Form	990-Т	Ex	empt Organ	ization	Bus	siness Ind der section	ome	Tax Retur	n	OMB No 1545-0687
, 5.111		For calc	and ہاndar year 2018 or other							മെ 4 0
Dagartes	ant of the Treasury	l or caler	Go to www irs						° <u></u>	<u> </u>
	levenue Service	▶ Do	not enter SSN numbers						:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
	Check box if		Name of organization (_	me changed and se			D Emple	oyer identification number
	address changed			_				}	(Emplo	oyees' trust, see instructions)
Exem	pt under section	1	SALEM HEALTI	Н						
X 50	ر <u>ر 20 (</u> c)01	Print	Number, street, and roo	om or suite no I	fa P O	box, see instruction	ns		93-0	579722
40	08(e) 220(e)	or Type						ĺ		ated business activity code
40	08A530(a)		890 OAK STRI		(269 III	structions)				
52	29(a)		City or town, state or p	rovince, country	y, and 2	ZIP or foreign postal	code			
	value of all assets I of year		SALEM, OR 9			6215	00			
	,		up exemption number		<u></u>			 1	,	· · · · · · · · · · · · · · · · · · ·
	99234388.		ck organization type			rporation	501(c		401(a)	
			nization's unrelated tra	ides or busine	sses					(or first) unrelated
	e or business her						•	•		e than one, describe the
			end of the previous :	sentence, cor	npiete	Parts I and II, co	implete a S	chedule M for eac	ch additio	nai
	e or business, the		corporation a subsidia	ary in an affili	ated ~	roup or a percent of	subsidiani a	controlled arcus?		X Yes
			identifying number of			_		one group?		اليا ده این ۲۰۰
			LEM HEALTH	the parent do	porati	11101		e number ▶ 50	3-814	-1938
			or Business Incor	ne		(A) Inco		(B) Expen		(C) Net
1a G	Pross receipts or s	sales						-		
b Le	ess returns and allowa	nces		c Balance 🕨	1 c					
2 0	cost of goods sol	d (Sched	ule A, line 7)	- 	2					
3 G	Gross profit Sub	tract line	2 from line 1c		3					
4a C	Capital gain net in	ncome (a	ttach Schedule D)		4a					
b N	let gain (loss) (Fo	rm 4797,	Part II, line 17) (attach F	orm 4797)	4b		- 75	-051/-P		
c C	Capital loss dedu	ction for t	rusts		4c		1 1		ا <u>ي</u>	ļ
5 In	ncome (loss) from a p	artnership or	r an S corporation (attach stat	ement)	5			UKT 6 6 232	12	
	•	-			6		<u> - </u>	UN 22 2021	- 15.7	
			come (Schedule E) .	/	7		<u> - </u>		100	
			nts from a controlled organiza			<u> </u>	C	2071, U	T	<u> </u>
			1(c)(7), (9), or (17) organizal							
			ncome (Schedule I) . lule J)		10			 -		
			tions, attach schedule)		12	1.021	1,090.	ATCH 2		1,021,09
2 C	otal Combine li	nes 3 thr	ough 12				1,090.	AICH Z		1,021,09
Part	Deduction	ns Not	Taken Elsewhere	(See instr	uctio	<u> </u>		leductions) (E	except f	
			be directly conne							, , , , , , , , , , , , , , , , , , , ,
4 C			directors, and trustees		_				. 14	
									ļ	46,36
										2,72
8 Ir	nterest (attach	chedule) (see instructions)					, ATCH 3.	. 18	1,86
9 T	axes and licerise	s							. 19	2
	,		See instructions for lim							50,98
			4562)					8,253	·	
	/		on Schedule A and el						22b	8,25
	,									
	/		compensation plans .							
,			3							12,51
			Schedule I)							-
			chedule J)							439,53
			chedule) s 14 through 28					•		
			s 14 through 28 le income before n						~	458,82
			g loss arising in tax y						31	
		,	• •	-	-)	1 82	
	Inrelated busines	SS (AXALIII	e income. Suntract iin	le 31 trom line	JU -					

	990-T (20					Page	2
Pāi		Total Unrelated Business Taxable Income					_
33		of unrelated business taxable income computed from all unrelated trades or businesses (sions)		33		478,421	<u>L.</u>
34	Amoun	s paid for disallowed fringes	L	34			
35		on for net operating loss arising in tax years beginning before January 1, 2018 (s		35			
36	Total c	f unrelated business taxable income before specific deduction. Subtract line 35 from the si	ım 「				_
		33 and 34	- 1	36		478,423	L.
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for exceptions)	81	3#		1,000	<u>5.</u>
38		ed business taxable income Subtract line 37 from line 36 If line 37 is greater than line	_	\top			_
		e smaller of zero or line 36		38		477,421	L
Par		Tax Computation	-	+			_
39		cations Taxable as Corporations Multiply line 38 by 21% (0 21)	. •	39	1	100,258	- -
40		Taxable at Trust Rates See instructions for tax computation income tax	· • ⊢	7	+		_
		ount on line 38 from Tax rate schedule or Schedule D (Form 1041),		40			
41		ax See instructions		41			
		ive minimum tax (trusts only)		42			
42 43		Noncompliant Facility Income See instructions		43			_
44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies			7	100,258	~
_		<u> </u>	7/	44	'	100,230	÷
Par		Tax and Payments		$\overline{}$			_
		tax credit (corporations attach Form 1118, trusts attach Form 1116)					
		redits (see instructions)					
C	Genera	business credit Attach Form 3800 (see instructions)					
		or prior year minimum tax (attach Form 8801 or 8827)					
		edits. Add lines 45a through 45d		15e		100 250	_
46		t line 45e from line 44		46		100,258	<u> </u>
47		kes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul	—	47	77	100 000	
48	Total ta	x. Add lines 46 and 47 (see instructions) \ldots	<i>-</i>	48	<u> </u>	100,258	<u>· · </u>
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	` <u> </u>	49			
50 a	Paymer	its: A 2017 overpayment credited to 2018					
b	2018 es	stimated tax payments	10.				
С	Tax dep	osited with Form 8868					
d	Foreign	organizations Tax paid or withheld at source (see instructions)					
		withholding (see instructions)					
f	Credit f	or small employer health insurance premiums (attach Form 8941)					
g	Other cr	edits, adjustments, and payments Form 2439		1			
	F	orm 4136 Other Total ▶ 50g					
51	Total pa	ayments. Add lines 50a through 50g		51		75,240	<u>) .</u>
52	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached		52/ 8		1,198	
53	Tax due	i. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		7	9	26,216	<u>. i</u>
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	. ▶ 🛚	54			
55	Enter the	e amount of line 54 you want Credited to 2019 estimated tax Refunded	▶ :	55			_
Par		Statements Regarding Certain Activities and Other Information (see Instruc	tions)				
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature	or c	other	authority	Yes No	5
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may	hav	e to file		_
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	he fo	reign	country		
	here 🕨					X	
57	Durina I	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	oreign	ı trust	12	X	
•		see instructions for other forms the organization may have to file	•				_
58		e amount of tax-exempt interest received or accrued during the tax year ▶ \$				1 1	
	Uı	older penalties of penury. I declare that I have examined this return, including accompanying schedules and statements and to	the bes	t of m	y knowledge	and belief, it	15
Sigr	1 Lin	ie correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		Al- r	IDC 3500		\Box
Her	, .)//an/ 5/2/20 PCFO				s this retur shown belov	
		gnature of officer Date Title	(see Ir	nstructi	lons)? X Y	es N	
		Print/Type grapherers name Preparers significant A. A. Date		Τ	PTIN		_
Paid		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Check L self-em	LLUVER	P014	490170	
Prep	arer		imi's E				_
Use	Only				06-913-		-
		initia desired & and a facility of the about	. WHE I	.5		90-T (201	181
JSA							-,

FORTH 930-1 (2010)									Page 3
Schedule A - Cost of G	oods Sold. Er	nter metho	d of invent	ory valuation	•				
1 Inventory at beginning of	year 1			6 Inventory	at end of year	ar	6		
2 Purchases	2					ld Subtract line			
3 Cost of labor	3	-		6 from	line 5 Er	iter here and in			
4a Additional section 263A c	osts			Part I, line	2		7		
(attach schedule)	4a		ļ	8 Do the	rules of	section 263A (w	th respe	ct to	Yes No
b Other costs (attach schede		_				or acquired for			
5 Total. Add lines 1 through	4b . 5			to the org	anization?	<u> </u>			N/A
Schedule C - Rent Incom	e (From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)		
(see instructions)									
1 Description of property									
(1)									
(2)						·			
(3)									
(4)									
	2 Rent recei	ved or accru	ed						
(a) From personal property (if the for personal property is more than 50%	nan 10% but not	percent	age of rent fo	personal property r personal propert based on profit or	y exceeds	3(a) Deductions dir in columns 2(a			
(1)									
(2)									
(3)	•								
(4)				•					
Total		Total							
(c) Total income Add totals of chere and on page 1, Part I, line 6	• •					(b) Total deduction Enter here and on Part I, line 6, colum	page 1,		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	ee instructi	ons)					
1 Description of de	bt-financed property			income from or to debt-financed		debt-finance			
			p	roperty		nt line depreciation ch schedule)	(b) Other deductions (attach schedule)		
(1)			<u> </u>						
(2)									
(3)									
(4)									
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	4	Column divided column 5		income reportable 1 2 x column 6)	(column 6	cable deduc 3 x total of c a) and 3(b))	columns
(1)				%		"			
(2)				%					
(3)				%					
(4)				%					
						e and on page 1, e 7, column (A)		re and on p	
Totals									

Form 990-T (2018)	SALEM H									579722 Page 4		
Schedule F-Interest, Annu	uities, Royaltie						i ons (se	e instructio	ns)			
Name of controlled organization	2 Employer identification number	per 3 N	et unrel	ontrolled Organizated income instructions)	4 Total	ons of specified ents made	Included	5 Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5		
(1)												
(2)												
(3)												
(4)	_						<u> </u>					
Nonexempt Controlled Organia						1 40 5		0.15-1		D-d-standardi.		
7 Taxable Income	8 Net unrelated i (loss) (see instruc	I .	9 Total of specified payments made			10 Part of column 9 that is included in the controlling organization's gross income				11 Deductions directly connected with income in column 10		
(1)				 		-						
(2)												
(3)							•					
Totals		. <u> </u>			•	Enter	columns 5 a here and on I, line 8, colu	page 1,	Ente	d columns 6 and 11 er here and on page 1, rt I, line 8, column (B)		
Schedule G-Investment In	come of a Sec	tion 5016	c)(7).	(9), or (17) Orga	nization	(see ins	tructions)				
1 Description of income	2 Amount o		, , , , , , , , , , , , , , , , , , ,	3 Deduction directly contact (attach sch	tions inected		4 Set-asides (attach schedule)			5 Total deductions and set-asides (col. 3 plus col. 4)		
(1)												
(2)												
(3)		-		· · · · · · · · · · · · · · · · · · ·								
(4)												
	Enter here and Part I, line 9, c									Enter here and on page 1, Part I, line 9, column (B)		
Totals	mpt Activity In	come, Oth	er Th	an Adverti	sing Ir	ncome (see instru	ictions)				
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected productio unrelate business in	y with n of ed	4 Net incon from unrelat or business 2 minus col If a gain, co cols 5 thro	ed trade (column umn 3) ompute	from ac	es income stivity that unrelated es income	6 Expen attributat columr	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)										-		
(2)												
(3)												
(4)												
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	art I,							Enter here and on page 1, Part II, line 26		
Totals						-				<u></u>		
Schedule J- Advertising In			1	idatad Das								
Part I Income From Per	lodicais Repor	ed on a Co	onsoi	Toated Bas	is	I		Τ				
1 Name of periodical	2 Gross advertising income	3 Direc advertising		4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)				
(1)												
(2)								L				
(3)												
(4)												
					_							
Totals (carry to Part II, line (5))						<u> </u>				Form 990-T (2018)		

SALEM HEALTH

FORIT SSO-1	(2018)	SAUBH RE	ALIN			93-05	19122	Page 5
Part Îl	Income From Per 2 through 7 on a l			Basis (For	each periodical	listed in Part II	, fill in	columns
•		l			T .			

1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)					-	
(3)			-			
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
1)		%	
otal. 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

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 2019

2018

OMB No 1545-0687

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

Open to Public Inspection for

Name of organization
SALEM HEALTH

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

Employer Identification number 93 - 0579722

Unrelated business activity code (see instructions) ▶ 446110

Describe the unrelated trade or business ▶ PHARMACY

Pai	tI 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			<u> </u>
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
C	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	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		Ì	
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule) ATCH, 6	12	1,500,163.		1,500,163
3	Total Combine lines 3 through 12	13	1,500,163.		1,500,163

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		246,913
16	Repairs and maintenance		5,946.
17	Bad debts		
18	Interest (attach schedule) (see instructions)		4,613.
19	Taxes and licenses		4
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	20,473.
23	Depletion	23	`
24	Contributions to deferred compensation plans	1 1	
25	Employee benefit programs		68,148.
26	Excess exempt expenses (Schedule I)	1 1	
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)	i 1	1,651,445.
29	Total deductions Add lines 14 through 28	$\overline{}$	1,997,542
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-497,379
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-497,379.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning 07/01, 2018, and ending 06/30, 20 19

201

Employer identification number

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0687

Name of organization SALEM HEALTH

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

93-0579722

Unrelated business activity code (see instructions) ▶ 621340

Describe the unrelated trade or business ▶ OCCUPATIONAL MEDICINE

Pai	tl Unrelated Trade or Business Income	•		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances	Balance 🕨	1 c			
2	Cost of goods sold (Schedule A, line 7)		2		·	
3	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	n 4797) . .	4b			
С	Capital loss deduction for trusts	[4c			
5	Income (loss) from a partnership or an S corporatio	n (attach	ĺ			
	statement)		5			
6	Rent income (Schedule C)	[6			
7	Unrelated debt-financed income (Schedule E)	[7			
8	Interest, annuities, royalties, and rents from a control	í				
	organization (Schedule F)		8			
9	Investment income of a section 501(c)(7), (9), or (1				····	
	organization (Schedule G)	I	9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11	1		
12	Other income (See instructions, attach schedule) AT		12	131,223.		131,223
13	Total Combine lines 3 through 12		13	131,223.		131,223

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, 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	70,352.
16	Repairs and maintenance		69
17	Bad debts		
18	Interest (attach schedule) (see instructions)		3,385
19	Taxes and licenses		12
20	Charitable contributions (See instructions for limitation rules)	1	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	15,022.
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		103,047.
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)	1	
28	Other deductions (attach schedule)	28	46,434.
29	Total deductions Add lines 14 through 28	29	238,321.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-107,098.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-107,098.

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

JSA

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $\frac{07/01}{2018}$, 2018, and ending $\frac{06/30}{2018}$, 2019

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)

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

OMB No 1545-0687

Name of organization
SALEM HEALTH

Employer identification number 93 - 0579722

Unrelated business activity code (see instructions) ▶ 523999

Describe the unrelated trade or business ▶ PARTNERSHIP INVESTMENTS

Pai	t I Unrelated Trade or Business Income			(A) Income (B) Expense			(C) Net
1 a	Gross receipts or sales		1				
b	Less returns and allowances C I	Balance >	1c				
2	Cost of goods sold (Schedule A, line 7)	-	2				
3	Gross profit Subtract line 2 from line 1c	_	3				
4 a	Capital gain net income (attach Schedule D)		4a				
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form	4797)	4b				
С	Capital loss deduction for trusts	[4c		<u> </u>		
5	Income (loss) from a partnership or an S corporation						
	statement)	CH 10	5	21,775.			21,775
6	Rent income (Schedule C)		6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7	Unrelated debt-financed income (Schedule E)	[7	-			
8	Interest, annuities, royalties, and rents from a control	lled				_	
	organization (Schedule F)		8				
9	Investment income of a section 501(c)(7), (9), or (17	Г		-		_	
	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				
13	Total. Combine lines 3 through 12	[13	21,775.			21,775
14	Compensation of officers, directors, and trustees (Sci					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	Charitable contributions (See instructions for limitation					20	2,178
21	Depreciation (attach Form 4562)			21			
22	Less depreciation claimed on Schedule A and elsewi					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)					28	
29	Total deductions Add lines 14 through 28					29	2,178.
30	Unrelated business taxable income before net of					30	19,597
31	Deduction for net operating loss arising in ta	x years b	eginn	ng on or after Januar	y 1, 2018 (see		
	instructions)					31	
32	Unrelated business taxable income. Subtract line 31	from line 3	30	<u> </u>	· · · · · · · · · · · · · · · · · · ·	32	19,597.
For P	aperwork Reduction Act Notice, see instructions				-	9.	chedule M (Form 990-T) 2018

For Paperwork Reduction Act Notice, see Instructions

Schedule M (Form 990-T) 2018

NAME AND FEIN OF PARENT CORPORATION

SALEM HEALTH HOSPITALS & CLINICS 93-0823471

PART I - LINE 12 - OTHER INCOME REGIONAL LAB

PART I - LINE 12 - OTHER INCOME

1,021,090.

1,021,090.

ATTA	CHMENT	3	

FORM 990T - PART II - LINE 18 - INTEREST

LABORATORY SERVICES

1,860.

PART II - LINE 18 - INTEREST

<u>1,860.</u>

CHARITABLE CONTRIBUTION

ATTA	.CHMEN'	Γ4	

UNRELATED TRADE OR BUSINESS INCOME	1,021,090.
ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	511,285. 0.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 50,981.

CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

50,981.

2,057,768.

ATTACHMENT	5

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS	
ADMINISTRATIVE OVERHEAD	96,287.
DUES & SUBSCRIPTIONS	190.
MEDICAL SUPPLIES	340,556.
SUPPLIES	779.
OTHER PURCHASED SERVICES	367.
PROFESSIONAL FEES	254.
RENT	403.
TELEPHONE	62.
OTHER EXPENSE	638.
•	

PART II - LINE 28 - OTHER DEDUCTIONS 439,536.

SCHEDULE M - LINE 12 - OTHER INCOME

PHARMACY

LINE 12 - OTHER INCOME

1,500,163.

1,500,163.

1,651,445.

ATTACHMENT 7

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

ADMINISTRATIVE OVERHEAD	290,639
DUES & SUBSCRIPTIONS	304
MEDICAL SUPPLIES	1,354,507.
SUPPLIES	4,362.
OTHER PURCHASED SERVICES	376
PROFESSIONAL FEES	152.
RENT	1.
OTHER EXPENSE	1,104.

PART II - LINE 28 - OTHER DEDUCTIONS

SALEM HEALTH

ATTACHMENT 8

SCHEDULE M - LINE 12 - OTHER INCOME

OCCUPATIONAL MEDICINE

131,223.

LINE 12 - OTHER INCOME

131,223.

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS	
ADMINISTRATIVE OVERHEAD & OTHER EXPENSES	40,372.
DUES & SUBSCRIPTIONS	246
MEDICAL SUPPLIES	3,965
SUPPLIES	487
PROFESSIONAL FEES	1,364

PART II - LINE 28 - OTHER DEDUCTIONS

93-0579722

ATTACHMENT 10

PARTNERSHIP INVESTMENTS

SCHEDULE M LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

PREMIER HEALTHCARE ALLIANCE LP

21,775.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

21,775.

SCHEDULE M - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME

21,775.

ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER

* 10%

CHARITABLE CONTRIBUTION LIMITATION (10%)

2,178.

CHARITABLE CONTRIBUTION

2,057,768.

CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)

2,178.

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FORM 990-T - PART II - LINE 20 - CHARITABLE CONTRIBUTION CARRYFORWARD

	Carryover of Prior Years Unused	Allowable Contributions	Expired Contributions	Remaining Unused Contributions
Year	Contributions	Deduction	Deduction	Carried Forward
6/30/2014	368,272		(368,272)	•
6/30/2015	194,100			194,100
6/30/2016	281,422			281,422
6/30/2017	474,161			474,161
6/30/2018	472,202			472,202
Total	1,790,157	-	(368,272)	1,421,885

Total Carryover 1,790,157
Current Year 10% Contributions 267,611
Total Contributions Available 2,057,768