				EXTE	NDED TO N	OVEMBE	R 16, 2020	_		
	Form	: 990-T	E	Exempt Organ	nization E	Busines	ss Income T	ax Return	L	OMB No 1545-0047
							ction 6033(e))	1017)	0040
		•	For ca	lendar year 2019 or other tax yea	ar beginning		and ending	1/4/2		2019
	_			► Go to www	.irs.gov/Form990T	for instructio	ns and the latest inform	ation.	_ [
		rtment of the Treasury al Revenue Service	▶	Do not enter SSN numbe	-					Open to Public Inspection for 501(c)(3) Organizations Only
	ΑΓ	Check box if		Name of organization (and see instructions.)		D Emple	oyer identification number
	,, _	address changed		Name of organization (CHOOK DOX II III	anna anangaa	and boo mod denomal,		ınstru	loyees' trust, see actions)
	B E	xempt under section	Print	BENEFIS HOSPITALS	S INC.					81-0232122
	X		or	Number, street, and room		O hov see in	etructions			ated business activity code
		408(e) 220(e)	Туре	1101 26TH STREET		O. 00x, 300 III	Structions.		(See II	nstructions)
	\vdash	408A 530(a)		City or town, state or pro		7IP or foreign	nostal code		1	
	\vdash	529(a)		GREAT FALLS, MT		Zii di lordigii	postal cooc		62140	0
	C Bo	ok value of all assets	·	F Group exemption numb		s) •				
	at	end of year 778,274,	294	G Check organization type		c) corporation	501(c) trust	401(a)	trust	Other trust
	H En	<u></u>	-	tron's unrelated trades or b		2		the only (or first) un		Other Bross
				CARE, HAIR CARE				complete Parts I-V.		than one
				ce at the end of the previou						
		siness, then complete f	-	•	as sentence, comple	sic i aits i aitu	i ii, compiete a delicude	, IVI TOT CACIT ACCITIONS	ai ii auc	OI .
				oration a subsidiary in an a	affiliated group or a	narent-cuheir	diary controlled group?	~ [Ye	x No
				ufying number of the paren		purum auuall	and y controlled group?	P L	16	
		ne books are in care of		ORREST EHLINGER	. Joi paradon.		Telenh	one number 🕨 4	06-45	5-5479 👼 🐧
				le or Business Inc	ome	Т	(A) Income	(B) Expenses	1	(C) Net
	Ь	Gross receipts or sale		848,194.		7	(v.y.moomo	(-)		()
		Less returns and allow			c Balance	▶ 1c	848,194.			
		Cost of goods sold (Se		Δ line 7)	G Dalaille	2	378,850.			/
	3	Gross profit. Subtract		· ·		3	469,344.			469,344.
		Capital gain net incom				4a	, , , , , , , , , , , , , , , , , , , ,		-	
		· -	•	art II, line 17) (attach Form	4797)	46		-	-	
		Capital loss deduction		• •	,	4c				
	5	•		thip or an S corporation (at	tach statement)	5	-		<u> </u>	
		Rent income (Schedul		imp or an o corporation (at	automorre,	6				
		Unrelated debt-finance		ne (Schedule F)		7				
	8			nd rents from a controlled o	organization (Schedi					
	9			n 501(c)(7), (9), or (17) or	=					
	10	Exploited exempt activ			,	10				
	11	Advertising income (S	Schedule	J)		11				
	12	Other income (See ins	struction	s, attach schedule)		12		, , , , , , , , , , , , , , , , , , , ,		
	13	Total. Combine lines	3 throu	gh 12		13	469,344.			469,344.
	'Pa			t Taken Elsewher						
		(Deductions	must b	e directly connected wi	th the unrelated b	ousiness inco	ome)			
	14	Compensation of offi	cers, di	ectors, and trustees (Sche	dule K)	RE(CEIVED	.]	14	
-	15	Salaries and wages			l.	/	10.	2]	15	285,844.
8	16	Repairs and maintena	ance			EL MOI	V 0 9 2020		16	
6 202i	17	Bad debts				189 NO	ļo I	<u> </u>	17	
_	18	Interest (attach sched	dule) (se	e instructions)		\"\ <u>-</u>	SEN LIT	1	18	
SEP 1	19	Taxes and licenses				1 00	DEN, UT	1	19	25.
世	20	Depreciation (attach	Form 45	(62)		L	20	45,852.		
ဟ	21	Less depreciation cla	umed or	Schedule A and elsewhere	on return		21a		21b	45,852.
	22	Depletion							22	
SCANNED	23	Contributions to defe		npensation plans					23	
Ž	24	Employee benefit pro							24	73,991.
Ę	25	Excess exempt exper							25	
30	26	Excess readership co							26	
-	27	Other deductions (att					SEE STATEMEN	NT 1	.27	99,911.
	28	Total deductions Ac							\28	505,623.
	29			come before net operating					29	-36,279.
	30		eratıng l	oss arısıng ın tax years beç	jinning on or after J	January 1, 201	18		$ \setminus $	_
		(see instructions)		.					30	0.
	<u>31</u>			ncome. Subtract line 30 fro					31	-36,279.
	92370	rr 01-27-20 LHA Fo	r Paper	work Reduction Act Notice	. see instructions.		(1)			Form 990-T (2019)

Form 990-T (1019) BENERIS HOSPITALS, INC.	81-0232122 Page 2
Part III 1 Total Unrelated Business Taxable Income	f
otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 0.
33 Amounts paid for disallowed fringes	[33
34 Charitable contributions (see instructions for limitation rules)	34 0.
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35
amm 2	36 0.
boundary 13 rat operating 1000 ariting in any years beginning botter carried 1, 2010 (con into botter)	
37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 1,000.
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39 Unrelated business taxable income. Subtract line 38 from line 37, if line 38 is greater than line 37,	
enter the smaller of zero or line 37	39 0.
Part IV Tax Computation	
/\/ 40 Organizations Taxable as Corporations Multiply line 39 by 21% (0.21)	40 0.
41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from	
Tax rate schedule or Schedule D (Form 1041)	41
42 Proxy tax. See instructions	42
43 Alternative minimum tax (trusts only)	43
44 Tax on Noncompliant Facility Income. See Instructions	44
45 Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
Fart V Tax and Payments	1
	Г
46a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	
b Other credits (see instructions)	
c General business credit. Attach Form 3800	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	
e Total credits. Add lines 46a through 46d	46e
47 Subtract line 46e from line 45	<u>4</u> 7 0.
48 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
49 Total tax Add lines 47 and 48 (see instructions)	49 0.
50 2019 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a Payments A 2018 overpayment credited to 2019	7
b 2019 estimated tax payments 51b	·
c Tax deposited with Form 8868	
· · · · · · · · · · · · · · · · · · ·	
f Credit for small employer health insurance premiums (attach Form 8941)	
g Other credits, adjustments, and payments: Form 2439	
Form 4136 Other Total ▶ 510	,
52 Total payments Add lines 51a through 51g	52
53 Estimated 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 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	56
Part VI Statements Regarding Certain Activities and Other Information (see instructions)	<u> </u>
57 At any time during the 2019 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 may have to file	
FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country	
here	х
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	x
If "Yes," see instructions for other forms the organization may have to file.	
59 Enter the amount of tax-exempt interest received of accrued during the tax year \(\bigs\) \$	
ara i mer me amondo do margaendo merea l'elencement alchined donno de las vegi 🖚 🐧	go and helpf it in true
Under penelties of purpy, I declare that Doore examined this return, including accompanying schedules and statements, and to the best of my knowled	ge and bener, it is tide,
Under penalties or persury, I declare that Under penalties of persury, I declare that Under penalties of my knowled correct, and complete Declaration of preparer (other trian taxpeyer) is based on all information of which preparer has any knowledge Here	y the IRS discuss this return with
Sign Here Under penalties of purpry, I declare that Under examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge CHIEF MEDICAL OFFICER Mathematical CHIEF MEDICAL OFFICER	y the IRS discuss this return with preparer shown below (see
Sign Here Under penelties of purery, I declare that Universe examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge CHIEF MEDICAL OFFICER Title Title	y the IRS discuss this return with preparer shown below (see bructions)? X Yes No
Sign Here Under penelties of pure, I declare that University and to the best of my knowled correct, and complete Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge CHIEF MEDICAL OFFICER Title Print/Type preparer's name Preparer's signature Date Check Inf	y the IRS discuss this return with preparer shown below (see
Sign Here Under penalties of pure, I declare that Deve examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge CHIEF MEDICAL OFFICER Title Print/Type preparer's name Preparer's signature Date Check if self- employed	y the IRS discuss this return with preparer shown below (see tructions)? X Yes No
Sign Here Under penelties of pure, I declare that Universe examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of preparer (other than taxpeyer) is based on all information of which preparer has any knowledge CHIEF MEDICAL OFFICER Title Print/Type preparer's name Preparer's signature Date Check inf self- employed Preparer WENDY CAMPOS WENDY CAMPOS 11/02/20	y the IRS discuss this return with preparer shown below (see tructions)? X Yes No
Sign Here Under penalties of parery, I declare that I beve examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of effects of the trian taxpayer) is based on all information of which preparer has any knowledge CHIEF MEDICAL OFFICER Tittle Print/Type preparer's name Preparer's signature Date Check instantial information of which preparer has any knowledge WENDY CAMPOS WENDY CAMPOS Tittle Date Check instantial information of which preparer has any knowledge WENDY CAMPOS WENDY CAMPOS Tittle Tittle Date Check instantial information of which preparer has any knowledge WENDY CAMPOS Tittle Tittle Chief MEDICAL OFFICER Tittle Tittle Check instantial information of which preparer has any knowledge WENDY CAMPOS Tittle Tittle Tittle Check instantial information of which preparer has any knowledge Tittle Tittle Chief MEDICAL OFFICER Tittle Tittle Check instantial information of which preparer has any knowledge Tittle Chief MEDICAL OFFICER Tittle Check instantial information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of which preparer has any knowledge Chief Medical information of	y the IRS discuss this return with preparer shown below (see tructions)? X Yes No
Sign Here Under pensities of pure, I declare that I leave examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of effects of the fulan taxpeyer) is based on all information of which preparer has any knowledge CHIEF MEDICAL OFFICER Title Print/Type preparer's name Preparer's signature Date Check If self-employed Firm's name MOSS ADAMS LLP Firm's name MOSS ADAMS LLP 805 SW BROADWAY, SUITE 1200	y the IRS discuss this return with preparer shown below (see tructions)? X Yes No PTIN P00448102 91-0189318
Sign Here Under pensities of parent, I declare that Deve examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete Declaration of effects of the trian taxpayer) is based on all information of which preparer has any knowledge CHIEF MEDICAL OFFICER Title Print/Type preparer's name Preparer's signature Date Check insection of which preparer has any knowledge CHIEF MEDICAL OFFICER Title Print/Type preparer's name Preparer's signature Date Check insection of which preparer has any knowledge Mathematical departments of the best of my knowledge CHIEF MEDICAL OFFICER Insection in the best of my knowledge CHIEF MEDICAL OFFICER Insection in the best of my knowledge Mathematical departments and to the best of my knowledge CHIEF MEDICAL OFFICER Insection in the best of my knowledge	y the IRS discuss this return with preparer shown below (see tructions)? X Yes No PTIN P00448102 91-0189318

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory valuation > COST	1			
1 Inventory at beginning of year	1	64,533.	6 Inventory at end of year	ar		6	48,167.
2 Purchases	2	362,484.	7 Cost of goods sold. S	ubtract In	ne 6		
3 Cost of labor	3	•	from line 5. Enter here		1		
4 a Additional section 263A costs			line 2			7	378,850.
(attach schedule)	4a		8 Do the rules of section	1 263A (w	rith 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	427,017.	the organization?		,,		X
Schedule C - Rent Income		Property and		eased	With Real Prop	erty)	
(see instructions)			• •		•		
1. Description of property					•		
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued		,			•
(a) From personal property (if the perdonent for personal property is more 10% but not more than 50%)	of rent for pe	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ige	3(a) Deductions directly columns 2(a) an	connected d 2(b) (att	d with the income in ach schedule)	
(1)							
(2)		_					
(3)				1			_
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	>			(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see I	nstructions)				
			2. Gross income from		3. Deductions directly conn to debt-finance		
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a) s	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			-	1			
(2)							
(3)	-					1	· · · · ·
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deductions lumn 6 x total of columns 3(a) and 3(b))
(1)	-		%			Ĺ	
(2)			%				
(3)			%				
(4)		-	%				
(7)						_	
(4)					ter here and on page 1, art I, line 7, column (A)		er here and on page 1, rt I, line 7, column (B)
			•			Pa	
Totals Total dividends-received deductions in	cluded in column	18	>		art I, line 7, column (A)	Pa	rt I, line 7, column (B)

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. Girculation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)] []
(3)] [}
(4)						
					1	
Totals (carry to Part II, line (5))	0.	0.				0.
			·		<u> </u>	Farm 990-T (201

Form **990-T** (2019)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	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 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)	▶	0,	0,				0.

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)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
OFFICE EXPENSE		11,581.
PROFESSIONAL FEES		60,659.
PURCHASED SERVICES		18,798.
MEDICAL SUPPLIES		7,298.
ACCOUNTING SERVICES		1,575.
TOTAL TO FORM 990-T, PAGE 1, LIN	NE 27	99,911.

FORM 990-T	NET	OPERATING LOSS I	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/99	1,886,189.	1,497,013.	389,176.	389,176.
12/31/00	248,496.	0.	248,496.	248,496.
12/31/01	245,090.	0.	245,090.	245,090.
12/31/12	115,999.	0.	115,999.	115,999.
12/31/13	112,597.	0.	112,597.	112,597.
12/31/14	47,974.	0.	47,974.	47,974.
12/31/15	460,444.	0.	460,444.	460,444.
12/31/17	352,033.	0.	352,033.	352,033.
NOL CARRYO	VER AVAILABLE THIS	YEAR	1,971,809.	1,971,809.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

19 or other tax year beginning

OMB No 1545-0047

ENTITY

2019

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).

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

808,614.

Name of the organization Employer identification number BENEFIS HOSPITALS, INC. 81-0232122 Unrelated Business Activity Code (see instructions) ► PLASTIC SURGERY Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (C) Net (B) Expenses 1,528,999. 1 a Gross receipts or sales 643,304. **b** Less returns and allowances 885,695 77,081. Cost of goods sold (Schedule A, line 7) 2 3 808,614. 808,614. Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 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) Rent income (Schedule C) 6 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12

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

13

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	197,703.
16	Repairs and maintenance	16	
17	Bad debts	17	33,242.
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	25.
20	Depreciation (attach Form 4562) 20 30,964.	1	
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	30,964.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	33,899.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27 -	Other deductions (attach schedule) SEE STATEMENT 3	27	711,475.
28	Total deductions. Add lines 14 through 27	28	1,007,308.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-198,694.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) STMT 4	30_	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	-198,694.

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2019

808,614.

FORM 990-T ((M).	OTHER DEDUCTI	ONS	STATEMENT 3
DESCRIPTION				AMOUNT
OFFICE EXPEN	NSE			7,233.
PROFESSIONAL	L FEES			665,456.
PURCHASED SE				14,425.
MEDICAL SUPE				22,786.
ACCOUNTING S	SERVICES			1,575.
momar mo dat		T TATE 07		711 475
TOTAL TO SCH	HEDULE M, PART II	, LINE 27		711,475.
TOTAL TO SCH	·	, LINE 27 OPERATING LOSS D	EDUCTION	711,475. STATEMENT 4
	·		EDUCTION	STATEMENT 4
SCHEDULE M	NET	OPERATING LOSS D LOSS PREVIOUSLY	LOSS	STATEMENT 4 AVAILABLE
SCHEDULE M	·	OPERATING LOSS D	- 100	STATEMENT 4
	NET	OPERATING LOSS D LOSS PREVIOUSLY	LOSS	STATEMENT 4 AVAILABLE

BENEFIS HOSPI	TALS, INC.					81-023212	22	raye
Schedule A' - Cost of Good	ls Sold. Ente	r method of invent	tory va	luation > N/A				
 Inventory at beginning of year Purchases Cost of labor Additional section 263A costs (attach schedule) 	1 2 3	77,081.	7	Inventory at end of year Cost of goods sold Si from line 5 Enter here line 2 Do the rules of section	ubtract and in	Part I,	7	77,081. Yes No
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b Schedule C - Rent Income	4a 4b 5 (From Real	77,081.		property produced or a the organization?	for resale) apply to	rtv)	x	
(see instructions)								
Description of property								
(1) (2)								
(3)								
(4)								
rent for personal property is more than				nal property (if the percenta property exceeds 50% or if d on profit or income)	ge	3(a) Deductions directly cocolumns 2(a) and	onnected with the inc 2(b) (attach schedule	omé in)
(1)								
(2)		<u> </u>						
(3)			_	_				
(4)								
Total (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		Total nter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del		Income (see)	nstruc	tions)				
				Gross income from or allocable to debt-		3. Deductions directly conne to debt-financed	property	
1. Description of debt-fu	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other ded (attach sch	
(1)								
(2)								
(3)								
(4)					ļ			
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	4. Amount of average acquisition debt on or allocable to debt-financed of or allocable to			Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8, Allocable of (column 6 x tota 3(e) and	l of columns
(1)				%				
(2)				%%				
(3)				%				
(4)	<u> </u>		L	%	ļ			
						inter here and on page 1, Part I, line 7, column (A)	Enter here and o Part I, line 7, co	olumn (B)
Totals Total dividends-received deductions	ncluded in colum	n 8	-•	•	L	<u>0.</u>		0. 0.

4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

OMB No 1545-0172

Sequence No 179 Internal Revenue Service ► Go to www.irs.gov/Form4562 for instructions and the latest information. Name(s) shown on return Identifying number Benefis Hospitals, Inc. FORM 990-T PAGE 1 81-0232122 Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,020,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,550,000. 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 11 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property See instructions) Section A 45.852. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery period (e) Convention (g) Depreciation deduction (f) Method (a) Classification of property year placed only - see instructions) 3-year property 19a 5-year property b 7-year property C d 10-year property 15-year property е f 20-year property 25-year property 25 yrs S/L g MM S/L 27 5 yrs h Residential rental property -MM -S/L 27 5 yrs. MM S/L 39 yrs Nonresidential real property i ММ S/I Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs S/L b 30-year 30 yrs. MM S/L C 40 yrs ММ S/L 40-year Part IV | Summary (See instructions) 21 21 Listed property Enter amount from line 28

916251 12-12-19 LHA For Paperwork Reduction Act Notice, see separate distructions.

23 For assets shown above and placed in service during the current year, enter the

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr

Form 4562 (2019)

22

portion of the basis attributable to section 263A costs

45,852.

Form 4562	(2019)	BENEI	FIS HOSPITA	ALS, II	1C.							81	-023212	22	Page 2
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