| - 990-т <del>3</del> 34   | ソE          | xempt Orga   | nization B                                      | usine         | ss Inco        | ome T       | ax Re  | eturn             | L  | OMB No                                  | 1545-0047          |            |
|---|-------------|--|---|---------------|----------------|-------------|--|-------------------|--|---|--------------------|------------|
|   | _           | -  | nd proxy tax u                                  |               |                |             | $\int_{20}$                                      | Pg                |  | 20                                      | 119                |            |
| ينون<br>محمد  | For cal-    | endar year 2019 or other tax yea                           |   |               | <del></del> '  |             |  | 20                | -  | ZU                                      | 113                |            |
| Department of the Treasury<br>Internal Revenue Service                            | •           | Do not enter SSN numbe                                     | .irs.gov/Form990T fo<br>rs on this form as it i |               |                |             |  | i01(c)(3).        | Ī  | Open to Publi                           | ic Inspection for  | or<br>v    |
| A Check box if address changed  |             | Name of organization (                                     | Check box if nan                                | ne changed    | <u>-</u> -     |             |  |                   | D Emplo<br>(Empl   | oyer identifica<br>oyees trust,         | ition number       | <u></u>    |
| <del></del>   |             | MORTHEAST ARKANS   | AS CLINIC CHAR                                  | ITABLE        |                |             |  |                   |  | ctions)<br>71-0850:                     | 1 2 2              |            |
| B Exempt under section  X 501(c 0(3 )   | Print<br>or | FOUNDATION, INC.   | a or oute as If a D.O.                          | hay assu      | etrustions     |             |  |                   |  |   | activity code      | _          |
| 408(e) 220(e)   | Туре        | Number, street, and room<br>4802 EAST JOHNSON              |   | . oox, see ii | structions.    |             |  |                   | (See ir  | nstructions)                            | -                  |            |
| 408A 530(a)   |             | City or town, state or pro                                 |   | IP or foreia  | n postal code  | -           |  |                   |  |   |                    |            |
| 529(a)  |             | JONESBORO, AR 7:   | 2401  |               |                |             |  |                   | 71394  | 0                                       |                    | _          |
| C Book value of all assets at end of year   |             | F Group exemption number                                   |   |               |                |             |  |                   |  | <del></del>                             |                    | _          |
| 24,103,   |             | G Check organization typ                                   |   | corporation   | 50             | )1(c) trust |  | 401(a)            |  |   | Other trust        | _          |
| H Enter the number of the o   | -           |  | iusinesses.                                     | 3             |                | -           | the only (d                                      | •                 |  |   |                    |            |
| trade or business here  |             |  |   | o Dorto Lan   |                | If only one |  |                   |  |   |                    |            |
| 9*  |             | ce at the end of the previous                              | us sentence, complete                           | e Paris I an  | a II, complete | a Scheoul   | e ivi ioi eac                                    | n addition        | ai ii aue  | OI .                                    |                    |            |
| business, then complete F  1 During the tax year, was t                           |             |  | affiliated group or a r                         | arent-subsi   | diany controll | ed group?   | STMT 2   | <b></b>           | x Ye   | ,                                       | No                 | _          |
|   |             | ifying number of the parer                                 | _   | arcin subsi   | diary common   | ou group.   |  |                   |  | ب ،                                     | .,,                |            |
|   |             | YLE W. SANDERS, C  |   |               |                | Teleph      | none numbe                                       | er <b>&gt;</b> (1 | 870)   | 936-010                                 | 0                  | _          |
| Part Unrelated  |             |  |   |               | (A) Inc        |             | 1  | Expenses          | 1  |   | C) Net             |            |
| 1a Gross receipts or sales  | s           | 112,897.   |   |               |                |             |  |                   |  |   |                    | 30         |
| <b>b</b> Less returns and allow   | vances      |  | c Balance                                       | <b>▶</b> 1c   | 1              | 12,897.     |  |                   |  |   |                    | 4          |
| 2 Cost of goods sold (So  | chedule     | A, line 7)   | , , , ,   | 2             |                |             | DE TOP   |                   |  | 1 - 1 0 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                    | 7,5        |
| 3 Gross profit. Subtract  | line 2 fr   | om line 1c   | 127.1   | 3             | 1              | 12,897.     | W  |                   |  |   | 112,897            | <u>'</u> • |
| 4a Capital gain net incom   | •           |  | 1001  | 4a            |                |             | \$1.7 KB   |                   | CONTRACTOR AND ADDRESS OF THE PARTY OF THE P |   | $\rightarrow$      | _          |
| 1   |             | art II, line 17) (attach Forn                              | 14797)  | 4b            |                |             |  |                   | 3 3 3 1  |   | =                  | _          |
| c Capital loss deduction  |             | 1  | **  | 4c            |                | /           | 表 7.1 C.F.                                       |                   | CE   | IVED                                    |                    | _          |
|   |             | ship or an S corporation (a                                | ttach statement)                                | 5             |                | /           | 0  | 1                 | 5.98.64 Pt?  |   | <u> 181</u>        | _          |
| 6 Rent income (Schedul  |             | no /Cobadula E\  |   | 7             |                |             | l j  | 1 SE              | P 0  | 1 2021                                  | 181                | -          |
| <ul> <li>7 Unrelated debt-finance</li> <li>8 Interest, annuities, roya</li> </ul> |             | nd rents from a controlled                                 | organization /Schadul                           | <u> </u>      |                |             |  | 1 52              | · · ·  | <u> </u>                                | 16.                | -          |
| · · ·   |             | on 501(c)(7), (9), or (17) o                               | _   | ·             |                |             | <del>                                     </del> | 30                |  |   | -/=                | _          |
| 10 Exploited exempt activ   |             |  | gameanon (ponocan                               | 10            |                |             |  | 7                 | <del>Dici</del>  | V UT                                    | /                  | _          |
| 11 Advertising income (S  | -           | • •  |   | 11            |                |             |  | -                 |  |   |                    |            |
| 12 Other income (See ins  | truction    | ns; attach schedule)                                       |   | 12            | -              |             | PE 27.3% Z.                                      | YARKY.            |  | <u> </u>                                |                    | _          |
| 13 Total. Combine lines   | 3 throu     | gh 12  |   | 13            | 1              | 12,897.     |  |                   |  |   | 112,897            | 1.         |
|   |             | ot Taken Elsewher  |   |               |                | ductions)   | ı  |                   |  |   |                    |            |
|   |             | pe directly connected w                                    |   | usiness inc   | come )         |             |  | <del></del>       |  |   |                    | _          |
|   | cers, di    | rectors, and trustees (Sche                                | :dule K)  |               |                |             | •  |                   | 14   |   | 103,191            | _          |
| <ul><li>15 Salaries and wages</li><li>16 Repairs and maintena</li></ul>           | 2222        |  |   |               |                |             |  |                   | 15<br>16   |   | 2,598              |            |
| <ul><li>16 Repairs and maintena</li><li>17 Bad debts</li></ul>                    | alice       |  |   |               |                |             |  |                   | 17   |   |                    | Ť          |
| 18 Interest (attach sched   | dule) (si   | ee instructions)   |   |               |                |             |  |                   | 18   |   |                    | _          |
| 19 Taxes and licenses   | 55.57 (5    |  |   |               |                |             |  |                   | 19   |   | 17,472             | · .        |
| 20 Depreciation (attach l   | Form 45     | 562)   |   |               |                | 20          |  |                   |  |   |                    |            |
| 21 Less depreciation cla  | ımeg or     | n Schedule A and elsewher                                  | e on return                                     |               |                | 21a         |  |                   | 21b  |   |                    |            |
| 22 Depletion'   |             |  |   |               |                |             |  |                   | 22   |   |                    |            |
| 23 Contributions to defe  | rred co     | mpensation plans   |   |               |                |             |  |                   | 23   |   |                    | _          |
| 24 Employee benefit pro   |             |  |   |               |                |             |  |                   | 24   |   | 867                | <u>' -</u> |
| 25 Excess exempt exper  |             | •  |   |               |                |             |  |                   | 25   |   |                    |            |
| 26 Excess readership co   |             |  |   |               | CDE            | GWYW574/    | NT 1   |                   | 26   | <u> </u>                                | 129 242            |            |
| 27 Other deductions (att  |             | •  |   |               | SEE            | STATEME     | 47 I   |                   | 27   |   | 129,243<br>253,371 | _          |
| 28 Total deductions. Ac   |             |  | a loca dodustica. Cit                           | strant line O | from line 10   | ,           |  |                   | 28   | <del></del>                             | -140,474           |            |
| ,   |             | ncome before net operating<br>loss arising in tax years be | -   |               |                | •           |  |                   | - KA   | <del></del>                             | ,-/4               | <u>·</u>   |
| (see instructions)  | eraung I    | iuss arising ili tax years De                              | grammy on or arter Ja                           | μπυαιγί,∠∖    |                | STATEME     | NT 3   |                   | 30   |   | 0                  | ο.         |
| <i>,</i> '  | axable ii   | ncome. Subtract line 30 fro                                | om line 29                                      |               |                |             |  |                   | 31   |   | -140,474           |            |

341

For Paperwork Reduction Act Notice, see instructions.

915

Form **990-T** (2019)

| Form 990- | -T (2019) | NORTHEAST ARKANSAS CLINIC CHARITABLE FOUNDATION, INC.   | 71-085012  | 23 Page 2                                     |
|-----------|-----------|---|--|---|
| Part,     | JII.      | Total Unrelated Business Taxable Income   |  |   |
| 32 /      | Total of  | unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   | 32   | 0.  |
| •         |           | s paid for disallowed fringes   | 33   | · · · · · · · · · · · · · · · · · · ·         |
| •         |           | ole contributions (see instructions for limitation rules)   | 34   | 0.  |
|           |           | related business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33  | 35   |   |
|           |           | on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  STMT 4  | 36   | 0.  |
|           |           | unrelated business taxable income before specific deduction. Subtract line 36 from line 35  | 37   | <u>-</u> -                                    |
|           |           | deduction (Generally \$1,000, but see line 38 instructions for exceptions)  | 38   | 1,000.  |
|           | •         | ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,  |  |   |
|           |           | e smaller of zero or line 37  | 39   | 0.  |
| Part      |           | Tax Computation   | [ 39 ]   | <u></u>                                       |
|           |           |   | T 40   | 0.  |
|           | -         | ations Taxable as Corporations. Multiply line 39 by 21% (0.21)  | 40   |   |
| 41        | _         | 'axable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:   |  |   |
| 40        | _         | x rate schedule or Schedule D (Form 1041)   | 41   |   |
|           | -         | xx. See instructions  | 42   |   |
|           |           | ive minimum tax (trusts only)   | 43   |   |
|           |           | Noncompliant Facility Income. See instructions  | 44   |   |
| 45        | 10fa). A  | dd lines 42, 43, and 44 to line 40 or 41, whichever applies  Tax and Payments   | 45   | 0.  |
|           |           |   | 200  |   |
|           | -         | tax credit (corporations attach Form 1118; trusts attach Form 1116)   |  |   |
|           |           | redits (see instructions) 46b   |  |   |
| -         |           | business credit. Attach Form 3800   |  |   |
|           |           | or prior year minimum tax (attach Form 8801 or 8827)  | <u> Šiv</u>                                      |   |
|           |           | edits. Add lines 46a through 46d  | 46e  |   |
| 47        | Subtrac   | t line 46e from line 45   | 47   | 0.  |
|           |           | xes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)  | 48   |   |
|           |           | x. Add lines 47 and 48 (see instructions)   | 49   | 0.  |
| 50        | 2019 ne   | t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50   | 0.  |
| 51 a      | Paymer    | ts: A 2018 overpayment credited to 2019   | 33.4   |   |
| b         | 2019 es   | timated tax payments VO 5116 19,375.  |  |   |
| C         | Tax dep   | osited with Form 8868 51c   | [* -{ _  |   |
| d         | Foreign   | organizations; Tax paid or withheld at source (see instructions)  51d   | C.O  |   |
| е         | Backup    | withholding (see instructions) 51e  | Marie Carlo                                      |   |
| f         | Credit fo | or small employer health insurance premiums (attach Form 8941)  51f   |  |   |
| g         | Other c   | edits, adjustments, and payments: Form 2439   |  |   |
|           | Fo        | rm 4136 Other Total ▶ 51g   | Sec. 3. 5  |   |
| 52        | Total pa  | yments. Add lines 51a through 51g   | 52   | 198,423.                                      |
| 53        | Estimat   | ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲   | 53   |   |
| 54        | Tax due   | . If line 52 is less than the total of lines 49, 50, and 53, enter amount owed  | 54   |   |
| 55        | Overpay   | rment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid   | 55   | 198,423.                                      |
| _6611     | Enter th  | e amount of line 55 you want. Credited to 2020 estimated tax  | 56   | 198,423.                                      |
| Part      | VIE S     | Statements Regarding Certain Activities and Other Information (see instructions)  | 7  |   |
| 57        | At any t  | ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority   |  | Yes No  |
|           | over a f  | nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  |  | 877 N. S. |
|           | FinCEN    | Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country  |  |   |
|           | here      |   |  | X   |
| 58        | During 1  | the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  |  | х   |
|           | -         | see instructions for other forms the organization may have to file.   |  | <b>第5</b> 3343                                |
| 59        | Enter th  | e amount of tax-exempt interest received or accrued during the tax year > \$  |  |   |
|           | Ur        | der penalties of persury. I deplere that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge.   | lge and belief, it is tru                        | 1 11 11 11                                    |
| Sign      | co        | rrect, and complete Degraration of prepare (other than taxpayer) is based on All information of which preparer has any knowledge  |  |   |
| Here      |           |   | ay the IRS discuss this<br>a preparer shown belo |   |
|           |           | March and a state of the state | structions)? X Y                                 |   |
|           |           | Print/Type preparer's name Preparer's signature Date Check I  | <del></del>                                      |   |
| D-1-1     |           |   | [ ' ' ''   |   |
| Paid      |           | FRANCIS J. BEDARD Funes Medard 8/9/21 self-employed   | P00752421  | L   |
| Prep      |           | Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶   | 86-1065  |   |
| Use       | Unly      | 1033 DEMONBREUN STREET, SUITE 400   |  | <del></del>                                   |
|           |           |   | 515) 250_100                                     | ٥   |
|           |           | Firm's address NASHVILLE, TN 37203 Phone no. (6   | 515) 259-180                                     | <del></del>                                   |

NORTHEAST ARKANSAS CLINIC CHARITABLE Form 990-T (2019) FOUNDATION, INC.

| Schedule A - Cost of Goods  | Sold. Enter          | method of inven  | tory v   | aluation N/A                               | -  |   |  | <del></del>  |    |
|---|----------------------|--|--|--|--|---|--|--|----|
| 1 Inventory at beginning of year  | 1                    | <del></del>  | T  | Inventory at end of year                   | ar                                       |   | 6  |  |    |
| 2 Purchases   | 2                    |  | ] 7  | Cost of goods sold. St                     | ubtract l                                | line 6  |  |  |    |
| 3 Cost of labor   | 3                    |  |  | from line 5. Enter here                    | and in I                                 | Part I,   |  |  |    |
| 4a Additional section 263A costs  |                      |  | 1  | 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                     | acquired                                 | for resale) apply to  |  |  |    |
| 5 Total Add lines 1 through 4b  | 5                    |  | <u>L</u>   | the organization?                          |  |   |  |  |    |
| Schedule C - Rent Income (see instructions)   | From Real            | Property and   | Per  | sonal Property L                           | .ease                                    | d With Real Prop  | erty)  |  |    |
| 1. Description of property  |                      |  |  |  |  |   |  |  |    |
| (1)   |                      |  | -  |  |  |   |  |  |    |
| (2)   |                      |  |  |  |  |   |  |  |    |
| (3)   |                      |  |  |  |  |   |  |  |    |
| (4)   |                      |  |  |  |  | <del></del>   |  |  |    |
|   | 2. Rent receiv       | ed or accrued  |  |  |  |   | _  |  |    |
| (a) From personal property (if the per-<br>rent for personal property is more<br>10% but not more than 50%) | centage of than      | ersonal  | onal property (if the percental<br>property exceeds 50% or if<br>ed on profit or income) | ge   | 3(a) Deductions directly columns 2(a) ai |   | ted with the income in<br>attach schedule)   | 1  |    |
| (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                          | ı (A)                | <b>•</b>   |  |  | 0.                                       | (b) Total deductions<br>Enter here and on page 1,<br>Part I, line 6, column (B) | <u> </u>                                     |  | 0. |
| Schedule E - Unrelated Deb  | t-Financed           | income (see  | ınstru   | ctions)                                    | r  |   |  |  |    |
|   |                      |  | 2  | . Gross income from                        |  | <ol> <li>Deductions directly con<br/>to debt-finance</li> </ol>                 | nected v<br>ed prop                          | vith or allocable<br>erty  |    |
| 1. Description of debt-fir  | anced property       |  |  | or allocable to debt-<br>financed property | ocable to debt-                          |   | Straight line depreciation (attach schedule) |  | is |
| (1)   |                      |  |  |  |  |   | †  |  |    |
| (2)   |                      |  |  |  |  |   |  |  |    |
| (3)   |                      |  |  |  |  |   | T  |  |    |
| (4)   |                      |  |  |  |  |   |  |  |    |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)            | of or a<br>debt-fina | adjusted basis<br>illocable to<br>nced property<br>n schedule) | 6  | Column 4 divided<br>by column 5            |  | 7. Gross income<br>reportable (column<br>2 x column 6)                          | (  | 8. Allocable deducti<br>column 6 x total of co<br>3(a) and 3(b)) |    |
| (1)   |                      |  | 1  | %  |  |   | 1  |  |    |
| (2)   |                      |  |  | %  |  |   | $\top$                                       |  |    |
| (3)   |                      |  |  | %  |  |   | 1  |  |    |
| (4)   |                      |  | İ  | %  |  |   | 1  |  |    |
|   |                      |  |  |  |  | nter here and on page 1,<br>Part I, line 7, column (A)                          |  | inter here and on pag<br>Part I, line 7, column (                |    |
| Totals  |                      |  |  | ▶  |  | 0   | .  |  | ٥. |
| Total dividends-received deductions in  | cluded in column     | 8  |  |  |  | <b>&gt;</b>   |  |  | 0. |
|   |                      |  |  |  |  |   |  |  |    |

Form 990-T (2019) FOUNDATION, INC.

| ,                                 |                    |  |                              | Exempt  | Controlled O  | ganizatio                                 | ons   |           |   |               |  |  |
|-----------------------------------|--------------------|--|------------------------------|---|---|---|---|-----------|---|---------------|--|--|
| Name of controlled organizat      | tion               | 2. Emp<br>identific<br>numb                | ation                        | 3. Net unr<br>(loss) (see                                 | related income<br>a instructions)   | Total of specified payments made          |   | ınclud    | t of column 4 t<br>ed in the contr<br>ation's gross i | olling  -     | 6. Deductions directly connected with income in column 5                         |  |
| (1)                               |                    |  |                              |   |   |   |   |           |   |               |  |  |
| (2)                               |                    |  |                              |   |   |   |   |           |   |               | ·  |  |
| (3)                               |                    |  |                              | <u> </u>  |   |   |   |           |   |               |  |  |
| (4)                               |                    |  |                              |   |   |   |   |           |   |               |  |  |
| Ionexempt Controlled Organi       | zations            |  |                              |   |   |   |   |           |   |               |  |  |
| 7. Taxable Income                 |                    | nrelated incom-<br>see instructions        |                              | 9. Total  | of specified payr<br>made   | nents                                     | 10. Part of colur<br>in the controlli<br>gross  |           | ization's   |               | ductions directly connected income in column 10                                  |  |
| (1)                               |                    |  |                              |   |   |   |   |           |   |               |  |  |
| (2)                               |                    |  |                              |   |   |   |   |           |   |               |  |  |
| (3)                               |                    |  |                              |   |   |   |   |           |   |               |  |  |
| (4)                               | 1                  |  |                              | 1   |   |   |   |           |   |               |  |  |
|                                   |                    | -  |                              | <del></del>   |   |   | Add colum<br>Enter here and<br>line 8, c  |           | 1, Part I,<br>\)                                      | Enter h       | d columns 6 and 11<br>ere and on page 1, Part I,<br>line 8, column (B)           |  |
| Totals                            |                    |  |                              |   |   | <u> </u>                                  |   |           | 0.  |               | 0  |  |
| Schedule G - Investme             |                    | ne of a S                                  | ection                       | 501(c)(7  | 7), (9), or (   | 17) Org                                   | anization   |           |   |               |  |  |
|                                   | ructions)          | me   | <del></del>                  |   | 2. Amount of  | ıncome                                    | 3. Deduction  |           | 4. Set-   |               | 5. Total deductions and set-asides   |  |
| ···                               |                    |  |                              |   | ļ   |   | (attach sched   | ule)      | (attach s   | cnedule)      | (col 3 plus col 4)   |  |
| (1)                               |                    |  |                              |   | <del>                                     </del>                          |   |   |           |   |               |  |  |
| (2)                               |                    |  |                              |   | ļ   |   |   |           |   |               | <del></del>  |  |
| (3)                               |                    |  |                              |   | ļ   |   |   |           |   |               |  |  |
| (4)                               |                    |  |                              |   | ļ   |   |   |           |   |               |  |  |
| Fotals                            |                    |  |                              |   | Enter here and a<br>Part I, line 9, co                                    |   |   |           |   |               | Enter here and on page 1<br>Part I, line 9, column (B)                           |  |
| Schedule I - Exploited            | Exempt             | Activity                                   | Incom                        | e, Other  | Than Adv  |   | g Income  | 14.1.906  | Des & 1° 7° Frito                                     | 14 1 142 4.78 |  |  |
| (see instr                        | uctions)           | Т  |                              |   | 4. Net incom  | no (loce)                                 |   |           |   |               | <u> </u>   |  |
| Description of exploited activity | unrelated<br>incom | Gross<br>  business<br>ne from<br>business | directly<br>with pi<br>of ur | xpenses<br>connected<br>roduction<br>related<br>ss income | from unrelated<br>business (co<br>minus colum<br>gain, compute<br>through | trade or<br>lumn 2<br>n 3) If a<br>cols 5 | <ol> <li>Gross inco<br/>from activity t<br/>is not unrelat<br/>business inco</li> </ol> | hat<br>ed | <b>6.</b> Exp<br>attribut<br>colur                    | able to       | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |  |
| (1)                               | 1                  |  |                              |   |   |   |   |           |   |               |  |  |
| (2)                               | Ī                  |  |                              |   | 1   |   |   |           |   |               | 1  |  |
| (3)                               | <b>†</b>           |  | ·····                        |   | 1   |   |   |           |   |               |  |  |
| (4)                               | <del> </del>       |  |                              |   | <del> </del>  |   |   |           |   |               |  |  |
| , (v)                             |                    | re and on<br>I, Part I,<br>col (A)         | page                         | ere and on<br>1, Part I,<br>), col (B)                    |   |   |   |           |   |               | Enter here and<br>on page 1,<br>Part II, line 25                                 |  |
| Totals                            | <u> </u>           | 0.]  |                              | 0.  |   |   | <b>第5十八年</b>  |           |   | 1960人 2 月     | 0  |  |
| Schedule J - Advertisi            |                    |  |                              |   | 1:  | D :                                       |   |           |   |               |  |  |
| Part I Income From                | Periodic           | als Repo                                   | orted o                      | n a Con   | solidated   | Basis                                     |   |           |   |               |  |  |
| 1. Name of periodical             |                    | 2. Gross<br>advertising<br>income          | ad                           | 3. Direct vertising costs                                 | or (loss) (c<br>col 3) If a g<br>cols 5 th                                | rough 7                                   |   |           | 6. Reade  |               | Excess readership costs (column 6 minus column 5, but not more than column 4)    |  |
| (1)                               |                    |  |                              |   | 14.274  |   | į.  |           |   |               |  |  |
| (2)                               |                    |  |                              |   |   |   | \$  |           |   |               | 是"是要的"。  |  |
| (3)                               |                    |  |                              |   |   |   | g   |           |   |               |  |  |
|                                   |                    |  | -                            |   |   |   | <b>}</b>  |           |   |               |  |  |
| (4)                               |                    |  |                              |   | 330000000000000000000000000000000000000                                   | 29275-1 146219                            | &   |           | i   |               | 學家 医动脉 医牙唇性中毒性动物   |  |
| (4)                               |                    |  |                              |   |   | 975-746/1 <u>8</u>                        | <i>B</i>  |           |   |               | <u> </u>   |  |

# 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<br>advertising<br>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          | ▶ | 0.   | 0.   | ÷ ',   | ~                     |                     | 0  |
|                             |   | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |  |                       | ,                   | Enter here and<br>on page 1,<br>Part II, line 26                                 |
| Totals, Part II (lines 1-5) | ▶ | 0.   | 0.   | , a  |                       |                     | 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     |             | OT             | HER D | EDUC | TIONS       |        | STATEMENT 1    | _           |
|----------------|-------------|----------------|-------|------|-------------|--------|----------------|-------------|
| DESCRIPTION    |             |                |       |      |             |        | AMOUNT         |             |
| MEDICAL SUPPLE | IES         |                |       |      |             |        | 48             | 33.         |
| OFFICE EXPENSI | <del></del> |                |       |      |             |        | 10,51          |             |
| BOOKS, DUES, 8 |             |                |       |      |             |        | 1,61           |             |
| TRAVEL, MEALS  |             |                |       |      |             |        |                | 36.         |
| OTHER PURCHASI |             | CES            |       |      |             |        | 12,05          |             |
| PROFESSIONAL I |             |                |       |      |             |        | 4,45           | 33.         |
| INSURANCE EXPI |             |                |       |      |             |        | 98,09          | -           |
| TAX PROFESSION |             | !              |       |      |             |        | 1,25           |             |
| TOTAL TO FORM  | ′990-┰,     | PAGE 1, LINE   | 27    |      |             |        | 129,24         | <br>13.     |
| FORM 990-T     | PARENT      | CORPORATION'S  | NAME  | AND  | IDENTIFYING | NUMBER | STATEMENT 2    | <del></del> |
| CORPORATION'S  | NAME        |                |       |      |             |        | IDENTIFYING NO | )           |
| BAPTIST MEMOR  | IAL HEAL    | TH CARE CORPOR | RATIO | N    |             |        | 58-1521475     | _           |
|                |             |                |       |      |             |        |                |             |

| FORM 990-T  | NET               | OPERATING                  | LOSS | DEDUCTION         | STATEMENT 3            |
|-------------|-------------------|----------------------------|------|-------------------|------------------------|
| TAX YEAR    | LOSS SUSTAINED    | LOSS<br>PREVIOUS<br>APPLIE |      | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
| 09/30/19    | 58,185.           |                            | 0.   | 58,185.           | 58,185.                |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR                       |      | 58,185.           | 58,185.                |

| FORM 990-T  | NET OPERATING LOSS |                               | DEDUCTION         | STATEMENT 4            |
|-------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR    | LOSS SUSTAINED     | LOSS<br>PREVIOUSLY<br>APPLIED | LOSS<br>REMAINING | AVAILABLE<br>THIS YEAR |
| 09/30/17    | 11,227.            | 0.                            | 11,227.           | 11,227.                |
| 09/30/18    | 519,282.           | 0.                            | 519,282.          | 519,282.               |
| NOL CARRYOV | ER AVAILABLE THIS  | YEAR                          | 530,509.          | 530,509.               |

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

## Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY 1
OMB No 1545-0047

Employer identification number

2019

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning OCT 1, 2019 , and ending SEP 30, 2020

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

NORTHEAST ARKANSAS CLINIC CHARITABLE

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

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

FOUNDATION INC. 71-0850123 Unrelated Business Activity Code (see instructions) Describe the unrelated trade or business Part | Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1 a Gross receipts or sales 37 b Less returns and allowances c Balance 10 "我可怕激产的数许多" Cost of goods sold (Schedule A, line 7) 2 **新科科·美国·美国** Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4h c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 CONTRACTOR 12 Other income (See instructions, attach schedule) 12 37 37. Total. Combine lines 3 through 12 Partil Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 100,829. 15 15 Salaries and wages 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 8,469. 19 Taxes and licenses 19

20

SEE STATEMENT 5

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Less depreciation claimed on Schedule A and elsewhere on return

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Depreciation (attach Form 4562)

Employee benefit programs

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

26,137.

1,460.

٥.

136,895.

-136,858.

-136,858.

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Depletion

instructions)

| FORM 990-T  | (M)                | OTHER DEDU                         | JCTIONS                      | STATEMENT 5                      |
|-------------|--------------------|------------------------------------|------------------------------|----------------------------------|
| DESCRIPTION | ī                  |                                    |                              | AMOUNT                           |
| OFFICE EXPE | · -=               |                                    |                              | 202<br>1,258                     |
| TOTAL TO SO | CHEDULE M, PART II | , LINE 27                          |                              | 1,460                            |
|             |                    |                                    |                              |                                  |
| SCHEDULE M  | NET                | OPERATING LOS                      | SS DEDUCTION                 | STATEMENT 6                      |
| SCHEDULE M  | NET                | COPERATING LOSS PREVIOUSLY APPLIED | SS DEDUCTION  LOSS REMAINING | STATEMENT 6  AVAILABLE THIS YEAR |
|             |                    | LOSS<br>PREVIOUSLY                 | LOSS                         | AVAILABLE                        |

| <sup>2</sup> ao | е | 3 |
|-----------------|---|---|
|                 |   |   |

| FOUNDATION, IN   |                      |   |  |   | 71-0850  | 123        |   | •           |  |
|--|----------------------|---|--|---|--|------------|---|-------------|--|
| Schedule A - Cost of Goods   | Sold. Enter          | method of inven   | tory valuation N/A   |   |  |            |   |             |  |
| 1 Inventory at beginning of year   | 1                    |   | 6 Inventory at end of year   | ir  |  | 6          |   |             |  |
| 2 Purchases  | 2                    |   | 7 Cost of goods sold. St   | ubtract l   | ine 6  |            |   |             |  |
| 3 Cost of labor  | 3                    |   | from line 5. Enter here  | and in F  | Part I,  |            | ]   |             |  |
| 4a Additional section 263A costs   |                      |   | line 2   |   |  | 7          |   |             |  |
| (attach schedule)  | 4a                   |   | 8 Do the rules of section  | 263A (1   | with respect to  |            | Yes   | No          |  |
| b Other costs (attach schedule)  | 4b                   |   | property produced or a   | acquired  | for resale) apply to                                   |            | <u> </u>  | .           |  |
| 5 Total. Add lines 1 through 4b  | 5                    |   | the organization?  |   |  |            |   | Х           |  |
| Schedule C - Rent Income (   | From Real            | Property and  | Personal Property L  | .ease   | d With Real Prop                                       | erty       |   |             |  |
| (see instructions)   |                      |   |  |   | <u> </u>   |            |   |             |  |
| 1. Description of property   |                      |   |  |   |  |            |   |             |  |
| (1)  |                      |   | ·,   |   | ····   |            |   | <del></del> |  |
| (2)  |                      |   |  |   |  |            |   |             |  |
| (3)  |                      |   |  |   |  |            |   |             |  |
| (4)  |                      |   |  |   |  |            |   |             |  |
|  | <u>:</u>             | ed or accrued   |  |   | 2(a) Dadustinas directi                                |            |   | _           |  |
| (a) From personal property (if the pero<br>rent for personal property is more<br>10% but not more than 50%)                | entage of<br>than    | of rent for p   | nd personal property (if the percental<br>ersonal property exceeds 50% or if<br>it is based on profit or income) | ge  | 3(a) Deductions directly columns 2(a) as               | nd 2(b) (  | attach schedule)  | n           |  |
| (1)  |                      |   |  |   |  |            |   |             |  |
| (2)  |                      |   |  |   |  |            |   |             |  |
| (3)  |                      |   |  |   |  |            |   |             |  |
| (4)  |                      |   |  |   |  |            |   |             |  |
| Total  | 0.                   | Total   |  | 0.  |  |            |   |             |  |
| (c) Total income. Add totals of columns  |                      | ter   |  |   | (b) Total deductions.<br>Enter here and on page 1,     |            |   |             |  |
| here and on page 1, Part I, line 6, column   |                      | <u> </u>  | <del> </del>   | 0.  | Part I, line 6, column (B)                             | <u> </u>   |   | <u> </u>    |  |
| Schedule E - Unrelated Deb   | t-rinanced           | income (see   | instructions)  | <del></del>   | <b>0</b> Deduction desile                              |            |   |             |  |
|  |                      |   | 2. Gross income from   | <ol> <li>Deductions directly connected with or allocable to debt-financed property</li> </ol> |  |            |   |             |  |
| 1. Description of debt-fin   | anced property       |   | or allocable to debt-<br>financed property   | (a)   | Straight line depreciation<br>(attach schedule)        |            | (b) Other deductions  |             |  |
|  |                      |   |  |   | (attach schedule)                                      |            | (attach schedule)   |             |  |
| (1)  |                      |   |  | ļ   |  | +          |   |             |  |
| (2)  |                      |   |  |   | ······································                 | +-         |   |             |  |
| (3)  |                      |   |  |   |  |            | · ·   |             |  |
| (4)  |                      |   |  | <b></b>   |  |            |   |             |  |
| <ol> <li>Amount of average acquisition<br/>debt on or allocable to debt-financed<br/>property (attach schedule)</li> </ol> | of or a<br>debt-fina | adjusted basis<br>illocable to<br>nced property<br>ischedule) | 6. Column 4 divided by column 5  |   | 7. Gross income<br>reportable (column<br>2 x column 6) |            | 8 Allocable deduct<br>(column 6 x total of co<br>3(a) and 3(b)) |             |  |
| (1)  |                      |   | %  |   |  | 1          |   |             |  |
| (2)  |                      |   | %  |   |  |            |   |             |  |
| (3)  |                      |   | %  |   |  |            |   |             |  |
| (4)  |                      |   | %  |   |  |            |   |             |  |
|  |                      |   |  |   | nter here and on page 1,<br>Part I, line 7, column (A) |            | Enter here and on pag<br>Part I, line 7, column                 |             |  |
| Totals   |                      |   | <b>•</b>   |   | 0  | <u>.l_</u> |   | 0.          |  |
| Total dividends-received deductions in   | cluded in column     | 18  |  |   |  | •          |   | 0.          |  |
|  |                      | <u></u>   | <del>_</del>   |   |  |            | Form <b>990-T</b>   | (2019)      |  |

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning OCT 1, 2019 , and ending SEP 30, 2020

NORTHEAST ARKANSAS CLINIC CHARITABLE

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

| 7402710   | FOUNDATION, INC.  | 71-085 | 71-0850123  |                 |  |             |  |
|---|---|--------|-------------|-----------------|--|-------------|--|
|   | Inrelated Business Activity Code (see instructions) 621300  |        | _           |                 |  |             |  |
|   | Describe the unrelated trade or business WEIGHT LOSS CI   | LINIC  | <del></del> |                 |  |             |  |
| Part C Unrelated Trade or Business Income       |   |        | (A) Income  | (B) Expenses    |  | (C) Net     |  |
| 1 a   | Gross receipts or sales 157,323.  |        |             |                 |  |             |  |
| b   | Less returns and allowances c Balance ▶   | 1c     | 157,323.    |                 | 66 5 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6                             |             |  |
| 2   | Cost of goods sold (Schedule A, line 7)   | 2      |             |                 | (A) Const  |             |  |
| 3   | Gross profit Subtract line 2 from line 1c   | 3      | 157,323.    |                 |  | 157,323.    |  |
| 4 a Capital gain net income (attach Schedule D) |   |        |             | 8 1835 Y 1838   |  |             |  |
| Ь   | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                                  | 4b     |             | 40 B. S. S. S.  |  |             |  |
| С   | Capital loss deduction for trusts   | 4c     |             | 多の技術ない。スプ       |  |             |  |
| 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      |             | 1               |  |             |  |
| 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     |             | 安心臟流域影          | \$3.C  |             |  |
| 13  | Total. Combine lines 3 through 12   | 13     | 157,323.    |                 |  | 157,323.    |  |
| Ŗä  | Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in |        |             | ductions.) (Dec | ductio   | ons must be |  |
| 14  | Compensation of officers, directors, and trustees (Schedule K)                                    |        |             |                 | 14   |             |  |
| 15  | Salaries and wages  |        |             |                 | 15   | 168,110.    |  |
| 16  | Repairs and maintenance   |        |             |                 | 16   |             |  |
| 17  | Bad debts   |        |             |                 | 17   |             |  |
| 18  | Interest (attach schedule) (see instructions)   |        |             |                 | 18   |             |  |
| 19  | Taxes and licenses  |        | , ,         |                 | 19   | 16,029.     |  |
| 20  | Depreciation (attach Form 4562)   |        | 20          |                 | \$47.00<br>3.40<br>3.40<br>3.40<br>3.40<br>3.40<br>3.40<br>3.40<br>3 | •           |  |

21a

SEE STATEMENT 7

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

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 28 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) 2019

28,278.

34,898.

247,315.

-89,992.

-89,992.

0.

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## NORTHEAST ARKANSAS CLINIC CHARITABLE FOU

|             | (M)     |             | OTHER                        | DEDUCTIONS  | 5                      | STATEMENT 7           |
|-------------|---------|-------------|------------------------------|-------------|------------------------|-----------------------|
| DESCRIPTION | N       |             |                              |             |                        | AMOUNT                |
| MEDICAL SU  | 31,174. |             |                              |             |                        |                       |
| OFFICE EXP  | 365.    |             |                              |             |                        |                       |
| INSURANCE   | 579.    |             |                              |             |                        |                       |
| TRAVEL, ME. | 22.     |             |                              |             |                        |                       |
| SEMINARS &  | EDUCAT  | ION         |                              |             |                        | 1,500.                |
| TAX PROFES  | 1,258.  |             |                              |             |                        |                       |
|             |         |             |                              |             |                        |                       |
| TOTAL TO S  | CHEDULE | M, PART II, | LINE 27                      |             |                        | 34,898.               |
| TOTAL TO S  |         |             |                              | G LOSS DEDI | JCTION                 | 34,898. STATEMENT 8   |
|             |         |             |                              | S<br>JSLY   | UCTION  LOSS REMAINING |                       |
| SCHEDULE M  |         | NET         | OPERATING<br>LOSS<br>PREVIOU | S<br>JSLY   | LOSS                   | STATEMENT 8 AVAILABLE |

Page 3

PATION, INC. 71-0850123

| Schedule A - Cost of Goods   |                   | method of invent | tony y                                     | aluation N/A   |  | 71-0850   | 123   |   |                |
|--|-------------------|------------------|--|--|--|---|---|---|----------------|
| 1 Inventory at beginning of year   | 1                 | THE BIOG OF WIVE | 1  | Inventory at end of year   | ar .   |   | 6   | ·   |                |
| 2 Purchases  | 2                 |                  | 1  | Cost of goods sold. Si   |  | 100 6   | l °   | <del></del>   |                |
| 3 Cost of labor  | 3                 | <del></del>      | 1 ′  | from line 5. Enter here  |  |   | _   |   |                |
| 4a Additional section 263A costs   |                   |                  | 1  | line 2   | and mi   | arri,   | 7   |   |                |
| (attach schedule)  | 4a                |                  | l a  | Do the rules of section  | 2634 (   | with recognition  |   | Yes   | No             |
| b Other costs (attach schedule)  | 4b                |                  | 1 "  | property produced or a   | •  | •   |   |   | <del>  "</del> |
| 5 Total. Add lines 1 through 4b  | 5                 |                  | 1  | the organization?  | acquii 60  | ioi resale) apply to  |   | <del></del>   | <br>  X        |
| Schedule C - Rent Income (   |                   | Property and     | Pers                                       |  | ease   | d With Real Prop  | ertv)   |   |                |
| (see instructions)   |                   |                  |  |  |  | - · · · · · · · · · · · · · · · · · · ·   | · ,   |   |                |
| · · · · ·  |                   |                  |  |  |  |   |   |   |                |
| . Description of property  |                   |                  |  |  |  |   |   |   |                |
| (1)  |                   |                  | ,  |  |  |   |   |   |                |
| (2)  |                   | <del></del>      |  |  |  |   |   |   |                |
| (3)  |                   |                  |  | · · ·  |  |   |   |   |                |
| (4)  |                   |                  |  | <del></del>  | ,  | <del>_</del>  |   |   |                |
|  | 2. Rent receiv    | ed or accrued    |  |  |  | <u> </u>  |   |   |                |
| (a) From personal property (if the percentage of rent for personal property is more than   |                   |                  |  | personal property (if the percentage polar property exceeds 50% or if based on profit or income) |  |   | connec<br>nd 2(b) (a  | ted with the income in<br>attach schedule)          |                |
| (1)  |                   | (10101           | 115 005                                    | so on pront or income,   |  |   |   |   |                |
| (2)  |                   |                  |  |  |  |   |   |   |                |
| (3)  |                   |                  |  |  |  |   |   |   |                |
| (4)  |                   |                  |  |  |  |   |   |   |                |
| Total  | 0.                | Total            | -  |  | 0.   |   | _   |   |                |
| c) Total income. Add totals of columns<br>nere and on page 1, Part I, line 6, column   | 1 (A)             | <b>•</b>         |  |  | 0.   | (b) Total deductions<br>Enter here and on page 1,<br>Part I, line 6, column (B) | <u> </u>  |   | 0.             |
| Schedule E - Unrelated Deb   | t-Financed        | Income (see      | nstru                                      | ctions)  |  |   |   |   |                |
|  |                   |                  | ١,   | 3. Deductions directly co     to debt-fina   |  |   | onnected with or allocable<br>nced property                               |   |                |
| 1. Description of debt-fir   | nanced property   |                  | or allocable to debt-<br>financed property |  | (a)  | Straight line depreciation  | T   | (b) Other deductions                                |                |
| 11 2000, p.10.4 01 0024 11   | ianosa proporty   |                  |  | inanced property   |  | (attach schedule)   |   | (attach schedule)                                   |                |
| /4\  |                   |                  |  |  |  |   |   |   |                |
| (1)  |                   |                  |  |  |  | <del></del>   | +   |   |                |
| (2)  |                   |                  | 1  |  | <u> </u>   |   | +   |   |                |
| (3)  |                   |                  |  |  |  |   |   |   |                |
| (4)  |                   |                  | <del> </del>                               |  |  |   |   |   |                |
| 4. Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)  5. Average adjusted basis of or allocable to debt-inanced property (attach schedule) |                   |                  | 6  | . Column 4 divided<br>by column 5  | 7. Gross income reportable (column 2 x column 6) |   | 8. Allocable deductions<br>(column 6 x total of columns<br>3(a) and 3(b)) |   |                |
| (1)  |                   | ·                |  | %  |  |   |   |   |                |
| (2)  |                   |                  |  | %  |  | · · · · · · · · · · · · · · · · · · ·   |   |   |                |
| (3)  |                   |                  |  | %  |  |   |   |   |                |
| (4)  |                   |                  |  | %  |  |   |   |   |                |
| .,   |                   |                  |  |  |  | nter here and on page 1,<br>Part I, line 7, column (A)                          |   | Enter here and on page<br>Part I, line 7, column (I | -              |
| Totals   |                   |                  |  | <b>.</b>   |  | 0   |   |   | ٥.             |
| Total dividends-received deductions in   | icluded in columi | n 8              |  |  |  |   |   |   | 0.             |
|  |                   | <del></del>      |  |  |  |   |   |   |                |

EIN: 71-0850123 FYE: 9/30/2020

## Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Northeast Arkansas Clinic Charitable Foundation, Inc. on behalf of itself is making the de minimis safe harbor election under Treas. Reg § 1.263(a)-1(f) for all eligible amounts paid or incurred during the taxable year

Northeast Arkansas Clinic Charitable Foundation, Inc. Form 990-T

EIN: 71-0850123 FYE: 9/30/2020

## Section 1.263(a)-3(n) Capitalization Election

Northeast Arkansas Clinic Charitable Foundation, Inc. hereby elects on behalf of itself to capitalize repair and maintenance costs under Treas Reg. § 1.263(a)-3(n) The costs were incurred during the taxable year in the electing taxpayer's trade or business and the electing taxpayer treats such costs as capital expenditures on its books and records