vice during to During 201	he tax year  8 Tax Year  depreciation estment use	r into one r Using the	or more gener. ▶ [ e General Dep	reciation S	
18 19a	If you are electing to group any a asset accounts, check here	Placed in Service (b) Month and year placed in	During 201 (c) Basis for (business/inv	he tax year  8 Tax Year  depreciation estment use	r into one r Using the	or more gener. ▶ [ e General Dep	reciation S	
18 19a	If you are electing to group any a asset accounts, check here Section B - Assets  (a) Classification of property  3-year property	Placed in Service (b) Month and year placed in	During 201 (c) Basis for (business/inv	he tax year  8 Tax Year  depreciation estment use	r into one r Using the	or more gener. ▶ [ e General Dep	reciation S	
19a	If you are electing to group any a asset accounts, check here	Placed in Service (b) Month and year placed in	During 201 (c) Basis for (business/inv	he tax year  8 Tax Year  depreciation estment use	r into one r Using the	or more gener. ▶ [ e General Dep	reciation S	
19a	If you are electing to group any a asset accounts, check here	Placed in Service (b) Month and year placed in	During 201 (c) Basis for (business/inv	he tax year  8 Tax Year  depreciation estment use	r into one r Using the	or more gener. ▶ [ e General Dep	reciation S	
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19a	If you are electing to group any a asset accounts, check here	Placed in Service (b) Month and year placed in	During 201 (c) Basis for (business/inv	he tax year  8 Tax Year  depreciation estment use	r into one r Using the	or more gener. ▶ [ e General Dep	reciation S	
19a b c c c c c f g	If you are electing to group any a asset accounts, check here	Placed in Service (b) Month and year placed in	During 201 (c) Basis for (business/inv	he tax year  8 Tax Year  depreciation estment use	r Using the (d) Recovery period  25 yrs 27 5 yrs	or more gener. ▶ [ e General Dep	reciation S	
19a b c c c c c f g	If you are electing to group any a asset accounts, check here	Placed in Service (b) Month and year placed in	During 201 (c) Basis for (business/inv	he tax year  8 Tax Year  depreciation estment use	r Using the (d) Recovery period	or more gener▶ [ e General Dep (e) Convention	reciation S  (f) Method	
19a b c c c c c f g h	If you are electing to group any a asset accounts, check here	Placed in Service (b) Month and year placed in	During 201 (c) Basis for (business/inv	he tax year  8 Tax Year  depreciation estment use	r Using the (d) Recovery period  25 yrs 27 5 yrs	or more gener	reciation S  (f) Method  S/L  S/L  S/L  S/L	
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19a b c c c c c f g h	If you are electing to group any a asset accounts, check here	Placed in Service  (b) Month and year placed in service	During 201 (c) Basis for (business/invonly - see in	R Tax Yeadepreciation use structions)	25 yrs 27 5 yrs 39 yrs	or more gener	s/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
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19a b c c c c c c c c c c c c c c c c c c	If you are electing to group any a asset accounts, check here	Placed in Service  (b) Month and year placed in service	During 201 (c) Basis for (business/invonly - see in	R Tax Yeadepreciation use structions)	25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the	or more gener	s/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction
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19a b c c d d Pa	If you are electing to group any a asset accounts, check here	Placed in Service (b) Month and year placed in service  laced in Service	During 201  (c) Basis for (business/invonly - see in	8 Tax Year  8 Tax Year	25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the	or more gener	s/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction
19a b c c d d Pa 21	If you are electing to group any a asset accounts, check here	Placed in Service (b) Month and year placed in Service  laced in Service	During 201  (c) Basis for (business/invonly - see in	R Tax Year Tax Year	25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the	or more gener	s/L S/L S/L S/L S/L S/L S/L S/L S/L S/L S	(g) Depreciation deduction
19a b c c d d Pa 21	If you are electing to group any a asset accounts, check here	Placed in Service  (b) Month and year placed in Service  laced in Service  laced in Service D  .  ons)  ne 28	During 201  (c) Basis for (business/invonly - see in puring 2018  During 2018	R Tax Year Tax Year I	25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the A 12 yrs 30 yrs 40 yrs	or more gener.  General Dep  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	reciation S  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	(g) Depreciation deduction
19a b c c c c c c c c c c c c c c c c c c	If you are electing to group any a asset accounts, check here	Placed in Service  (b) Month and year placed in Service  laced in Service  laced in Service D   ons)  ne 28	During 2018  Quring 2018  During 2018  During 2018	R Tax Year of the tax year of the tax year of the tax Year of	25 yrs 25 yrs 27 5 yrs 27 5 yrs 39 yrs Using the A 12 yrs 30 yrs 40 yrs	or more gener.  General Dep  (e) Convention  MM  MM  MM  MM  MM  MM  MM  MM  MM	reciation S  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L  S/L  S/	(g) Depreciation deduction

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Ρá		operty (Include ent, recreation, o			certair	ı ou	iei vei	ncie	s, certa	ıırı aıro	ran,	and	proper	ty use	ed fo
	Note: For a	any vehicle for whi	ich you are	using	the st	andard	d mileag	je ra	te or dec	lucting I	ease e	xpense	e, comp	lete or	ıly 24a
		ns (a) through (c) of	_										4 1- 1-		
24	Section A - a Do you have evidence	Depreciation and												Yes	T N =
240		1	(c)	in use c	Jameu	<u>'                                    </u>	'es	No	24b lf "\	Γ .				Τ	No
	(a) Type of property (list	(b) Date placed	Business/		(d)		isis for depre		(f) Recovery	(g Meth			(h) eciation	Elected s	i) ection 17
	vehicles first)	in service	investment use percentage	Cost of	r other ba	asis   (b	usiness/inve use only		period	Conve			uction	C	ost
25	Special depreciati	on allowance for	qualified list	ed pro	perty	placed	in serv	rice c	Jurina						
		sed more than 50%									25				
26	Property used mo	re than 50% in a qu	ualified busine	ss use					_						
			%												
			%	ļ					<u> </u>	<u> </u>					
			%						<u></u>	<u> </u>				l .	
27	Property used 50%	% or less in a qualifi	1	1	·	<del></del>			T	l ou				Γ.	
			%							S/L -					
			%							S/L -					
28	Add amounts in co	olumn (h) lines 25	1		ere an	nd on li	ne 21 n	ane 1	1		28				
	Add amounts in co												. 29		
			Section								· · · · ·		• 1 = •	_	
	mplete this section fo		a sole propri	etor, pa	artner,	or other	er "more	than	5% owne					rovided	vehicle
to y	our employees, first ar	nswer the questions in	Section C to	see if yo	u meet	an exc	eption to	comp	leting this	section f	or those	vehicle	es		
				(a)		1	(b)	١,	(c)	(d	-	,	(e)		f) icle 6
30	Total business/inv			Vehic	ie i	l ver	nicle 2		ehicle 3	Vehi	LIE 4	ver	nicle 5	Ven	icie 6
	•	lude commuting m	- · · · · · <del>-</del>												
	Total commuting n	<del>-</del>												<u> </u>	
32	•	•	mmuting)												
22	miles driven Total miles drive		· · · · · ·					<u> </u>	· · · · · · · · · · · · · · · · · · ·						
JJ	lines 30 through 3				0		0		0		0		0		
34	Was the vehicle			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
		/ hours?													
35	Was the vehicle														
	than 5% owner or	related person?	_		1										
36	ls another vehic														
	use?							L							i
		ection C - Questic													
	swer these question re than 5% owners o				ption t	o com	pleting	Sect	ion B for	vehicles	used	by em	ployees	who a	ren't
						••			, , ,				·	Yes	No
37	Do you maintain your employees?							se o	rvenicies	, inclua	ing co	mmutii	ng, by		
38	Do you maintain		statement th					of ve	ehicles, e	xcept c	ommut	ing, b	y your	_	
		he instructions for v													
	Do you treat all us	e of vehicles by em	ployees as p	ersonal	l use?										
40	Do you provide r				oloyees	s, obta	ain infor	mati	on from	your en	ployee	s abo	ut the		
		, and retain the info													
41	Do you meet the re													ļ	L
		ver to 37, 38, 39, 4	U, or 41 is "	res," ac	on't co	mpiete	Section	1 8 10	r the cove	erea ven	icies				
Fe	rt VI Amortizat	ion								<del></del> -7	/0	. 1			
	(a)		(b) Date amortiz	ation		(c)	)		(d)		e) Amorti			(f)	
	Description	of costs	begins	STOIT	Am	ortizabl	e amount		Code se	ection	perio- percer		Amortiza	ation for t	his year
42	Amortization of co	sts that begins duri	ng your 201	8 tax v	ear (se	e instr	uctions)				F 3, 651				
			<u> </u>					$\neg \neg$							
		· · · · · · · · · · · · · · · · · · ·													
43	Amortization of co	sts that began befo	ore your 201	8 tax ye	ear							43			
44	Total. Add amoun	its in column (f) Se	ee the instruc	ctions f	or whe	ere to r	eport .	<u></u>	<u> </u>	<u> </u>		44			

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

### **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{10/01}{}$  , 2018, and ending

► 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

ST. BERNARDS HOSPITAL, INC

Employer identification number 71-0290019

Unrelated business activity code (see instructions) ▶ 561000 Describe the unrelated trade or business ▶ CLINIC SUPPORT & TRANSCRIPTION SVCS

Pai	tl Unrelated Trade or Business Income	(A)	Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 245, 838.			, -		
b	Less returns and allowances	;	245,838.			<b> </b>
2	Cost of goods sold (Schedule A, line 7)					
3	Gross profit Subtract line 2 from line 1c		245,838.			245,838.
4 a	Capital gain net income (attach Schedule D) 4	1				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 48					
С	Capital loss deduction for trusts	;				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)					
6	Rent income (Schedule C)					_
7	Unrelated debt-financed income (Schedule E)					
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)					
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)					
12	Other income (See instructions, attach schedule) 12	2				
13	Total Combine lines 3 through 12	3	245,838.			245,838.
	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the unreli	ated busines	ss income)		1	tions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	70.001
15	Salaries and wages					72,991.
16	Repairs and maintenance				ľ I	
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	<u> </u>
21	Depreciation (attach Form 4562)			2,143.		2,143.
22	Less depreciation claimed on Schedule A and elsewhere on return				22b	2,143.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	5,252.
25	Employee benefit programs				25	3,232.
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	124,644.
28	Other deductions (attach schedule)				28	205,030.
29	Total deductions Add lines 14 through 28				29	40,808.
30	Unrelated business taxable income before net operating los	s deduction	Subtract line	29 from line 13	30	40,808.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

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

# SCHEDULE M (Form 990-T)

### Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning  $\frac{10/01}{}$ , 2018, and ending  $\frac{09/30}{}$ , 20  $\frac{19}{}$ 

► Go to www irs gov/Form9907 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

Name of organization
ST. BERNARDS HOSPITAL, INC

Employer identification number 71-0290019

Unrelated business activity code (see instructions) 

323100

Describe the unrelated trade or business 

RETAIL PRINT SHOP

Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales 37, 375.				<del></del>
b	Less returns and allowances c Balance ▶ 1c	37,3	75.		
2	Cost of goods sold (Schedule A, line 7) 2				
3	Gross profit Subtract line 2 from line 1c	37,3	75.		37,375
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				
5	Income (loss) from a partnership or an S corporation (attach				
	statement)				
6	Rent income (Schedule C) 6				
7	Unrelated debt-financed income (Schedule E)			I	
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)			1	
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G) 9			ł	
0	Exploited exempt activity income (Schedule I) 10				
1	Advertising income (Schedule J)				
2	Other income (See instructions, attach schedule) 12				
3	Total Combine lines 3 through 12	37,3	75.	ĺ	37,375
4	deductions must be directly connected with the unrela  Compensation of officers, directors, and trustees (Schedule K)		<u> </u>	14	
5	Salaries and wages			15	9,327
6	Repairs and maintenance			16	
7	Bad debts			17	
В	Interest (attach schedule) (see instructions)			18	_
9	Taxes and licenses			19	
0	Charitable contributions (See instructions for limitation rules)			20	
1	Depreciation (attach Form 4562)	21	2,911.		
2	Less depreciation claimed on Schedule A and elsewhere on return			22b	2,911
3	Depletion			23	
4	Contributions to deferred compensation plans			24	
5	Employee benefit programs			25	681
6	Excess exempt expenses (Schedule I).			26	
7	Excess readership costs (Schedule J)			27	
					13,892
3	Other deductions (attach schedule)		AICH U	28	13,032
8 9	Other deductions (attach schedule)			28	26,811

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

30

31

10,564.

10,564.

Unrelated business taxable income Subtract line 31 from line 30 . . . .

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

ATTACHMENT	3

FORM 9907	' –	PART	ΙI	_	LINE	28	_	TOTAL	OTHER	DEDUCTIONS
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SUPPLIES	47,620.
PURCHASED SERVICES	857,642.
RENTS & LEASES	3,842.
TRAVEL	1,973.
POSTAGE	187,442.
MARKETING	477.
TELEPHONE	3,845.
OTHER EXPENSES	57,071.

PART II - LINE 28 - OTHER DEDUCTIONS 1,159,912.

ATTACHMENT 4

### SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
CHRIS BARBER 225 EAST WASHINGTON JONESBORO, AR 72401	PRESIDENT/CEO	0	0.
HARRY HUTCHISON 225 EAST WASHINGTON JONESBORO, AR 72401	CFO · .	` 0	0.
MICHAEL GIVENS 225 EAST WASHINGTON JONESBORO, AR 72401	ADMINISTRATOR	0	0.
MOTHER JOHANNA MARIE MELYNK 225 EAST WASHINGTON JONESBORO, AR 72401	CHAIRPERSON	0	0.
SISTER ANNE MARIE FERRICHER 225 EAST WASHINGTON JONESBORO, AR 72401	MEMBER	0	0.
BRIAN HYNEMANN 225 EAST WASHINGTON JONESBORO, AR 72401	MEMBER	0	0.
GUY PATTESON 225 EAST WASHINGTON JONESBORO, AR 72401	CONVENER	0	0.
JOHN FREEMAN 225 EAST WASHINGTON JONESBORO, AR 72401	MEMBER	0	0.
LINDA WOFFORD 225 EAST WASHINGTON JONESBORO, AR 72401	MEMBER	0	0.
SISTER MARIE CHRISTI CAVANAUGH 225 EAST WASHINGTON JONESBORO, AR 72401	MEMBER	0	0.

### ATTACHMENT 4 (CONT'D)

### SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MATT GARNER 225 EAST WASHINGTON JONESBORO, AR 72401	MEMBER	0	0.
RANDY MCNEIL 225 EAST WASHINGTON JONESBORO, AR 72401	MEMBER /	0	0.
STEVE COX 225 EAST WASHINGTON JONESBORO, AR 72401	MEMBER	0	0.
SISTER THERESE MARIE KINTZLEY 225 EAST WASHINGTON JONESBORO, AR 72401	MEMBER ,	0	0.
JEFF STIDMAN 225 EAST WASHINGTON JONESBORO, AR 72401	MEMBER	. 0	0.
BEN BARYLSKE 225 EAST WASHINGTON JONESBORO, AR 72401	CFO	0	0.
SISTER MARY BETH HACKLEY 225 EAST WASHINGTON JONESBORO, AR 72401	SECRETARY .	0	0.
DON HOWARD 225 EAST WASHINGTON JONESBORO, AR 72401	INTENSIVIST	0	0.
MONA PARIKH 225 EAST WASHINGTON JONESBORO, AR 72401	INTENSIVIST	0	0.
CHRISTOPHER BROWN 225 EAST WASHINGTON JONESBORO, AR 72401	HOSPITALIST	0	0.

ATTACHMENT 4 (CONT'D)

	SCHD.	Κ,	FORM	990-T,	COMPENSATION	OF	OFFICERS,	DIRECTORS,	&	TRUSTEES
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NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MICHELLE SCHOFIELD 225 EAST WASHINGTON JONESBORO, AR 72401	PSYCHIATRIST	0	0.
VICTOR MCNERNEY 225 EAST WASHINGTON JONESBORO, AR 72401	PSYCHIATRIST	0	0.
TOTAL COMPENSATION			0.

71-0290019										
	0	1	$\sim$	$\sim$	0	2	Λ	1	7	

### ATTACHMENT 5

SUPPLIES PURCHASED SERVICES TRAVEL	235. 6,854. 7,731.
POSTAGE TELEPHONE INTERNET OTHER EXPENSES	7. 7,785. 839. 101,193.

PART II - LINE 28 - OTHER DEDUCTIONS

124,644.

71-0290019

ATTACHMENT 6

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

SUPPLIES

13,834.

OTHER EXPENSES

58.

PART II - LINE 28 - OTHER DEDUCTIONS

13,892.