| | | 000 1 | | (aı | nd proxy tax und | er se | ection 6033(e)) | 1110 | · [| 0040 | | |
|-------|----------|--|-----------|---|---------------------------|-----------|--------------------------|--|---------------|--|--|--|
| | | | For ca | endar year 2019 or other tax ye | | | , and ending | 1911 | ł | 2019 | | |
| | | tment of the Treasury | | ► Go to www Do not enter SSN numbe | .irs.gov/Form990T for ir | | | | _ | Open to Public Inspection for 501(c)(3) Organizations Only | | |
| | ΑL | Check box if address changed | | Name of organization (| Check box if name c | hanged | and see instructions.) | | DEmpl (Emp | oyer identification number loyees' trust, see ictions) | | |
| | B F | cempt under section | Print | SAMARITAN HEALTH | SERVICES | | | | :و ا | 3-0951989 | | |
| | X |] 501(c () (3) | or | Number, street, and room | | x. see II | nstructions. | <u> </u> | | Unrelated business activity code (See instructions) | | |
| | | 408(e) 220(e) | Туре | C/O)SHS ACCOUNTIN | | , | | | (See) | nstructions) | | |
| | | 408A 530(a) | | City or town, state or pro- | vince, country, and ZIP o | r foreig | n postal code | ··· | 1 | | | |
| | |]529(a) | | CORVALLIS, OR 97 | 7339-3000 | | | | 71394 | 10 | | |
| | C Boo | ok value of all assets and of year | | F Group exemption num | ber (See instructions.) | | | | | | | |
| | | 337,028 | 226. | G Check organization typ | e 🕨 🗓 501(c) corp | oration | 501(c) trust | 401(a) | trust | Other trust | | |
| | H En | ter the number of the o | organiza | tion's unrelated trades or t | ousinesses. 🕨 | 8 | | the only (or first) un | | | | |
| | | de or business here 🕨 | | | | | | , complete Parts I-V. | | | | |
| | | | | ce at the end of the previou | us sentence, complete Pa | arts I an | d II, complete a Schedul | e M for each addition | al trade | or or | | |
| | | iness, then complete | | | | | | | | | | |
| | | | | oration a subsidiary in an | - · · · · · | nt-subs | idiary controlled group? | ▶ L | Ye | s X No | | |
| | | | _ | ifying number of the paren AMARITAN HEALTH S | | | Tolonh | ana number | 41 76 | 9 4052 | | |
| | | | | le or Business Inc | | | (A) Income | one number 5 | | (C) Net | | |
| | _ | Gross receipts or sale | | 1,935,102. | Johne | <u> </u> | (X) Modific | (b) Expended | | (0) (10) | | |
| | | Less returns and allov | | 1,555,102. | c Balance | 1c | 1,935,102. | Ì | | | | |
| | | Cost of goods sold (S | | A line 7) | C Dalatice | 2 | | 2 UO BANK • U | درن | | | |
| | | Gross profit. Subtract | | | | 3 | 1,935,102. | 303 | | 1,935,102. | | |
| 'n | | Capital gain net incom | | | | 4a | | | | | | |
| | b | Net gain (loss) (Form | 4797, P | art II, line 17) (attach Form | 4797) | 4b | NO. | V 23 2020 | | | | |
| 5 | C | Capital loss deduction | for trus | ts | · | 4c | | | | / | | |
| DANNE | 5 | Income (loss) from a | partners | hip or an S corporation (at | tach statement) | 5 | (|)aden, UI | | | | |
| Ξ | 6 | Rent income (Schedu | le C) | | | 6 | <u> </u> | | | | | |
| | | Unrelated debt-financi | ed incon | ne (Schedule E) | | 7 | | | | | | |
| č | _ | | | nd rents from a controlled | • | 8 | | | | | | |
| | | | | n 501(c)(7), (9), or (17) or | rganization (Schedule G) | 9 | ·· | | | | | |
| | | Exploited exempt activ | • | • | | 10 | | | | | | |
| | _ | Advertising income (S | | , | | 11 12 | | | | | | |
| 3 | _ | Other income (See ins Total, Combine lines | | • | | 13 | 1,935,102. | | | 1,935,102. | | |
| 7 7 | Pai | | | ot Taken Elsewher | e (See instructions fo | | <u> </u> | L | | 1,555,102. | | |
| 7 | | | | e directly connected w | | | | | | | | |
| ٔ د | 14 | Compensation of offi | cers. du | ectors, and trustees (Sche | dule K) | | · | | 14 | | | |
| = | 15 | Salaries and wages | , | | | | | | 15 | 357,797. | | |
| | 16 | Repairs and mainten | ance | | | | | | 16 | 109,074. | | |
| 5 | 17 | Bad debts | | | | | | | 17 | | | |
| , | 18 | Interest (attach sche | dule) (se | e instructions) | <i>*</i> | | SEE STATEMEN | Т1 | 18 | 27,463. | | |
| • | 19 | Taxes and licenses | | | | | | | 19 | 58,392. | | |
| | 20 | Depreciation (attach | | · · | | | 20 | 187,671. | 1 | | | |
| | 21 | • | imed or | Schedule A and elsewhere | e on return | | 21a | - · · · · · · · · · · · · · · | 21b | 187,671. | | |
| | 22 | Depletion | | | | | | | 22 | | | |
| | 23 | Contributions to defe | | npensation plans | | | | | 23 | 139,986. | | |
| | 24 25 | Employee benefit pro Excess exempt exper | - | hodula I\ | | | | | 25 | 133,300. | | |
| | 25 26 | Excess readership co | | | | | | | 26 | | | |
| | 20 27 | Other deductions (att | - | | | | SEE STATEMEN | T 2 | 27 | 720,098. | | |
| | 28 | Total deductions. Ac | | | | | | | 28 | 1,600,481. | | |
| | 29 | | | come before net operating | loss deduction. Subtrac | t line 28 | 3 from line 13 | | 29 | 334,621. | | |
| | 30 | | | oss arising in tax years beg | | | | Ì | 7 | · | | |
| | , | (see instructions) | - | | _ | | | ៀ | \$ 0 | 0. | | |
| _ | 31 | Unrelated business ta | xable in | come. Subtract line 30 fro | m line 29 | | | <u>_</u> | 81 | 334,621. | | |
| - | | LILA F | - 0 | work Baduction Act Notice | | | | | | Form 990-T (2019) | | |

| i | Part | · W | Total Unrelated Business Taxable Income | | | | |
|-----|------|----------|---|------------|---------------------------------------|---------|------|
| | - | | unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | | 32 1 | ,268 | 258. |
| | | | / VIV-+- | Ą. | 38 | , 200 | |
| | 33 | | ts paid for disallowed fringes | • |) 3 | | 0. |
| | 34 | | ole contributions (see instructions for limitation rules) STMT 5 STMT 6 | • | 1 2 - | 260 | |
| | 35 | | orelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 a | nd 337 | | ,268 | |
| | 36 | Deduct | on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | Ψ | 36 1 1 | ,268 | 258. |
| | 37 | Total of | unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | | 37 | | |
| | ͺ38 | Specific | deduction (Generally \$1,000, but see line 38 instructions for exceptions) | | 38 | | |
| | - 39 | Unrela | ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, | | | | |
| | • | enter th | e smaller of zero or line 37 | | 39 | | ٥. |
| | Part | t,IV | Tax Computation | | · | | |
| ' ' | 40 | Organi | rations Taxable as Corporations. Multiply line 39 by 21% (0.21) | | 40 | | 0. |
| | 41 | Trusts | Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: | | | | |
| - | | т | ax rate schedule or Schedule D (Form 1041) | | 41 | | |
| | 42 | Proxv t | ax. See instructions | | 42 | | |
| | 43 | - | ive minimum tax (trusts only) | - | 43 | | |
| | 44 | | Noncompliant Facility Income. See Instructions | | 44 | | |
| | 45 | | add lines 42, 43, and 44 to line 40 or 41, whichever applies | | 45 | | 0. |
| | Part | | Tax and Payments | | 1 | | |
| | | | tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a | | T 1 | | |
| ` | | - | redits (see instructions) 46b | | 1 1 | | |
| | | | 901111 | ,630. | † | | |
| | | | | ,030. | 4 | | |
| | | | | 10 | - -) | 215 | 630. |
| | | | redits. Add lines 46a through 46d | 1C | 46e | 313 | |
| | 47 | | It line 46e from line 45 | | 1/ | | 0. |
| | 48 | | ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sch | edule) | 48 | | |
| | 49 | | x. Add lines 47 and 48 (see instructions) | | 49 | | 0. |
| | 50 | | et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | | 50 | | 0. |
| | 51 a | Payme | nts: A 2018 overpayment credited to 2019 | | 1 1 | | |
| | b | 2019 e | stimated tax payments . 516 | | 1 1 | | |
| | C | Tax dep | osited with Form 8868 | | 1 1 | | |
| | d | Foreign | organizations: Tax paid or withheld at source (see instructions) 5fd | | 1 1 | | |
| | е | Backup | withholding (see instructions) | | | | |
| | f | Credit f | or small employer health insurance premiums (attach Form 8941) | | | | |
| | g | Other c | redits, adjustments, and payments: Form 2439 V | | 1 1 | | |
| | | F | orm 4136 | ,479. | <u> </u> | | |
| | 52 | Total p | ayments. Add lines 51a through 51g SEE STATEMENT 3 | | 52 | 5 | 479. |
| | 53 | Estimat | ed tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲 | _ | 53 | | |
| | 54 | | e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | | 54 | | |
| | 55 | | | 3 > | \$5 | 5 | 479. |
| ١ | 56 | Enter th | e amount of line 55 you want: Credited to 2020 estimated tax | \ ▶ | 56 | 5 | 479. |
| • | Part | t VI | Statements Regarding Certain Activities and Other Information (see instructions) | " | 1 | | |
| | 57 | | ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority | | | Yes | No |
| | • | | inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | | |
| | | | Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | | | |
| | | here | No. | | | | × |
| | 58 | | the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | | | x |
| | 30 | • | see instructions for other forms the organization may have to file. | | | _ | |
| | 59 | | the amount of tax-exempt interest received or accrued during the tax year \$ | | | | |
| | - 35 | | te difficult of tax-exempt little est received of accided during the tax year. The penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of | my kno | wledge and belief, it is | s true. | |
| | Sign | | rrect, and complete Rectation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | | | ···· | |
| | Here | 1 | 11/16/20 SVP / CFO | | ay the IRS discuss th | | with |
| | | | Signature of officer Date Title | | e preparer shown bel- structions)? | es E | No |
| | | | | | | | ٠,٠٥ |
| | | | Print/Type preparer's name Preparer's signature Date Check to | | f PTIN | | |
| | Paid | d | Joylyn Jukiney 11/5/20 self-em | proyed | D00366E0 | , | |
| | Pre | parer | POYLYN ANKENEY | TIA! | 93-062328 | | |
| | Use | Only | Firm's name ► ALDRICH CPAS AND BUSINESS ADVISORS, LLP Firm's | CIN P | 33-002328 | | |
| | | | 5665 SW MEADOWS RD., SUITE 200 | no 5 | 02 620 4402 | | |
| | | | Firm's address LAKE OSWEGO, OR 97035 Phone | 110. 5 | 03-620-4489 | | |

| Schedule A - Cost of Good | s Sold. Enter | method of inver | ntory valu | uation D COST | | | | | | |
|--|---|---|--------------|--------------------------------------|----------|--|---|--|----------|----|
| 1 Inventory at beginning of year | 11 | <u></u> | | ventory at end of year | r | | 6 | | | |
| 2 Purchases | 2 | | 7 C | ost of goods sold. Su | btract l | line 6 | | | | |
| 3 Cost of labor | 3 | | fr | om line 5. Enter here | and in I | Part I, | | | | |
| 4a Additional section 263A costs | | | la | ne 2 | | | 7 | | | |
| (attach schedule) | 4a | | _ 8 D | o the rules of section | 263A (| with respect to | | | Yes | No |
| b Other costs (attach schedule) | 4b | | _ p | roperty produced or a | cquired | d for resale) apply to | | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | ne organization? | | | | [| | Х |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Pers | onal Property | Leas | ed With Real Pro | per | ty) | | |
| 1. Description of property | | | | | | | | | | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | ed or accrued | | | | 3(a) Deductions directl | v conn | ected with the in | ncome ir | n |
| rent for personal property is mor | (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real of rent for the re | | | | ige | columns 2(a) a | nd 2(b) | (attach schedul | le) | |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Total | 0. | Total | | | 0. | <u> </u> | | | | |
| (c) Total income Add totals of columns here and on page 1, Part I, line 6, column | | nter - | | | 0. | (b) Total deductions. Enter here and on page 1, Part I line 6, column (B) | • | | | 0. |
| Schedule E - Unrelated De | bt-Financed | I Income (see | instructi | ons) | | | | | | |
| | | | | Gross income from allocable to debt- | | 3 Deductions directly co to debt-finan | | operty | | |
| 1. Description of debt-fi | inanced property | | | nanced property | (a) | Straight line depreciation (attach schedule) | (D) Other deductions (attach schedule) | | 3 | |
| (1) | | | | | | | 十 | | | |
| (2) | | | 1 | | | | | | | |
| (3) | | | | | | | 1 | | | |
| (4) | - | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a 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 deductio (column 6 x total of colu 3(a) and 3(b)) | | |
| (1) | | | | % | | | \top | | | |
| (2) | | | | % | | | | | | |
| (3) | | - | | % | | | | | | |
| (4) | | | | % | | | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | Enter here and Part I, line 7, c | | |
| Totals | | | | ▶ | | ļ | ا. ه | | | 0. |
| Total dividends-received deductions of | actuded in column | n 8 | | - 1 | | | | | | 0. |

| Schedule F - Interest, A | | , , , , , , , , , , , , , , , , , , , | | | Controlled O | | | | , | | · |
|---------------------------------------|-----------------|---------------------------------------|-----------------------------------|---|--|---|---|-----------------------------------|--|--------------------|---|
| 1. Name of controlled organizat | tion | 2. Emp identific num | cation | | related income e instructions) | | al of specified nents made | ınclud | t of column 4 ted in the contraction's gross i | rolling | 6 Deductions directly connected with income in column 5 |
| (1) | | | - | ļ | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Organi | zations | • | | | | | | | | | |
| 7. Taxable Income | 8. Net u | nrelated incom | | 9. Total | of specified payi made | ments | 10. Part of column the controll gross | mn 9 tha ing orgai s income | nization's | 11 De with | eductions directly connected h income in column 10 |
| (1) | | | | † | | | | | | | |
| (2) | | _ | | | | İ | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | 1 | | | | | |
| | | | | l | | | Add colun Enter here and line 8, c | | e 1, Part I, A) | | dd columns 6 and 11 here and on page 1, Part I, line 8, column (B) |
| Totals | | | | ··· <u>·</u> | | • | | | 0. | | (|
| Schedule G - Investme (see insti | | me of a | Sectior | 1 501(c)(| (7), (9), or | (17) Or | ganizatior |) | | | |
| 1. Desc | ription of inco | me | | | 2. Amount of | income | Deduction directly connected (attach schedule) | ected | 4 Set-a (attach s | asides chedule) | Total deductions and set-asides (col 3 plus col 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | ŀ | | | | | |
| (3) | | - | | | | | - | | | | |
| (4) | | | | | _ | | | | | | |
| | | | | | Enter here and Part I, line 9, co | lumn (A) | | | | | Enter here and on page Part I, line 9, column (B) |
| Totals | <u> </u> | A - 4114. | | مالات م | r Thom Ac | 0. | na Income | | | | |
| Schedule I - Exploited (see instru | • | Activity | incom | ie, Otne | r man Ad | iver (isii | ng income | , | | | |
| 1 Description of exploited activity | unrelated | e from | directly of with pro of uni | penses connected oduction related is income | 4. Net incomfrom unrelated business (cominus colum gain, computing through | trade or dumn 2 n 3) If a e cols 5 | 5. Gross inco from activity to is not unrelate business inco | that ted | 6. Exp attributa colun | able to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | • | | | | | | | 1 |
| (3) | | | | | | | | | | | |
| (4) | | re and on , Part I, cof (A) | page 1 | re and on I, Part I, , col (B) | | | | - | | | Enter here and on page 1, Part II, line 25 |
| Totals | | 0. | | 0. | | | | | | | |
| Schedule J - Advertisi | ng Incoi | me (see ii | nstruction | ns) | - | | | | | | |
| Part I Income From I | | | | | solidated | Basis | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | | 3. Direct ertising costs | 4. Advert or (loss) (co col 3) If a ga cols 5 th | ol 2 minus iin, compute | 5. Circulat | | 6. Reade | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | \neg | | | | | | | | |
| (2) | | | | | 7 | | | | | |] |
| (3) | | | \neg | | _ | | | | | | 1 |
| (4) | | | _ _ | - | ┪ | | | | | | 1 |
| . | | | 0. | | 0. | | | | | | |
| Totals (carry to Part II, line (5)) | <u> </u> | | <u>"·I</u> | | <u>~ · l</u> | | <u> </u> | | L | | Form 990-T (201 |

| Part II | Income | From | Periodicals | Reported or | ı a Separat | e Basis | (For each | periodical liste | ed in Part | II, fill in |
|---------|-----------|---------|------------------|-------------|-------------|---------|-----------|------------------|------------|-------------|
| | columns 2 | through | 7 on a line-by-l | ne basis) | | | | | | |

| 1. Name of periodic | cal | 2 Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|-------------|--|--|---|-----------------------|------------------------|--|
| (1) | | · | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | 1 | | | |
| Totals from Part I | • | 0. | 0. | | | - | 0. |
| | | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 26 |
| Totals, Part II (lines 1-5) | > | 0. | 0. | | | | 0. |

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

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | · · · · · · · · · · · · · · · · · · · |
| 2) | | % | |
| 3) | | % | |
|) | | % | |
| tal. Enter here and on page 1, Part II, line 14 | | | |

Form 990-T (2019)

| FORM 990-T | INTEREST PAID | STATEMENT 1 | | | | | |
|---|------------------------------------|---|--|--|--|--|--|
| DESCRIPTION | | AMOUNT | | | | | |
| INTEREST | | 27,463. | | | | | |
| TOTAL TO FORM 990-T, I | TAL TO FORM 990-T, PAGE 1, LINE 18 | | | | | | |
| FORM 990-T | OTHER DEDUCTIONS | STATEMENT 2 | | | | | |
| DESCRIPTION | | AMOUNT | | | | | |
| OCCUPANCY SERVICES PURCHASED SERVICES RENT SUPPLIES OTHER EXPENSES UTILITIES BLDG MANAGEMENT ADMINISTRATIVE SERVICE | SS S | 305,629. 130,922. 14,383. 38,988. 23,354. 37,153. 20,428. 149,241. | | | | | |
| TOTAL TO FORM 990-T, F | PAGE 1, LINE 27 | 720,098. | | | | | |

SAMARITAN HEALTH SERVICES

| FORM 990-T | CONTRIBUTIONS | STATEMENT 5 |
|--------------------------------|------------------------------|-------------|
| DESCRIPTION/KIND OF PROPERTY | METHOD USED TO DETERMINE FMV | AMOUNT |
| 50% CASH ONLY | N/A | 63,300. |
| TOTAL TO FORM 990-T, PAGE 2, L | INE 34 | 63,300. |

(Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

| | -18 | ▶ 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 | | | | | | | |
|----------------------|---|---|------------------------------|---------------|--------|---|--|--|--|
| Name | of the organization SAMARITAN HEALTH SERVICES | | | Employer idea | | on number | | | |
| _ | Unrelated Business Activity Code (see instructions) ► 561499 | | | 1 | | | | | |
| | Describe the unrelated trade or business GROUP PURCHAS: | ING | | | | | | | |
| | rt I Unrelated Trade or Business Income | | (A) Income | (B) Expense | s | (C) Net | | | |
| 1 a | Gross receipts or sales 341,861. | | | | | | | | |
| ь | Less returns and allowances c Balance | 1c | 341,861. | | | | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | | | | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 341,861. | | | 341,861. | | | |
| 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 | | | | | | | | |
| | 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 | | | _ | | <u></u> | | | |
| | organization (Schedule F) | 8 | | | | | | | |
| ⁻ 9 | Investment income of a section 501(c)(7), (9), or (17) | 1 | | | | | | | |
| | 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 | 341,861. | · | | 341,861. | | | |
| Pa | Tet II Deductions Not Taken Elsewhere (See instruction | ons fo | r limitations on dedu | ictions.) (De | ductio | ons must be | | | |
| | directly connected with the unrelated business in | come. | .) | | | | | | |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | 14 | | | | |
| 15 | Salaries and wages | | | | 15 | 39,130. | | | |
| 16 | Repairs and maintenance | | | | 16 | *************************************** | | | |
| 17 | Bad debts | | | | 17 | | | | |
| 18 | Interest (attach schedule) (see instructions) | | | | 18 | | | | |
| 19 | Taxes and licenses | | | | 19 | | | | |
| 20 | Depreciation (attach Form 4562) | | 20 | 159. | | · | | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | | 21a | | 21b | 159. | | | |
| 22 | Depletion | | [210] | | 22 | | | | |
| 23 | Contributions to deferred compensation plans | | | | 23 | | | | |
| 24 | Employee benefit programs | | | | 24 | 7,456. | | | |
| 25 | Excess exempt expenses (Schedule I) | | | | 25 | | | | |
| 26 | Excess readership costs (Schedule J) | | | | 26 | | | | |
| 2 0 27 | | | SEE STATEMENT 7 | | 27 | 43,525. | | | |
| 28 | Other deductions (attach schedule) Total deductions. Add lines 14 through 27 | | | | 28 | 90,270. | | | |
| 29 | Unrelated business taxable income before net operating loss dedu | ction S | Subtract line 28 from line 1 | , | 29 | 251,591. | | | |
| 30 | Deduction for net operating loss arising in tax years beginning on o | | | ١ | 23 | | | | |
| 55 | instructions) | , aitei t | January 1, 2010 (366 | | 30 | 0. | | | |
| 31 | Unrelated husiness taxable income. Subtract line 30 from line 29 | | | | 31 | 251 591. | | | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

| FORM 990-T (M) | OTHER DEDUCTIONS | STATEMENT 7 | | |
|--|------------------|--------------|--|--|
| DESCRIPTION | | AMOUNT | | |
| OTHER EXPENSES | 5,113. | | | |
| ENVIROMENTAL SERVICES OCCUPANCY SERVICES | | 810. 720. | | |
| ADMINISTRATIVE SERVICES | | 36,803. | | |
| INSURANCE | | 79. | | |
| TOTAL TO SCHEDULE M, PART II, LI | NE 27 | 43,525. | | |

| Form 990-T (2019) | | | | | | | | | Page 3 |
|--|---------------------------------------|--------------------------------|---------------------------------|--|-----------|--|--------------------------------------|--|--------|
| SAMARITAN HEA | | | | - | | 93-095198 | 9 | | |
| Schedule A - Cost of Good | ds Sold. Enter | method of inver | ntory v | valuation N/A | | | | | |
| Inventory at beginning of year | 1 | | 6 | Inventory at end of year | ar | | 6 | | |
| 2 Purchases | 2 | | 7 | Cost of goods sold. S | ubtract l | line 6 | | | |
| 3 Cost of labor | 3 | · | | | | | | | |
| 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 | acquired | d for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | 5 | | <u> </u> | the organization? | | | | | Х |
| Schedule C - Rent Income (see instructions) | (From Real | Property an | d Pe | rsonal Property | Leas | ed With Real Pro | perty) | | |
| 1. Description of property | | | | | | | | | |
| (1) | | | | | | | | | |
| (2) | - | | | | | | | | |
| (3) | · · · · · · · · · · · · · · · · · · · | | | | | | _ | | |
| (4) | | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | | 0/->2 | | | |
| (a) From personal property (if the personal property is monthly but not more than 50% | re than | ` 'of rent for p | personal | sonal property (if the percent property exceeds 50% or if sed on profit or income) | age | 3(a) Deductions directly columns 2(a) ai | / connected wit nd 2(b) (attach s | h the income chedule) | ı 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, columns | , , , , , | nter | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | | 0. |
| Schedule E - Unrelated De | bt-Financed | I Income (see | ınstru | ctions) | | <u> </u> | | | |
| | - | • | 1 2 | 2. Gross income from | | 3 Deductions directly con to debt-finance | | allocable | |
| 1 Description of debt- | inanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | her deduction ch schedule | |
| (1) | | | | | | | † | | |
| (2) | | | | · · · | | | | | |
| (3) | | | 1 | | | | | | |
| (4) | <u>-</u> - | · | 1 | | | | | | |
| 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) | | allocable to inced property | 6. Calumn 4 divided by column 5 | | | 7. Gross income reportable (column 2 x column 6) | (column | ocable deduc 6 x total of c i(a) and 3(b)) | olumns |
| (1) | | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | e and on pa | |

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Totals

Total dividends-received deductions included in column 8

(Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

For calendar year 2019 or other tax year beginning

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

| Interna | Revenue Service Do not enter SSN numbers on this form as it | may be | made public if your organi | zation is a 501(c)(| 3). | 501(c)(3) Organizations Only |
|---------|--|------------|-----------------------------|---------------------------|--------|------------------------------|
| Name | of the organization SAMARITAN HEALTH SERVICES | | | Employer ider 93-09519 | | on number |
| | Inrelated Business Activity Code (see instructions) 561700 | | | | | |
| | Describe the unrelated trade or business OCCUPANCY SER | VICES | | | | |
| Pa | t I Unrelated Trade or Business Income | | (A) Income | (B) Expense: | s | (C) Net |
| 1a | Gross receipts or sales 211,048. | | | | | i i |
| b | Less returns and allowances c Balance ▶ | 1c | 211,048. | | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 211,048. | | | 211,048. |
| 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 | 1 1 | | | | |
| | organization (Schedule F) | 8 | | | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | | | |
| | organization (Schedule G) | 9 | | | | |
| 10 | Explorted 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 | 211,048. | | | 211,048. |
| Pa | Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in | ions fo | or limitations on ded .) | uctions.) (Ded | ductio | ons must be |
| 14 | Compensation of officers, directors, and trustees (Schedule K) | | | | 14 | |
| 15 | Salaries and wages | | | | 15 | |
| 16 | Repairs and maintenance | | | | 16 | |
| 17 | Bad debts | | | | 17 | <u> </u> |
| 18 | Interest (attach schedule) (see instructions) | | | | 18 | |
| 19 | Taxes and licenses | | 1 1 | | 19 | |
| 20 | Depreciation (attach Form 4562) | | 20 | | | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return | 1 | 21a | • | 21b | |
| 22 | Depletion | | | | 22 | |
| 23 | Contributions to deferred compensation plans | | | | 23 | |
| 24 | Employee benefit programs | | | | 24 | |
| 25 | Excess exempt expenses (Schedule I) | | | | 25 | |
| 26 | Excess readership costs (Schedule J) | | | _ | 26 | |
| 27 | Other deductions (attach schedule) | | SEE STATEMENT | 8 | 27 | 217,238. |
| 28 | Total deductions. Add lines 14 through 27 | | | | 28 | 217,238. |
| 29 | Unrelated business taxable income before net operating loss dedu | | | 13 | 29 | -6,190. |
| 30 | Deduction for net operating loss arising in tax years beginning on o | or after . | January 1, 2018 (see | am.m. 0 | | • |
| | instructions) | | | STMT 9 | 30 | 0. |
| 21 | Unrelated business taxable income. Subtract line 30 from line 29 | | | | i 31 l | -6,190. |

| FORM 990-T (M) | OTHER DEDUC | CTIONS | STATEMENT 8 |
|--|---------------------------|----------------|----------------------------------|
| DESCRIPTION | | | AMOUNT |
| PURCHASED SERVICES ADMINISTRATIVE SERVICES | | | 200,998. 16,240. |
| TOTAL TO SCHEDULE M, PAR | r II, LINE 27 | | 217,238. |
| COURDING W | NEW ODEDAMING LOGG | | |
| SCHEDULE M | NET OPERATING LOSS | DEDUCTION | STATEMENT 9 |
| TAX YEAR LOSS SUSTAINE | LOSS PREVIOUSLY | LOSS REMAINING | STATEMENT 9 AVAILABLE THIS YEAR |
| | LOSS PREVIOUSLY D APPLIED | LOSS | AVAILABLE |

| Form 990-T (2019) | | | | | | | | Page : |
|--|-----------------|---|---------------------------------------|--|----------|--|---|-----------|
| SAMARITAN HEA | | | | | | 93-0951989 | | |
| Schedule A - Cost of Good | s Sold. Enter | method of inven | tory v | valuation N/A | | _ | | |
| Inventory at beginning of year | 1 | |] 6 | Inventory at end of year | ar | | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 | | | ine 6 | | |
| 3 Cost of labor | 3 | | 1 | from line 5. Enter here | and in f | Part I, | | |
| 4a Additional section 263A costs | | | 1 | line 2 | | | 7 | |
| (attach schedule) | 4a | |] 8 | Do the rules of section | 263A (1 | with respect to | Yes | No |
| Other costs (attach schedule) | 4b | | | property produced or | acquired | for resale) apply to | | ł |
| 5 Total. Add lines 1 through 4b | 5 | | | the organization? | | | | Х |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | d Pe | rsonal Property | Leas | ed With Real Prop | perty) | _ |
| 1. Description of property | | | | | | | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| | | ed or accrued | | | | 3(a) Deductions directly | connected with the income | a in |
| (a) From personal property (if the personal property is more 10% but not more than 50% | e than | of rent for p | ersona | sonal property (if the percent I property exceeds 50% or if sed on profit or income) | age f | columns 2(a) and | d 2(b) (attach schedule) | |
| (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 | . , . , , | ter - | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | > | 0. |
| Schedule E - Unrelated De | bt-Financed | Income (see | ınstru | ictions) | | | | |
| | | | | 2. Gross income from | | Deductions directly conn to debt-finance | ected with or allocable of property | |
| 1. Description of debt-fi | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other deduction (attach schedule | ons i) |
| (1) | | | | | | | | |
| (2) | | | ļ | | ļ | | ļ | |
| (3) | | | ₩ | | <u> </u> | | | |
| (4) | r | | ļ | , | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a | adjusted basis allocable to inced property h schedule) | ľ | 6. Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | 8. Allocable dedu (column 6 x total of c 3(a) and 3(b)) | columns |
| (1) | | | | % | | | | |
| (2) | | | | % | <u> </u> | | | |
| (3) | | | <u> </u> | <u></u> % | | | | |

%

Enter here and on page 1, Part I, line 7, column (A)

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Form 990-T (2019)

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0.

Enter here and on page 1, Part I, line 7, column (B)

(4)

Totals

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

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

OMB No 1545-0047

ENTITY

Employer identification number

2019

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 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

SAMARITAN HEALTH SERVICES 93-0951989 900099 Unrelated Business Activity Code (see instructions) ▶ ▶ INTEREST IN S CORPORATION - SYNERGY SURGICALISTS Describe the unrelated trade or business Part | Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales c Balance **b** Less returns and allowances 1c 2 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 SEE STATEMENT 10 128,129. 128,129 statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 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 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12 128 129. 128,129. 13 Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 14 Compensation of officers, directors, and trustees (Schedule K) 15 15 Salaries and wages 16 Repairs and maintenance 16 17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21b 21 22 22 23 Contributions to deferred compensation plans 24 24 Employee benefit programs

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

0.

128 129

128 129

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instructions)

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| FORM 990-T (M) | INCOME (LOSS) FROM S CORPORATIONS | STATEMENT 10 |
|----------------|--|-------------------------|
| DESCRIPTION | | NET INCOME OR (LOSS) |
| (LOSS) | S, INC - ORDINARY BUSINESS INCOME S, INC - INTEREST INCOME | 128,020. |
| | CHEDULE M, PART I, LINE 5 | 128,129 |

Employer identification number

SCHEDULE M (Form 990-T)

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 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

93-0951989 SAMARITAN HEALTH SERVICES 900099 Unrelated Business Activity Code (see instructions) ▶ ▶ INTEREST IN PARTNERSHIP - NORTHWEST MEDICAL ISOTOPES Describe the unrelated trade or business (C) Net Part I Unrelated Trade or Business Income (B) Expenses (A) Income 1a Gross receipts or sales b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 Gross profit Subtract line 2 from line 1c 3 4a 4a Capital gain net income (attach Schedule D) 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4¢ c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 548,784 548,784. 5 statement) 6 Rent income (Schedule C) 7 7 Unrelated debt-financed income (Schedule E) 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 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 548,784. 548,784. Total. Combine lines 3 through 12 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 Repairs and maintenance 16 17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 19 19 Taxes and licenses 20 20 Depreciation (attach Form 4562) 21a 21b 21 Less depreciation claimed on Schedule A and elsewhere on return 22 23 Contributions to deferred compensation plans 23 Employee benefit programs 24 24

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

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0

548 784.

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STMT 11

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| SCHEDULE M | NET | OPERATING LOSS | DEDUCTION | STATEMENT 11 |
|------------|--------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/18 | 540,658. | | 540,658. | 540,658. |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 540,658. | 540,658. |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning

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

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

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

| Name | of the organization SAMARITAN HEALTH SERVICES | 93-0951989 | n number | | |
|------|--|------------|-----------------------|---------------------|------------|
| | Unrelated Business Activity Code (see instructions) ► 446199 Describe the unrelated trade or business ► DURABLE MEDICA | L EQU | PMENT | | |
| Pa | rt! Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
| 1 a | Gross receipts or sales 43,746. | | | | . <u> </u> |
| b | Less returns and allowances 12,715. c Balance ▶ | 1c | 31,031. | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | 10,389. | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 20,642. | | 20,642. |
| 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 | | | |
| 13 | Total. Combine lines 3 through 12 | 13 | 20,642. | | 20,642. |
| | + II Deductions Not Taken Elsewhere (See Instructi | one fo | r limitations on dedi | uctions) (Deductio | ns must he |

directly connected with the unrelated business income.)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 14 | |
|----|--|-----|---------|
| 15 | Salaries and wages | 15 | 6,409. |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | 17 | |
| 18 | Interest (attach schedule) (see instructions) | 18 | |
| 19 | Taxes and licenses | 19 | 203. |
| 20 | Depreciation (attach Form 4562) | 44. | |
| 21 | Less depreciation claimed on Schedule A and elsewhere on return 21a | 21b | 44. |
| 22 | Depletion | 22 | |
| 23 | Contributions to deferred compensation plans | 23 | |
| 24 | Employee benefit programs | 24 | 2,949. |
| 25 | Excess exempt expenses (Schedule I) | 25 | |
| 26 | Excess readership costs (Schedule J) | 26 | |
| 27 | Other deductions (attach schedule) SEE STATEMENT 12 | 27 | 5,904. |
| 28 | Total deductions. Add lines 14 through 27 | 28 | 15,509. |
| 29 | Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 | 29 | 5,133. |
| 30 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | | |
| | instructions) | 30 | 0. |
| 31 | Unrelated business taxable income Subtract line 30 from line 29 | 31 | 5,133. |
| | | | |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

| FORM 990-T (M) | OTHER DEDUCTIONS | STATEMENT 12 |
|---|------------------|---------------|
| DESCRIPTION | | AMOUNT |
| RENT SUPPLIES | | 2,755. 76. |
| ADMINISTRATIVE SERVICES OTHER EXPENSES | | 3,015. 58. |
| TOTAL TO SCHEDULE M, PART II | , LINE 27 | 5,904. |

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| 93 | - | 0 | 9 | 5 | 1 | 9 | 8 | 9 | |
|----|---|---|---|---|---|---|---|---|--|
|----|---|---|---|---|---|---|---|---|--|

| Schedule A - Cost of Good | s Sold. Enter | method of invent | ory v | valuation N/A | | | _ | | |
|---|----------------------|--|---|--|---------|--|---|---|--------|
| 1 Inventory at beginning of year | 1 1 | 4,868. | _ | Inventory at end of yea | ır | | 6 | 7, | 967. |
| 2 Purchases | 2 | 13,488. | | Cost of goods sold. Su | | ine 6 | | | |
| 3 Cost of labor | 3 | | | from line 5. Enter here | | | l | | |
| 4a Additional section 263A costs | | · — | | line 2 | | | 7 | 10, | 389. |
| (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 | cquirec | for resale) apply to | | | |
| 5 Total. Add lines 1 through 4b | 5 | 18,356. | | the organization? | | | | | х |
| Schedule C - Rent Income (see instructions) | (From Real | Property and | Pe | rsonal Property | Leas | ed With Real Pro | pe | rty) | |
| 1. Description of property | | | | | | | | | |
| (1) | | <u> </u> | | | | | | · · · · · · · · · · · · · · · · · · · | |
| (2) | | | | | | | | | |
| (3) | | | | | | · · · · · · | | | |
| (4) | | | | | | | | | |
| | 2. Rent receiv | ed or accrued | | | | 24.3- | | | |
| (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 | conal property (if the percental property exceeds 50% or if sed on profit or income) | age . | | | nected with the income in) (attach schedule) | n |
| (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 | ı (A) | | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | <u> </u> | | 0. |
| Schedule E - Unrelated Deb | ot-Financed | Income (see I | nstru | ctions) | | | | | |
| | | | 2 | 2. Gross income from | | Deductions directly control to debt-finant | | | |
| 1. Description of debt-fir | nanced property | | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) | s |
| (1) | | _ | | | | | | | |
| (2) | | | | | | | 7 | | |
| (3) | | | | | | ··· · | | | |
| (4) | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis illocable to nced property n schedule) | 6 | by column 5 | | 7. Gross income reportable (column 2 x column 6) | | 8. Allocable deduction (column 6 x total of column 3(a) and 3(b)) | |
| (1) | | | | % | | | | | |
| (2) | | | | % | | | $oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$ | | |
| (3) | | | | % | | | | | |
| (4) | | | | % | | · | \perp | | |
| | | | | | | nter here and on page 1, art I, line 7, column (A) | | Enter here and on page Part I, line 7, column (E | |
| Totals | | | | ▶ | | | 0. | | 0. |
| Total dividends-received deductions in | cluded in columr | 18 | | | | | • | | 0. |
| | | | | | | | | Form 990-T (| (2019) |

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

ENTITY

2019

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

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

| Name of the organization SAMARITAN HEALTH | | | made public il your organ | Employer identi | fication i | number |
|---|---|----------|-----------------------------|------------------|------------|---------------------------------------|
| Unrelated Business Activity Code (see instruc | otions) > 900099 | | | | | |
| Describe the unrelated trade or business | SPECIFIED PAY | MENTS | - SAMARITAN HEALTH | PLANS | | |
| Part 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 | | | | |
| 4a Capital gain net income (attach Schedule D |)) | 4a | | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (| attach Form 4797) | 4b | | | | |
| c Capital loss deduction for trusts | | 4c | | | | |
| 5 Income (loss) from a partnership or an S co | rporation (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. | 73,7 | 09 | -10,709. |
| 9 Investment income of a section 501(c)(7), (9 | 9), or (17) | | | | l | |
| organization (Schedule G) | | 9 | | | | |
| 10 Exploited exempt activity income (Schedule | e I) | 10 | | | | |
| 11 Advertising income (Schedule J) | | 11 | | | | |
| 12 Other income (See instructions, attach scho | edule) | 12 | | | | |
| 13 Total. Combine lines 3 through 12 | | 13 | 63,000. | 73,7 | 09. | -10,709. |
| Part II Deductions Not Taken Elsew directly connected with the un | rhere (See instructi related business in | ions fo | or limitations on dec .) | luctions) (Dedi | uctions | s must be |
| 14 Compensation of officers, directors, and true | ustees (Schedule K) | | | - | 14 | |
| 15 Salaries and wages | | | | į. | 15 | |
| 16 Repairs and maintenance | | | | ļ. | 16 | |
| 17 Bad debts | | | | - | 17 | |
| 18 Interest (attach schedule) (see instructions) | | | | - | 18 | · · · · · · · · · · · · · · · · · · · |
| 19 Taxes and licenses | | | 1 1 | - | 19 | |
| 20 Depreciation (attach Form 4562) | | | 20 | | | |
| 21 Less depreciation claimed on Schedule A a | ind elsewhere on return | ı | 21a | | 21b | |
| 22 Depletion | | | | | 22 | |
| 23 Contributions to deferred compensation pla | ans | | | – | 23 | |
| 24 Employee benefit programs | | | | | 24 | |
| 25 Excess exempt expenses (Schedule I) | | | | - | 25 | |
| 26 Excess readership costs (Schedule J) | | | | - | 26 | |
| 27 Other deductions (attach schedule) | | | | _ | 27 | |
| 28 Total deductions. Add lines 14 through 27 | | | | _ | 28 | 0. |
| 29 Unrelated business taxable income before | | | | 13 | 29 | -10,709. |
| 30 Deduction for net operating loss arising in t | ax years beginning on o | or after | January 1, 2018 (see | G T 1 2 | | • |
| instructions) | | | | <u>-</u> | 30 | 10 709 |
| 31 Unrelated business taxable income Subtra | ct line 30 from line 29 | | | | 31 | -10,709. |

| SCHEDULE M | NET | OPERATING LOSS | DEDUCTION | STATEMENT 13 |
|-------------|-------------------|-------------------------------|-------------------|------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/18 | 12,127. | | 12,127. | 12,127. |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR | 12,127. | 12,127. |

OMB No 1545-0047

(Form 990-T)

Department of the Treasury

Internal Revenue Service

For calendar year 2019 or other tax year beginning

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

Unrelated Business Taxable Income from an

Unrelated Trade or Business

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

| Unrelated Business Activity Code (see instructions) 900099 Describe the unrelated trade or business SPRCIFIED PAYMENTS - BOULDER FALLS PROPERTIES Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net | Name | of the organization SAMARITAN HEALTH SERVICES | | | Employer identificate | on number |
|--|------|---|-------|-------------------------------|-----------------------|-------------|
| Describe the unrelated trade or business SPECIFIED PAYMENTS - BOULDER FALLS PROPERTIES | | | | | | |
| Part Unrelated Trade or Business Income | | illelated business Activity Gode (see ilistractions) | ENTS | - BOULDER FALLS PRO | PERTIES | |
| b Less returns and allowances | | | | | | (C) Net |
| 2 Cost of goods sold (Schedule A, Ine 7) 3 Gross profit Subtract line 2 from line 1c 4 Capital gain net income (stach Schedule D) 4 Not gain (loss) (Form 4797, Part II, Ine 17) (attach Form 4797) 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Investment income or a section 501(e)(7), (9), or (17) 9 Investment income or a section 501(e)(7), (9), or (17) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule G) 12 Unrelated descriptions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and waiges 16 Reparts and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Interest (attach schedule) (see instructions) 11 Interest (attach schedule) (see instructions) 11 Takes and maintenance 19 Bepreciation (attach Form 4582) 20 Depreciation (attach Form 4582) 21 Less depreciation (attach Form 4582) 22 Depreciation (attach Form 4582) 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess readership costs (Schedule I) 26 Contributions to deferred compensation plans 26 Excess readership costs (Schedule I) 27 Other deductions, Add lines 14 through 27 28 Unrelated business taxable income Subtract line 30 from line 29 30 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29 | 1 a | Gross receipts or sales | | | | |
| 3 Gross profit Subtract line 2 from line 1 c 4 a Capital gain net income (attach Schedule D) 5 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Income (Schedule C) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 11 Advertising income (Schedule G) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21 Less depreciation (attach Form 4562) 22 Less depreciation (attach Form 4562) 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule I) 27 Total deductions, Add lines 14 through 72 28 Other deductions, Add lines 14 through 73 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 -96,870. 30 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 -96,870. | b | Less returns and allowances c Balance ▶ | 1c | | | |
| 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 6 Rent income (Schedule C) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, noyalties, not enter from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Une Exploited exempt activity income (Schedule I) 10 Layority (Schedule G) 11 Advertising income (Schedule I) 12 Other income (Schedule II) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salares and wages 16 Repairs and maintenance 16 Interest (attach schedule) (see instructions) 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depletion 20 Depreciation (attach Form 4562) 21 Less depreciation (attach Form 4562) 22 Depletion 25 Excess exempt expenses (Schedule I) 26 Excess exempt expenses (Schedule I) 27 Other deductions (attach schedule) 28 Employee benefit programs 29 Excess exempt expenses (Schedule I) 29 Contributions to deferred compensation plans 20 Contributions to deferred compensation plans 21 Employee benefit programs 22 Excess exempt expenses (Schedule I) 25 Excess exempt expenses (Schedule I) 26 Excess exempt expenses (Schedule I) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 Get 27 Other deductions (attach schedule) 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated debt. Income Defense in the Street Income Subtract line 29 Total or after January 1, 2018 (see instructions) 31 Unrelated debt. Income Defense Income Defense Income Defense Income Defense Income Defen | 2 | Cost of goods sold (Schedule A, line 7) | 2 | | | |
| b Net gain (loss) (from 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) 9 Investment income of a section 501(c)(7), (9), or (17) 9 Investment income of a section 501(c)(7), (9), or (17) 11 Advertising income (Schedule G) 12 Other income (See instructions, attach schedule) 13 108,000. 204,87096,870. Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salares and wages 15 15 Salares and wages 15 15 Interest (attach schedule) (see instructions) 18 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Depreciation (attach Form 4562) 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21 21 21 21 21 22 2 2 2 2 2 2 2 2 2 2 | 3 | Gross profit Subtract line 2 from line 1c | 3 | | | |
| C Capital loss deduction for trusts 4c | 4 a | Capital gain net income (attach Schedule D) | 4a | | | |
| 5 | b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| Statement Stat | С | Capital loss deduction for trusts | 4c | | | |
| 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annutites, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Total. Combine lines 3 through 12 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and maintenance 19 Taxes and maintenance 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 20 Depreciation (attach Form 4562) 21 Epiletion 21 Contributions to deferred compensation plans 22 Epiletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule J) 26 Excess readership costs (Schedule J) 27 Other deductions, Add lines 14 through 27 28 Outer deductions (attach schedule) 29 Federal Interest (attach schedule) 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income Subtract line 20 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29 | 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| 7 | | statement) | - | | | |
| Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Investment income (See methodule G) Investment income (See methodule G) Investment income (See methodule G) Interest (Schedule J) Interest (See instructions, attach schedule) Interest (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) Interest (attach schedule) (see instructions) Interest (attach schedule) (see in | 6 | · | - | | | |
| organization (Schedule F) | 7 | | 7 | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Interest (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salares and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Depreciation (attach Form 4562) 21 Less depreciation (attach Form 4562) 22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule J) 26 Excess readership costs (Schedule J) 27 Other deductions, Add lines 14 through 27 29 Unrelated business taxable income Subtract line 30 from line 29 30 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29 | 8 | • | | 100 000 | 204 870 | 06 970 |
| organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 12 | | · · · · · · · · · · · · · · · · · · · | 8 | 108,000. | 204,870. | -96,870. |
| 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Combine lines 3 through 12 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 21 Depletion 22 Excess exempt expenses (Schedule I) 23 Excess exempt expenses (Schedule I) 24 Employee benefit programs 25 Excess readership costs (Schedule I) 26 Total deductions. Add lines 14 through 27 27 Uhrelated business taxable income Subtract line 29 28 Oet, 8770. 29 Uhrelated business taxable income Subtract line 29 31 Unrelated business taxable income Subtract line 29 31 Official Company (Schedule I) 31 Original Subtract line 29 32 EMM 14 30 Oc. | 9 | ****** | | | | |
| Advertising income (Schedule J) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 13 108,000, 204,870, -96,870. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 21 Deptetion 22 Deptetion 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule J) 26 Excess readership costs (Schedule J) 27 Other deductions, Add lines 14 through 27 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 -96,870. 31 Onelated business taxable income Subtract line 30 from line 29 31 Onelated business taxable income Subtract line 30 from line 29 | | · · · · · · · · · · · · · · · · · · · | | | | |
| 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 14 Obductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 21 Contributions to deferred compensation plans 22 Employee benefit programs 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions, add lines 14 through 27 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 -96,870. 31 Unrelated business taxable income Subtract line 30 from line 29 31 -96,870. | | • | | | | |
| Total. Combine lines 3 through 12 Total combine lines 4 through 27 Total deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly small structions). (Deduction smust be directly small structions). (Deduction small structions). (Deductio | | • • • | - | | | |
| Part II Deductions Not Taken Elsewhere (See Instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 Instructions Not Taken Elsewhere (See Instructions on deductions.) (Deductions must be directly connected with the unrelated business income.) 15 Salaries and wages 15 Instructions Instr | | • | | 108 000 | 204 870 | -96 870 |
| directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 16 17 Bad debts 17 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 -96,870. 30 Unrelated business taxable income Subtract line 30 from line 29 31 -96,870. | | | | <u> </u> | | h |
| Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions, Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) STMT 14 14 15 15 15 15 15 15 15 17 17 18 18 19 20 21 21 21 21 21 21 21 22 22 | Par | til Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in | ons f | for limitations on ded e.) | uctions.) (Deducti | ons must be |
| 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 20 21 21 Less depreciation (attach Form 4562) 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 23 Contributions to deferred compensation plans 23 23 24 Employee benefit programs 24 24 25 Excess exempt expenses (Schedule I) 25 25 26 Excess readership costs (Schedule J) 26 27 27 Other deductions (attach schedule) 27 28 0. 28 0. 29 -96,870. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) STMT 14 30 0. 31 Unrelated business taxable income Subtract line 30 from line 29 31 -96,870. | | • | | <u> </u> | | |
| 16 Repairs and maintenance 16 17 18 ad debts 17 17 18 Interest (attach schedule) (see instructions) 18 18 19 17 18 19 18 19 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19 | 14 | • | | | | |
| 17 Bad debts | | _ | | | | |
| 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 21 | | · | | | | |
| Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) In place of the description of the programs of the program of th | | | | | | |
| Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 30 from line 29 Defended business taxable income Subtract line 30 from line 29 June 14 Z1a Z1b Z2c Z2d Z2d Z2d Z2d Z2d Z2d Z2d | | | | | | <u> </u> |
| Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 30 from line 29 21a 22b 22c 23 24 25 26 27 28 0. 29 196,870. | | | |] 20] | 19_ | |
| Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 30 from line 29 122 23 24 25 26 27 28 0. 29 -96,870. | | , | | | | |
| 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 29 -96,870. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income Subtract line 30 from line 29 31 -96,870. | | | | [2 14] | | |
| Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) STMT 14 Unrelated business taxable income Subtract line 30 from line 29 24 25 26 27 28 0. 29 -96,870. | | • | | | | |
| Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) STMT 14 Unrelated business taxable income Subtract line 30 from line 29 25 26 27 28 0. 29 -96,870. | | • | | | | |
| Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) STMT 14 Unrelated business taxable income Subtract line 30 from line 29 26 27 28 0. 29 -96,870. | | , , , , , , , , , , , , , , , , , , , | | | <u> </u> | |
| Other deductions (attach schedule) 27 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income Subtract line 30 from line 29 27 28 0. 29 -96,870. | | | | | | |
| Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income Subtract line 30 from line 29 28 0. 29 -96,870. | | · · · · · · · · · · · · · · · · · · · | | | - | |
| Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). STMT 14 30 0. Unrelated business taxable income. Subtract line 30 from line 29. 31 -96,870. | | • | | | | 0. |
| Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) STMT 14 30 0. Unrelated business taxable income Subtract line 30 from line 29 31 -96,870. | | <u> </u> | ction | Subtract line 28 from line | | -96,870. |
| instructions) STMT 14 30 0. 31 Unrelated business taxable income Subtract line 30 from line 29 31 -96,870. | | | | | - - | · |
| ST Officialed business taxable income Gubriact line 60 from inc 25 | | | | , , , , , , , , | STMT 14 30 | |
| | 31 | Unrelated business taxable income Subtract line 30 from line 29 | | | | |

| SCHEDULE M | NET | OPERATING LOSS I | DEDUCTION | STATEMENT | 14 |
|-------------|-------------------|-------------------------------|-------------------|------------------------|-----|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR | |
| 12/31/18 | 98,285. | | 98,285. | 98,2 | 85. |
| NOL CARRYOV | ER AVAILABLE THIS | YEAR | 98,285. | 98,2 | 85. |

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| Form 990-T (2019) SAMARITAN | HEALTH | SERVICES | : | | | | | | 93-09519 | | Page 4 |
|-------------------------------------|---------------|-----------------------------------|----------|-------------------------|--|---|--------------------------------|--------------|---|----------|--|
| Schedule F - Interest, A | Annuitie | s, Royal | ties, ar | nd Rents | s From Co | ontroll | ed Organiz | zatio | ns (see ins | truction | s) |
| , | | | | Exempt (| Controlled O | rganızatı | ons | | | | |
| Name of controlled organizate | on | 2. Emp identific numb | ation | | elated income instructions) | 4. Tot payr | tal of specified ments made | includ | t of column 4 led in the contraction's gross i | rolling | 6. Deductions directly connected with income in column 5 |
| (1) SAMARITAN HEALTH PLA | NS. | | | | ••• | | | | | | |
| (2) INC. | | 93-08608 | 60 | | | | | | | | |
| (3) | | | | | - | | | _ | | | |
| (4) | | | | | | | | _ | | | |
| Nonexempt Controlled Organia | ations | | | <u> </u> | | l | | | | | |
| 7. Taxable Income | | inrelated incom | e (loss) | 9 Total | of specified payi | ments | 10. Part of colu | mn 9 tha | it is included | 11 Dec | ductions directly connected |
| , | | ee instructions | | | made | | in the controlf | | nization's | | income in column 10 |
| | | | | | | | • | | | SEE | STATEMENT 15 |
| (1) | | | | | | | | | | | |
| (1) (2) 531,053. | | | 0. | | 6 | 3,000. | | | 63,000. | | 73,709. |
| | | | | | | | | | | | <u> </u> |
| (3) | | | | | | | | - | | | · · · · · · · · · · · · · · · · · · · |
| (4) | | | | <u> </u> | | | Add colum | E | d 10 | Λd. | d columns 6 and 11 |
| | | | | | | | Enter here and | | | | ere and on page 1, Part I, |
| | | | | | | | | column (| | 1 | line 8, column (B) |
| Totals | | | | | | | | | 63,000. | 73,709. | |
| Schedule G - Investme | nt Inco | mo of a S | Saction | 501(0)(| 7) (9) or | (17) () | raanizatior | | ********* | | |
| (see instr | | ine or a c | Section | 1 30 1 (0)(| <i>1</i>), (9), Oi | (17) 01 | garnzatioi | • | | | |
| , | ption of inco | ome | | | 2. Amount of | ıncome | 3. Deductio | cted | 4. Set- | | 5 Total deductions and set-asides |
| | | | | | | | (attach sched | intel | | | (col 3 plus col 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | Enter here and | on nage 1 | · | | <u> </u> | | Enter here and on page 1, |
| | | | | | Part I, line 9, co | | | | | | Part I, line 9, column (B) |
| Totala | | | | _ | | | | | | | |
| Schedule I - Exploited | | Activity | Incom | e, Othe | r Than Ac | lvertisi | ing Income |) | | | |
| (see instru | ctions) | | | | | | | | | | |
| | 2 0 | Gross | | penses | 4. Net incon from unrelated | ne (loss) I trade or | 5. Gross inco | ome. | | | 7. Excess exempt |
| 1 Description of | unrelated | business | | connected oduction | business (co | lumn 2 | from activity to | lhat | 6. Exp | | expenses (column 6 minus column 5, |
| exploited activity | | e from business | | related s income | minus colum gain, comput | e cols 5 | business inco | | colur | nn 5 | but not more than column 4) |
| | | | | | through | ′ | | | ļ | | <u> </u> |
| (1) | | | | | | | | | | | <u> </u> |
| (2) | | | | | | | | | | | <u> </u> |
| (3) | | | | | | | | | ļ | | <u>.</u> |
| (4) | | | | | | | | | | | Enter here and |
| | | re and on , Part I, | | re and on I, Part I, | | | | | | | on page 1, |
| | line 10, | col (A) | line 10, | col(B) | | | | | | | Part II, line 25 |
| Totals | | | | | | | | | | | |
| Schedule J - Advertision | | | | | | | | | | | |
| Part I Income From I | Periodic | als Repo | orted o | n a Con | solidated | Basis | | | | | |
| 1. Name of periodical | | 2. Gross advertising income | | 3 Direct ertising costs | | ising gain of 2 minus ain, comput arough 7 | | | 6. Reade | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | <u> </u> | | |
| (2) | -+ | | + | | 7 | | | | | | |
| (3) | | - | + | | \dashv | | | | | | |
| (4) | | | + | | \dashv | | <u> </u> | | <u> </u> | | |
| V.7 | | | | | | | <u> </u> | | | | |
| Totals (carry to Part II, line (5)) | • | | | | | | <u> </u> | · | | | 5 000 T (0010) |

| 4 | 989 | | | |
|---|-----|--|--|--|
| | | | | |

| Schedule F - Interest, | Annuitie | es, Roya | lties, ar | | | | | zation | S (see ins | tructio | ns) |
|--------------------------------------|--------------------|--|-----------------------------------|--|---|--|--|--|--|---------------|--|
| | | | | <u> </u> | Controlled O | T | | Τ_ | | | |
| Name of controlled organizat | tion | 2. Em Identifi num | cation | 3. Net uni (loss) (see | related income a instructions) | 4. Tot payr | tal of specified ments made | include | of column 4 ed in the cont ation's gross | rolling | 6. Deductions directly connected with income in column 5 |
| (1) BOULDER FALLS PROPER | RTIES, | | | | | | | | | | |
| (2) LLC | | 46-52931 | 20 | | | | - | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Nonexempt Controlled Organi | zations | 1 | | | | | | | | | ' |
| 7. Taxable Income | | inrelated incon | ne (loss) | 9. Total | of specified pay | ments | 10. Part of colu | mn 9 that | is included | 11 . D | eductions directly connected |
| | (: | see instructions | 5) | | made | | in the controli gross | ing organ s income | ization's | | th income in column 10 E STATEMENT 16 |
| (1) | | | _ | | | | | | | | |
| (2) -621,377. | | | 0. | | 10 | 8,000. | | 1 | 08,000. | | 204,870. |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| - V | | | | | | | Add colun Enter here and line 8, 0 | | 1, Part I, | | Add columns 6 and 11 here and on page 1, Part I, line 8, column (B) |
| Totals | | | | | | . | | 1 | 08,000. | | 204,870. |
| Schedule G - Investme | nt Inco | me of a | Section | 501(c)(| 7) (9) or | (17) () | raanizatior | | , | | |
| (see instr | | ine or a | Section | 1 30 1(0)(| (1), (5), 61 | (17, 01 | garnzation | • | | | |
| (000 :::01: | | | | | | | 3. Deductio | ns | 4 0 | | 5 Total deductions |
| 1. Desc | ription of inco | ome | | | 2 Amount of | ıncome | directly conne (attach sched | | 4. Set- | | and set-asides (col 3 plus col 4) |
| (1) | | | | | | | , | - | | | , |
| (2) | | | | | | | | - | | | |
| (3) | | | | | ľ | | | | | | } - |
| (4) | | | | | | | | \dashv | | | |
| (4) | | | | | Enter here and | on page 1. | | | | | Enter here and on page 1, |
| Totals | | | | | Part I, line 9, co | | | | | | Part I, line 9, column (B) |
| Schedule I - Exploited | Exemp | t Activity | Incom | e. Othe | r Than Ac | vertisi | ing Income | | | | |
| (see instru | - | • • • • • • • • • • | | , | | | • | | | | |
| | Γ | | 2 - | | 4. Net incom | ne (foss) | _ | | | | 7. Excess exempt |
| 1. Description of exploited activity | unrelated incom | Gross I business ne from business | directly of with pro of unr | penses connected oduction related | from unrelated business (co minus colum gain, comput | trade or olumn 2 n 3) If a | 5. Gross inco from activity is not unrelate business inco | that ted | 6. Exp attribut colur | able to | expenses (column 6 minus column 5, but not more than |
| | 1 220001 | | busines | s income | through | | | ' | | | column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | | | • | | Ì | | | Ì | | | |
| | page 1 | re and on I, Part I, col (A) | | re and on , Part I, col (B) | | | | | | | Enter here and on page 1, Part II, line 25 |
| Totals - | <u> </u> | | | | L | | | | | | |
| Schedule J - Advertision | | | | | • | | | | | | <u>-</u> |
| Part I Income From I | Periodio | cals Rep | orted o | n a Con | solidated | Basis | | | | | <u></u> |
| 1. Name of periodical | | 2. Gross advertising income | | 3. Direct ertising costs | or (loss) (cocol 3) If a g | tising gain of 2 minus ain, comput arough 7 | 5. Circulat income | | 6. Reade cost | | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | I | | | |
| (3) | | | | | | | | | | | |
| (4) | | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | • | | | | | | | | | | |
| | | | | | | | | | | | Form 990-T (2019) |

General Business Credit

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

OMB No 1545-0895

Department of the Treasury 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

Identifying number

| SAMA | ARITAN HEALTH SERVICES | 93-09519 | 89 |
|------|---|----------------|-------------|
| Par | Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (| 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 | 24,029 |
| 2 | Passive activity credits from line 2 of all Parts III with box B checked 2 | | 21,020 |
| 3 | Enter the applicable passive activity credits allowed for 2019. See instructions | | |
| | · · · · · · · · · · · · · · · · · · · | | |
| 4 | Carryforward of general business credit to 2019. Enter the amount from line 2 of Part III with b checked. See instructions for statement to attach | i I | 204 204 |
| _ | | | 291,601 |
| 5 | Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with b | | |
| _ | checked. See instructions | | |
| 6 | Add lines 1, 3, 4, and 5 | 6 | 315,630 |
| Par | | [Address] | |
| 7 | Regular tax before credits: | | |
| | • Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and | | |
| | Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form | | |
| | 1040-NR, 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 | O |
| | • 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 | province makes | |
| 8 | Alternative minimum tax | | |
| | • Individuals. Enter the amount from Form 6251, line 11 | | |
| | • Corporations. Enter -0 | 8 | 0 |
| | • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 | NEXT. | |
| | , , , , , , , , , , , , , , , , , , , | 177 | |
| 9 | Add lines 7 and 8 | . 9 | 0 |
| | | 52.00 | |
| 10a | Foreign tax credit | | |
| b | Certain allowable credits (see instructions) | | |
| | Add lines 10a and 10b | . 10c | • |
| С | Add lines for and for | 100 | 0 |
| 4.4 | Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on lin | e 16 11 | _ |
| 11 | Net income tax. Subtract line 100 from line 3. It zero, skip lines 12 through 13 and enter -0- on lin | e 10 11 | 0 |
| | Not as a standard College of the 10s from the 7 to see an local and a 10s from the | | |
| 12 | Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0 | 0 0 | |
| | | | |
| 13 | Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See | F. 3 | |
| | instructions | | |
| 14 | Tentative minimum tax: | | |
| | Individuals. Enter the amount from Form 6251, line 9 | | |
| | • Corporations. Enter -0 | | |
| | Estates and trusts. Enter the amount from Schedule I (Form 1041), | (4) | |
| | line 52 | 19694 | |
| 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 |
| 17 | Enter the smaller of line 6 or line 16 | . 17 | 0 |
| • | C corporations: See the line 17 instructions if there has been an ownership change, acquisition | n, or | |
| | reorganization. | | |

| Par | | | |
|------|---|-----------------|---|
| Note | If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter | -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 2019. 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 | |
| 27 | Subtract line 13 from line 11. If zero or less, enter -0 | 27 | |
| 28 | Add lines 17 and 26 | 28 | |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0 | 29 | |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked | 30 | |
| 31 | Reserved | 31 | A. S. |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked 32 | | |
| 33 | Enter the applicable passive activity credits allowed for 2019. See instructions | 33 | 0 |
| 34 | Carryforward of business credit to 2019. 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 |
| 35 | Carryback of business credit from 2020. Enter the amount from line 5 of Part III with box D checked. See instructions | 35 | 0 |
| 36 | Add lines 30, 33, 34, and 35 | 36 | 0 |
| 37 | Enter the smaller of line 29 or line 36 | 37 | 0 |
| 38 | Credit allowed for the current year. Add lines 28 and 37. | 7 | |
| | 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 or 1040-SR), line 6, or Form 1040-NR, line 51 | | |
| | Corporations. Form 1120, Schedule J, Part I, line 5c | | |
| | • Estates and trusts. Form 1041, Schedule G, line 2b | 38 | 0 |
| | | Form 3 | 800 (2019) |

Form 3800 (2019) Name(s) shown on return Identifying number SAMARITAN HEALTH SERVICES 93-0951989 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions. A General Business Credit From a Non-Passive Activity E 🔚 Reserved **B** General Business Credit From a Passive Activity F Reserved C ☐ General Business Credit Carryforwards G 🔲 Eligible Small Business Credit Carryforwards **D** General Business Credit Carrybacks H Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from (a) Description of credit (b) Enter the If claiming the credit Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through entity, enter the EIN appropriate pass-through entity. amount Investment (Form 3468, Part II only) (attach Form 3468) 1a 1a b 1b C 1c 27-3007752 24,029 đ 1d e 1e f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f g 1g h 1h 1i 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 1k 11 1 Biodiesel and renewable diesel fuels (attach Form 8864) m 1m n 1n ٥ 10 p 1p 1q q 1r Alternative fuel vehicle refueling property (Form 8911) . 1s s Enhanced oil recovery credit (Form 8830) 1t t 1u u Agricultural chemicals security (carryforward only) 1v Employer differential wage payments (Form 8932) w 1w Carbon oxide sequestration (Form 8933) 1x Qualified plug-in electric drive motor vehicle (Form 8936) 1y z 1z aa 1aa bb General credits from an electing large partnership (carryforward only) 1_bb Other. Oil and gas production from marginal wells (Form 8904) and certain other 77 177 Add lines 1a through 1zz and enter here and on the applicable line of Part ! . . 2 2 24,029 Enter the amount from Form 8844 here and on the applicable line of Part II 3 3 4a **4a** 4b b Biofuel producer (Form 6478) 4c C 4d d Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . æ 4e f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f g 4g Small employer health insurance premiums (Form 8941) h 4h 4i i Employer credit for paid family and medical leave (Form 8994) 4j j 4z Z Add lines 4a through 4z and enter here and on the applicable line of Part II 5 5 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 24,029

Form **3800** (2019)

Name(s) shown on return Identifying number SAMARITAN HEALTH SERVICES 93-0951989 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions. A General Business Credit From a Non-Passive Activity E Reserved **B** General Business Credit From a Passive Activity F Reserved C General Business Credit Carryforwards **G** Eligible Small Business Credit Carryforwards **D** General Business Credit Carrybacks H Reserved If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from (a) Description of credit (b) If claiming the credit Enter the Note: On any line where the credit is from more than one source, a separate Part III is needed for each appropriate from a pass-through amount pass-through entity. entity, enter the EIN 1a 1a 1b h Increasing research activities (Form 6765) C 1c 27-3007752 d Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) е 1e Renewable electricity, refined coal, and Indian coal production (Form 8835) . . 11 f q 1g Orphan drug (Form 8820) h 1h 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j Employer-provided child care facilities and services (Form 8882) (see instructions k 1k 11 Low sulfur diesel fuel production (Form 8896) m 1m 1n Nonconventional source fuel (carryforward only) 10 a Energy efficient home (Form 8908) 1p q 10 1r Alternative fuel vehicle refueling property (Form 8911) s 1s 1t 11 Mine rescue team training (Form 8923) 1u Agricultural chemicals security (carryforward only) 1۷ v w Employer differential wage payments (Form 8932) Carbon oxide sequestration (Form 8933) 1x ¥ Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only) 1z z 1aa aa General credits from an electing large partnership (carryforward only) 1_bb bb Other. Oil and gas production from marginal wells (Form 8904) and certain other 77 1zz 17,944 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 291,601 3 Enter the amount from Form 8844 here and on the applicable line of Part II 3 4a 4a b 4h Biofuel producer (Form 6478) 4c C Renewable electricity, refined coal, and Indian coal production (Form 8835) . . . 4e e Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f f 4g a Small employer health insurance premiums (Form 8941) 4h h 4i i j Employer credit for paid family and medical leave (Form 8994) 4j 4z z 5 5 Add lines 4a through 4z and enter here and on the applicable line of Part II 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II 291,601

Name(s) shown on return

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

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

Business or activity to which this form relates

OMB No 1545-0172

Sequence No 179

ldentifying number

FORM 990-T PAGE 1 93-0951989 SAMARITAN HEALTH SERVICES Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1,020,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,550,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 13 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 14 the tax vear 15 15 Property subject to section 168(f)(1) election 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property See instructions) Section A 187,671. 17 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (a) Classification of property (f) Method (g) Depreciation deduction year placed in service 19a 3-year property 5-year property b 7-year property С 10-year property d 15-year property е 20-year property S/L 25 yrs g 25-year property S/L MM 27 5 yrs h Residential rental property MM S/L 27 5 yrs 1 MM S/L 39 yrs Nonresidential real property MM S/L Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs S/L b 12-year 30 yrs MM 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 21 187,671. 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

93-0951989

Form 4562 (2019)

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

| | Note: For any 24b, columns (| vehicle for w (a) through (d | hich you are i c) of Section A | using the A, all of S | estandar ection B | d mile , and | age rate Section (| or ded If app | ucting leas licable | se exper | ise, com | iplete or | 11y 24a, | | |
|------------|--|---------------------------------|--------------------------------------|--------------------------|--|------------------------|--|------------------|--|------------|---------------------------------|--|----------------------------|--|--|
| | | | on and Other | | | | | | | mits for | passeng | ger auto | mobiles) |) | |
| 24: | a Do you have evidence to s | support the bu | siness/investm | ent use cl | aimed? | | Yes | □ No | 24b If "Y | es," ıs ti | ne evide | nce writ | ten? | Yes | No |
| | (a) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/ investmen use percenta | t " | (d) Cost or ther basis | l n | (e) lasis for dep ousiness/inv use on | estment | (f) Recovery period | Me | (g) thod/ rention | Depr | (h) eciation luction | Ele secti | (i) ected on 179 ost |
| 25 | Special depreciation alle | owance for q | ualified listed | property | / placed | ın ser | vice durir | g the t | tax year an | id | | | | | |
| | used more than 50% in | | | | | | | | | | 25 | <u> </u> | | <u> </u> | |
| <u> 26</u> | Property used more tha | n 50% in a c | ualified busir | ess use | | | | | 7 | | | | | , | |
| | | | | % | | _ | | | <u> </u> | | | | | - | |
| _ | | | | % | | | | | ļ | | | | | | |
| _ | | <u> </u> | | % [| | | | | <u> </u> | | | <u> </u> | | <u> </u> | |
| <u>27</u> | Property used 50% or le | ess in a qual | | - 1' | | - 1 | | | т | 1 | | | | ı | |
| | | ļ | + | % | | $-\bot$ | | | <u> </u> | S/L· | | | | 1 | |
| | | | | % | | - | | | | S/L· | | . | | ł | |
| | | | · | % | | | | | ļ | S/L - | | | | 1 | |
| | Add amounts in column | | • | | | | 1, page | | | | 28 | | - 1 | | |
| <u>29</u> | Add amounts in column | (i), line 26 E | | | | | | | | | | | 29 | | |
| | | | | | | | n on Use | | | | _ | | | | |
| | mplete this section for ve | | | | | | | | | | | | | | es . |
| to | your employees, first ans | wer the ques | stions in Sect | on C to | see if you | u mee | t an exce | ption t | o completi | ng this s | ection f | or those | e vehicle: | 5 | |
| _ | | | _ | Ι. | | r | (I-) | 1 | (-) | 1 , | _41 | | · - \ | | <u>. </u> |
| | T-4-15 | | | | a) | ١, | (b) | Ι, | (c) | 1 | d) ncle | | (e) hicle | | f) nicle |
| 30 | Total business/investment | | uring the | Vei | nicle | ├─ <u>`</u> | 'ehicle | ' | /ehicle | Vei | licie | Ve | nicie | Vei | licie |
| | year (don't include commu | | . 4 15 | | | | | + | | | | | | | |
| | Total commuting miles | - | | - | | | | + | | • | | | | | |
| 32 | Total other personal (no driven | ncommuting |)) miles | | | | | | | | | | | | |
| 33 | Total miles driven during | g the year | | | | | | | | 1 | | 1 | | | |
| | Add lines 30 through 32 | <u>!</u> | | | | | | ļ | | | | ļ | | | |
| 34 | Was the vehicle availab | le for person | al use | Yes | No | Yes | No. | Yes | s No | Yes | No | Yes | No | Yes | No |
| | during off-duty hours? | | | | ļ | | | ļ | | | | ļ | ļ | ļ | |
| 35 | Was the vehicle used p | rımarıly by a | more | | 1 | | | | | | | 1 | | } | 1 |
| | than 5% owner or relate | ed person? | | | | L | | _ | | L | ļ | | <u> </u> | | |
| 36 | Is another vehicle availa | ble for perso | onal | | | | | | | | | | | | |
| | use? | | | ļ., | | <u></u> | | <u> </u> | | <u> </u> | | <u> </u> | <u> </u> | L | |
| Ans | swer these questions to | | - Questions | | | | | | | | | | ren't | | |
| | re than 5% owners or rel | | | | | | , | | | , . | 1 | | | | |
| _ | Do you maintain a writte | | | rohibits a | all persor | nal use | of vehic | les, inc | luding cor | nmuting | , by you | r | | Yes | No |
| • | employees? | , | | | , | | | • | J | | | | | | Ì |
| 38 | Do you maintain a writte | en policy stat | tement that p | ohibits p | ersonal | use of | f vehicles | , excep | ot commut | ing, by y | our | | | | |
| | employees? See the ins | | | | | | | | | | | | | | |
| 39 | Do you treat all use of v | ehicles by er | nployees as r | ersonal | use? | | | | | | | | | | |
| | Do you provide more that | - | | | | ınform | ation fror | n your | employees | s about | | | | | |
| | the use of the vehicles, | and retain th | e information | received | 12 | | | - | | | | | | | |
| 41 | Do you meet the require | ments conc | erning qualifie | d autom | obile de | monst | ration us | e? | | | | | | | |
| | Note: If your answer to | | | | | | | | overed vel | nicles | | | | | |
| P | art VI Amortization | | | | | | | | | | | | | | |
| | (a) Description of | costs | Date | (b) amortization | | (C) Amortiz amou | zable | | (d) Code section | | (e) Amortiza | tion | Aı fo | (f) nortization or this year | |
| 40 | Amortization of anato 45 | at bogins di | ring vour 201 | begins O tax vo: | <u></u> | uniot | | | 530(1011 | | penod or per | centage [| | year | |
| 42 | Amortization of costs th | at begins du | IIII youl 201 | o lan ye | | | | \top | | Т | | | | | |
| | | | | | | | | \dashv | | | | | | | |
| 42 | Amortization of costs th | at hegan her | fore your 201 | a tay yes | ır | | | | | | | 43 | | _ | |
| 44 | | | ore your zon | | | . ronc | | | | | | 44 | _ | | |

Department of the Treasury

property

i Nonresidential real

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No 1545-0172

Attachment Sequence No 179

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 Part | 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 2 Total cost of section 179 property placed in service (see instructions) . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 2,500,000 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property (b) Cost (business use only) 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 8 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12 13 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) 16 159 Part III MACRS Depreciation (Don't include listed property See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . ightharpoonupSection B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (g) Depreciation deduction (a) Classification of property (e) Convention (f) Method placed in (business/investment use only-see instructions) service 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 275 yrs MM S/L h Residential rental 275 yrs MM S/L

ММ S/L Section C-Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 5/1 20a Class life S/L 12 yrs **b** 12-year S/L 30 yrs MM c 30-year MM S/L d 40-year 40 yrs

39 yrs

ММ

| Par | Summary (See instructions) | | |
|-----|--|----|----|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 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. | 22 | 15 |
| 23 | or assets shown above and placed in service during the current year, enter the | | |
| | portion of the basis attributable to section 263A costs | | |

S/L

| - | | | | | | | | | | | | | | | | | | Page 2 |
|-------|---|------------------------------|--------------------------------|-------------------------|----------|----------------|-----------------|--|-------------------|----------|----------------------|-------------------|--|-------------------|-------------------------------|--------------|--|--------------|
| | 4562 (2019) rt V Listed | Property | y (In | clude aut | omob | ıles, | ce | rtain | other | veh | ncles | , ce | rtaın | aırcraft | , and | prop | perty us | |
| | entert | ainment, re | | | | | | | | | | | | | | , , | · | |
| | | For any veh olumns (a) tl | | | | | | | | | | | | g lease | expens | e, cor | mplete o | nly 24a |
| | | — Deprecia | | | | | | | | | _ | | | s for pa | ssenge | r auto | mobiles) | |
| 24: | a Do you have e | | | | | | | | Yes | | | | | is the ev | | | | □ No |
| Тур | (a) e of property (list vehicles first) | (b) | (c) Busines nvestment percenta | s/ tuse Cost or | (d) | E | Basis (busin | (e) for depre less/inves use only | ciation stment | (Rec | (f) overy riod | | (g) ethod/ vention | 1 | (h) preciation eduction | 1 | (ı) Elected sec cos | |
| 25 | Special depi | | owance | e for qualif | | | rope | erty pla | iced ir | | | | 25 | | | | | |
| 26 | Property use | d more than | n 50% | ın a qualıfıe | d busi | ness | use | | | | | | - | <u> </u> | | | | |
| | | | | % | | | | | | | | | | ļ | | | | |
| | _ | | | % | | | | | | | | <u> </u> | | | | | | |
| 27 | Property use | l | es in a | | usines | SUSE | ۵· | | | | | Щ_ | | l | _ | | | |
| | _ roperty dec | 1 | ,00 III Q | % | 4011100 | | | | | | | S/L - | • | Γ | | Т | | - |
| | | | | % | | | | | | | | S/L - | | | | | | |
| | | | | % | | | | | | | | 5/L - | | ļ., | | | | |
| | Add amounts | | | | - | | | | | 21, | page | 1 | 28 | J | | 29 | | |
| _29 | Add amounts | s in column | (i), iirie | | | | | 7, page | | se of | Vehi | cles | | · · · | | 29 | | |
| | plete this secti | | | by a sole p | ropriet | or, pa | artne | r, or oth | ner "mo | ore th | an 59 | % own | | | | | | vehicles |
| to yo | our employees, | first answer | the que | estions in Se | ction C | to se | ee ıf | you me | et an e | хсер | tion to | o com | pleting | this sec | tion for | those | vehicles | |
| 30 | Total business | | | - | Ve | (a) hicle 1 | 1 | | b) cle 2 | | (c) Vehicle | e 3 | | (d) ncle 4 | | e) icle 5 | | f) icle 6 |
| 31 | Total commut | | _ | • | | | | | | | | | | | 1 | | | |
| | Total other miles driven | - | | | | | | | | | | | | | | | | |
| 33 | Total miles of lines 30 through | | ng the | year. Add | | | | | | | | | | | | | | |
| 34 | Was the vehi | | • | ersonal | Yes | N | No | Yes | No | Y | es | No | Yes | No | Yes | No | Yes | No |
| 35 | use during of Was the vehi than 5% owr | icle used pr | imarily | - | | | | | | | _ | | | | - | | | |
| 36 | Is another veh | | · · | | | ┽ | | | <u> </u> | + | | | | - | | | | |
| | 13 dilottici veri | | | estions for | Empl | oyer | 's Wi | ho Pro | vide V | /ehic | les fo | or Use | by T | neir Em | ployee | ւ Տ | L | <u> </u> |
| | wer these que than 5% ow | stions to de | termine | e if you mee | et an e | хсер | tion | | | | | | | | | | s who ar | en't |
| 37 | Do you main your employe | | en polic | cy statemer | | | | | rsonal | | of ve | | s, ınclu | ding co | | ng, by | Yes | No |
| 38 | Do you main employees? | | | | | | | | | | | | | | | y your | | |
| 39 | Do you treat | all use of ve | ehicles | by employe | es as | pers | onal | use? | | • | | | | | | | | |
| 40 | Do you provuse of the ve | | | | | | | | taın ın | forma | atıon | from | your e | mploye | es abo | ut the | ' | |
| 41 | Do you meet | • | | _ | - | | | | | | | | | | | | | <u> </u> |
| Par | Note: If your | r answer to : tization | 37, 38, | 39, 40, or | 11 IS "\ | res," | ' don | r't com | piete S | section | on B | tor the | e cove | red veh | icles. | | L | |
| ı eı | Allion | ii auvii | Т | (b) | | | | | | T | | | $\neg \neg$ | (e) | | | | |
| | (a Description | | | (b) Date amortiz begins | ation | , | Amort | (c) tizable an | nount | | Cod | (d) le section | on | Amortiz period | | Amorti | (f) zation for th | ııs year |

42 Amortization of costs that begins during your 2019 tax year (see instructions)

44 Total. Add amounts in column (f) See the instructions for where to report

43 Amortization of costs that began before your 2019 tax year

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Attachment Department of the Treasury 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 Name(s) shown on return SAMARITAN HEALTH SERVICES SCHEDULE M - ENTITY 6 93-0951989 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. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) . . . 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . 2,500,000 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0- . 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 6 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 **9** Tentative deduction. Enter the **smaller** of line 5 or line 8 . . . 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. 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 2020 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V 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 16 Other depreciation (including ACRS) 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 2019 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction 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 S/L g 25-year property 275 yrs 5/1 h Residential rental 275 yrs ММ S/L property 39 yrs ММ S/L i Nonresidential real S/L MM Section C-Assets Placed in Service During 2019 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 ММ d 40-year 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

23

Cat No 12906N

here and on the appropriate lines of your return Partnerships and S corporations—see instructions

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

portion of the basis attributable to section 263A costs

Form **4562** (2019)

| Form 4562 (2 | .019) | | | | | | | | | | Pag | e <u>~</u> |
|--------------|------------------------|---------------|-------------------|-----------|----------|---------------|------------|------------|-------|------------|-----------------|------------|
| Part V | Listed Property | (Include | automobiles, | certain | other | vehicles, | certain | aircraft, | and | property | used | fo |
| | entertainment, rec | reation, or | amusement.) | | | | | | | | | |
| | Note: For any vehic | le for which | you are using | the stand | ard mile | eage rate or | deductir | ng lease e | xpens | e, complet | e only 2 | 24a, |
| | 24b, columns (a) three | ouah (c) of S | Section A. all of | Section B | , and S | ection C if a | applicable |) | | | | |

| 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.) | | | | | | | | | | | | | | | | |
|--|---|----------------------------------|--|------------------------------|------------------------|--|--------------------------------------|---------------------|--------------------------|-----------|---------------------------|-----------------------|-------------------------------|----------------|---------------------------|--|
| | Section A | -Depreci | ation and | Other In | formati | on (Ca | ution: S | See the | ınstruc | ctions fo | or limits | for pas | senge | r auton | nobiles.) | |
| 248 | Do you have e | vidence to su | pport the b | usiness/inve | estment (| use clain | ned? |] Yes [| No | 24b If | "Yes," | s the ev | dence | written? | ☐ Yes | □ No |
| | (a) e of property (list vehicles first) | (b) Date placed in service | (c) Business/ investment u percentage | se Cost or o | d) other basis | | (e) for depreness/investuse only) | stment | (f) Recover period | | (g) ethod/ ivention | | (h) preciation eduction | | (i) lected sec cost | |
| 25 | Special depi | | | | | | | | | | 3 | | | | | |
| | the tax year | | | | | | | e See | ınstruc | tions | 25 | | | | | |
| 26 | Property use | d more tha | Y | | d busine | ess use | | | | | | 1 | | | | |
| | | | | % | | | | | | _ | | | | | | |
| | | | | % | | - | | | _ | - | | - | | | | |
| - 27 | Droporty use | d 50% or l | | % | icinoss | | | | | | | 1 | | | | |
| 27 | Property use | 1 30 % OF 1 | | % | 25111635 | <u> </u> | | | | S/L - | | T | | | | |
| | | | | % | | | | | | 5/L - | | <u> </u> | | \neg | | |
| | | | | % | | - | | | | S/L - | - | | | | | , |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . 28 | | | | | | | | | | | | | | | | |
| 29 | Add amount | s ın columi | n (i), line 2 | | | | | | | | | | | 29 | | |
| | | | | | ction B | | | | | | _ | | | | | |
| Com to yo | plete this secti our employees, | ion for vehic first answe | cles used I r the ques | oy a sole pi tions in Sed | roprietor ction C t | r, partne to see if | er, or oth you me | ner "mo et an ex | re than kceptior | 5% owr | ner," or i ipleting | related p this sec | erson. tion for | If you those v | orovided vehicles | vehicles |
| the year (don't include commuting miles) | | | | | | | | | | | | | | | f) cle 6 | |
| 31 Total commuting miles driven during the year | | | | | | | | | | | | | | | | |
| 32 | Total other miles driven | • | (nonco | mmuting) | | | _ | | | | | | | | | |
| 33 | Total miles lines 30 thro | | ing the y | ear Add | | | | | | | | | | _ | | |
| 34 | Was the veh | | - | sonal | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 35 | use during o Was the veh than 5% own | icle used p | orimarily b | | | | _ | | | | | | | - | | |
| 36 | | | • | | | | | | 1 | | | | i | | | |
| | | Section | 1 C-Que | stions for | | | | | | | | | | | | |
| | wer these que e than 5% ow | | | | | | to com | pleting | Section | n B for | vehicle | s used | by em | ployee | s who ar | en't |
| 37 | Do you mair your employ | ees? | | | | • | | | | | | | | | Yes | No |
| 38 | Do you mair employees? | See the in | struction | s for vehic | les used | d by co | rporate | | | | | | | | | |
| 39 | • | | | | | | | | • | • | • | | | | | |
| 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 | | | | | | | | | | | | | | | <u> </u> |
| | Note: If you | | 37, 38, 3 | 39, 40, or 4 | 11 is "Y | es," do | n't com | plete S | Section | B for th | e cove | red veh | cles | | Ц | |
| Par | t VI Amor | tization | | | | | | | | | | (e) | | | | |
| (a) Date amortization begins (b) (c) (d) Amortization period or percentage (f) | | | | | | | | | | | | | nis year | | | |
| 42 | Amortization | of costs th | nat begins | during yo | our 2019 | tax ye | ar (see | ınstruc | tions) | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 1 | - | | |
| 43 | Amortization | of costs th | nat began | before yo | ur 2019 | tax ye | ar . | | | | | | 43 | | | |

44 Total. Add amounts in column (f) See the instructions for where to report

8827

(Rev May 2020)
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

| Name | | Employer Identification number | | | |
|------|--|--------------------------------|------------|--|--|
| | SAMARITAN HEALTH SERVICES | | 93-0951989 | | |
| 1 | Minimum tax credit carryforward from 2018 Enter the amount from line 9 of the 2018 Form 8827 STMT 17 | 1 | 5,479. | | |
| 2 | Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions) | 2 | | | |
| 3 | Enter the refundable minimum tax credit (see instructions) | 3 | 5,479. | | |
| 4 | Add lines 2 and 3 | 4 | 5,479. | | |
| 5 | Enter the smaller of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions | 5a | 5,479. | | |
| ŀ | Current year minimum tax credit. Enter the smaller of line 1 or line 2 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line | | | | |
| | 3, go to line 5c Otherwise, skip line 5c | 5b | | | |
| (| Subtract line 5b from line 5a This is the current year refundable minimum tax credit Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return) | 5c | 5,479. | | |
| 6 | Minimum tax credit carryforward. Subtract line 5a from line 1 Keep a record of this amount to carry forward and use in future years | 6 | | | |

FEDERAL STATEMENTS SAMARITAN HEALTH SERVICES

FORM 990-T - SCHEDULE M (RELATING TO PARTNERSHIP INCOME - ENTITY 5) SUSPENDED LOSSES - PARTNERSHIPS (NORTHWEST MEDICAL ISOTOPES, LLC) **STATEMENT 18**

| TOTAL | 7,300,306 | | (1,777,003) | (2,399,999) | (2,000,002) | (540,658) | (582,644) | ı | 1 |
|----------------------|-----------|-----------|-------------|-------------|-------------|------------|------------|-------------|-------------------|
| 12/31/2019 | 1 | | | | | | (582,644) | (582,644) | (582,644) |
| 12/31/2018 | 823,119 | | | | | (240,475) | , | (240,475) | 582,644 |
| 12/31/2017 | 994,783 | | | | (694,600) | (300,183) | | (994,783) | ŧ |
| 12/31/2016 | 996,071 | | | | (996.071) | | | (996.071) | 3 |
| 12/31/2015 | 1,732,810 | | | (1,423,479) | (309,331) | | | (1,732,810) | |
| 12/31/2014 | 1,395,016 | | (418,496) | (976,520) | | | | (1,395,016) | 1 |
| 12/31/2013 | 1,358,507 | | (1,358,507) | | | | | (1,358,507) | • |
| | | | (1,777,003) | (2,399,999) | (2,000,002) | (540,658) | (582,644) | | |
| YEAR LOSS ORIGINATED | | LOSS USED | 12/31/2015 | 12/31/2016 | 12/31/2017 | 12/31/2018 | 12/31/2019 | TOTAL | LOSS CARRYFORWARD |

FEDERAL STATEMENTS SAMARITAN HEALTH SERVICES

STATEMENT 19 FORM 3800, PART I, LINE 4 GENERAL BUSINESS CREDITS

CREDIT AS REPORTED

| YEAR CREDIT | | ON ORIGINAL | | | |
|------------------|--------------------------------|-------------|-------------|----------|----------|
| ORIGINATED | TYPE OF CREDIT | RETURN | CREDIT USED | CREDIT A | VAILABLE |
| 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 |
| 12/31/2018 | INCREASING RESEARCH ACTIVITIES | 28,345 | - | | 28,345 |
| TOTAL CREDITS AV | AILABLE | | | \$ | 291,601 |