efi	ile GRAPHIC pri	nt - DO NOT PROCESS As Filed Data -	DLN	: 93393315018011	
	990-T	Exempt Organization Business Income Tax Return	า	OMB No. 1545-0047	
Forr	m 990-1	(and proxy tax under section 6033(e))		2020	
		For calendar year 2020 or other tax year beginning 01-01-2020 and ending 12-31-2020)	2020	
_	0.1 5	, , , , , , , , , , , , , , , , , , , ,		Open to Public	
	artment of the Treasury nal Revenue Service	► Go to www.irs.gov/Form990T for instructions and the latest information. ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Inspection for 501(c)(3) Organizations Only	
A	Check box if address changed.	Name of organization (D Employer identification number 93-0951989		
_	Exempt under section 501(c3)	or Type Number, street, and room or suite no. If a P.O. box, see instructions. CO SHS ACCOUNTING PO BOX 3000	E Group exemption number (see instructions)		
	408(e) 220(e) 408A 530(a) 529(a) 529A	City or town, state or province, and ZIP or foreign postal code CORVALLIS, OR 973393000	F 🗆	Check box if an amended return.	
		C Book value of all assets at end of year ▶ 432,777,505			
			icable r	reinsurance entity	
	Check if filing only to				
		organization filing a consolidated return with a $501(c)(2)$ titleholding corporation		▶ □	
		attached Schedules A (Form 990-T)			
	= : :	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	?	. ► ☐ Yes 🗹 No	
	•	ame and identifying number of the parent corporation ▶			
L	The books are in car	e of ► SAMARITAN HEALTH SERVICES Telephor PO BOX 3000	ne num	ber ▶ (541) 768-4857	
		CORVALLIS, OR 973393000			
P	art I Total Un	related Business Taxable Income			
1	Total of unrelated instructions)	business taxable income computed from all unrelated trades or businesses (see	1	768,025	
2	Reserved .		2		
3	Add lines 1 and 2		3	768,025	
4	Charitable contrib	outions (see instructions for limitation rules)	4	0	
5	Total unrelated by	usiness taxable income before net operating losses. Subtract line 4 from line 3	5	768,025	
6	Deduction for net	operating loss. See instructions 🕏	6	768,025	
7		business taxable income before specific deduction and section 199A deduction.	7		
8	Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8	1,000	
9	Trusts. Section 1	99A deduction. See instructions	9		
10	Total deduction	s. Add lines 8 and 9	10	1,000	
11	Unrelated busin	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter			
			11	0	
Pa		putation			
1	-	axable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0	
2		nt trust rates. See instructions for tax computation. Income tax on the amount on m: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2		
3	Proxy tax. See in	nstructions	3		
4	Other tax amount	s. See instructions	4		
5	Alternative minim	um tax (trusts only)	5		
6		pliant facility income. See instructions	6		
7		B through 6 to line 1 or 2, whichever applies	7	0	
For	Paperwork Reduction	Act Notice, see instructions. Cat. No. 11291J		Form 990-T (2020)	

	990-T (2	020)								Р	Page 2
Part		Tax and Payments									
1a	Foreign	tax credit (corporations attach Form 11	.18; trusts attach F	orm 1116)	1a						
b	Other c	edits (see instructions)			1 b						
c	General	business credit. Attach Form 3800 (see	e instructions)		1c						
d	Credit f	or prior year minimum tax (attach Form	18801 or 8827) .		1 d						
е	Total c	tal credits. Add lines 1a through 1d									
2	Subtrac	t line 1e from Part II, line 7						2			0
3	Other to	ixes. Check if from: Form 4255 Other (attach		☐ Form 869	7 [• •] Form 8866 • • • •		3			
4		ax. Add lines 2 and 3 (see instructions) 1294. Enter the tax amount here	. Check if includ	les tax previ	iously (deferred und	er 	4			0
5	2020 ne	t 965 tax liability paid from Form 965-	A or Form 965-B, Pa	art II, colum	ın (k),	line 4 .		5			0
6a	Paymen	ts: A 2019 overpayment credited to 20	20		6a						
b	2020 es	timated tax payments. Check if section	643(g) election ap	plies ▶ 🗌	6b						
		osited with Form 8868			6c						
d	Foreign	organizations: Tax paid or withheld at	source (see instruct	ions) .	6d						
е	Backup	withholding (see instructions)			6e						
f	Credit f	or small employer health insurance pre	miums (attach Form	8941) .	6f						
g		redits, adjustments, and payments:		 Total ▶	6g						
7	Total n				Ug	1		7			
8	_ · ·							8			
9		e. If line 7 is smaller than the total of li			· ·		🖊	9			
10		yment. If line 7 is larger than the total	, , , ,					10			
11	•	e amount of line 10 you want: Credite		•	June 0v	•	► Refunded►	11			
Part		Statements Regarding Certain			rmati						
1		ime during the 2020 calendar year, did						hority ove	- V	es	No
-		l account (bank, securities, or other) in								es	110
	Report	of Foreign Bank and Financial Accounts.	If "Yes," enter the	name of the	e foreig	ın country ĥe	re ►		·		
											No
	_	the tax year, did the organization receive		· •	the gr	antor of, or t	ransferor to,	a foreign	rust?	_	No
		see instructions for other forms the or									
3		e amount of tax-exempt interest receive		-			•				
		organization change its method of acco							· · · .	_	No
		"Yes," has the organization described th	ne change on Form	990, 990-E	z, 990-	PF, or Form	1128? If "No,	" explain i	n Part V		
Par	t V	Supplemental Information									
Provid	e the ex	planation required by Part IV, line 4b. A	Also provide any oth	ner addtiona	linforr	nation. See i	nstructions.				
		er penalties of perjury, I declare that I have e ef, it is true, correct, and complete. Declaratio									and a
Sig		, , , , , ,		, , ,			·	•	, ,		
_			1					May the II	RS discuss this	returi	n
Hei		DANIEL B SMITH	2021-11-02	SVP / CFC)			with the p	reparer s <u>ho</u> wn	bel <u>ov</u>	ı I
	'	Signature of officer	Date	Title				(see instru	ıctions)? 🗹 \Upsilon	es L	No
		Print/Type preparer's name	Preparer's signatur	e		Date	Charle D.	PTIN			
Paid		JOYLYN ANKENEY					Check L i	1.00000	587		
	oarer	Firm's name ALDRICH CPAS AND E	SUSINESS ADVISORS L	LP		•	Firm's EIN ▶		36		
	Only	F. 1 11 A sees out the same	D CHITE 202				 				
USE	Unity	Firm's address ► 5665 SW MEADOWS R	U SUITE 200				Phone no. (5	03) 620-44	89		
		LAKE OSWEGO, OR 9	7035								
									Form 99 0	0-T (20201

Name: SAMARITAN HEALTH SERVICES

As Filed Data -

EIN: 93-0951989

Total gross receipts

SYNERGY INVESTORS INC

Partnership or S Corporation name

Total share of gross income: 2

Total share of deductions: -6,271

Total gain or loss: -6,269

efile GRAPHIC print - DO NOT PROCESS

Share of gross income

Share of deductions

-6,271

Gain or loss

DLN: 93393315018011

-6,269

efile GRAPHIC print - DO NOT PROCESS

Name: SAMARITAN HEALTH SERVICES

As Filed Data -

EIN: 93-0951989

Total gross receipts

NORTHWEST MEDICAL ISOPTOPES LLC

Partnership or S Corporation name Share of gross income

Share of deductions

-127,759

Gain or loss -127,759

DLN: 93393315018011

Total share of gross income: 0

Total gain or loss: -127,759

Total share of deductions: -127,759

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

Name: SAMARITAN HEALTH SERVICES
EIN: 93-0951989

 IRC Section Number
 Interest description
 Interest amount

 INTEREST
 25,121

DLN: 93393315018011

Total Interest Amount: 25,121

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315018011

TY 2020 OtherDeductionSchedule

Name: SAMARITAN HEALTH SERVICES

EIN: 93-0951989

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

Other type of deduction	Other type deduction amount
OTHER EXPENSES	221
ENVIRONMENTAL SERVICES	85
OCCUPANCY SERVICES	85
ADMINISTRATIVE SERVICES	32,030
INSURANCE	4

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315018011
TY 2020 OtherDeductionSchedu	ıle	<u> </u>

Name: SAMARITAN HEALTH SERVICES

EIN: 93-0951989

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount: Travel amount:

Information technology amount:

Other type of deduction	Other type deduction amount
PURCHASED SERVICES	198,998
ADMINISTRATIVE SERVICES	17,153

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315018011

TY 2020 OtherDeductionSchedule

Name: SAMARITAN HEALTH SERVICES

EIN: 93-0951989

Form 4562 amount:

Form 8873 amount:

Management fees (nonemployees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management

amount:

Advertising and promotion amount:

Insurance amount:

Occupancy amount:

Travel amount:

Information technology amount:

omee expenses amount	
Other type of deduction	Other type deduction amount
RENT	3,434
SUPPLIES	67
A DMINISTRATIVE SERVICES	3,177
OTHER EXPENSES	10

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93393315018011

TY 2020 OtherDeductionSchedule

Name: SAMARITAN HEALTH SERVICES

EIN: 93-0951989

Form 4562 amount:

Form 8873 amount:

Management fees (non-

employees):

Legal fee amount:

Accounting amount:

Lobbying amount:

Investment management amount:

Advertising and promotion

amount:

Insurance amount: Occupancy amount:

Travel amount:

Information technology amount:

Other type of deduction	Other type deduction amount
SUPPLIES	15,520
PURCHASED SERVICES	78,200
RENT	12,733
OTHER EXPENSES	20,042
OCCUPANCY SERVICES	290,040
ADMINISTRATIVE SERVICES	96,626
UTILITIES	28,825

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93393315018011

TY 2020 Pre2018NOLSchedule

Name: SAMARITAN HEALTH SERVICES

EIN: 93-0951989

Pre-2018 NOL carried forward

from prior year: 1,529,451

Pre-2018 NOL Included in NOL

deduction: 768,025

Pre-2018 NOL Activities Included on Schedule A

Activity code	Post-2017 Carried Over to Subsequent Tax Years	
561499		0
561700		0
900099		0
900099		0
446199		0
900099		0
900099		0
713940		

Total Pre-2018 NOL Activities Included on Schedule A: 0

Total Pre-2018 NOLs Applied: 768,025

Total Pre-2018 NOLS Applied: 768,025

Balance remaining after total Pre- 2018 applied: 0

Pre-2018 NOL Expiring Current

Year: 0
Pre-2018 Carried Over to

Subsequent Tax Years: 761,426

efile GRAPHIC print - DO NOT PROCESS							DLN:	93393315018011	
SCI	SCHEDULE A Unrelated Busine				Taxable Ir		OMB No. 1545-0047		
	rm 990-T)		rade or Bu				2020		
	tment of the Treasury al Revenue Service	► Go to www.irs.go ► Do not enter SSN numbers						c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza ARITAN HEALTH SER						n ployer identif 51989	ication	number
c u	Jnrelated business a	ctivity code (see instructions)	▶ 561499	D Seque	nce:	1	of		8
E [Describe the unrelate	ed trade or business ▶ GROU	P PURCHASIN	NG T					
Pa	rt I Unrelated	Trade or Business Inco	me		(A) Income	•	(B) Expens	ses	(C) Net
1a	Gross receipts or sa	ales <u>329,462</u>							
b	Less returns and allow	vances	c Balanc	e ▶ 1 c	32	9,462			
2	Cost of goods sold	(Part III, line 8)		. 2					
3	Gross Profit. Subtra	act line 2 from line 1c		. 3	32	9,462			329,462
4a		come (attach Sch D (Form 10		. 4a					
b	Net gain (loss) (For	m 4797) (attach Form 4797)	(see instruction	ons) 4b					
С	Capital loss deduct	ion for trusts		4c					
5	` ,	a partnership or an S corpor	•	1 1					
6	Rent income (Part	IV)		. 6		0		0	
7	Unrelated debt-fina	nced income (Part V)		. 7		0		0	
8		royalties, and rents from a d		. 8		0		0	
9	Investment income organizations (Part	of section 501(c)(7), (9), or VII)	(17)	. 9		0		0	
10	Exploited exempt a	ctivity income (Part VIII) .		. 10					
11	Advertising income	(Part IX)		. 11		0		0	
12	Other income (see	instructions; attach stateme	nt)	. 12					
13	Total. Combine line	es 3 through 12		. 13	32	9,462		0	329,462
Pai		ns Not Taken Elsewher with the unrelated busing		uctions fo	r limitations on	deduc	ctions) Deduct	tions m	ust be directly
1	Compensation of o	fficers, directors, and trustee	s (Part X) .					1	0
2	Salaries and wages							2	10,604
3	Repairs and mainte	enance						3	
4	Bad debts							4	
5	Interest (attach sta	tement) (see instructions)						5	
6	Taxes and licenses							6	
7	Depreciation (attac	h Form 4562) (see instructio	ns) 🐒 🔻		<u> 7</u>		3	30	
8		laimed in Part III and elsewh			8a			8b	30
9	Depletion							9	
10	Contributions to de	ferred compensation plans .						10	
11		rograms						11	1,571
12		enses (Part VIII)						12	
13		costs (Part IX)						13	0
14		attach statement) 🕏 🕠 .						14	32,425
15		=						15	44,630
16	Unrelated business	income before net operating	loss deduction	on. Subtrac	t line 15 from Par	t I, line	13, column (C) 16	284,832

17 Deduction for net operating loss (see instructions) 17

> 284,832 Schedule A (Form 990-T) 2020

18

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · · · · · · · · · · · · · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	incom	unrelated le (loss) ltructions)		nts made	that is included in the control organization gross incorporations	ded lling n's	connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ess unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	ess exempt expenses. S								7	

	dule A (Form 990-T) 2020				Page 4
	amounts for each periodical listed above in the corresponding column. A B C D Gross advertising income				
1		two or more periodical	s on a consolidated basi	S.	
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
		odical listed above in the corresponding column. A B C D ph D. Enter here and on Part I, line 11, column (A)			
	ter amounts for each periodical listed above in the corresponding column. 2 Gross advertising income				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	t - DO NOT PROCESS As Filed Da	ata -				LN:	93393315018011
SC	HEDULE A	Unrelated Bus	iness	Taxable Ir	ncor	ne		OMB No. 1545-0047
	rm 990-T)	From an Unrela						2020
	tment of the Treasury al Revenue Service	►Go to www.irs.gov/Form9907 ►Do not enter SSN numbers on this form a					3).	open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza ARITAN HEALTH SER					nployer identifica 51989	ation	number
c (Jnrelated business a	ctivity code (see instructions) ► 561700	D Seque	ence:	2	of		8
E [Describe the unrelate	ed trade or business ► OCCUPANCY SERVIC	CES					
Pa	rt I Unrelated	Trade or Business Income		(A) Income	,	(B) Expense	s	(C) Net
1a	Gross receipts or sa	ales <u>208,948</u>						
b	Less returns and allow	vances c Balance	• ► 1c	208	8,948			
2	Cost of goods sold	(Part III, line 8)	. 2					
3	Gross Profit. Subtra	act line 2 from line 1c	. 3	20	8,948			208,948
4a		come (attach Sch D (Form 1041 or Form ctions)	. 4a					
L		rm 4797) (attach Form 4797) (see instruction	-					
	Capital loss deduct	, ,	40 4c					
		a partnership or an S corporation (attach						
	• •	· · · · · · · · · · · · · · · · · · ·	. 5					
6	Rent income (Part	IV)	. 6		0		0	
7	Unrelated debt-fina	anced income (Part V)	. 7		0		0	
8		royalties, and rents from a controlled VI)	. 8		0		0	
9	organizations (Part	of section 501(c)(7), (9), or (17)			0		0	
10		ctivity income (Part VIII)						
11		(Part IX)			0		0	
12	•	instructions; attach statement)			2 2 4 2		_	202.040
13		es 3 through 12			8,948		0	208,948
Pai		ns Not Taken Elsewhere (See instru with the unrelated business income	ictions f	or limitations on	dedu	ctions) Deductio	ns m	ust be directly
1	Compensation of of	fficers, directors, and trustees (Part X)					1	0
2	Salaries and wages						2	
3	Repairs and mainte						3	
4							4	
5	•	atement) (see instructions)					5	
6 7		h Form 4562) (see instructions)					6	
8		laimed in Part III and elsewhere on return		8a			8b	
9		ialmed in Part III and elsewhere on return					9	
10		ferred compensation plans					10	
11		programs					11	
12		enses (Part VIII)					12	
13		costs (Part IX)					13	0
14		attach statement) 🐒 · · · · ·					14	216,151
15							15	216,151
16	Unrelated business	income before net operating loss deduction	n. Subtra	ct line 15 from Parl	t I, line	e 13, column (C)	16	-7,203
17	Deduction for net o	pperating loss (see instructions)					17	0

Cat. No. 740360

18

Schedule A (Form 990-T) 2020

-7,203

Unrelated business taxable income. Subtract line 17 from line 16 . .

For Paperwork Reduction Act Notice, see instructions.

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · · · · · · · · · · · · · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	incom	unrelated le (loss) ltructions)		nts made	that is included in the control organization gross incorporations	ded lling n's	connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ess unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	ess exempt expenses. S								7	

	dule A (Form 990-T) 2020				Page 4
	amounts for each periodical listed above in the corresponding column. A B C D Gross advertising income				
1		two or more periodical	s on a consolidated basi	S.	
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
		odical listed above in the corresponding column. A B C D ph D. Enter here and on Part I, line 11, column (A)			
	ter amounts for each periodical listed above in the corresponding column. 2 Gross advertising income				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	: - DO NOT PROCESS As Filed Da	ta -					DLN:	93393315018011
SCI	HEDULE A	Unrelated Busi	ness	: Ta	axable Ir	ncor	ne		OMB No. 1545-0047
	rm 990-T)	From an Unrela	ted [*]	Tra	de or Bu	ısine	ess		2020
	tment of the Treasury al Revenue Service	► Go to www.irs.gov/Form990T ► Do not enter SSN numbers on this form as							Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza ARITAN HEALTH SER						nployer identific 51989	ation	number
c (Jnrelated business ac	ctivity code (see instructions) ▶ 900099	Sequ	ence	:	3	of		8
E [Describe the unrelate	d trade or business ▶ INTEREST IN S CORP	ORATIO	DN -	SYNERGY INVE	STORS	5		
Pa	rt I Unrelated	Trade or Business Income			(A) Income	•	(B) Expense	:S	(C) Net
1a	Gross receipts or sa	ales							
b	Less returns and allov	vances c Balance	▶ 1c						
2	Cost of goods sold	(Part III, line 8)	2						
3	Gross Profit. Subtra	act line 2 from line 1c	3						
4a		ome (attach Sch D (Form 1041 or Form tions)	4a	س	48	9,462			489,462
b	Net gain (loss) (For	m 4797) (attach Form 4797) (see instructions) 4b						
C	Capital loss deducti	on for trusts	4c						
5		a partnership or an S corporation (attach	5	س	-	6,269			-6,269
6	Rent income (Part I	iV)	6			0		0	
7	Unrelated debt-fina	nced income (Part V)	7			0		0	
8		royalties, and rents from a controlled /I)	8			0		0	
9	Investment income organizations (Part	of section 501(c)(7), (9), or (17) VII)	9			0		0	
10		ctivity income (Part VIII)	10						
11	Advertising income	(Part IX)	11			0		0	
12	Other income (see	instructions; attach statement)	12						
13	Total. Combine line	es 3 through 12	13		48	3,193		0	483,193
Pai		ns Not Taken Elsewhere (See instructions with the unrelated business income	tions f	for li	mitations on	dedu	ctions) Deductio	ns m	ust be directly
1	Compensation of of	ficers, directors, and trustees (Part X)						1	0
2	Salaries and wages							2	
3	Repairs and mainte	nance						3	
4	Bad debts							4	
5	Interest (attach sta	tement) (see instructions)						5	
6	Taxes and licenses							6	
7	Depreciation (attac	h Form 4562) (see instructions)			7				
8	Less depreciation c	laimed in Part III and elsewhere on return			8a			8b	
9								9	
10		ferred compensation plans						10	
11	. ,	rograms						11	
12		enses (Part VIII)						12	
13	•	costs (Part IX)						13	0
14	Other deductions (a	•						14	
15		Add lines 1 through 14						15	0
16	Unrelated business	income before net operating loss deduction.	Subtra	act lii	ne 15 from Par	t I, line	e 13, column (C)	16	483,193

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17

18

Schedule A (Form 990-T) 2020

483,193

17

Deduction for net operating loss (see instructions)

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16 . . .

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · · · · · · · · · · · · · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	incom	unrelated le (loss) ltructions)		nts made	that is included in the control organization gross incorporations	ded lling n's	connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ess unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	ess exempt expenses. S								7	

	dule A (Form 990-T) 2020				Page 4
	amounts for each periodical listed above in the corresponding column. A B C D Gross advertising income				
1		two or more periodical	s on a consolidated basi	S.	
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	I. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
		odical listed above in the corresponding column. A B C D ph D. Enter here and on Part I, line 11, column (A)			
	ter amounts for each periodical listed above in the corresponding column. 2 Gross advertising income				
				Schedul	e A (Form 990-T) 2020

SCHEDULE A (Form 990-T) Unrelated Business Taxable Income From an Unrelated Trade or Business ▶ 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)(c) A Name of the organization SAMARITAN HEALTH SERVICES B Employer identific 93-0951989 C Unrelated business activity code (see instructions) ▶ 900099 D Sequence: 4 of E Describe the unrelated trade or business ▶ INTEREST IN PARTNERSHIP - NORTHWEST MEDICAL ISOTOPES	501(c)(3) Organizations Uniy
Department of the Treasury Internal Revenue Service ■ Name of the organization SAMARITAN HEALTH SERVICES ■ Unrelated business activity code (see instructions) ➤ 900099 ■ Sequence: ■	Open to Public Inspection for 501(c)(3) Organizations Only tion number
Department of the Treasury Internal Revenue Service ■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(c) ■ Name of the organization SAMARITAN HEALTH SERVICES ■ B Employer identific 93-0951989 ■ C Unrelated business activity code (see instructions) ■ 900099 ■ Sequence: 4 of	Open to Public Inspection for 501(c)(3) Organizations Only tion number
Department of the Treasury Internal Revenue Service ■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(c) ■ Name of the organization SAMARITAN HEALTH SERVICES ■ B Employer identific 93-0951989 ■ C Unrelated business activity code (see instructions) ■ 900099 ■ Sequence: 4 of	501(c)(3) Organizations Only tion number
SAMARITAN HEALTH SERVICES 93-0951989 C Unrelated business activity code (see instructions) ▶ 900099 D Sequence: 4 of	
	8
E Describe the unrelated trade or business ► INTEREST IN PARTNERSHIP - NORTHWEST MEDICAL ISOTOPES	
Part I Unrelated Trade or Business Income (A) Income (B) Expense	(C) Net
1a Gross receipts or sales	
b Less returns and allowances c Balance ▶ 1c	
2 Cost of goods sold (Part III, line 8)	
3 Gross Profit. Subtract line 2 from line 1c	
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a	
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	
c Capital loss deduction for trusts	
5 Income (loss) from a partnership or an S corporation (attach statement)	-127,759
6 Rent income (Part IV)	0
7 Unrelated debt-financed income (Part V) 0	0
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	0
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	0
10 Exploited exempt activity income (Part VIII)	
11 Advertising income (Part IX)	0
12 Other income (see instructions; attach statement) 12	
13 Total. Combine lines 3 through 12	0 -127,759
Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deduction connected with the unrelated business income	ns must be directly
1 Compensation of officers, directors, and trustees (Part X)	1 0
2 Salaries and wages	2
3 Repairs and maintenance	3
4 Bad debts	4
5 Interest (attach statement) (see instructions)	5
6 Taxes and licenses	6
7 Depreciation (attach Form 4562) (see instructions)	
8 Less depreciation claimed in Part III and elsewhere on return	8b
9 Depletion	9
10 Contributions to deferred compensation plans	10
11 Employee benefit programs	11
12 Excess exempt expenses (Part VIII)	12
13 Excess readership costs (Part IX)	13 0
14 Other deductions (attach statement)	14

18

Unrelated business taxable income. Subtract line 17 from line 16 . . . For Paperwork Reduction Act Notice, see instructions.

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17

-127,759

-127,759

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · · · · · · · · · · · · · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	incom	unrelated le (loss) ltructions)		nts made	that is included in the control organization gross incorporations	ded lling n's	connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ess unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	ess exempt expenses. S								7	

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	t - DO NOT PROCESS	As Filed I	Data -							DLN:	93393315018011
SC	HEDULE A	Unrel	ated Bu	sines	ness Taxable Income							OMB No. 1545-0047
	orm 990-T)	From a	an Unre	lated	Trade	e or Bu	sine	ess				2020
	tment of the Treasury al Revenue Service	►Go to www.irs.ga ►Do not enter SSN number									(3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza ARITAN HEALTH SER							1 ploy 6 51989		entific	ation	number
c (Jnrelated business a	ctivity code (see instructions	s) > 446199	D Sequ	uence:		5			of		8
E [Describe the unrelate	ed trade or business ▶ DURA	BLE MEDICA	L EQUIPM	ENT							
Pa	rt I Unrelated	Trade or Business Inc	ome		(/	A) Income		(E	3) Ex	pense	:S	(C) Net
1a	Gross receipts or s	ales41,444										
b	Less returns and allow	vances 21,360	c Balan	ce ▶ 1 0	,	20	,084					
2		(Part III, line 8)	•	_			,200					
3	Gross Profit. Subtra	act line 2 from line 1c		. 3			,884					8,884
4a		come (attach Sch D (Form 10		. 4a								,
b	Net gain (loss) (Fo	rm 4797) (attach Form 4797	') (see instructi	ons) 41	,							
c	Capital loss deduct	ion for trusts		40	;							
5	` ,	a partnership or an S corpo	•									
6	Rent income (Part	IV)		. 6			0				0	
7	Unrelated debt-fina	anced income (Part V)		. 7			0				0	
8		royalties, and rents from a VI)		. 8			0				0	
9	Investment income organizations (Part	of section 501(c)(7), (9), o	r (17)	. 9			0				0	
10	Exploited exempt a	ctivity income (Part VIII) .		. 10)							
11	Advertising income	(Part IX)		. 11	L		0				0	
12	•	instructions; attach stateme	•									
13	Total. Combine lin	es 3 through 12		. 13	3	8	,884				0	8,884
Pai		ns Not Taken Elsewher with the unrelated busin			for limit	ations on o	dedu	ctions) De	ductio	ns m	ust be directly
1	Compensation of o	fficers, directors, and trustee	es (Part X) .								1	0
2	Salaries and wages										2	8,109
3	Repairs and mainte	enance									3	
4											4	
5	•	tement) (see instructions)									5	
6											6	125
7		th Form 4562) (see instruction				7				54	1	
8		laimed in Part III and elsewl				8a					8b	54
9	•								•		9	
10		ferred compensation plans .									10	
11		rograms							•		11	3,537
12		enses (Part VIII)							•		12	_
13		costs (Part IX)									13	0
14		attach statement) 🕏									14	6,688
15		. Add lines 1 through 14 .									15	18,513 -9.629
TD	- unrelated business	income perore net operating	i ioss dediicti	uri. Suntr	act line 1	o irom Part	I. IIDE	: 13. C	oium.	H (C)	1.0	ı -9.6/9

17

Sched	lule A (Form 990-T) 2020				Page 2
Part	Cost of Goods Sold Enter m	ethod of inventory va	luation ▶		_
1	Inventory at beginning of year			1	7,967
2	Purchases			2	12,644
3	Cost of labor			3	0
4	Additional section 263A costs (attach statement)		4	0
5	,			5	0
6	Total. Add lines 1 through 5			6	20,611
7	Inventory at end of year				9,411
8 9	Do the rules of section 263A (with respect to pr				11,200
	<u> </u>	· · · ·			☐ Yes ✓ No
Par	\				
1	Description of property (property street address A \square	s, city, state, ZIP code). (heck if a dual-use (see	instructions)	
	В				
	c □				_
	D				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D .				
3	Total rents received or accrued. Add line 2c colu	ımns A through D. Enter	here and on Part I, line	6, column (A) . ▶	0
	,		·	· · · · -	
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
_					
5	Total deductions. Add line 4 columns A through	Jh D. Enter here and on F	art I, line 6, column (B) · · · · · -	0
Par	t V Unrelated Debt-Financed Incom	e (see instructions)			
1	Description of debt-financed property (property	street address, city, stat	e, ZIP code). Check if a	dual-use (see instructio	ns)
	A 🔲				
	в 🗌				
	D L				
,	Cross income from or allocable to debt	Α	В	С	D
2	Gross income from or allocable to debt- financed property				
3	Deductions directly connected with or allocable to debt-financed property				
а	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach				
	statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	l on Part I, line 7, colum	ın (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter he	ere and on Part I, line 7,	column (B) ▶	0
11	Total dividends-received deductions include	d in line 10			0
				Schedule	A (Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	incom	unrelated le (loss) ltructions)		nts made	that is included in the control organization gross incorporations	ded lling n's	connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ss unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	ess exempt expenses. S								7	

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	- DO NOT PROCESS As F	iled Dat	:a -					DLN:	93393315018011
SC	HEDULE A	Unrelated	Busir	1ess	Taxa	able In	com	е		OMB No. 1545-0047
(Fo	rm 990-T)	From an U	nrelat	ted 1	rade	or Bus	sine	SS		2020
			00076							2020
	tment of the Treasury al Revenue Service	► Go to www.irs.gov/For ► Do not enter SSN numbers on this							3).	Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza ARITAN HEALTH SER						3 Emp 93-095:	oloyer identifica 1989	ation	number
c (Jnrelated business a	ctivity code (see instructions) ► 900	0099 D	Seque	nce:		6	of		8
E [Describe the unrelate	d trade or business ▶ SPECIFIED P	AYMENTS	- BOUI	DER FAI	LLS PROPER	TIES			
Pa	rt I Unrelated	Trade or Business Income			(A) Income		(B) Expense	s	(C) Net
1a	Gross receipts or sa	ales								
b	Less returns and allow	vances c	Balance >	- 1c						
2	Cost of goods sold	(Part III, line 8)		2						
3	Gross Profit. Subtra	act line 2 from line 1c		3						
4a		ome (attach Sch D (Form 1041 or F tions)		4a						
b	Net gain (loss) (For	m 4797) (attach Form 4797) (see ir	nstructions)	4b						
C	Capital loss deducti	on for trusts		4c						
5	` ,	a partnership or an S corporation (•	5						
6	Rent income (Part I	(V)		6			0		0	
7	Unrelated debt-fina	nced income (Part V)		7			0		0	
8		royalties, and rents from a controll /I)		8		108,	.000	185	5,134	-77,134
9	Investment income	of section 501(c)(7), (9), or (17)								
		VII)		9			0		0	
10		ctivity income (Part VIII)		10			_			
11	-	(Part IX)		11			0		0	
12	•	instructions; attach statement) .		12			_			
13		es 3 through 12		13		108,			5,134	<u> </u>
Pai		ns Not Taken Elsewhere (See with the unrelated business in		tions fo	or limita	ations on d	leduct	ions) Deductio	ns m	ust be directly
1	Compensation of of	ficers, directors, and trustees (Part	X)						1	0
2	Salaries and wages								2	
3	Repairs and mainte	nance							3	
4	Bad debts								4	
5		, (5	
6									6	
7		h Form 4562) (see instructions)				. 7		176,389	_	
8		laimed in Part III and elsewhere on		•		. 8a		176,389		0
9	•								9	
10		ferred compensation plans							10	
11		rograms							11	
12		enses (Part VIII)							12	
13	•	costs (Part IX)							13	0
14	other deductions (a	attach statement)							14	1

Total deductions. Add lines 1 through 14 15 -77,134

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 17 18

Deduction for net operating loss (see instructions)

15

16

17

18

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

	lule A (Form 990-T) 2020									Page 3
Par	WI Interest, Annuitie	es, Roya	Ities, and Re	ents fr	om Control	led Orga	nizations	(see instruction	ns)	
						Exe	mpt Controll	ed Organizations	5	
	1. Name of controlled organiz	zation	2. Employer identification number	inco	et unrelated ome (loss) instructions)		of specified ents made	5. Part of column that is include in the control organization gross incom	led ling ı's	6. Deductions directly connected with income in column 5
(1)	BOULDER FALLS PROPERTIES	LLC	46-5293120							
(2)										
(3)										
(4)										
					Controlled Or					
	7. Taxable income	inc	et unrelated ome (loss) instructions)		9. Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		L. Deductions directly connected with ncome in column 10
(1)	-1,095,807			0		108,000		108,000		185,134
(2)										
(3)										
(4)								nns 5 and 10.		dd columns 6 and 11.
Γotal Part	s	me of a		(c)(7)	, (9), or (1)	tions direc	nization (s	. Set-asides)	line 8, column (B) 185,134 5. Total deductions
					I	inected statement		ach statement)	(and set-asides add columns 3 and 4)
(1)										
(2)										
(3) (4)					+				-	
rotal	s		Add amounts in Enter here and line 9, colum	on Part I,						add amounts in column 5. Enter here and on Part I, line 9, column (B)
	VIII Exploited Exem		ty Income.	Other '	 Than Adver	tisina Ir	ncome (see	instructions)		
	Description of exploited activ		-,,							
2	Gross unrelated business inc		trade or busing	es Ente	ar here and on	Part I lin	e 10. column		2	
3	Expenses directly connected column (B)	with produ	uction of unrela	ted busi	iness income.	Enter here	and on Part	I, line 10,	3	
4	Net income (loss) from unrel	ated trade		ubtract	line 3 from lin	e 2. If a ga			4	
5	Gross income from activity th								5	
6	Expenses attributable to inco								6	
7	Excess exempt expenses. Su					than the	amount on li	ne 4. Enter	7	

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great	ater of the columns tota	l or zero here and on Pa	art II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name		2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)	See Additional Data Table				
(2)					
(3)					
(4)	L Enter here and an Bart II, line 1				0
	I. Enter here and on Part II, line 1		 		
r ai	Supplemental Information (see	nstractions;			
				Schedul	e A (Form 990-T) 2020

efil	e GRAPHIC print	t - DO NOT PROCESS	As Filed D	Data -			[DLN: 9	3393315018011
SCI	HEDULE A	Unrela	ated Bus	siness	Taxable:	Incom	ne		OMB No. 1545-0047
(Fo	rm 990-T)	From a	an Unrel	ated 1	rade or E	Busine	ess		2020
	ment of the Treasury al Revenue Service	►Go to www.irs.go ►Do not enter SSN number						3). Op	en to Public Inspection for 1(c)(3) Organizations Only
	lame of the organiza ARITAN HEALTH SER					B Em 93-095	ployer identifica 1989	ation n	umber
c (Inrelated business a	ctivity code (see instructions) ▶ 900099	D Seque	ence:	7	of		8
E [escribe the unrelate	ed trade or business ▶ SPEC	IFIED PAYMEN	NTS - SAM	ARITAN HEALTH	PLANS			
		Trade or Business Inc			(A) Inco	Т	(B) Expenses	s	(C) Net
1a	Gross receipts or sa								
b	Less returns and allow		c Balanc	e ▶ 1 c					
2		(Part III, line 8)		<u> </u>		+		-	
3	-	act line 2 from line 1c		—					
	Capital gain net inc	come (attach Sch D (Form 10	041 or Form						
h		, rm 4797) (attach Form 4797		-					
	Capital loss deduct	, () (000 mon dom	4c					
	Income (loss) from	a partnership or an S corpo	,						
6	•	IV)				0		0	
7	Unrelated debt-fina	anced income (Part V)		. 7		0		0	
8		royalties, and rents from a VI)		. 8		63,000	82	2,645	-19,645
9	Investment income organizations (Part	e of section 501(c)(7), (9), o	r (17)	. 9		0		0	
10	Exploited exempt a	activity income (Part VIII) .		. 10					
11	Advertising income	(Part IX)		. 11		0		0	
12	•	instructions; attach stateme	•						
13	Total. Combine line	es 3 through 12		. 13		63,000	82	2,645	-19,645
Par		ns Not Taken Elsewher with the unrelated busin		uctions f	or limitations o	on deduc	tions) Deductio	ns mu	st be directly
1	Compensation of o	fficers, directors, and trustee	es (Part X) .					1	0
2	Salaries and wages							2	
3	Repairs and mainte	enance						3	
4	Bad debts							4	
5		atement) (see instructions)						5	
6								6	
7		th Form 4562) (see instruction	-		<u> </u>	7			
8 9	•	laimed in Part III and elsewh				ia		8b	
_	'								
10 11		ferred compensation plans .						10	
12		penses (Part VIII)						12	
13		costs (Part IX)						13	0
14	Other deductions (a	•						14	
	,	. Add lines 1 through 14						15	0

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)

16

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-19,645

Deduction for net operating loss (see instructions)

16

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18

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Tes I No				
Par	Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)				
1					
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . 0				
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Part V Unrelated Debt-Financed Income (see instructions)					
Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)					
_	A □				
	в				
	c □				
	D 🗆				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) ► _	0
11	Total dividends-received deductions included in line 10				
_	Schedule A (Form 990-T) 2020				

	dule A (Form 990-T) 2020									Page 3
Par	t VI Interest, Annuiti	es, Roya	Ities, and Re	ents fro	m Control			•		
								ed Organizations		
	1. Name of controlled organiz	zation	2. Employer identification number	incor	unrelated ne (loss) structions)		of specified ents made	5. Part of column that is include in the control organization gross incom	led ling ı's	6. Deductions directly connected with income in column 5
(1)	SAMARITAN HEALTH PLANS II	NC	93-0860860							
(2)										
(3)										
(4)										
				 _	Controlled Or	-				
	7. Taxable income	inco	et unrelated ome (loss) instructions)	9	. Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with come in column 10
(1)	11,547,370			0		63,000		63,000		82,645
(2)										
(3)										
(4)								nns 5 and 10.		ld columns 6 and 11.
Γotal Pari	s	 me of a !		 (c)(7),	 (9), or (1	► 7) Organ	line 8,	and on Part I, column (A) 63,000 ee instructions		er here and on Part I, line 8, column (B) 82,645
	1. Description of income		2. Amount of	income	cor	tions direc nected statement	(att	I. Set-asides ach statement)		5. Total deductions and set-asides add columns 3 and 4)
(1)										
(2)										
(3)									-	
(4) Fotal	s		Add amounts in Enter here and line 9, colum	on Part I,						add amounts in column 5. Enter here and on Part I, line 9, column (B)
	VIII Exploited Exem		tv Income.	Other T	han Adver	tisina Ir	ncome (see	e instructions)		
	Description of exploited activ	-	, =				(30.		П	
2	Gross unrelated business inc	· —	trade or husine	ss. Enter	here and on	Part I line	e 10. column	(A)	2	
3	Expenses directly connected column (B)	with produ	ıction of unrela	ted busin	ess income.	Enter here	and on Part	I, line 10,	3	
4	Net income (loss) from unrel	lated trade		ubtract lii	ne 3 from lin	e 2. If a ga	ain, complete		4	
5	Gross income from activity t							†	5	
6	Expenses attributable to inco	me entere	d on line 5 .					[6	
7	Excess exempt expenses. Su here and on Part II. line 12								7	

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the great	ater of the columns tota	l or zero here and on Pa	art II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name		2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)	See Additional Data Table				
(2)					
(3)					
(4)	L Enter here and an Bart II line 1				0
	I. Enter here and on Part II, line 1		 		
r ai	Supplemental Information (see	nstractions;			
				Schedul	e A (Form 990-T) 2020

efile GRAPHIC pri	nt - DO NOT PROCESS As Filed Data	a -			I	DLN:	93393315018011
SCHEDULE A	Unrelated Busin	ess	Taxable In	con	ne		OMB No. 1545-0047
(Form 990-T)	From an Unrelat						2020
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T fo ► Do not enter SSN numbers on this form as it					(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Name of the organi SAMARITAN HEALTH SI				B Em 93-09	nployer identific 51989	ation	number
C Unrelated business	activity code (see instructions) ► 713940 D	Seque	nce:	8	of		8
E Describe the unrela	ted trade or business ▶ FITNESS CENTERS						
Part I Unrelate	d Trade or Business Income		(A) Income		(B) Expense	s	(C) Net
1a Gross receipts or	sales <u>990,273</u>						
b Less returns and all	owances c Balance ▶	1c	990	0,273			<u> </u>
2 Cost of goods sol	d (Part III, line 8)	2					
3 Gross Profit. Sub	tract line 2 from line 1c	3	990	0,273			990,273
	ncome (attach Sch D (Form 1041 or Form uctions)	4a					
	form 4797) (attach Form 4797) (see instructions)	4b					
c Capital loss dedu		4c		\rightarrow			
	m a partnership or an S corporation (attach						
		5					<u> </u>
•	t IV)	6		0		0	<u> </u>
	nanced income (Part V)	7		0		0	
	s, royalties, and rents from a controlled t VI)	8		o		0	
9 Investment incom	ne of section 501(c)(7), (9), or (17) rt VII)	9		0		0	
	activity income (Part VIII)	10					
·	ne (Part IX)	11		0		0	
12 Other income (se	e instructions; attach statement)	12					
13 Total. Combine l	ines 3 through 12	13	990	0,273		0	990,273
	ons Not Taken Elsewhere (See instruct	ions fo	or limitations on	deduc	tions) Deductio	ns m	ust be directly
connecte	ed with the unrelated business income						
1 Compensation of	officers, directors, and trustees (Part X)					1	0
2 Salaries and wag	es					2	271,315
3 Repairs and main	tenance					3	46,115
						4	
	statement) (see instructions) 🕏 🕟					5	25,121
	es				161 500	6	56,597
	ach Form 4562) (see instructions) 🕏 · · · · claimed in Part III and elsewhere on return		8a		161,580	8b	161,580
·		•				9	101,300
'	deferred compensation plans					10	
	programs					11	145,698
	xpenses (Part VIII)					12	
· ·	costs (Part IX)					13	0
	(attach statement) 🕏					14	541,986
	s. Add lines 1 through 14					15	1,248,412
16 Unrelated busines	ss income before net operating loss deduction. S	Subtrac	ct line 15 from Part	: I, line	13, column (C)	16	-258,139
17 Deduction for net	operating loss (see instructions)					17	0

Sche	dule A (Form 990-T) 2020				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory va	aluation >		_
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pro-	· · · · ·			∐ Yes ☐ No
Par	`	-			
1	Description of property (property street address	, city, state, ZIP code).	Check if a dual-use (see	instructions)	
	A				
	B L				
	c ⊔				
	D D	A	В	С	
2	Rent received or accrued	A	В		<u> </u>
_	From personal property (if the percentage of				
-	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit				
	or income)				
С	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D.				
	, ,				
3	Total rents received or accrued. Add line 2c colu	mns A through D. Enter	here and on Part I, line	6, column (A) . ► _	0
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A throug	h D. Enter here and on	Part I, line 6, column (B)		0
Day	t V Unrelated Debt-Financed Incom	a (see instructions)			
	Description of debt-financed property (property		to ZID and a) Charle if a	d	
1	A □	street address, city, sta	te, ZIP code). Check if a	dual-use (see instruction	15)
	в				
	c □				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-				
	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or				
•	allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income. (add line 7, columns A th	rough D). Enter here and	d on Part I, line 7, colum	n (A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter h	ere and on Part I, line 7,	column (B) · · ► _	0
11	Total dividends-received deductions include	d in line 10	<u></u>	<u></u> ▶ _	0
				Schedule A	(Form 990-T) 2020

Schedule Part VI	A (Form 990-T) 2020 Interest, Annuit	ios Dovo	ltice and De	mto from	m Combuol	lad Over	tio	/soo instrusti	2001	Page 3
Part V.	Interest, Annuit	ies, Roya	Titles, and Ke	ents troi	n Control			ed Organization		
				2 Not	unrelated		of specified	5. Part of colu		6. Deductions directly
1. N	lame of controlled organi	ization	2. Employer identification number	incom	unrelated le (loss) ltructions)		nts made	that is included in the control organization gross incorporations	ded lling n's	connected with income in column 5
(1)								_		
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization:	S			
7	. Taxable income	inco	et unrelated ome (loss) instructions)		Total of spe payments m		that is in controlling	of column 9 cluded in the organization's s income		Deductions directly connected with ncome in column 10
(1)										
(2)										
(3)										
(4)										
Totals . Part VI	I Investment Income	me of a		(c)(7), (9), or (1 7 3. Deduc	7) Organ	ization (setly 4	column (A) 0 ee instructions Set-asides ach statement)	5)	5. Total deductions and set-asides
					1	statement			(add columns 3 and 4)
(1)										
(2)										
(3)										
(4)			Add amounts in c Enter here and c line 9, colum	on Part I, n (A)						add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals	<u></u>			0						0
Part VI	<u> </u>	-	ty Income, (Other Th	an Adver	tising In	icome (see	instructions)		
1 Des	scription of exploited acti	vitiy:								
2 Gro	ess unrelated business in	come from	trade or busine	ss. Enter l	here and on	Part I, line	e 10, column	(A)	2	
	penses directly connected umn (B)								3	
	income (loss) from unress 5 through 7		or business. Su			_	ain, complete		4	
5 Gro	ss income from activity t	that is not u	unrelated busine	ess incom	e				5	
6 Exp	enses attributable to inc	ome entere	d on line 5					[6	
	ess exempt expenses. S								7	

Schedule A (Form 990-T) 2020

	dule A (Form 990-T) 2020				Page 4
	Advertising Income				
1	Name(s) of periodical(s). Check box if reporting $\mathbf{A} \square$	two or more periodical	s on a consolidated basi	S.	
	в 🗆				
	c 🗆				
	D 🗆				
Enter	amounts for each periodical listed above in the c	corresponding column.			
		Α	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	rt I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	ort II, line 13 ►	0
Pai	rt X Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2) (3)					
(4)					
	l. Enter here and on Part II, line 1				0
Par	t XI Supplemental Information (see i	nstructions)			
	``				
				Schedul	e A (Form 990-T) 2020

efile	GRAPHIC print	- DO NOT PRO	CESS	As Filed Dat	:a -			DLN	: 93393315018011
SCH	EDULE D			Capital G	ains and Loss	es			OMB No. 1545-0123
(Fori	m 1120)		orm 112	0, 1120-C, 112	0-F, 1120-FSC, 1120-F EIT, 1120-RIC, 1120-S	н, 1120-I			2020
_	nent of the Treasury	1120-110, 1120	-FC, 112	20-FOL, 1120-N	L11, 1120-R1C, 1120-	or cere	aiii i Oi iiis 9	30-1.	2020
	Revenue Service	➤ Go to w	ww.irs.g	gov/Form1120	for instructions and th	ne latest i	nformation.		
Name	RITAN HEALTH SERV	ICES					Employer	ident	ification number
אויואנ	MITAN HEALIN SERV	ICLS					93-095198	9	
Did th	e corporation dispose	e of any investmer	nt(s) in a	qualified opport	unity fund during the tax	year?			☐ Yes ☐ No
	·			·	rements for reporting yo				
Par			and Lo		rally Assets Held O				
	See instructions for the amounts to en			(d) Proceeds	(e) Cost		ustments to g rom Form(s)		(h) Gain or (loss) Subtract column (e) from
	below.	iter on the lines		ales price)	(or other basis)		art 1, line 2,		column (d) and combine
	This form may be earlif you round off cent					column	(g)		the result with column (g)
1a	Totals for all short-t	erm transactions							
	reported on Form 10								
	basis was reported t which you have no a								
	instructions). Howev	er, if you choose							
	to report all these tr Form 8949, leave th								
	go to line 1b								
1 b	Totals for all transac	tions reported on							
2	Form(s) 8949 with E Totals for all transact								
	Form(s) 8949 with								
3	Totals for all transactions form(s) 8949 with E	'							
4	Short-term capital g	ain from installme	nt sales f	from Form 6252,	line 26 or 37			4	
5	Short-term capital g	ain or (loss) from	like-kind	exchanges from	Form 8824			5	
	Unused capital loss	, ,		•				6	()
					6 in column h			7	
Par			and Lo		rally Assets Held Mo				
	See instructions for the amounts to en below.			(d) Proceeds ales price)	(e) Cost (or other basis)	or loss t	ustments to g from Form(s) art II, line 2, (a)		(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column
	This form may be earlif you round off cent dollars.						(3)		(g)
8 a	Totals for all long-te reported on Form 10 basis was reported t which you have no a instructions). Howev to report all these tr Form 8949, leave th go to line 8b	199-B for which to the IRS and for adjustments (see ver, if you choose ansactions on is line blank and							
8h	Totals for all transac	tions reported on						\dashv	
	Form(s) 8949 with	Box D checked							
9	Totals for all transactions form(s) 8949 with E								
10	Totals for all transac Form(s) 8949 with E	' '							489,462
11	Enter gain from Forr	n 4797, line 7 or 9						11	
12	Long-term capital ga	ain from installmer	nt sales fi	rom Form 6252,	line 26 or 37			12	
13	Long-term capital ga	ain or (loss) from li	ike-kind	exchanges from	Form 8824			13	
		•	-					14	
				nes 8a through 1	.4 in column h			15	489,462
	Summary o							, ,	
		•	- '	•	g-term capital loss (line :	-		16	
	· -		-		15) over net short-term	•	, ,	17	489,462
18				· · · -	8, or the applicable line	on other r	eturns	18	489,462
	Note: If losses exce					NI 33.55			I B /F 4450\ 0000
For P	aperwork Reductio	n Act Notice, see	the In	structions for F	orm 1120. Cat. I	No. 114601	YI So	hedu	le D (Form 1120) 2020

Form 4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

DLN: 93393315018011

Attachment

9)		► Go to WW	w.irs.gov/Form4562 fo	r instructions	and the latest	information.		Sequence No. 179
ame(s) shown				Busines	s or activity to v	hich this form	relates	Identifying number
AMARITAN HEAL	TH SERVIC	ES		I GROUP	PURCHASING			93-0951989
Part I	lection	To Expense Ce	rtain Property Under		1 01(01)/(01)/(0			100 0001000
		-	ed property, complete		you complete	Part I.		
1 Maximum	amount (s	see instructions) •					1	1,040,00
2 Total cost	of section	179 property place	ed in service (see instructi	ons) · · · ·			2	
3 Threshold	cost of se	ction 179 property	before reduction in limitat	ion (see instruct	ions) · · ·		3	2,590,00
4 Reduction	in limitatio	on. Subtract line 3	from line 2. If zero or less	, enter -0- · ·			4	
5 Dollar limi	tation for t	tax year. Subtract l	line 4 from line 1. If zero o			g separately,		
see instru	tions •						5	
6	(a) Description of pr	operty	(b) Cost (bus		(c) Elected co	st	
		· · · · · ·		only	,			
7 Listed prop	orty Ente	or the amount from	line 29		7			
' '	•		rty. Add amounts in colum				8	
			of line 5 or line 8• • •	* **			9	
			line 13 of your 2019 Form				10	
•			maller of business income					
instruction			maner or business income	(not less than 2			11	
		deduction Add lin	nes 9 and 10, but don't en	ter more than lir			12	
			D21. Add lines 9 and 10, le		▶ 13		12	
			v for listed property. In					
			wance and Other De			ted property. S	See inst	tructions.)
<u>.</u>		•	ified property (other than	·				,
·*		ctions.			piacea in service	····	14	
•		section 168(f)(1) el					15	
	-						16	
			n't include listed prop				10	
	ACIO D	epreciation (De		ection A	actions.)			
.7 MACRS de	ductions fo	or assets placed in	service in tax years begin		1		17	
			placed in service during the					
accounts,	_		placed in service during a	ie tax year meo	_	► □		
Secti	on B—Ass	sets Placed in Sei	rvice During 2020 Tax Y	ear Using the	General Depre	ciation Syste	m	
(a) Classific proper		(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	n (f) Meth	od	(g)Depreciation deduction
9a 3-year prop	erty		in, see moracions)					
b 5-year prop								
c 7-year prop	erty							
d 10-year pro	perty							
e 15-year pro	perty							
f 20-year prop								
g 25-year pro	perty			25 yrs.		S/L		
h Residential	rental			27.5 yrs.	MM	S/L		
property				27.5 yrs.	MM	S/L S/L		
i Nonresidenti property	al real			39 yrs.	MM MM	S/L		
property	Section	C—Assets Blace	l d in Service During 202	O Tay Vear Hei			tion S	vetem
0a Class life	Section	- Assets Flace	u ili Service During 202	o lax leal osi	Ing the Alterna	S/L	ition 3	ystem
b 12-year		_		12 yrs.		S/L		
c 30-year				30 yrs.	ММ	S/L		
d 40-year				40 yrs.	MM	S/L		
	Summa	ry (See instruction	ons.)	•	•		ı	
		• `	28				21	
			4 through 17, lines 19 and		g), and line 21.	Enter here		
			rn. Partnerships and S cor	•			22	3
		•	rvice during the current y	•				
			n 263A costs		. 23			

Form 4562 (2020) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? \square Yes \square No (c) (e) (i) (a) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ (business/investment section 179 vehicles first) service use basis period Convention deduction use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: S/L -S/L S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (d) (f) (a) (c) (e) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes No Yes No Yes No Yes No No Yes No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . .

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Amortization Part VI (b) (e) (c) (d) (f) (a) Date Amortization Amortizable Code Amortization for Description of costs amortization period or section amount this year begins percentage **42** Amortization of costs that begins during your 2020 tax year (see instructions): **43** Amortization of costs that began before your 2020 tax year 43 **44 Total.** Add amounts in column (f). See the instructions for where to report . . .

Software ID:

Software Version:

EIN: 93-0951989

Name: SAMARITAN HEALTH SERVICES

Form 4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

DLN: 93393315018011

Attachment

19)		Р Goto wи	ww.irs.gov/Form4562 to	or instructions	and the lates	st information.		Sequence No. 175
ame	e(s) shown on retur	'n		Busines	s or activity to	which this form	relates	Identifying number
AMA	RITAN HEALTH SERV	/ICES		DUBARI	E MEDICAL E	OLITOMENT		93-0951989
Pai	rt I Electio	n To Expense Ce	rtain Property Under		E MEDICAL E	QOIFMENT		193-0931909
Га		•	ed property, complete		vou complet	e Part I.		
1		<u>, , , , , , , , , , , , , , , , , , , </u>			·		1	1,040,00
2			ed in service (see instructi				2	2,010,00
3			before reduction in limitat	•			3	2,590,00
4			from line 2. If zero or less	•	*		4	2,330,00
5			line 4 from line 1. If zero	•			-	
3	see instructions	•					5	
				(b) Cost (bus				
6		(a) Description of pr	operty	only		(c) Elected co	st	
				†	,			
7	Listed property Fr	nter the amount from	n line 29		. 7			
8			rty. Add amounts in colum				8	
9			r of line 5 or line 8.				9	
			line 13 of your 2019 Forr				10	
	•		maller of business income				10	
	instructions.	initation. Enter the s	mailer of business income	(Hot less than 2	ero) or line 5.	Jee		
							11	
	•		nes 9 and 10, but don't en				12	
	· · · · · · · · · · · · · · · · · · ·		021. Add lines 9 and 10, le		▶ 13			
			v for listed property. Ir	<u> </u>				
		•	wance and Other De	·			See inst	cructions.)
L 4	Special depreciation	on allowance for qual	ified property (other than	listed property)	placed in serv	ice during the		
	tax year. See instr	ructions. • • • •					14	
L5	Property subject to	o section 168(f)(1) e	lection • • • •				15	
L6	Other depreciation	(including ACRS)					16	Ţ
ar	MACRS	Depreciation (Do	n't include listed prop	erty. See instr	uctions.)			
		-	S	ection A				
L7	MACRS deductions	for assets placed in	service in tax years begin	nina before 2020)		17	
18		•	placed in service during t	-				
	accounts, check he	= ' '				▶ □		
	<u> </u>							
	Section B—A	Assets Placed in Se	rvice During 2020 Tax \	ear Using the	General Dep	reciation Syste	m	
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convent	tion (f) Meth	od	(g) Depreciation deduction
9a '	3-year property		in, is maracions)					
	5-year property							
	⁷ -year property							
d :	10-year property							
e :	15-year property							
f 2	0-year property							
	25-year property			25 yrs.		S/L		
h F	Residential rental			27.5 yrs.	MM	S/L		
p	property			27.5 yrs.	MM	S/L		
i N	onresidential real			39 yrs.	MM	S/L		
p	property				MM	S/L		
	Secti	on C-Assets Place	d in Service During 202	0 Tax Year Usi	ng the Alteri	native Deprecia	tion Sy	ystem
0a (Class life					S/L		
b	12-year			12 yrs.		S/L		
c :	30-year			30 yrs.	MM	S/L		
d	40-year			40 yrs.	MM	S/L		
Par	t IV Summ	ary (See instructi	ons.)					
21 L	 _isted property. Ent	er amount from line	28				21	
			4 through 17, lines 19 an	d 20 in column (g), and line 2	1. Enter here		
			ırn. Partnerships and S coi	•			22	ţ
		•	ervice during the current y	•				
			on 263A costs		. 23			

Form 4562 (2020) Page 2 Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? \square Yes \square No (c) (e) (i) (a) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ (business/investment section 179 vehicles first) service use basis period Convention deduction use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: S/L -S/L S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (d) (f) (a) (c) (e) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes No Yes No Yes No Yes No No Yes No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . .

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Software ID:

Software Version:

EIN: 93-0951989

Name: SAMARITAN HEALTH SERVICES

Form 4562

Department of the Treasury

Patterly to Motor PROCESS

Department of the Treasury

Department of the Treasury

Department of the Treasury

Internal Revenue Service

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

2020

DLN: 93393315018011

Attachment Sequence No. **179**

		P 40 10 WW	w.m3.gov/1011114302 10	n metractions	and the la	test illioilliation.		
	e(s) shown on return ARITAN HEALTH SERVICE:	c		Busines	s or activity	to which this form	relates	Identifying number
AITIA	ARITAN HEALTH SERVICE.			BOULDE	R FALLS P	ROPERTIES, LLC		93-0951989
Pa		-	rtain Property Under					
_			ed property, complete		 		1 4 1	1 0 10 0
1	· ·	· ·	d in complex (can instruct				2	1,040,00
2 3			ed in service (see instructi before reduction in limitat	•			3	2,590,00
4			from line 2. If zero or less	`	•		4	2,390,00
5			line 4 from line 1. If zero	•				
	see instructions •						5	
6	(a)	Description of pr	operty	(b) Cost (bus		(c) Elected co	st	
		· · ·		only)			
7	Listed property. Enter	the amount from	line 29		. 7			
8			rty. Add amounts in colum				8	
9			of line 5 or line 8 · · ·				9	
LO	Carryover of disallowe	d deduction from	line 13 of your 2019 Form	n 4562. • • •			10	
L1	Business income limita	ation. Enter the s	maller of business income	(not less than z	ero) or line	5. See		
	instructions. • •						11	
			es 9 and 10, but don't en		ne 11		12	
	•		021. Add lines 9 and 10, le		▶ 13			
			v for listed property. Ir	•		de Bekedingsproduct	C !1	X
			wance and Other De				See inst	tructions.)
L4	tax year. See instructi	•	fied property (other than	listed property)	piaced in se	ervice during the	14	
L5	Property subject to se						15	
L6		.,,,					16	176,38
			n't include listed prop				10	170,30
	TIAGRE DC	or colución (De		ection A	accionisi y			
L7	MACRS deductions for	assets placed in	service in tax years begin) · · ·		17	
L8		·	placed in service during the	-				
	accounts, check here					. ▶ 🗆		
	Section B—Asse	ets Placed in Se	rvice During 2020 Tax \	ear Using the	General D	epreciation Syste	·m	
((a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Conve			(g)Depreciation deduction
9a	3-year property		omy see maracrons)					
	5-year property							
c :	7-year property							
	10-year property							
	15-year property							
	20-year property 25-year property	-		25 yrs.		S/L		
	Residential rental			27.5 yrs.	MM	S/L		
	property			27.5 yrs.	MM	S/L		
i N	Nonresidential real			39 yrs.	MM	S/L		
-	property				MM	S/L		
_		C—Assets Place	d in Service During 202	0 Tax Year Usi	ng the Alt		tion Sy	ystem
	Class life	-		12 vre		S/L		
_	12-year 30-year	1		12 yrs. 30 yrs.	MM	S/L S/L		
	40-year			40 yrs.	MM	5/L		
	·	(See instruction	ons.)	,			<u> </u>	
21	Listed property. Enter a	mount from line :	28				21	
22	Total. Add amounts fro	m line 12, lines 1	4 through 17, lines 19 and	d 20 in column (g), and line	21. Enter here		
		· · · · · · · · · · · · · · · · · · ·	rn. Partnerships and S cor	•	nstructions		22	176,38
	For assets shown above portion of the basis attr		rvice during the current y n 263A costs	ear, enter the	. 23			

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? \square Yes \square No (c) (e) (i) (a) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ (business/investment section 179 vehicles first) service use basis period Convention deduction use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: S/L -S/L S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (d) (f) (a) (c) (e) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes No Yes No Yes No Yes No No Yes No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Amortization Part VI (b) (e) (c) (d) (f) (a) Date Amortization Amortizable Code Amortization for Description of costs amortization period or section amount this year begins percentage **42** Amortization of costs that begins during your 2020 tax year (see instructions):

43 Amortization of costs that began before your 2020 tax year

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

43

Software ID:

Software Version:

EIN: 93-0951989

Name: SAMARITAN HEALTH SERVICES

Form 4562 Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

DLN: 93393315018011

(99)		P Go to WW	/w.irs.gov/Form4562 fo	or instructions	and the la	test information.		Sequence No. 179
Name	e(s) shown on return			Busines	s or activity	to which this form	n relates	Identifying number
SAMA	RITAN HEALTH SERVIC	ES			CONTERC			02.0054000
	ut 7 Flootion 1	T- F C-	utain Duanautu Hadau		S CENTERS			93-0951989
Pa		-	rtain Property Under			loto Dart I		
			ed property, complete				1	1 040 0
	`	,	ed in service (see instructi				2	1,040,00
2 3			•	•			3	2 500 0/
4			before reduction in limitate from line 2. If zero or less	•	•		4	2,590,00
5			line 4 from line 1. If zero o				4	
3		•		•			5	
	see instructions .			(b) Cost (bus			1 3	
6	(a) Description of pr	operty	only		(c) Elected co	ost	
				<i>'</i>	,			
7	Listed property. Ente	er the amount from	n line 29		. 7			
8			rty. Add amounts in colum				8	
9			of line 5 or line 8				9	
10			line 13 of your 2019 Forr				10	
11			maller of business income					
	instructions. • •						11	
12		deduction. Add lir	nes 9 and 10, but don't en	ter more than lir	ne 11		12	
13			021. Add lines 9 and 10, le		▶ 13			
	•		v for listed property. Ir					
			wance and Other De			de listed property.	See inst	tructions.)
14		<u> </u>	ified property (other than	<u> </u>				,
							14	
15	Property subject to s						15	
16							16	161,58
			on't include listed prop				10	101,30
гаі	MACKS DO	epreciation (De		ection A	uctions.			
17	MACRC deductions fo						17	
17		•	service in tax years begin	-			1/	
18	· -	= ' '	placed in service during the	ne tax year into	one or mor	e general asset		
	accounts, check here	· · · · ·						
	Section B—Ass	sets Placed in Se	rvice During 2020 Tax \	ear Using the	General D	epreciation Syste	em	
		(I-) Month and	(c) Basis for					
((a) Classification of	(b) Month and year placed in	depreciation (business/investment	(d) Recovery	(e) Conve	ention (f) Meth	nod l	(g)Depreciation
	property	service	use	period		(1)		deduction
			only—see instructions)					
	3-year property							
	5-year property							
	7-year property				-			
	10-year property							
	15-year property							
	25-year property	\dashv		2E vrc	1	6/1		
	25-year property			25 yrs.	MM	S/L		
	Residential rental property			27.5 yrs.	MM	S/L		
				27.5 yrs. 39 yrs.	MM MM	S/L S/L		
	lonresidential real property			39 yrs.	MM	5/L		
	<u> </u>	C—Assets Place	l d in Service During 202	n Tay Vaar Hei			ation S	vetem
202	Class life	- Assets Fidte	a in Service During 202	J IAA ICAI USI	ing the Alti	S/L	1011 3	yotom
	12-year			12 yrs.		S/L		
	30-year	7		30 yrs.	MM	S/L		
	40-year	1		40 yrs.	MM	S/L		
	<u> </u>	ry (See instructi	ons.)			-, -	I	
			28				21	
			.4 through 17, lines 19 an		a), and line	21. Enter here		
			rn. Partnerships and S co				22	161,58
		•	rvice during the current y	•				232,30
	portion of the basis at			·	. 23			
For F	Paperwork Reductio	n Act Notice, see	separate instructions.	Cat. No. 1	2906N			Form 4562 (2020)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? \square Yes \square No (c) (e) (i) (a) (b) Business/ (d) (f) (g) (h) Basis for depreciation Elected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ (business/investment section 179 vehicles first) service use basis period Convention deduction use only) cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 25 26 Property used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: S/L -S/L S/L -28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (b) (d) (f) (a) (c) (e) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 Yes Yes No Yes No Yes No Yes No No Yes No 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners **39** Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Amortization Part VI (b) (e) (c) (d) (f) (a) Date Amortization Amortizable Code Amortization for Description of costs amortization period or section amount this year begins percentage **42** Amortization of costs that begins during your 2020 tax year (see instructions):

43 Amortization of costs that began before your 2020 tax year

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

43

Software ID: Software Version:

EIN:

EIN: 93-0951989

Name: SAMARITAN HEALTH SERVICES

efil	e GRAPHIC prin	nt - DO NOT PROCESS	As Filed Data -		DL	N: 93393315018011
Form	8827	Credit for Pr	ior Year Mini	imum Tax-Corporatio	าร	OMB No. 1545-0123
Depart	tment of the Treasury		Attach to the corpo	ration's tax return. 7 for the latest information.		2020
Name SAMA		•			Employe	er identification number
					93-09519	989
1	Minimum tax cred	it carryforward from 2019. Er	ter the amount from	line 6 of the 2019 Form 8827	. 1	5,479
2	Enter the corporat	tion's 2020 regular income tax	k liability minus allowa	able tax credits (see instructions) .	. 2	
3	Part I, line 5d (or	the applicable line of your ret	urn). If the corporatio	ne 2 here and on Form 1120, Schedul on had a post-1986 ownership change · · · · · · · · · · · · · · · · · · ·	or	
4				ep a record of this amount to carry	. 4	5,479
For F	Paperwork Reduct	tion Act Notice, see instruc	tions.	Cat. No. 13008K		Form 8827 (2020)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93393315018011

Social security number or taxpayer identification number

OMB No. 1545-0074

Department of the Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short term (see instructions). For long-term transactions, see page 2.
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short term (see instructions). For long-term transactions, see page 2.
long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).
You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B
1 (a) Description of property (Example: 100 sh XYZ Co.) (b) Date acquired disposed of (sales price) (c) Date acquired disposed of (sales price) (d) Cost or other basis. See the Note below and see Column (e) and see Column (e) from column (d) from column (d) from column (d)
(Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (Mo., day, yr.) (sales price) (sales price) (see instructions) (see instructions) (see instructions) (see instructions) (f) (code(s) from and combine the result with column (g)

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked). ▶

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B (h) Adjustment, if any, to gain or loss. 1 If you enter an amount in column (g). Gain or (loss). (e) enter a code in column (f). (c) (d) Cost or other basis. Subtract column (a) (b) Date sold or See the Note below See the separate instructions. Proceeds (e) Description of property Date acquired disposed of (sales price) and see Column (e) from column (d) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) (Mo., day, yr.) (see instructions) in the separate and (f) (g) instructions combine the result Code(s) from Amount of instructions adjustment with column (q) SYNERGY INVESTORS INC 489,462 **2 Totals**. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if **Box F** above is checked) 489,462 Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment. Form 8949 (2020)

Attachment Sequence No. 12A

Social security number or taxpayer identification number

Page 2

Form 8949 (2020)

SAMARITAN HEALTH SERVICES

Name(s) shown on return. Name and SSN or taxpayer identification no, not required if shown on other side