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| trade or business, then complete Parts II of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III and III, complete a Schedule M for each additional trade or business, then complete Parts III and III is the previous sentence of PJOSEPH MOOLDRIDGE Telephone number ≥ 325 - 653 - 674 I The books are in care of PJOSEPH MOOLDRIDGE Telephone number ≥ 325 - 653 - 674 I The books are in care of PJOSEPH MOOLDRIDGE (C) Not (Not one (B) Expanses (C) | | | | | | | | | |
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| Trade or business, then complete Parts III-V 1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If the books are in care of ▶ JOSEPR WOOLDR I DGE Telephone number ▶ 325-653-6741 Telephone Page of the search | | | | | | | | | describe the |
| During the lax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶ | , | | • | nplete | Parts I and II, complete a S | ichedule M for each | ch additio | nal | |
| If "Yes," enter the name and identifying number of the parent corporation ▶ The books are in care of ▶ JOSEPH WOOLDRIDGE Telephone number ▶ 325–653–6741 Part Unrelated Trade or Business Income | | | | | | | | | 1151 |
| The books are in care of | | | | | | controlled group? | | ▶∟ |]Yes [≛]No |
| Part Unrelated Trade or Business Income | | | | rporation | on ► | | - C-2 | 6741 | |
| 1 a Gross receipts or sales | | | | | | | | _ | |
| Comparison of the Comparison | | | | | (A) Income | (B) Expen | ses | - - (| C) Net |
| 2 Cost of goods sold (Schedule A, line 7), 2 3 Gross profit Subtract line 2 from line 1c . 3 178,253. | 1a Gross receipts or | sales | | | 170 050 | | | | <u> </u> |
| 3 Gross profit Subtract line 2 from line 10 3 178,253 | | | | \vdash | 1/8,253. | | | | <u>/ </u> |
| As Capital gain net income (attach Schedule D). b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). c Capital loss deduction for trusts. income (0ss) from a partnership or an Scorpretion (ettech statement). Fent income (Schedule C). Unrelated debt-financed income (Schedule E). To Unrelated debt-financed income (Schedule E). To Unrelated debt-financed income (Schedule E). Partial Deductions (Schedule C). Other income (Sea enstructions, attach schedule). 10 Exploited exempt activity income (Schedule I). 11 Advertising income (Schedule J). 12 Other income (Sea enstructions, attach schedule). 13 Total Combine lines 3 through 12. 13 Total Combine lines 3 through 12. 14 Compensation of officers, directors, and trustees (Schedule K). 15 Salaries and wages. 16 Repairs and maintenance. 17 Bad debts. 18 Interest (attach schedule) (see instructions). 19 Depreciation (attach Form 4562). 20 Depreciation (attach Form 4562). 21 Less depreciation claimed on Schedule A and elsewhere on return. 21 Employee begefit programs. 22 Contributions to deferred compensation plans. 23 Employee begefit programs. 24 Excess exampt expenses (Schedule I). 25 Excess exampt expenses (Schedule I). 26 Excess pladeship costs (Schedule I). 27 Other deductions. Add lines 14 through 27. 28 Inferelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 31 Unrelated business taxable income Subtract line 29. 31 16, 7335. | _ | | | | 170 050 | | | | 170 050 |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797), 4b c Capital loss deduction for trusts 4c c capital loss deduction for trusts 5 income (loss) from a partnershop or an Scarporation (attach statement), 5 c Rent Income (Schedule C) 6 c C Unrelated debt-financed income (Schedule E) 7 c C C C C C C C C C C C C C C C C C C | • | | | <u> </u> | 1/8,253. | · ' | | | 1/8,253. |
| c Capital loss deduction for trusts income (loss) from a partnership or an Scoporation (attach statement). 6 Rent income (Schedule C). 7 Unrelated debt-financed income (Schedule E). 8 Interest, annualise, regalities, and reins from a controlled organization (Schedule F). 9 Investiment income of a section 501(c)(7), (9), or (17) organization (Schedule F). 10 Exploited exempt activity income (Schedule I). 11 Advertising income (Schedule J). 12 Other income (Schedule J). 13 Total Combine lines 3 through 12. 13 Total Combine lines 3 through 12. 14 Total Combine lines 3 through 12. 15 Total Combine lines 3 through 12. 16 Repairs and maintenance. 16 Repairs and maintenance. 17 AUG 2 2021 0 14 18 Interest (attach schedule) (see instructions). 18 Interest (attach schedule) (see instructions). 19 Depreciation (attach Form 4562). 10 Less depreciation clarified on Schedule A and elsewhere on return. 20 Depreciation (attach Form 4562). 21 Less depreciation clarified on Schedule A and elsewhere on return. 21 Employee bepfith programs. 22 Contributions to deferred compensation plans. 23 Employee bepfith programs. 24 Employee bepfith programs. 25 Excess exampt expenses (Schedule I). 26 Excess exampt expenses (Schedule I). 27 Other deductions, Add lines 14 through 27. 28 Inferentiated 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 instructions). 30 Unrelated business taxable income Subtract line 30 from line 29. 31 Official deductions. 31 Official deductions. | | | | 4a | | | _/_ | - | |
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| ## Unrelated debt-financed income (Schedule E) | | | | | | | | | |
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| 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 19 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Depletion 22 Contributions to deferred compensation plans 23 Employee benefit programs 24 Employee benefit programs 24 Excess exempt expenses (Schedule I) 25 Excess readership costs (Schedule J) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) ATCH 1 27 116,718. 28 Total deductions. Add lines 14 through 27 28 116,718. 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 61,535. 30 Unrelated business taxable income Subtract line 30 from line 29 31 61,535. | 15 Salaries and wag | es | | 7 | 116.43 | | | | |
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| | | | | 29 . | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · |] 31 | | |

| Form | m 990-T (2019) SHANNON MEDICAL CENTER | | 15-2 | 559845 | | Page 2 |
|-------|---|------------------|-------------|---------------------------------------|----------|--------------|
| Pa | art III Total Unrelated Business Taxable Income | | | | | |
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses | (see | . | | | |
| | instructions) | | 32 | | 111, | 249 |
| 33 | Amounts paid for disallowed fringes | | 33 | | | |
| 34 | Charitable contributions (see instructions for limitation rules) | - | 34 | | | |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract | | | | | 040 |
| | 34 from the sum of lines 32 and 33 | | β5 | | LII, | 249. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 | | $I \perp I$ | | 1.0 | |
| | instructions) | | 36 | | | 823. |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | ~ 1. F | В7 | | | 426. |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | | 38 | | Ι, | 000. |
| 39 | Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line | 1 1 1 | Ł L | | 00 | 400 |
| | entegine smaller of zero or line 37 | <u>\.\</u> | 39 | | 99, | 426. |
| | Tax Computation | \ . | 1 | | 20 | 070 |
| 40 | Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) | | 40 | | 20, | 879. |
| 41 | Trusts Taxable at Trust Rates. See instructions for tax computation Income tax | 1 | | | | |
| | the amount on line 39 from Tax rate schedule or Schedule D (Form 1041), | | 4/1 | | | |
| 42 | Proxy tax. See instructions | | 42 | | | |
| 43 | Alternative minimum tax (trusts only) | — | 43 | | | |
| 44 | Tax on Noncompliant Facility Income. See instructions | | 44 | | 20 | |
| 45 | Toral, Add lines 42, 43, and 44 to line 40 or 41, whichever applies | <u>\. </u> | 45 | — | 20, | 879. |
| Par | rt V \ \Tax and Payments | | | | | |
| 46 a | | | - 1 | | | |
| b | Other credits (see instructions) | | | | | |
| C | | |] | | | |
| đ | Credit for prior year minimum tax (attach Form 8801 or 8827), | | | | | |
| е | Total credits. Add lines 46a through 46d | | 16e | · · · · · · · · · · · · · · · · · · · | | |
| 47 | Subtract line 46e from line 45 | · · · <u>-</u> | 47 | | 20, | 879. |
| 48 | Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach scheduler) | dule), | 48 | | | |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | | 49 | | 20,8 | 879. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3. | : <u>L</u> | 50 | | | |
| 51 a | Payments A 2018 overpayment credited to 2019 | | İ | | | |
| b | | | | | | |
| С | Tax deposited with Form 8868 | 000. | ļ | | | |
| d | Foreign organizations Tax paid or withheld at source (see instructions) | | - 1 | | | |
| е | Backup withholding (see instructions) | | | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | | | | | |
| g | Other credits, adjustments, and payments Form 2439 | 1 | 1 | | | |
| | Form 4136 Other Total ▶ 5 g | | | | | |
| 52 | Total payments. Add lines 51a through 51g | السن | 52 | | 16,0 | 000. |
| 53 | Estimated tax penalty (see instructions) Check if Form 2220 is attached |) [] | 53 | | | 550. |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | A>[| 5,4 | | 5,5 | 529. |
| 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | ≻[: | 55 | | | |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax > Refunde | ad ▶ | 4 6 | - | | |
| Par | TVI Statements Regarding Certain Activities and Other Information (see instru | uctions) | | | | |
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signatu | re or c | ther a | uthority | Yes | No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization | on may | have | to file | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of | the fo | reign d | country | | |
| | here > | | | | Ì | Х |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a | a foreign | trust? | . [| | X |
| | If "Yes," see instructions for other forms the organization may have to file | | | Ī | | |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year | | | | | |
| | Under ponsitios of portury, I declare that I have examined this return, including accompanying schedules and statements, and to | o the best | of my k | nowledge a | nd belie | f, It is |
| Sign | true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge, | 140 | Abo IDC | · dla acce | 45-la | |
| Here | | | | i discuss eparer sho | | |
| | Signature of officer Date Title | | structions) | | | No |
| | Print/Type preparer's name Preparer's signature Date | Check | 11 | PTIN | | |
| Paid | | self-emp | | P0131 | 0558 | 3 |
| | parer BKD, LLP | Firm's El | | 4-0160 | | |
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| Form 990-T (2019) | | | | | · | Page 3 |
|---|---|--------------------|--|------------------------|---|--|
| Schedule A - Cost of Go | oods Sold. Er | ter method | of inventory valuation | • | | |
| 1 Inventory at beginning of y | | | 6 Inventor | y at end of ye | ear | . 6 |
| 2 Purchases | | | 7 Cost o | f goods s | old. Subtract line | 1 |
| 3 Cost of labor | 3 | | 6 from | line 5 Ente | r here and in Part | |
| 4a Additional section 263A co | osts | | I, line 2 | | | . 7 |
| (attach schedule) | 4a | | 8 Do the | rules of | section 263A (v | with respect to Yes No |
| b Other costs (attach schedu | 1 . 1 | | property | produced | or acquired fo | r resale) apply |
| 5 Total. Add lines 1 through | 4b - 5 | | to the o | ganization? . | | <u> </u> |
| Schedule C - Rent Income | (From Real P | roperty a | nd Personal Proper | y Leased \ | With Real Prope | erty) |
| (see instructions) | | | _ | | | |
| Description of property | | | | | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | - | | | | | |
| (4) | | | | | | |
| | 2 Rent recei | ved or accrue | ed | | | |
| (a) From personal property (if the for personal property is more the more than 50%) | an 10% but not | percenta | rom real and personal prope age of rent for personal prop if the rent is based on profit | rty exceeds | | firectly connected with the income (a) and 2(b) (attach schedule) |
| (1) | | | | | | |
| (2) | - | | | | | |
| (3) | | | | | - | |
| (4) | | | | | | |
| Total | | Total | | | | |
| (c) Total income. Add totals of co | olumns 2(a) and 2(| b) Enter | | | (b) Total deducti Enter here and o | |
| here and on page 1, Part I, line 6 | | | | | Part I, line 6, colu | |
| Schedule E - Unrelated Do | ebt-Financed I | ncome (se | e instructions) | | | |
| 1. Description of deb | at-financed property | | Gross income from or allocable to debt-financed | | debt-finan | nnected with or allocable to ced property |
| | | | property | (a) Straig | th line depreciation ach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | Dia 855 - | |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adju of or alloca debt-financed (attach sche | ble to property | 6 Column 4 divided by column 5 | | s income reportable nn 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | | | % | | |
| (2) | | | | % | | |
| (3) | | | | % | | |
| (4) | | | | % | | |
| Totale | | | · | Enter he Part I, li | ere and on page 1, ne 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | | | | | ······ |

| Schedule F - Interest, Ann | uities, Noyaitie | | | ntrolled Or | | | Lation | 3 (30 | 5 mondon | 0, | |
|-------------------------------------|--|---|-------------------|--|---|---------|--|-------------------|------------------------------------|----------|---|
| Name of controlled organization | 2 Employer identification numb | er 3 Ne | | | 4 Total of specified payments made | | of specified included i | | f column 4 the in the control | olling | 6. Deductions directly connected with income in column 5 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Organi | zations | | | | | | | | | | <u> </u> |
| 7 Taxable Income | 8 Net unrelated in (loss) (see instruc | I | | Total of specific ayments made | | inc | luded in | the co | 9 that is ntrolling s income | | Deductions directly nected with income in column 10 |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Totals | | | · · · · c)(7), | (9), or (17 | ►) Orga | En P | dd colur ter here art I, line | and on 8, colu | page 1, mn (A) | Ent | dd columns 6 and 11 ter here and on page 1, irt I, line 8, column (B) |
| 1 Description of income | 2 Amount of | income | | 3. Deduction directly cor (attach sch | 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 Part I, line 9, or empt Activity In | olumn (A) | er Th | an Adverti | sing Ir | com | e (see | ınstru | • | Ś | 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 Expens directly connected production unrelated business income | with of d | 4 Net inconfrom unrelated or business 2 minus collected in the collected i | ed tradé (column umn 3) ompute | from | Gross inco activity ot unrela iness inc | that ated | 6 Expe attributa colum | able to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | † | | | | | | | |
| (3) | | | | | | | | | | | |
| | | | | 1 | | | | | | | |
| (4) | Enter here and on page 1, Part I, line 10, col (A) | Enter here ar page 1, Pa line 10, col | rt I, | | | | | | • | <u> </u> | Enter here and on page 1, Part II, line 25 |
| Totals ▶ Schedule J- Advertising Ir | l come (see instri | uctions) | · | J | | | | | | | |
| Part I Income From Per | | | nsoli | idated Bas | sis | | | | | | |
| 1 Name of periodical | 2 Gross advertising income | 3 Directadvertising of | | 4 Advertigain or (los 2 minus co a gain, cor cols 5 thro | s) (col ol 3) If npute | 5 | Circulati | on | 6 Reade cost | • | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | ÷ · · · , |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | . |
| (4) | | | | | | | | | | | |
| 7.7 | | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | | | | | | | | | | | Form 990-T (2019 |

SHANNON MEDICAL CENTER 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 ▶ | | | | ٠ ، | * - | |
| | 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 26 |
| 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 | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | |
| (2) ATCH 3 | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | |

Form 990-T (2019)

SCHEDULE M (Form 990-T)

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

OMB No 1545-0047

2019

Department of the Treasury

For calendar year 2019 or other tax year beginning -10/01 , 2019, and ending

(A) Income

(B) Expenses

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)

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

(C) Net

Name of the organization SHANNON MEDICAL CENTER

Part I Unrelated Trade or Business Income

Employer Identification number 75-2559845

Unrelated Business Activity Code (see instructions) ▶ 621500 Describe the unrelated trade or business ► LAB SERVICES

2,729,548.

| 1a | | | | , ' | - | | · · · · · · · |
|--|--|--------------|--------------------------------|--------------------|---|--------------|----------------------|
| b | 2 (52 4(0 1 - | 1c | 76,080. | <u> </u> | | <u> </u> | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | | 1 | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 76,080. | 1 | | | 76,080. |
| 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 | | | | | | |
| | 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 | | | | | |
| 10 | Advertising income (Schedule J) | 11 | | | | | |
| 11 | | | | , | | | |
| | Other income (See instructions, attach schedule) | 12 | | • | | | |
| 11 12 13 | Total. Combine lines 3 through 12 | 13 | 76,080. | | must h | e directly | 76,080. |
| 11 12 13 Pai | Total. Combine lines 3 through 12 rt II Deductions Not Taken Elsewhere (See instructio connected with the unrelated business income) | ns for | limitations on deductio | ns) (Deductions r | , | pe directly | |
| 11 12 13 | Total. Combine lines 3 through 12 | ns for | Imitations on deductio | ns) (Deductions r | 14 | pe directly | |
| 11 12 13 Pai | Total. Combine lines 3 through 12 It II. Deductions Not Taken Elsewhere (See instructio connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | ns for | limitations on deductio | ns) (Deductions r | 14 | pe directly | |
| 11 12 13 Pai | Total. Combine lines 3 through 12 It II. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | 13 ns for | Ilmitations on deductio | ns) (Deductions r | 14 15 16 | pe directly | |
| 11 12 13 Pai 14 15 16 | Total. Combine lines 3 through 12 | 13 ns for | r limitations on deductio | ns) (Deductions r | 14 15 16 17 | pe directly | |
| 11 12 13 Pai 14 15 16 17 | Total. Combine lines 3 through 12 It ii Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | 13 ns for | r limitations on deductio | ns) (Deductions r | 14 15 16 17 18 | pe directly | |
| 11 12 13 Par 14 15 16 17 18 | Total. Combine lines 3 through 12 It ii. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | 13 ns for | r limitations on deductio | ns) (Deductions r | 14 15 16 17 | pe directly | |
| 11 12 13 Par 14 15 16 17 18 19 20 | Total. Combine lines 3 through 12 It ii. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | 13 ns for | r limitations on deductio | ns) (Deductions r | 14 15 16 17 18 19 | pe directly | |
| 11 12 13 Pa 14 15 16 17 18 19 20 21 | Total. Combine lines 3 through 12 It ii. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | ns for | r limitations on deductio | ns) (Deductions r | 14 15 16 17 18 19 | pe directly | |
| Par 14 15 16 17 18 19 20 21 | Total. Combine lines 3 through 12 It ii. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | ns for | r limitations on deductio | ns) (Deductions r | 14 15 16 17 18 19 21b | pe directly | |
| 11 12 13 Pai 14 15 16 17 18 19 20 21 22 23 | Total. Combine lines 3 through 12 It II. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts | ns for | r limitations on deductio | ns) (Deductions r | 14 15 16 17 18 19 21b 22 23 | pe directly | |
| Par 112 113 114 115 116 117 118 119 220 221 222 223 224 | Total. Combine lines 3 through 12 It II. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts | ns for | Imitations on deduction | ns) (Deductions r | 14 15 16 17 18 19 21b 22 23 24 | pe directly | |
| Par 114 15 16 17 18 19 20 21 22 23 24 25 | Total. Combine lines 3 through 12 It II. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | 13 ns for | zo 21a | ns) (Deductions r | 14 15 16 17 18 19 21b 22 23 24 | pe directly | |
| Par 114 15 16 17 18 19 20 21 22 23 24 25 26 | Total. Combine lines 3 through 12 It II. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | 13 ns for | zo 21a | ns) (Deductions r | 14 15 16 17 18 19 21b 22 23 24 25 26 | pe directly | |
| 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 | Total. Combine lines 3 through 12 It II. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | 13 ns for | zo 21a | ns) (Deductions r | 14 15 16 17 18 19 21b 22 23 24 25 26 27 | pe directly | 187,528. |
| 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 | Total. Combine lines 3 through 12 It ii. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | 13 ns for | 20 21a | ns) (Deductions r | 14 15 16 17 18 19 21b 22 23 24 25 26 27 28 | pe directly | 187,528. 187,528. |
| 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 | Total. Combine lines 3 through 12 It II. Deductions Not Taken Elsewhere (See instruction connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) Salaries and wages | ns for | 20 21a deduction Subtract line | ns) (Deductions r | 14 15 16 17 18 19 21b 22 23 24 25 26 27 | pe directly | 187,528. |

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2019

-111,448.

SCHEDULE M (Form 990-T)

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

OMB No 1545-0047

2019

Department of the Treasury

09/30 ,20 20 10/01 , 2019, and ending For calendar year 2019 or other tax year beginning

► 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

| nternal | Revenue Service | |
|---------|---------------------|--|
| Vame | of the organization | |

Employer identification number 75-2559845 SHANNON MEDICAL CENTER Unrelated Business Activity Code (see instructions) ▶ 900099 Describe the unrelated trade or business ▶ PASS-THROUGH INCOME

| Part I Unrelated Trade or Business Income | | | (A) Income | (B) Expenses | (C) Net | |
|---|--|-----|------------|--------------|---------|--|
| 1a | Gross receipts or sales | | | | | |
| b | Less returns and allowances c Balance | 1c | | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | | | | |
| 4a | 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) ATCH 5 . | 5 | 49,714. | · | 49,714. | |
| 6 | Rent income (Schedule C) | | | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | | |
| | organization (Schedule F) | 8 | | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | | | |
| | organization (Schedule G) | 9 | | | | |
| 10 | Exploited exempt activity income (Schedule I) | 1 1 | | | | |
| 11 | Advertising income (Schedule J) | 1 | | | | |
| 12 | Other income (See instructions, attach schedule) | | | • | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 49,714. | | 49,714. | |

Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|----|--|-----|---------|
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | 19 | |
| 20 | Depreciation (attach Form 4562) | | - |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return 21a | 21b | |
| 22 | Depletion | 22 | |
| 23 | Contributions to deferred compensation plans | 23 | . " |
| 24 | Employee benefit programs | | |
| 25 | Excess exempt expenses (Schedule I) | 25 | |
| 26 | Excess readership costs (Schedule J) | 26 | |
| 27 | Other deductions (attach schedule) | 27 | |
| 28 | Total deductions. Add lines 14 through 27 | 28 | |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29 | 49,714. |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | | |
| | instructions) | 30 | |
| 31 | Unrelated business taxable income Subtract line 30 from line 29 | 31 | 49,714. |

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

ATTACHMENT 1

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

ALLOCATED COST-LAUNDRY

116,718.

PART II - LINE 27 - OTHER DEDUCTIONS

116,718.

75-2559845 ATTACHMENT 2

FORM 990-T: PART III - LINE 36 - PRIOR YEARS NET OPERATING LOSS DEDUCTION

| LOSS YEAR ENDING | ORIGINAL LOSS | LOSS AVAILABLE IN CURRENT YEAR | LOSS CLAIMED IN CURRENT YEAR |
|--|-------------------------------------|--------------------------------|------------------------------|
| 09/30/2000 09/30/2001 09/30/2002 09/30/2003 09/30/2004 09/30/2005 09/30/2006 09/30/2007 09/30/2008 09/30/2009 09/30/2010 09/30/2011 09/30/2011 09/30/2012 09/30/2013 09/30/2014 09/30/2015 09/30/2016 09/30/2018 | 17,071. | 10,823. | 10,823. |
| TOTAL: | 17,071. | 10,823. | 10,823. |
| | S AVAILABLE FROM PINE 35 ON PAGE 2, | RIOR YEARS | 10,823. |
| | NET OPERATING LOS | S DEDUCTION | 10,823. |

ATTACHMENT 3

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

| NAME AND ADDRESS | <u>TITLE</u> | BUSINESS PERCENT | COMPENSATION |
|---|-------------------------|---------------------|--------------|
| ANDREW HUME, MD 120 E. HARRIS AVENUE SAN ANGELO, TX 76903 | FORMER DIRECTOR | 0 | 0. |
| MICHELLE SNUGGS | FORMER DIRECTOR | 0 | 0. |
| IRVIN ZEITLER 120 E. HARRIS AVENUE SAN ANGELO, TX 76903 | FORMER MEDICAL DIRECTOR | 0 | 0. |
| TOTAL COMPENSATION | | | 0. |

| NONNAHO | MEDICAL | CENTER |
|---------|---------|--------|
| | | |

| | ATTACHMENT 4 |
|--|--------------|
| FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS | |
| ALLOCATED COST-LABORATORY | 187,528. |
| PART II - LINE 27 - OTHER DEDUCTIONS | 187,528. |