

	Form	990-T	E	Exempt Orga	ı	OMB No 1545-0687							
			For on	ar) lendar year 2018 or other tax ye	nd proxy tax und	der se			İ	2018			
			POI Cal			instruction	, and ending ons and the latest infor	mation.	-	2010			
		tment of the Treasury al Revenue Service	. 5	Open to Public Inspection for 601(c)(3) Organizations Only									
2019	A	Check box if address changed		Name of organization ((Emplo	yer identification number byees' trust, see ctions)							
2	B E	xempt under section	Print	SAMARITAN HEALTH	93	-0951989							
4	X	501(c <u>)(3</u>)	Or Turns	Number, street, and room		ted business activity code structions)							
1		408(e) 220(e)	Туре	C/O SHS ACCOUNTIN	7/O SHS ACCOUNTING, PO BOX 3000								
N0V	<u></u>	408A 530(a)		City or town, state or prov	ince, country, and ZIP	or foreig	n postal code						
~		529(a)	L	CORVALLIS, OR 97					71394	0			
	T at a	ok value of all assets and of year		F Group exemption numb		<u> </u>	T Teat in it						
ENVELORY POSTMARK	U.Co.			G Check organization type				401(a)		Other trust			
A B	H EII		-	ition's unrelated trades or b	ousinesses.	8		e the only (or first) un					
35	uau	de or business here		ce at the end of the previou	us contonco, complete D	arte Lan		e, complete Parts I-V.					
SS	hues	siness, then complete i	-		is sentence, complete r	ai is i aii	u II, complete a Scheou	ie ivi ioi eacii audilioi	iai ii aut	UI			
	I Du			oration a subsidiary in an a	affiliated group or a pare	nt-suhsi	idiary controlled group?		Yes	x No			
3				tifying number of the paren		0000	iolary commonica group	,					
				SAMARITAN HEALTH SI			Telep	hone number 🕨 5	41-768	3-4773			
3	Pa	rt Unrelated	Trac	de or Business Inc	ome		(A) Income	(B) Expenses	<u> </u>	(C) Net			
ل منما،/مر إنا	1 a	Gross receipts or sale:	s	1,877,604.	<u> </u>								
<u> </u>		Less returns and allow			c Balance	1c	1,877,604	•		·			
3 3		Cost of goods sold (S				2		<u> </u>					
		Gross profit. Subtract				3	1,877,604	<u> </u>		1,877,604.			
		Capital gain net incom	•	•	4707)	4a		 	-+				
< 3		Capital loss deduction		art II, line 17) (attach Form	4797)	4b 4c	<u></u>	 					
		•		ship or an S corporation (at	tach statement)	5	·	 					
7019		Rent income (Schedul		mp or an o corporation (at	adon otatomont,	6		 	\dashv				
ø		Unrelated debt-finance	•	ne (Schedule E)		7		1	$\neg \neg$	 			
	8	Interest, annuities, roy	alties, a	nd rents from a controlled	organization (Schedule F)	8							
	9	Investment income of	a sectio	on 501(c)(7), (9), or (17) or	ganization (Schedule G	9							
	10	Exploited exempt activ	ity inco	me (Schedule I)		10							
		Advertising income (S		•		11		 					
		Other income (See ins		· ·		12	1 055 604	-		4 055 604			
	13	Total. Combine lines	3 through	gh 12	10 (0	13	1,877,604			1,877,604.			
	Pai	(Except for c	ontribu	ot Taken Elsewher utions, deductions must	be directly connected	or ilmita	the unrelated busine	ss income)					
	14	•	cers, dir	rectors, and trustees (Sche	dule K)				14				
	15	Salaries and wages					\ B		15	345,651.			
	16	Repairs and maintena	ance		1	1114	\U		16	48,614.			
9	17	Bad debts	dulo) (oc	an inestructions.)	1	11 1	SEE STATEME	NTT 1	17	28,351.			
2019	18 19	Interest (attach sched Taxes and licenses	uule) (Se	ee instructions)			SEE SIRIEME	N1 1	19	58,395.			
90	20		nns (See	e instructions for limitation	rules) SEE STATEM	ENT 4	SEE STATEME	NT 2	20	0.			
-	21	Depreciation (attach f	•		, 4,00)		21	228,182.					
ပ	22			Schedule A and elsewhere	e on return		22a		22b	228,182.			
DEC	23	Depletion					<u> </u>		23				
	24	Contributions to defe	rred cor	mpensation plans					24				
	25	Employee benefit pro	-						25	,137,209.			
\leq	26	Excess exempt expen	•	•					26 27				
É	27	Excess readership co		•						7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
5	28	Other deductions (att					SEE STATEME	NT 3	28	733,527.			
)	29 20	Total deductions. Ad		•	lone daduction Culti-	ot line of) from line 12		29	1,579,929.			
	30 31			icome before net operating oss arising in tax years beg					30 31	251,013.			
	32		_	oss ansing in tax years beg icome. Subtract line 31 froi	-	ary 1, 20	io (see manuchons)		32	297,675.			
	<u></u>			work Peduction Act Notice					J 2	Form 990-T (2018)			

14

	COOK SAMAKITAN MEADIM SEKVICES						•
Part I	II Total Unrelated Business Taxable Income						
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	see instri	ictions)	33		680	,595
34	Amounts paid for disallowed fringes			34		48	,559
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see inst	ructions	STMT 5	35		729	,154
36	${\it Total\ of\ unrelated\ business\ taxable\ income\ before\ specific\ deduction.\ Subtract\ line\ 35\ from\ the}$	sum of					
	lines 33 and 34			36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37			
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
Part I	V Tax Computation						
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		•	39			0
40	40 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on 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			44			0
Part \	/ Tax and Payments						
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			T		
b	Other credits (see instructions)	45b					
C	General business credit. Attach Form 3800	45c	291,601	ι.]			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	2,740	0	_		
е	Total credits. Add lines 45a through 45d			45e		294	, 341
46	Subtract line 45e from line 44			46	T		0
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 88	866 🗀	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			0
50 a	Payments A 2017 overpayment credited to 2018	50a					
b	2018 estimated tax payments	50b	50,000).]	1		
c	Tax deposited with Form 8868	50c		7			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		7			
е	Backup withholding (see instructions)	50e					
	Credit for small employer health insurance premiums (attach Form 8941)	50f			ŀ		
	Other credits, adjustments, and payments Form 2439						
•	Form 4136 Other Total	50g			1		
51	Total payments. Add lines 50a through 50g			51	1	50	,000
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	1		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		•	53	1	_	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	54	1	50	,000
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax		Refunded -	55	†		,000
Part \	I Statements Regarding Certain Activities and Other Informati	ion (se	e instructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	e or othe	r authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization						
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the						
	here >	J	•				x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or ti	ransfero	to, a foreign trust?				х
	If "Yes," see instructions for other forms the organization may have to file.		,				
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$					1, 1	İ
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	statement	s, and to the best of my kn	owledge	and belief, it i	s true,	
Sign	correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of which preparer	arer has ar					
Here	SVP FINANCE	E/CFO		-	RS discuss th rer shown bel		with
	Signature of officer Date Title				ns)? X Y		No
		ate	Check	ıf PT			
D			self- employed	i i	•		
Paid	JOYLYN ANKENEY (Joylyn Jukeney		Joseph Griphoyot		00366587	7	
Prepa	rer		Firm's EIN		3-062328		
Use C	5665 SW MEADOWS RD. SUITE 200		1 1111 3 2 114			-	
	Firm's address . LAKE OSWEGO OR 97035	,			20-4489		

Page 3

Schedule A - Cost of Good	s Sold. Enter i	method of inve	ntory va	luation COST					
1 Inventory at beginning of year	1		6	Inventory at end of yea	ar	-	6		
2 Purchases	2		7	Cost of goods sold. Si	ubtract I	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2		7			
(attach schedule)	4a		8	Do the rules of section	with respect to		Ye	s No	
b Other costs (attach schedule)	4b	_		property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					Х
Schedule C - Rent Income (see instructions)	(From Real	Property an	nd Per	sonal Property	Leas	ed With Real Pro	opeı	ty) 	
1. Description of property									
(1)	· —								
(2)									
(3)									
(4)									
	2. Rent receive	d or accrued							
rent for personal property is more than of rent for p			personal p	nal property (if the percenta roperty exceeds 50% or if d on profit or income)	age	3(a) Deductions direct columns 2(a) a	ly conn and 2(b	ected with the incom) (attach schedule)	e in
(1)									
(2)									
(3)									
(4)						_			
Total	0.	Total			0.				
c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		er •			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	e instruc	tions)					
			,	Gross income from		Deductions directly co to debt-finar			
1. Description of debt-fir	nanced property		0	r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	
(1)			1				\top		
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	idjusted basis ocable to ced property schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable dedu (column 6 x total of a 3(a) and 3(b)	columns
(1)			1	%		· · ·			
(2)	<u></u>			%					
(3)			1	%					
(4)			1	%					
					Er	nter here and on page 1,		Enter here and on pa	nge 1,
						art I, line 7, column (A)		Part I, line 7, columi	
Totals				•			٥.		0.
Total dividends-received deductions in	cluded in column	8		,			<u> </u>		0.

			Exempt	Controlled O	rganızatı	ons				
1. Name of controlled organize	iden	imployer tification umber	3. Net un (loss) (se	related income e instructions)	4. Tot payr	al of specified ments made	includ	rt of column 4 fed in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)			<u> </u>							
(2)										
(3)					-					
(4)										
Nonexempt Controlled Organ	nizations									
7. Taxable Income			9. Total	of specified payments made In the controlling gross inc		ng organization's with		eductions directly connected in income in column 10		
(1)		-	T							
(2)			1							
(3)										
(4)		-			-					
		-	· 			Add colum Enter here and line 8, c	on page	e 1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals					<u> </u>			0.		0
Schedule G - Investme		s Section	n 501(c)	(7), (9), or	(17) Or	ganization	1			
	cription of income			2. Amount of	ıncome	3. Deduction directly conne	cted	4. Set-a		5. Total deductions and set-asides
(4)						(attach sched	ule)	(attach s		(col 3 plus col 4)
(1)				_						
(2)								_		
(3)				<u> </u>						
(4)				ļ						
				Enter here and o Part I, line 9, co	lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
^{Totals} Schedule I - Exploited	Fremnt Activit	by Incom	ne Othe	r Than Ad	0. Vertisi	na Income				0
(see instr	•	.yco	,							
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	openses connected roduction irelated iss income	4 Net incomfrom unrelated business (cominus columingain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		1			1	_				<u> </u>
(2)				<u> </u>						
(3)	·	1		1						
(4)	 	 		 			_			
	Enter here and on page 1, Part i, line 10, col (A)	page	ere and on 1, Part I, I, col (B)							Enter here and on page 1, Part II, line 26
Totals	0	-1	0.							0
Schedule J - Advertis				المحادات المحا	Dania					
Part I Income From	Periodicals Re	portea c	on a Con	isolidated	Dasis					
1 Name of periodical	2. Gross advertising income	adv	3 Direct vertising costs	4 Adverti or (toss) (co col 3) If a ga cols 5 th	il 2 minus iin, comput	5 Circulati		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)			_	7						
(3)		1		┑						
(4)				\dashv						
·	<u> </u>					†				
otals (carry to Part II, line (5))	▶	0.		٥.						0
(00.1) (0.1 (1.1) (1.1)		'1								5 900 T (0010

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 27
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 (2018)

FORM 990-T	INTEREST PAID	STATEMENT 1
DESCRIPTION		AMOUNT
INTEREST		28,351.
TOTAL TO FORM 990-T, PAGE 1, L	JINE 18	28,351.
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CASH ONLY CASH ONLY	N/A N/A	63,798. 259.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	64,057.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		TRUOMA
OCCUPANCY SERVICES PURCHASED SERVICES RENT SUPPLIES OTHER EXPENSES UTILITIES BLDG MANAGEMENT		292,758. 146,760. 15,385. 64,849. 18,362. 34,563. 24,696.
ADMINISTRATIVE SERVICES TOTAL TO FORM 990-T, PAGE 1, L	JINE 28	733,527.

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	4
QUALIFIED	CONTRIBUTIONS SUBJECT	TO 100% LIMIT			
FOR TAX	OF PRIOR YEARS UNUSED YEAR 2013 YEAR 2014	CONTRIBUTIONS			
FOR TAX	YEAR 2015 YEAR 2016 YEAR 2017	33,957 98,546 562,302			
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBU	rions	694,805 64,057		
	TRIBUTIONS AVAILABLE SCOME LIMITATION AS ADA	JUSTED	758,862 0		
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS		758,862 0 758,862		
ALLOWABLE	CONTRIBUTIONS DEDUCTION	 ON			0
TOTAL CONT	RIBUTION DEDUCTION			.,-	0

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/06	81,345.	81,345.	0.	0.
12/31/08	45,511.	45,511.	0.	0.
12/31/09	90,795.	90,795.	0.	0.
12/31/10	147,304.	147,304.	0.	0.
12/31/12	119,977.	1,809.	118,168.	118,168.
12/31/16	2,023,058.	0.	2,023,058.	2,023,058.
12/31/17	1,355,870.	0.	1,355,870.	1,355,870.
NOL CARRYO	VER AVAILABLE THIS	YEAR	3,497,096.	3,497,096.

Unrelated Business Taxable Income for Unrelated Trade or Business

PMITII	
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ______ , and ending

► 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

Name	of the organization SAMARITAN HEALTH SERVICES		93-0951989				
	Inrelated business activity code (see instructions) > 561499						
	Describe the unrelated trade or business GROUP PURCHAS:	ING					
Pa	t I Unrelated Trade or Business Income		(A) Ir	ncome	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 312,073.				•		
ь	Less returns and allowances c Balance	1c		312,073.		- 1	
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3		312,073.			312,073.
4 a	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)	ii		- 1		ľ	
	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		312,073.			312,073.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the					· ····································	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)					14	37,382.
15 16	Salaries and wages					16	
17	Repairs and maintenance 8ad debts					17	
18						18	
19	Interest (attach schedule) (see instructions) Taxes and licenses					19	
20	Charitable contributions (See instructions for limitation rules)					20	
21	Depreciation (attach Form 4562)			21	216.		
22	Less depreciation claimed on Schedule A and elsewhere on return	1		22a		22b	216.
23	Depletion	•				23	
24	Contributions to deferred compensation plans					24	
25	Employee benefit programs					25	8,187.
26	Excess exempt expenses (Schedule I)					26	<u>′</u>

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Schedule M (Form 990-T) 2018

33,714.

79,499.

232,574.

232,574.

27

28

29

30

31

SEE STATEMENT 6

instructions)

27

28

29

30

31

Unrelated Business Taxable Income for Unrelated Trade or Business

DNIII	,
OMB No	1545-0687

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning , and ending

SAMARITAN HEALTH SERVICES

► 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

Employer identification number

93-0951989

ι	Inrelated business activity code (see instructions) > 561700				
	Describe the unrelated trade or business OCCUPANCY SERV	ICES			
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 177,903.				
	Less returns and allowances c Balance ▶	1c	177,903.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	177,903.		177,903.
4 a	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			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			155.003
13	Total. Combine lines 3 through 12	13	177,903.		177,903.
Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken between the connected with the undertaken between the connected with the undertaken between the connected with the undertaken between the connected with the undertaken between the connected with the connected wi	ons ro inrelat	ed business income	e.)	or contributions,
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	Charitable contributions (See instructions for limitation rules)		101	20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	· · . · · · · · · · · · · · · · · ·
23	Depletion			23	
24	Contributions to deferred compensation plans			25	
25 26	Employee benefit programs			26	
26 27	Excess exempt expenses (Schedule I)			27	
27 20	Excess readership costs (Schedule J) Other deductions (attach schedule)		SEE STATEMENT		181,410.
28 20	,			29	181,410.
29 20	Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss dedu	ction S	Subtract line 29 from line	Table Tabl	-3,507.
30 31	Deduction for net operating loss arising in tax years beginning on o			· · · · ·	-,
J I	instructions)		January 1, 2010 (500	31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	-3,507.
UE	Officiated business taxable income Dubtract inic of Horr line of				

Unrelated Business Taxable Income for Unrelated Trade or Business

	ENTITY	4
l	OMB No	1545-0687
r		

Department of the Treasury

For calendar year 2018 or other tax year beginning ______, and ending _____

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

Open to Public Inspection for

Internal Revenue Service (99) Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only Employer identification number Name of the organization 93-0951989 SAMARITAN HEALTH SERVICES 900099 Unrelated business activity code (see instructions) Describe the unrelated trade or business INTEREST IN S CORPORATION - SYNERGY SURGICALISTS 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 ▶ Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 132,794 132,794. SEE STATEMENT 8 statement) 6 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) 11 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 12 132,794. 132,794. 13 Total. Combine lines 3 through 12 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	
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 rules)		20	0.
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	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	0,
30	Unrelated business taxable income before net operating loss deduction. Subtract lin	e 29 from line 13	30	132,794
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	132,794

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No	1545-0687

ENTITY

Employer identification number

93-0951989

Department of the Treasury Internal Revenue Service (99) Name of the organization For calendar year 2018 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information.

900099

SAMARITAN HEALTH SERVICES

Unrelated business activity code (see instructions)

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

	Describe the unrelated trade or business INTEREST IN PA	ARTNER	SHIP - NORTHWEST N	EDICAL ISOTOPES	
Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales		<u> </u>	·	
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			
4 a	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) SEE STATEMENT 9	5	-540,658.		-540,658.
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			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		-	
13	Total. Combine lines 3 through 12	13	-540,658.		-540,658.
14	deductions must be directly connected with the u	ınrela 	ted business incom	e.)	
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 rules)			20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion		<u> </u>	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	0.
30	Unrelated business taxable income before net operating loss dedu	ction S	Subtract line 29 from line	: 13 30	-540,658.
31	Deduction for net operating loss arising in tax years beginning on o			<u>.</u>	
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	-540,658.
	For Paperwork Reduction Act Notice, see instructions.			Schedu	le M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	6
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ______, and ending ______, and ending ______.

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

▶ Go to www.irs.gov/Form9901 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

Name of the organization SAMARITAN HEALTH SERVICES			Employer identification	Employer identification number 93-0951989	
	Unrelated business activity code (see instructions) 446199 Describe the unrelated trade or business DURABLE MEDICA	L EQU	IPMENT		
Pa	TI Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 49,597.				
b	Less returns and allowances 15,670. c Balance ▶	1c	33,927.		
2	Cost of goods sold (Schedule A, line 7)	2	5,788.		
3	Gross profit Subtract line 2 from line 1c	3	28,139.		28,139.
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			<u></u> .
5	Income (loss) from a partnership or an S corporation (attach			1	
	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			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	28,139.		28,139.
Pai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the unit of the connected with the unit of the connected with the connect				or contributions,

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	2,580.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	·
19	Taxes and licenses	19	216.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 21 32.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	32.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	2,222.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 10	28	5,537.
29	Total deductions. Add lines 14 through 28	29	10,587.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	17,552.
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	17,552.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	7
OMB No	1545-0687

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

900099

SAMARITAN HEALTH SERVICES

Unrelated business activity code (see instructions)

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

Employer identification number

93-0951989

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	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			
4 a	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	63,000.	75,127.	-12,127.
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	63,000.	75, <u>127.</u>	-12,127.
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	Charitable contributions (See instructions for limitation rules)		1)	20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	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	0.
29	Total deductions. Add lines 14 through 28		0.14	29	-12,127.
30	Unrelated business taxable income before net operating loss dedu			e 13 30	-12,127.
31	Deduction for net operating loss arising in tax years beginning on c	or after	January 1, 2018 (see	 -	
	instructions)			31 32	-12,127.
32	Unrelated business taxable income Subtract line 31 from line 30				ie M (Form 990-T) 2018

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	8
OMB No	1545-0687

93-0951989

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning , and ending

▶ Go to www.irs.gov/Form990T for instructions and the latest information. Open to Public Inspection for 501(c)(3) Organizations Only 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 Name of the organization

SAMARITAN HEALTH SERVICES 900099 Unrelated business activity code (see instructions) ▶ SPECIFIED PAYMENTS - BOULDER FALLS PROPERTIES Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 108,000 206,285. -98,285. 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) -98,285. 108,000. 206,285. Total. Combine lines 3 through 12 13 13

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	
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 rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	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	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-98,285.
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	-98,285.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

1. Description of property

(1) (2)

	SAMARITAN	HEALTH	SERVICE

N/A		
nd of year	6	
sold. Subtract line 6		
stor horo and in Part I		

93-0951989

Schedule A - Cost of Good	s Sold. Enter metho	od of inventory valuation N/A	
1 Inventory at beginning of year	1	6 Inventory at end of year 6	
2 Purchases	2	7 Cost of goods sold. Subtract line 6	
3 Cost of labor	3	from line 5. Enter here and in Part I,	
4a Additional section 263A costs		line 2	
(attach schedule)	4a	8 Do the rules of section 263A (with respect to	Yes No
b Other costs (attach schedule)	4b	property produced or acquired for resale) apply to	
5 Total Add lines 1 through 4b	5_	the organization?	х
0 1 1 1 0 0 11			

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

(3)					
(4)					
	2. Rent	receiv	ed or accrued		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		(b) From real and personal property (if the perconformer of rent for personal property exceeds 50% of the rent is based on profit or income)	entage or if	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total		0.	Total	0.	
	al income. Add totals of columns 2(a) and 2(b) En	ter	0	(b) Total deductions. Enter here and on page 1,

Schedule E - Unrelated Debt-Financed Income (see instructions)

		2. Gross income from	 Deductions directly conne to debt-financed 	Deductions directly connected with or allocable to debt-financed property			
1. Description of debt-fir	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)							
(2)							
(3)							
(4)		 					
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 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)		%					
(2)		%					
(3)		%					
(4)		%					
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)			
Totals		▶	0.	0			
Total dividends-received deductions in	cluded in column 8	_		0			
				Form 000-T (201)			

SAMARITAN	HEALTH	SERVICES

SAMARITAN HEA	LTH SERVICE	S			93-095198	9
Schedule A - Cost of Good	s Sold. Enter	r method of invei	ntory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2	- "	7 Cost of goods sold. S	ubtract	line 6	
3 Cost of labor	3		from line 5. Enter here			
4a Additional section 263A costs			line 2		•	7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	•	•	
5 Total. Add lines 1 through 4b	5		the organization?		,,	x
Schedule C - Rent Income	(From Real	Property an		Leas	ed With Real Pro	perty)
(see instructions)						
Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued			T	
(a) From personal property (if the personal property is more 10% but not more than 50%)	re than	` 'of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) ar	connected with the income in id 2(b) (attach schedule)
(1)	· 				 	<u> </u>
(2)				-		· · · · · · · · · · · · · · · · · · ·
(3)						
(4)		<u> </u>	·			
Total	0.	Total		0.		
(c) Total income. Add totals of columns	2(a) and 2(b). Er	nter			(b) Total deductions.	
here and on page 1, Part I, line 6, colum	п (А)	>		0.	Enter here and on page 1, Part I, line 6, column (B)	> 0.
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)			
	-		2. Gross income from		Deductions directly con to debt-finance	
1			or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions
1. Description of debt-fi	manced property		financed property		(attach schedule)	(attach schedule)
				ļ		
(1)				<u> </u>		
(2)				<u> </u>		
(3)				ļ		
(4)	,			<u> </u>		
 Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule) 	of or debt-fine	e adjusted basis allocable to anced property h schedule)	6. Column 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)			%			
(3)			%			
(4)			%			
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•]	0	.] 0.
Total dividends-received deductions in	ncluded in columi	ı 8	•			0.

ITAN HEALTH SERVICES 93-09519

SAMARITAN HEAL	TH SERVICES	o i				33-032139	·		
Schedule A - Cost of Good	s Sold. Enter	method of invento	ory v	aluation N/A					
1 Inventory at beginning of year	1	3,174.	6	Inventory at end of yea	ır		6	4	,868.
2 Purchases	2	7,482.	7	Cost of goods sold. Su	ubtract I	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in 8	Part I,		_	
4a Additional section 263A costs		line 2						5	,788.
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to			Ī
5 Total. Add lines 1 through 4b	5	10,656.		the organization?					х
Schedule C - Rent Income	(From Real	Property and	Pe	rsonal Property	Leas	ed With Real Pro	pe	rty)	
(see instructions)	•	•							
1. Description of property		·-·							
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued				0/0) Dad at a sandarati			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for pe	rsonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ai		nected with the income attach schedule)	in
(1)	·								
(2)									
(3)									
(4)					-				
Total	0.	Total			0.				
c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Det	ot-Finance	Income (see in	nstru	ctions)					
						3. Deductions directly con			
			ž	Gross income from or allocable to debt-	(a)	to debt-finant	cea p	(b) Other deductio	
Description of debt-fir	nanced property			financed property	\-'	(attach schedule)		(attach schedule)	
(1)	•						T		
(2)	_						T		
(3)							T		
(4)									
Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or debt-fina	adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				>		(ا. د		0.
Total dividends-received deductions in	cluded in columi	า 8		- ,		b	•		0.

Page 4

				Exempt (Controlled O	rganizati	ons			
1. Name of controlled organizati	aon	2 Emplo identificat numbe	tion		related income e instructions)	4 Tot payr	al of specified nents made	5. Part of column 4 included in the con organization's gross	trolling	6. Deductions directly connected with income in column 5
(1) SAMARITAN HEALTH PLA	ANS,	-								
(2) INC.	9	3-086086	0							
(3)										
(4)										
Ionexempt Controlled Organia	zations									
7. Taxable Income	8. Net unr	related income e instructions)	(loss)	9. Total	of specified pay made	ments	in the controlli	nn 9 that is included ng organization's income	with	ductions directly connected in income in column 10
(1)								-	 	
(1) (2) -4,682,293.			0.		- 6	3,000.		63,000,	 	75,12
\ - /				 		,,,,,,,,,			<u> </u>	,
(3)				 					 	
(4)	<u>.</u>			<u> </u>						
							Enter here and	ons 5 and 10 ' on page 1, Part I, column (A)	Enter h	dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals						▶		63,000.	.]	75,127
Schedule G - Investme (see instr		ne of a S	ection	501(c)(7), (9), or	(17) Or	ganization	1	•	
1 Descr	ription of incom	ie			2. Amount of	income	3. Deduction directly conner (attach sched	cted 4. Set	-asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)		_								
(3)										
(4)						Ì				
Totals				<u> </u>	Enter here and Part I, line 9, co	lumn (A)				Enter here and on page Part I, line 9, column (B)
Schedule I - Exploited (see instru		Activity I	ncom	e, Othe	r Than Ac	ivertisi	ng income			-
1 Description of exploited activity	2 Gro unrelated b income trade or bu	usiness from	directly of with pro of unr	penses connected oduction related s income	4 Net incon from unrelated business (co minus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat attribu	penses table to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						1				
(2)							<u> </u>			
(3)										
(4)									•	
	Enter here page 1, F line 10, co	Part I,	page 1	re and on i, Part I, col (B)				.		Enter here and on page 1, Part II, line 26
fotals	na Incom	<u> </u>) no	<u> </u>					
Schedule J - Advertisir						D:-				
Part I Income From F	Periodica	als Repoi	rted o	n a Con	solidated	Basis				
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (c		5. Circulati e income	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										•
(2)		•								
(3)	·		 		┪		 	1		
			+		\dashv		-			
(4)	-+		+		 		+ -			
Totals (carry to Part II, line (5))	•									

Page 4

(1) BOULDER FALLS PROPERTIES	Schedule F - Interest, A			_		Controlled O						
29 LLC 46 - 5293120	1 Name of controlled organizati	ion	rdentific	cation	3. Net un (loss) (se	related income e instructions)			included in	the cont	roiling	6. Deductions directly connected with income in column 5
Some information of income Some information S	(1) BOULDER FALLS PROPER	RTIES,										
Mone person Controlled Organizations R. Net unstallate recover loss) S. Total of specified symmetric made 10, Part of column 9 has is ended and 11, Decisional 9 miles controlled organization 12, Part of column 9 has is ended and 11, Decisional 9 miles controlled organization 12, Part of column 9 has is ended and 12, Decisional 9 miles controlled organization 12, Part of column 9 has is ended and 12, Decisional 9 miles controlled organization 12, Part of column 9 has is ended and 12, Decisional 9 miles controlled organization 12, Part of column 9 has in ended and 12, Part of column 9 has in ended and 12, Part of column 9 has in ended and 13, Decisional 9 miles controlled 13, Decisional 9 miles 13,	(2) LLC		46-52931	20								
Add columns 5 and 10 SEE STATEMENT 12	(3)					_						
8. Net translate income (basi) 9. Total of specified payments (1). Part of column 8 that is included in the column 6 that is include												
(the instructions) (the instruct	Nonexempt Controlled Organia	zations										
20 -1,185,886 0 108,000 108,000 206,28	7. Taxable Income				9. Total		ments	in the controlli	ng organizati		with	h income in column 10
1, 185, 886. 0. 108, 000. 108, 000. 206, 24	(1)							<u>-</u>				
(3) (4) Add columns a and 10 Enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of worders and 10 enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net recome place in the exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net recome place in the exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 7. Excess exempt Part I, line 9, column 5, or of business income incom				0.		10	8,000.		108	,000.		206,28
Add columns 5 and 10 Enter here and on page 1, Part 1, Ires 8, column (A) Enter here and on page 1, Part 1, Ires 8, column (A) Enter here and on page 1, Part 1, Ires 8, column (A) Enter here and on page 1, Part 1, Ires 8, column (A) Enter here and on page 1, Part 1, Ires 9, column (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 10, col (B) Enter here and on page 1, Part 1, Ires 2, column (B) Enter here			_									<u></u>
Add columns 6 and 10 Enter here and on page 1, Part 1, Ince 8, column (8) 108, 000 206, 24									_			
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2, Amount of income distributive connected gittach schedule) (1) (2) (3) (4) Sinter here and on page 1, Part I, line 9, column (A) Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity urrelated business strade or business strade or business strade or business frade or business income business income business income business income from activity that graphs are column (A) (1) (2) (3) (4) Enter here and on page 1. Part I, line 9, column (A) For urrelated drade or business strade or business income business income business income from activity that business income from activity that business income business income business income from activity that business income from activity tha					<u> </u>			Enter here and	on page 1, F	art I,		nere and on page 1, Part I,
(see instructions) 1 Description of income 2, Amount of income directly commended (attach schedule) (1) (2) (3) (4) State here and on page 1, Part 1, line 9, column (a trached business income for whole darking or business income for whole darking or business income for makes	Totals						>		108	,000.		206,285
1 Description of income 2, Amount of income 2, Amount of income 3, Set-Baddle (attach schedule)			me of a S	Section	501(c)((7), (9), or	(17) Or	ganization	1	·		
(2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expanses directly connected with production of exploited activity and or business income 1. Description of exploited activity 2. Gross unrelated business business income 3. Expanses descript connected with production of business income 4. Net income (ics) from unrelated trade or business income from activity that business income from	1 Descr	iption of inco	ome			2. Amount of	ıncome	directly conne	cted			5. Total deductions and set-asides (col 3 plus col 4)
(3) (4) Enter here and on page 1, Part 1, line 9, column (4) Enter here and on page 1, Part 1, line 9, column (5) Cochedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited extently connected from trade or business income from trade or business income from trade or business income from trade or business income from trade or business income from trade or business income business income from trade or business income from trade or business income business income business income business income from trade or business income business income business income business income from trade or business income income business income business income business income business income business income business income business income business income business income business income business income business income business income business income business income business income income business income business income business income business income business income business income business income business income business income business income business income business income business income business income business incom												
Enter here and on page 1, Part 1, line 9, column (A)												
Enter here and on page Part , line 9, column (A)	(3)											
Part	(4)		-									
(see instructions) 1. Description of exploited activity activity and provided activity activity and provided activity activity activity and provided activity activi	Totals				•							Enter here and on page Part I, line 9, column (B)
1. Description of exploited activity 1. Description of exploited activity		-	Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income	;			
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs of local income 3. Direct advertising ossts of local income 4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute col 5 it frough 7 (1) (2) (3) (4)		unrelated incom	business e from	directly c with pro of unr	onnected oduction elated	from unrelated business (co minus columi gain, compute	trade or lumn 2 n 3) If a cols 5	from activity t is not unrelat	hat ed	attributa	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs (sol 2 minus of 3) if a gain, compute coils 5 through 7 (1) (2) (3) (4)	(1)											
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs advertising costs (sol 2 minus of 3) if a gain, compute coils 5 through 7 (1) (2) (3) (4)	(2)											
Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical 3. Direct advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)	(3)											
Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical 2. Gross advertising income 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)												
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income substitutions advertising costs advertising costs advertising costs of substitution income substitutions of 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)		page 1	, Part I,	page 1	, Part I,				l ,	•		on page 1,
Part I Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising income 3. Direct advertising costs of surface advertising costs of surface advertising costs of surface advertising costs of surface advertising costs of surface advertising costs of surface advertising costs of surface advertising costs of surface advertising costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4)		a lncc	me (222 in	etri intion	.e)							
1. Name of periodical advertising advertising costs advertising costs (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4)						solidated	Basis					
(2) (3) (4)	1. Name of periodical		advertising			or (loss) (co	ol 2 minus in, comput		on			7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(2) (3) (4)	(1)			+			<u></u>	† — — — — — — — — — — — — — — — — — — —				
(3) (4)				_		┪						
		_	· · · · · · · · · · · · · · · · · · ·	+		┥					-	
		_				⊣		—	<u> </u>			
otals (carry to Part II (ine (5))	``	\rightarrow		_		1		 				
	Intals (carry to Part II line /5\\							l				

FORM 990-T (M) OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION	AMOUNT
SUPPLIES	72.
MISCELLANEOUS	1,143.
ENVIROMENTAL SERVICES OCCUPANCY SERVICES	616. 538.
ADMINISTRATIVE SERVICES	31,291.
INSURANCE	54.
TOTAL TO SCHEDULE M, PART II, LINE 28	33,714.
FORM 990-T (M) OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION	AMOUNT
	
PURCHASED SERVICES ADMINISTRATIVE SERVICES	169,431. 11,979.
TOTAL TO SCHEDULE M, PART II, LINE 28	181,410.
FORM 990-T (M) INCOME (LOSS) FROM S CORPORATIONS	STATEMENT 8
	NEW INCOME
DESCRIPTION	NET INCOME OR (LOSS)
SYNERGY SURGICALISTS, INC - ORDINARY BUSINESS INCOME	
(LOSS) SYNERGY SURGICALISTS, INC - INTEREST INCOME	132,552. 242.
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	132,794.
TOTAL INCHODED ON BEHEBOOD II, TIME I, DING 5	
	STATEMENT 9
FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 9
	STATEMENT 9 NET INCOME OR (LOSS)
FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	NET INCOME

FÖRM 990-T (M)	OTHER DE	DUCTIONS		STATEMENT	10
DESCRIPTION				AMOUNT	
RENT				1	,958.
SUPPLIES ADMINISTRATIVE SERVICES				3	64. ,515.
	FNT: 20				,537.
TOTAL TO SCHEDULE M, PART II, L	INE ZO				, 557.
FORM 990-T (M) SCHEDULE F - I ORGANIZATIONS		CONNECTED		STATEMENT	11
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
COST OF CAPITAL - SU	JBTOTAL -	1	75,127.	75	,127.
TOTAL OF FORM 990-T, SCHEDULE F,	. COLUMN	11		75	,127.
FORM 990-T (M) SCHEDULE F - I ORGANIZATIONS COLU		CONNECTED		STATEMENT	12
DESCRIPTION	-	ACTIVITY NUMBER	AMOUNT	TOTAL	
SUPPLIES			356.		
PURCHASED SERVICES REPAIRS & MAINTENANCE			330. 7,114.		
INSURANCE			3,239.		
DEPRECIATION - SU	JBTOTAL -	2	195,246.	206	,285.
TOTAL OF FORM 990-T, SCHEDULE F,	COLUMN	11		206	285.
					

FEDERAL STATEMENTS SAMARITAN HEALTH SERVICES

STATEMENT 13 FORM 3800, PART I, LINE 4 GENERAL BUSINESS CREDITS

CREDIT AS REPORTED

YEAR CREDIT		ON ORIGINAL			
ORIGINATED	TYPE OF CREDIT	RETURN	CREDIT USED	CREDIT	AVAILABLE
12/31/2011	NEW-HIRE RETENTION CREDIT	17,944	-		17,944
12/31/2012	INCREASING RESEARCH ACTIVITIES	11,329	-		11,329
12/31/2013	INCREASING RESEARCH ACTIVITIES	52,167	-		52,167
12/31/2014	INCREASING RESEARCH ACTIVITIES	71,354	-		71,354
12/31/2015	INCREASING RESEARCH ACTIVITIES	80,329	-		80,329
12/31/2016	INCREASING RESEARCH ACTIVITIES	30,133	-		30,133
TOTAL CREDITS AV	AILABLE			\$	263,256

STATEMENT 14

FORM 990-T - SCHEDULE M (RELATING TO PARTNERSHIP INCOME ON STATEMENT 9) SUSPENDED LOSSES - PARTNERSHIPS (NORTHWEST MEDICAL ISOTOPES,LLC) YEAR LOSS ORIGINATED 1,358,507 1,395,016 1,732,810 12/31/2015 12/31/2015 12/31/2015 12/31/2016 12/31/2016 12/31/2016 12/31/2018 13/3	S - PARTNEF (1,777,003) (2,399,999) (2,000,002) (540,658)	2/31/2013 12/31/2013 1,358,507 (1,358,507)	7 (RELATING TO PARTNERSHIP INCOME ON STATE INCERSHIPS (NORTHWEST MEDICAL ISOTOPES,LLC) 12/31/2013	IP INCOME (EDICAL ISOTO 12/31/2015 1,732,810 1,423,479) (309,331)	2N STATEME 3PES,LLC) 12/31/2016 996,071 (996,071)	994,783 (694,600)	823,119 (240,475)
IOIAL LOSS CARRYFORWARD		(1,358,507)	(1,395,016)	(1,/32,810)	(996,071) -	(994,783)	582,644

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.

OMB No 1545-0895

Identifying number

Internal Revenue Service (99) Name(s) shown on return

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No 22

SAMA	RITAN HEALTH SERVICES		<u>93-0951989</u>	
Par	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (T	MT)		
	(See instructions and complete Part(s) III before Parts I and II.)			
1	General business credit from line 2 of all Parts III with box A checked	1	28,345	00
2	Passive activity credits from line 2 of all Parts III with box B checked 2			
3	Enter the applicable passive activity credits allowed for 2018. See instructions	3		
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with			
	box C checked See instructions for statement to attach	4	263,256	00
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with			
	box D checked See instructions	5		
6	Add lines 1, 3, 4, and 5	6	291,601	00
Part				
7	Regular tax before credits	-		
	• Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2			
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44			
	Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2; or the			
	applicable line of your return	7	0	00
	• Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,			
	lines 1a and 1b, or the amount from the applicable line of your return		j	
8	Alternative minimum tax:			
	• Individuals. Enter the amount from Form 6251, line 11		j	
	• Corporations. Enter -0	8	0	00
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56.			
•	Add to a 7 and 0	9	0	-00
9	Add lines 7 and 8	-	U	00
40-	Foreign tax credit			
10a		1 1		
b		10c	o	00
С	Add lines 10a and 10b	100		- 00
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	o	00
• • •	Net moone tax. Outstact mic 100 norm mic 5 in 2010, outp mics 12 through 10 and onto.			
12	Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- 12 0 00			
-		1		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000. See			
	instructions			
14	Tentative minimum tax	1		
	Individuals Enter the amount from Form 6251, line 9			
	• Corporations Enter -0			
	Estates and trusts Enter the amount from Schedule I			
	(Form 1041), line 54			
15	Enter the greater of line 13 or line 14	15		
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0	00
17	Enter the smaller of line 6 or line 16	17	0	00
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,			
	or reorganization			

Part				
lote:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and er	nter -0)- on line 26	
18	Multiply line 14 by 75% (0 75) See instructions	18		
19	Enter the greater of line 13 or line 18	19		
20	Subtract line 19 from line 11 If zero or less, enter -0	20		
21	Subtract line 17 from line 20 If zero or less, enter -0	21		
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22		
23	Passive activity credit from line 3 of all Parts III with box B checked 23			
24	Enter the applicable passive activity credit allowed for 2018. See instructions	24		
25	Add lines 22 and 24	25		
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0	00
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	0	00
28	Add lines 17 and 26	28	0	00
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	0	00
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	0	00
31	Reserved	31		
32	Passive activity credits from line 5 of all Parts III with box B checked 32 0 00		!	
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33	0	00
34	Carryforward of business credit to 2018. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	0	00
35	Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked. See instructions	35	0	00
36	Add lines 30, 33, 34, and 35	36	0	00
37	Enter the smaller of line 29 or line 36	37	0	00
38	Credit allowed for the current year. Add lines 28 and 37 Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return • Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51			
	Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	38		00
	- Estates and trusts. Form 10-11, contodute d, line 20		Form 3800 (

Form 3800 (2018)

Name(s)	shown on return			Identify	ing number	
SAMA	RITAN HEALTH SERVICES				93-0951989	
Part		e inst	ructions)			
	lete a separate Part III for each box checked below. See instructions					
A 🗹	General Business Credit From a Non-Passive Activity E Reserved					
	General Business Credit From a Passive Activity F Reserved					
	General Business Credit Carryforwards G Eligible Small	Busin	ess Credit	Carryfo	rwards	
_	General Business Credit Carrybacks H 🔲 Reserved			•		
	ou are filing more than one Part III with box A or B checked, complete and attach first	st an a	additional Pa	art III co	mbining amounts f	rom
	Parts III with box A or B checked Check here if this is the consolidated Part III .					
	(a) Description of credit		(b)		(c)	
	On any line where the credit is from more than one source, a separate Part III is needed for enrough entity	each	If claiming the from a pass- entity, enter	through	Enter the appropr	ate
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
b	Reserved	1b				
С	Increasing research activities (Form 6765)	1c	27-3007	752	28,345	ŏ
d	Low-income housing (Form 8586, Part I only)	1d				
e	Disabled access (Form 8826) (see instructions for limitation)	1e				
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h				
i	New markets (Form 8874)	1i				
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				
k	Employer-provided child care facilities and services (Form 8882) (see			ĺ		
	instructions for limitation)	1k				
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11	_ ,	_		
m	Low sulfur diesel fuel production (Form 8896)	1m				_
n	Distilled spirits (Form 8906)	<u>1n</u>				
0	Nonconventional source fuel (carryforward only)	10				
р	Energy efficient home (Form 8908)	1p				_
q	Energy efficient appliance (carryforward only)	1q				
r	Alternative motor vehicle (Form 8910)	1r				
S	Alternative fuel vehicle refueling property (Form 8911)	1s				
t	Enhanced oil recovery credit (Form 8830)	1t				
u	Mine rescue team training (Form 8923)	1u				
V	Agricultural chemicals security (carryforward only)	10				
W	Employer differential wage payments (Form 8932)	1w				_
х	Carbon oxide sequestration (Form 8933)	1x				
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
Z	Qualified plug-in electric vehicle (carryforward only)	1z				
aa	Employee retention (Form 5884-A)	1aa				
bb		1bb				
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain					
2	other credits (see instructions)	1zz			20.045	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	3			28,345	00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	4a				
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a 4b				
b	Work opportunity (Form 5884)					
C	Biofuel producer (Form 6478)	4c 4d				
d	Low-income housing (Form 8586, Part II)	4u		-		
e f	Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4e 4f				
		_				
g 5	Qualified railroad track maintenance (Form 8900)	4g 4h				
h ;	Small employer health insurance premiums (Form 8941)	4n 4i		_		
i	Increasing research activities (Form 6765)	4i 4j				
j z	Other	4z				
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5				
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			28.345	00

Name(s)	shown on return		Ţı	dentifyi	ng number	
SAMA	RITAN HEALTH SERVICES				93-0951989	
Part		e inst	ructions)		30 000100	
	ete a separate Part III for each box checked below See instructions.					
	General Business Credit From a Non-Passive Activity E Reserved					
	General Business Credit From a Passive Activity F Reserved					
	General Business Credit Carryforwards G Eligible Small	Busin	ess Credit C	arryfor	rwards	
	General Business Credit Carrybacks H Reserved			•		
	ou are filing more than one Part III with box A or B checked, complete and attach fire	st an a	additional Par	t III co	mbining amounts f	rom
	Parts III with box A or B checked Check here if this is the consolidated Part III .				_	•
	(a) Description of credit		(b)		(c)	
	on any line where the credit is from more than one source, a separate Part III is needed for e rough entity	each	If claiming the from a pass-th entity, enter th	rough	Enter the appropri amount	ate
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
b	Reserved	1b				
С	Increasing research activities (Form 6765)	1c	27-30077	52	245,312	00
d	Low-income housing (Form 8586, Part I only)	1d				
е	Disabled access (Form 8826) (see instructions for limitation)	1e			-	
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h			_	
i	New markets (Form 8874)	_1i				
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	_1j				
k	Employer-provided child care facilities and services (Form 8882) (see					
	instructions for limitation)	1k		_		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	_11				
m	Low sulfur diesel fuel production (Form 8896)	1m				
n	Distilled spirits (Form 8906)	1n				
0	Nonconventional source fuel (carryforward only)	10				
р	Energy efficient home (Form 8908)	1p				
q	Energy efficient appliance (carryforward only)	1q				
r	Alternative motor vehicle (Form 8910)	1r				
s	Alternative fuel vehicle refueling property (Form 8911)	1s				
t	Enhanced oil recovery credit (Form 8830)	1t				
u	Mine rescue team training (Form 8923)	1u				
V	Agricultural chemicals security (carryforward only)	1v				
W	Employer differential wage payments (Form 8932)	1w				
x	Carbon oxide sequestration (Form 8933)	1x				
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
Z	Qualified plug-in electric vehicle (carryforward only)	1z				
aa	Employee retention (Form 5884-A)	1aa				
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain					
	other credits (see instructions)	1zz			17,944	00
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	_2			263,256	00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
b	Work opportunity (Form 5884)	4b				
С	Biofuel producer (Form 6478)	4c				
d	Low-income housing (Form 8586, Part II)	4d				
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				
g	Qualified railroad track maintenance (Form 8900)	4g				
h	Small employer health insurance premiums (Form 8941)	4h				
i	Increasing research activities (Form 6765)	4i				
j	Employer credit for paid family and medical leave (Form 8994).	<u>4j</u>				
Z	Other	4z				
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5				
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	l 6 l		- 1	263,256	nn

4562

Department of the Treasury Internal Revenue Service (S

Depreciation and Amortization

(Including Information on Listed Property) 99

► Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

2018

Attachment Sequence No 179

Business or activity to which this form relates ldentifying number Name(s) shown on return FORM 990-T PAGE 1 93-0951989 SAMARITAN HEALTH SERVICES 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 1,000,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,500,000, 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property Enter the amount from line 29 7 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019 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 15 Property subject to section 168(f)(1) election 228 182. 16 Other depreciation (including ACRS) 16 Part III | MACRS Depreciation (Don't include listed property See instructions) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 17 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 2018 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property 5-year property b 7-year property C 10-year property d e 15-year property 20-year property f 25 yrs S/I g 25-year property 27 5 yrs MM S/L h Residential rental property 27 5 yrs ММ S/L ММ S/L 39 yrs Nonresidential real property MM Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs ь 12-year S/I мм 30 yrs S/L C 30-year 40 yrs MM S/L 40-year Part IV Summary (See instructions 21 21 Listed property Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 228,182, Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Part V Listed Property (include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? 24b if "Yes," is the evidence written? Yes No Yes No (i) (c) (e) (a) Type of property Elected Date Business Basis for depreciation Depreciation Method/ Cost or Recovery section 179 placed in investment (business/investment deduction Convention (list vehicles first) other basis period use percentage use only) cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use S/L S/L % S/L % 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (don't include commuting miles)		(a) Vehicle		o) icle	(e Veh	•	(d Veh	-	(e Veh		(1 Veh	•
	Total commuting miles driven during the year Total other personal (noncommuting) miles driven				_		-	_	-				
	Total miles driven during the year Add lines 30 through 32	Vaa	No	Yas	No	Yes	No	Yes	No	Yes	No	Yes	No
	Was the vehicle available for personal use during off-duty hours? Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No_	res	NO	res	INO	res	NO	res	NO
36	Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles		

Pa	art VI Amortization	_					
	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or perce		(f) Amortization for this year
	Amortization of costs that begins during yo	our 2018 tax year		·			
43	Amortization of costs that began before yo	ur 2018 tax year				43	
	Total. Add amounts in column (f) See the		here to report			44	

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No 179

▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Business or activity to which this form relates Identifying number Name(s) shown on return SAMARITAN HEALTH SERVICES SCHEDULE M - ENTITY 2 93-0951989 Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) . . 1,000,000 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,500,000 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions . . . (a) Description of property (b) Cost (business use only) (c) Elected cost 7 Listed property. Enter the amount from line 29 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 2017 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019. 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. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions. . 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 216 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2018 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 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction (business/investment use period only-see instructions) **19a** 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs g 25-year property S/I 275 yrs MM S/L h Residential rental 275 yrs ММ property 39 yrs ММ S/L i Nonresidential real MM S/L Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs **b** 12-year S/L c 30-year 30 yrs MM d 40-year ММ 40 yrs Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 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 instructions 216 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . 23

_		•
Paq	е	4

Pa		Propert		ide auto			ertain	other	vehicle	s, ce	rtain a	aircraft,	and	prope	erty us	ed for
		For any ve					standa	rd mile	age rate	or de	ducting	lease e	expens	e, com	plete or	ıl y 24a,
		olumns (a)										· · ·	•	•	'	
		-Depreci														
242	Do you have e	vidence to su		siness/inve	estment	use clain		Yes	No	24b lf	"Yes," ı	s the evi	dence v	written?	☐ Yes	☐ No
Tuna	(a) e of property (list	(b) Date placed	(c) Business/	[(d)	Basis	(e) for depre	ciation	(f) Recovery	, M	(g) ethod/	Don	(h) reciation	, ,	(ı) ected sec	tion 179
	ehicles first)	in service	investment use percentage	Costoro	ther basi	s (busir	ness/inve use only		period		vention		duction	' <u>-</u> '	cost	
25	Special dep	reciation al		or qualific	ed liste	d prop			service	during	ī					
	the tax year										25					}
26	Property use	d more tha	an 50% in a	a qualifie	d busin	ess use).									
			%	 												
			%													
	D	-1.50041	%				_									
	Property use	a 50% or i	ess in a qu		isine <u>ss</u>	use	_			- TS/L -		1				
			%							5/L -						i t
			%							S/L -		† <u> </u>				
28	Add amount	s in column	h (h), lines 2	25 throug	h 27. E	nter he	re and	on line	21, pag	e 1	28					1
29	Add amount	s ın columr	n (ı), line 26	Enter he	ere and	on line	7, pag	e 1 .						29		
_									e of Vel					(c		
Com	plete this section of the plant	on for vehic	cles used by	/ a sole pi	oprieto	r, partne to see if	er, or oth	ner "mo	re than t	to com	ier," or i oleting	related p this sect	erson	it you p	roviaea : ehicles	venicies
to yo		mst answe	- the questi	0113 111 000		(a)		b)	(4		1	d)		(e)	1	n
30	Total business	s/investment	t miles drive	n dunna		icle 1		icle 2		cle 3		icle 4		icle 5		cle 6
	the year (don'			•												
31	Total commut	ıng miles dri	ven during t	he year								·				
32	Total other	personal	(noncom	ımutıng)												
	miles driven														 	
33	Total miles lines 30 thro		ing the ye	ar Add		···		_	ļ							
34	Was the veh		-	onal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during o					<u> </u>						<u> </u>		-	 	
35	Was the veh than 5% own					1										
36	Is another veh		-			<u> </u>			1						 	
	is another ver		C-Ques		Emplo	vers W	ho Pro	vide V	ehicles	for Us	e by Th	eir Em	ployee	.s	<u>. </u>	
Ansv	wer these que														who ar	en't
	e than 5% ow							_								
37	Do you mair your employ		ten policy	statemer	t that	prohibit 	s all pe	ersonal	use of v	ehicle:	s, ınclu	ding co 	mmutii	ng, by	Yes	No
38	Do you mair employees?	ntain a writ	ten policy	statemer	t that	prohibit	s perso	nal us	e of veh	icles, e	except	commu more o	ting, by	y your		
39	Do you treat															
40	Do you prov							taın ınf	ormatio	n from	your e	mploye	es abo	ut the		
	use of the ve	hicles, and	retain the	ınformat	on rec	eived?										
41	Do you meet	the require	ements cor	ncerning	qualifie	d autor	nobile (demon	stration	use? S	ee ınstı	ructions				
Do	Note: If you		37, 38, 39	9, 40, or 4	1 is "Y	es," do	n't com	plete S	ection E	3 for th	e cove	rea veni	cies.			
Pal	t VI Amor	uzauon										(e)				
	(a Descriptio		D	(b) ate amortizi begins	ation	Amo	(c) rtizable ai	mount	Co	(d) ode secti	on	Amortiza period percent	or	Amortiza	(f) ation for th	ıs year
42	Amortization	of costs th	nat begins	during yo	ur 201	8 tax ye	ar (see	ınstruc	tions):				<u></u> L			
				<u> </u>	\Box											
	Amortization												43			
44	Total. Add a	amounts in	column (f).	See the	ınstruc	tions fo	r where	to rep	ort .	•		<u>. </u>	44		orm 456	32 (2018)
															JIIII TU	(()

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

	ment of the Treasury 1 Revenue Service (99)	▶ Go to	Atta 1.www.irs.gov/Form ف1.www	ich to your ta: 62 for instruct		atest information.		Attachment Sequence No 179
	(s) shown on return				which this form re	· · · · · · · · · · · · · · · · · · ·	Iden	trfying number
SAM	ARITAN HEALTH SER	VICES	SCHE	OULE M - ENT	ITY 6			93-0951989
			rtain Property Un				<u> </u>	
			ed property, compl			omplete Part I.		
1	Maximum amount (see instruction	ns)				1	1,000,000
2	Total cost of section	n 179 property	placed in service (se	e instruction:	s)		2	
3	Threshold cost of s	ection 179 pro	perty before reductio	n in limitation	n (see instruct	ions)	3	2,500,000
4	Reduction in limitat	ion Subtract li	ine 3 from line 2. If ze	ro or less, en	ter -0		4	
5	Dollar limitation for	r tax year. Su	btract line 4 from lii	ne 1. If zero	or less, ente	er -0- If married filing		
	separately, see inst	ructions	<u> </u>		· · _	<u> </u>	5	_
6	(a) De	escription of prope	rty	(b) Cost (bus	iness use only)	(c) Elected cost		
	Listed property. Ent				7			
8	Total elected cost of	f section 179	property. Add amoun	ts ın column	(c), lines 6 and	d7	8	
9			aller of line 5 or line 8				9	
10	•		from line 13 of your				10	
11			smaller of business in				11	
12	•		Add lines 9 and 10, bu				12	
13			to 2019 Add lines 9			13		J
			for listed property. Ir			-d-1-d-2		
						ide listed property. See	Instr	uctions.)
14	•			•	listed prope	erty) placed in service		
45	during the tax year.						14	
	Property subject to			• •			15	
	Other depreciation		on't include listed			ne)	10	32
ı aı	WAONS DE	or ectation (D	or thouae hatea	Section A	se manacho			
17	MACRS deductions	for assets nla	ced in service in tax v		na before 20°	18	17	Τ
						o one or more general	<u>'''</u>	
	asset accounts, che			_			1	
						e General Depreciation	Syst	iem
(a) (Classification of property	(b) Month and year placed in service		(d) Recovery period	(e) Convention			Depreciation deduction
19a	3-year property	Service	Only—see instructions)	<u> </u>			├	
b				<u> </u>			1	
	10-year property							
	15-year property							
	20-year property		•					
	25-year property			25 yrs		S/L		
	Residential rental			275 yrs	MM	S/L		
	property			275 yrs	ММ	S/L		
i	Nonresidential real			39 yrs	MM	S/L		
	property	-			MM	S/L		
	Section C-	Assets Place	d in Service During	2018 Tax Ye	ar Using the	Alternative Depreciation	n Sy	stem
20a	Class life					S/L		
	12-year			12 yrs		S/L		
_	30-year			30 yrs	ММ	5/L		
	40-year			40 yrs	ММ	S/L		
Par	t IV Summary (S	See instructio	ons.)					
	Listed property Ent					,	21	
						n (g), and line 21. Enter		
			of your return. Partne			see instructions .	22	32
23	For assets shown a	bove and plac	ed in service during t	he current ye	ear, enter the		_	 -

portion of the basis attributable to section 263A costs.

	4562 (2018) rt V Listed	d Proper	the (Inclu	ide aut	omobi	los or	ortoin	other	vehic	los	certa	in 1	urcroft	and	brop	orty us	Page 2
га			recreation,				= I tall 1	Olliei	veriic	165,	Certa	uii c	ancran	, and	рюр	erty us	eu ioi
			hicle for will through (c)										lease	expens	se, com	plete o	nly 24a,
			iation and								_		for pas	senge	r auton	nobiles.)	
248	Do you have e	vidence to si	, ,	sıness/inv	estment	use clain		Yes	No	24b	If "Y	es," ı	s the ev	dence	written?	Yes	□ No
vehicles first) Unit placed investmen			Business/	use Cost or other basis			(e) Basis for depreciation (business/investment use only)			(f) (g) Recovery Methologous Convention		od/					
25	Special dep											25]
26	Property use	ed more tha	an 50% in a	qualifie	d busin	ess use					•						
			%							$-\!\!\!\perp$							
			_%							_	_		<u> </u>		_		
		1500/	%										l				
_27	Property use	ed 50% or I	less in a qu		usiness	use.				16	/L -				Τ.		
			% %			<u> </u>		-+			/L –						1
	·		70 %			- -				_	/L -						i
28	Add amount	s ın columi	<u></u>		h 27 E	nter he	re and	on line	21. pa		<u>.</u> [28					;
	Add amount			_					•				<u> </u>	T	29	-	
							mation										
	plete this secti																vehicles
to yo	ur employees,	first answe	r the questic	ons in Sec	ction C	to see if	you me	et an ex	ceptio	n to c	omple	ting	this sect	tion for	those v	ehicles	
30	Total business/investment miles driven during the year (don't include commuting miles) .				a) icle 1	(b) Vehicle 2		Ve	(c) Vehicle 3 V			(d) ehicle 4 V		(e) (f) ehicle 5 Vehicle			
31	Total commuting miles driven during the year																
32	Total other personal (noncommuting) miles driven													_			
33	Total miles driven during the year Add lines 30 through 32																
34	Was the vehicle available for personal use during off-duty hours?			Yes	No	Yes	No	Yes	N	0 \	′es	No	Yes	No	Yes	No_	
35	Was the vehicle used primarily by a more than 5% owner or related person?																
36	Is another veh	iicle availabl	e for person	al use?											l		
			C-Quest														
	ver these que			-			to com	pleting	Section	on B 1	for ve	hicle	s used	by em	ployees	who ar	en't
	than 5% ow															T 32	T
37	Do you mair		ten policy s	statemer	it that p	orohibit	s all pe	rsonal	use of	vehic	cles, ı	nclu	ding co	mmuti	ng, by	Yes	No
20	your employed Do you main		ton notices		st that :	arah h.+		nal ve	Sofwa	biolos		ont :		tina h		-	
30	employees?														y you	}	
39	Do you treat								-,							-	
	Do you prov		•					tain inf	ormati	on fro	m yo	ur ei	mploye	es abo	out the		_
	use of the ve										,						<u> </u>
41	Do you meet	•		_	-												
	Note: If you		37, 38, 39	, 40, or 4	11 is "Y	es," do	n't com	plete S	ection	B for	the c	over	ed vehi	cles.		<u> </u>	
Par	t VI Amor	tization											(e)				
	(a) Description of costs		Da	(b) Date amortization begins		Amor	(c) Amortizable amount			(d) Code section			Amortization period or percentage		(f) Amortization for this year		
42	Amortization	of costs th	nat begins o	during yo	ur 2018	3 tax ye	ar (see	ınstruc	tions)								
												\perp					
	Amortization		_	-		-				•	•	•		43			
44	Total. Add a	amounts in	column (t).	see the	<u>instruc</u>	นบทร 10	i wnere	: to rep	UIL.		•			44			

Form **8827**

Department of the Treasury Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

► Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

OMB No. 1545-0123

2018

	do to www.iis.gov/i officos2/ for the latest information.					
Name		Employer i	dentification number			
SAMARITAN HEA	93-0	951989				
1 Alternative minimum to	ax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1				
2 Minimum tax credit ca	2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827					
3 Enter any 2017 unallow	3					
4 Add lines 1, 2, and 3		4	5,479.			
5 Enter the corporation's instructions)	2018 regular income tax liability minus allowable tax credits (see	5	0.			
6 Enter the refundable m	inter the refundable minimum tax credit (see instructions)					
7 Add lines 5 and 6		7	2,740.			
	e 4 or line 7. If the corporation had a post-1986 ownership change or has credits, see instructions	8a	2,740.			
	n tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d of your return). If the corporation had a post-1986 ownership change or has pre-acquisition					
excess credits, see ins	tructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	8b	2,740.			
	ne 8a. This is the current year refundable minimum tax credit. Include this					
	Schedule J, Part II, line 20c (or the applicable line of your return)	8c				
	arryforward to 2019. Subtract line 8a from line 4. Keep a record of this		2 720			
amount to carry forwar	d and use in future years	9	2,739.			