	<u></u>	990-T	EX	kempt Organization	Bu	siness in	come	Tax Retui	rn	ОМВ	No 1545-0687
-	Form	1 330-1	· 	(and proxy ta					1 0	6)@ 4
			For cale	ndar year 2018 or other tax year begi					20 1 9	2	3018
		rtment of the Treasury al Revenue Service		Go to www irs.gov/Form99						Open to I	Public Inspection for
	A I		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 (Public Inspection for Organizations Only Ication number
	^ _	Check box if address changed		Name of organization (Check I	DOX II III	ane changes and s	ee mstruction	5)			ee instructions)
		empt under section		DUNCAN REGIONAL HOS	י חד מי	T TNC					
		• '	Print	Number, street, and room or suite no			200		73-1	008550	
_		501(C Q 3)	or	Number, street, and room or suite no	парс	Dox, see instruction	OIIS				ess activity code
ク	-	408(e) 220(e)	Туре	P.O. BOX 2000						nstructions)	iss activity code
	<u> </u>	408A530(a)		City or town, state or province, count	in and	71D or foreign posts	al code		}		
L	C Bo	529(a) ok value of all assets		DUNCAN, OK 73534	uy, una	Zii di lordigii poste	1, 6000		7223	20	
		end of year	F Gro	up exemption number (See instruc	tions)				1223		
	2	23.083.827.		eck organization type X 50			501(c) trust	401(a)	truet	Other trust
				inization's unrelated trades or busin			1 301(0			/ (or first) u	
		ade or business her			00000		f only one	complete Parts I	-		
				e end of the previous sentence, co	mnlete			•			, describe the
		ade or business, the			J.III piot	, and . and	op.o.c = =		orr additio	,,,,,	
レ				corporation a subsidiary in an affi	ılıated d	roup or a parent-	subsidiary o	controlled group?			Yes X No
	•			identifying number of the parent co			•				
1_		he books are in care					Telephor	e number ▶ 68	0-251-	-8572	
4	Pai	t Unrelated	Trade o	or Business Income		(A) Inco	ome	(B) Expen	ses		(C) Net
Ś	1a	Gross receipts or s	ales	158,018.							
5	b	Less returns and allowa	nces	c Balance	1 c	15	8,018.				
	2	Cost of goods sol	d (Schedi	ule A, line 7)	2					1	
1	3	Gross profit Subf	ract line	2 from line 1c	3	15	8,018.		<u> </u>		158,018.
_	4a	Capital gain net in	ncome (a	ittach Schedule D)	4a						
ي	b	Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b			Vi			
\mathbf{Z}	С	Capital loss deduc	ction for t	rusts	4c		-/-		8 2021	\rightarrow	
~	5	Income (loss) from a pa	artnership or	r an S corporation (attach statement)	5		$\overline{}$	SEP -	2021	<u> </u>	
	6	Rent income (Scho	edule C)				/			<u> </u>	
U	7	Unrelated debt-fir	anced in	come (Schedule E)	7		<u>, </u>	RECEIVEDE	YTITM	DEPT	
${f z} {f z}$	8 (Interest annuities, roya	ities, and re	ents from a controlled organization (Schedule F	·		'	1202112		ļ .	
•	2 .9			1(c)(7), (9), or (17) organization (Schedule G						-	
S	9 210 111	•	-	ncome (Schedule I)		/				<u> </u>	
	"			lule J)		/				<u> </u>	
2 ,				tions, attach schedule)		15	8,018.			 	158,018.
\(\frac{1}{2}\)	13	Total Combine in	es 3 inro	ough 12	ructu			eductions) (E	Event f	or contri	
~ ~				be directly connected with					-xcept i	or contin	buttoris,
) 	ے 154ء			directors, and trustees (Schedule K					. 14	<u> </u>	
7) 15									$\overline{}$	85,127.
566))16									<u> </u>	3,593.
i	> 17										
7	18	Interest (attach so	:hedule) ((see instructions)					18		
2	19										9,981.
	20	Charitable contrib	utions (S	See instructions for limitation rules)					. 20		
	21			4562)							
	22	Loce depresention	claimed	on Schedula A and alcowhere on r	oturn				22b		
	23	Depletion		on schedule A and elsewhere of	Ŕ	ECEIAE	ن بننا		. 23		
\widetilde{v}	24	Contributions to d	eferred c	compensation plans	-نار				. 24		
2012	25	Employee benefit	programs	compensation plans	3	AUG 27.20	21 . 0		. 25		
5	26	Excess exempt exp	enses 🎉	schedule I)	₹	· · · · · · · · · · · · · · · · · · ·	<u>```</u>		. 26		
र्रू	27	Excess readership	costs (So	chedule J)		COEN I	HT:		. 27		
J	28	Other deductions	(attach so	chedule J)	<u> </u>	JOLIN, V		. АТСН. 2.			99,413.
	29	Total deductions	Add lines	s 14 through 28						ļ	198,114.
	30	/		le income before net operating							-40,096.
	31	,		g loss arısıng ın tax years beginnii	-					<u> </u>	10 225
	32	Unrelated busines	s taxable	e income Subtract line 31 from line	e 30 .		<u></u>		. 32	L	-40,096.

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DUNCAN REGIONAL HOSPITAL, INC.

Form	940-1 (2018)				Page Z
Par	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	Instructions)	33		_	
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			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
30	of lines 33 and 34	36			
		37		1	000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	34			000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				^
	enter the smaller of zero or line 36	38			0.
Par	t IV Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	1			
	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	$\overline{}$			
'Par	Tax and Payments	<u> </u>			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	ТΤ			
	Other credits (see instructions)	1			
		1			
	General business credit Attach Form 3800 (see instructions)	-			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1			
	Total credits Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44 ,	46			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47			
48	Total tax Add lines 46 and 47 (see instructions)	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
50 a	Payments A 2017 overpayment credited to 2018				
	2018 estimated tax payments	1 1			
	Tax deposited with Form 8868	1			
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	1			
	Backup withholding (see instructions)	i			
	Credit for small employer health insurance premiums (attach Form 8941) 50f	i			
		i			
g	Other credits, adjustments, and payments Form 2439				
-4	Form 4136 Other Total ▶ 50g				
	Total payments Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want	55			
Par	Statements Regarding Certain Activities and Other Information (see instruction	s)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other	authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay hav	e to file		1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		
	here ▶				Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	an talet	2		Х
٠.	If "Yes," see instructions for other forms the organization may have to file	9.,			
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
50	Under penalties of penalty, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of m	v knowledge	and beli	ef. it is
Sian	true, correct, and dimplete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge		,g-		
Sign			IRS discuss		
Here			preparer sh		7 I
		a matructio	ons)? X Ye	es	No
Paid	Print/Type preparer's name Preparer's signature Object 1.1 Preparer's signature Object 1.1 Object 1.1 Object 1.1 Object 1.1 Object 1.1	ıf لــــا ،	PTIN		_
Prep	arer Selice	mployed	P007		
Use	Firm's name DAD, DDP P	EIN ▶	44-016		
	Firm's address > 14241 DALLAS PARKWAY, STE 1100, DALLAS, TX 75254 Phone	eno 97	2-702-		
JSA		-	Form 9	90-T	(2018)

8X2741 1 000 SV 4 6 2 5 K 9 3 1 4 / 2 2 / 2 0 2 0 1:55:32 PM

Form 990-T (2018)								Pag
Schedule A - Cost of Go	oods Sold. Er	iter metho	d of invente	ory valuation	>			
1 Inventory at beginning of y						ar	6	
2 Purchases	2 Purchases					old Subtract line		
3 Cost of labor				6 from	line 5 Er	nter here and in		
4a Additional section 263A co	osts			Part I, line	2		. 7	
(attach schedule)	4a					section 263A (v		Yes 1
b Other costs (attach schedu	ile) 4b			property	produced	or acquired fo	r resale) apply	
5 Total Add lines 1 through						<u> </u>		x
Schedule C - Rent Income	(From Real P	roperty a	nd Person	nal Property	Leased V	With Real Prope	rty)	
(see instructions)	•			_		•		
Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent recei	ved or accru	ed	_		T		
(a) From personal property (if the for personal property is more the	an 10% but not	percent	age of rent fo	personal property	exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)		
more than 50%)		50% 0	r if the rent is	based on profit or	income)			
(1)							3	
(2)								
(3)							- -	
(4)								
Total		Total						
(c) Total income. Add totals of co	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and or		
here and on page 1, Part I, line 6	, column (A)	▶				Part I, line 6, colu		
Schedule E - Unrelated De	ebt-Financed I	ncome (se	ee instruction	ons)				
			2 Gross	income from or	3 1		nnected with or allocabled property	le to
1 Description of deb	t-financed property	allocable		o debt-financed	(a) Straig	ht line depreciation	(b) Other deductions	
			property		(attach schedule)		(attach schedule)	
<u>(1)</u>								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	sted basis ble to 6 Column property 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				<u>%</u>				
(2)			1					
(3)	-		-	%				
<u>(4)</u>			-	/ %	-		 -	
<u>-</u> ,					Enter her	e and on page 1.	Enter here and or	 1 page 1
						ie 7, column (A)	Part I, line 7, colu	
Tatala				.				
Totals				•		•		

Form **990-T** (2018)

Schedule F—Interest, Anni	uities, Royalties			ntrolled Or			Lations (S	e mandon	2113)	
Name of controlled organization	2 Employer identification number	ן ופו	3 Net unrelated incom (loss) (see instructions		4 Total of spec payments made		ified include	5 Part of column 4 that included in the controll organization's gross inco		6 Deductions directly connected with income in column 5
(1)				_						
(2)										
(3)	···									
(4)					L		!			
Nonexempt Controlled Organiz						1 40	Ded of colum	0.45-4		4. Deductions donath
7 Taxable Income	8 Net unrelated ii (loss) (see instruc			Total of specific ayments made		inc	Part of colunctuded in the anization's gr	controlling		Deductions directly nected with income in column 10
(1)									<u> </u>	
(5)									<u> </u>	
(3)									<u> </u>	
(4)	, ·			· 		<u> </u>			<u> </u>	
Totals		·:···:	\\.	(0) (47	>	Er Pa	dd columns 5 iter here and c art I, line 8, co	n page 1, lumn (A)	Ent	dd columns 6 and 11 ter here and on page 1, rt I, line 8, column (B)
Schedule G-Investment Ir	come of a Sec	ction 501(c	;)(7),			nızatı	on (see in	structions)		5 Takil dad otasa
1 Description of income	2 Amount of	income		3 Deduction directly con (attach sch	nected			Set-asides h schedule)		5 Total deductions and set-asides (col 3 plus col 4)
<u>(1)</u>			ļ						\rightarrow	
(2)			<u> </u>						\rightarrow	
(3)			Ļ							
(4)			<u> </u>						\rightarrow	
Totals	Enter here and Part I, line 9, c	olumn (A)	er Th	an Adverti	sing Ir	come	e (see insti	uctions)		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 Expense directly connected very production unrelated business income	es with of	4 Net incomfrom unrelation business 2 minus collif a gain, cc cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5		ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
<u>(1)</u>								1		
(2)								<u> </u>		 · · · · · · · · · · · · · · · · · · ·
(3)							***		-	
(4)							 _	 		
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here an page 1, Par line 10, col	t I,							Enter here and on page 1, Part II, line 26
Schedule J- Advertising In	come (see instri	uctions)		J				 		L
Part I Income From Peri			nsoli	dated Bas	is					
1 Name of periodical	2 Gross advertising income	3 Direct advertising co		4 Adverti gain or (loss 2 minus co	or (loss) (col successed and solution state of the control of the control of the costs of the co		,	7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
				33.3 3 4.110	- g /					
(1)		_			}			 -		4
(2)	ļ							ļ		4
(3)								 		_
(4)				_				 		
Totals (carry to Part II, line (5))	<u>[</u>							<u> </u>		Form 990-T (2018)

DUNCAN REGIONAL HOSPITAL, INC. 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) Part II

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 ▶			1		1	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, Irne 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)		%	
3)		%	•
4)		%	
Total Enter here and on page 1. Part II. line 14		▶	

Form 990-T (2018)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service ► Go to www.irs gov/Form990T for instructions and the latest information.

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

(A) Income

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

(C) Net

Name of organization

DUNCAN REGIONAL HOSPITAL, INC.

Part I Unrelated Trade or Business Income

Employer identification number 73-1008550

(B) Expenses

Unrelated business activity code (see instructions) ▶ 621500

Describe the unrelated trade or business ► LAB SERVICES

1 a	Gross receipts or sales 196, 286.					
b	Less returns and allowances c Balance	1c	196,286.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	196,286.			196,286.
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
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				
8	Interest, annuities, royalties, and rents from a controlled		1			
	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				1
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	196,286.			196,286.
11	deductions must be directly connected with the ui				14	
14	Compensation of officers, directors, and trustees (Schedule K)					129,384.
15	Salaries and wages				15 16	223,001.
16	Repairs and maintenance				17	
17	Bad debts				18	
18 19	Interest (attach schedule) (see instructions)				19	
20	Taxes and licenses				20	
21	Depreciation (attach Form 4562)		1 1			
22	Less depreciation claimed on Schedule A and elsewhere on re				22b	
23	Depletion				23	·
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)			.ATCH.3	28	117,253.
29	Total deductions. Add lines 14 through 28			I	29	246,637.
30	Unrelated business taxable income before net operating				30_	-50,351.
31	Deduction for net operating loss arising in tax years	begir	ining on or after January 1	, 2018 (see		
	instructions)				31	
32	Unrelated business taxable income. Subtract line 31 from line	30 .			32	-50,351.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

ATTACHMENT 1

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

FOOD SALES FROM THE HOSPITAL CAFETERIA FOR CATERING ACTIVITIES

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

OFFICE EXPENSES	847.
SUPPLIES	75,268.
CONTRACT SERVICES	7,537.
DUES & SUBSCRIPTIONS	74.
LAUNDRY	2,400.
TRAVEL EXPENSE	50.
RENT EXPENSE	105.
MISCELLANEOUS EXPENSE	13,132.

PART II - LINE 28 - OTHER DEDUCTIONS

99,413.

DUNCAN REGIONAL HOSPITAL, INC.

73-1008550 ATTACHMENT 3

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

SUPPLIES

117,253.

PART II - LINE 28 - OTHER DEDUCTIONS

117,253.

Duncan Regional Hospital, Inc 73-1008550 Form 990-T - Net Operating Loss for Years beginning before January 1, 2018 6/30/2019

	NOL Generated	NOL Available	NOL Used	NOL Expired	NOL Carryover
6/30/1999	(48,212)	(40,095)		40,095	-
6/30/2000	(64,299)	(64,299)			(64,299)
6/30/2001	(68,309)	(68,309)			(68,309)
6/30/2002	(90,194)	(90,194)			(90,194)
6/30/2003	(117,365)	(117,365)			(117,365)
6/30/2004	(126,327)	(126,327)			(126,327)
6/30/2005	(103,695)	(103,695)			(103,695)
6/30/2006	(79,842)	(79,842)			(79,842)
6/30/2007	(80,873)	(80,873)			(80,873)
6/30/2008	(92,318)	(92,318)			(92,318)
6/30/2009	(89,955)	(89,955)			(89,955)
6/30/2010	(30,805)	(30,805)			(30,805)
6/30/2011	(31,403)	(31,403)			(31,403)
6/30/2012	(67,228)	(67,228)			(67,228)
6/30/2013	(59,098)	(59,098)			(59,098)
6/30/2014	(94,012)	(94,012)			(94,012)
6/30/2015	(83,442)	(83,442)			(83,442)
6/30/2016	(65,660)	(65,660)			(65,660)
6/30/2017	(75,883)	(75,883)			(75,883)
NOL Carryover to 06/30/2020	(1,468,920)	(1,460,803)		40,095	(1,420,708)