

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Department of the Treasury Internal Revenue Service

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

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

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

Section A: Name of organization (GOOD SAMARITAN HOSPITAL FREE CLINIC), address (625 EDEN PARK DRIVE 7TH FLOOR, CINCINNATI, OH 45202), and Employer identification number (27-3893817).

Section C: Book value of all assets at end of year (119,024) and Group exemption number (501(c) corporation).

Section H: Enter the number of the organization's unrelated trades or businesses (NO UNRELATED BUSINESS INCOME ACTIVITY).

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? (Yes).

Section J: The books are in care of (MICHAEL CROFTON - VP FINANCE) Telephone number (513-569-6577).

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 2 columns: Deduction description (14-32) and Amount. Includes a 'RECEIVED' stamp dated MAY 26 2020 from BOZ RS-OSC OGDEN, UT.

SCANNED JUL 06 2021

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 0.; 34 Amounts paid for disallowed fringes; 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions); 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34; 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 1,000.; 38 Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 0.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 39 Organizations Taxable as Corporations Multiply line 38 by 21% (0.21) 0.; 40 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041); 41 Proxy tax. See instructions; 42 Alternative minimum tax (trusts only); 43 Tax on Noncompliant Facility Income. See instructions; 44 Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies 0.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116); 45b Other credits (see instructions); 45c General business credit Attach Form 3800; 45d Credit for prior year minimum tax (attach Form 8801 or 8827); 45e Total credits Add lines 45a through 45d; 46 Subtract line 45e from line 44 0.; 47 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule); 48 Total tax Add lines 46 and 47 (see instructions) 0.; 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 0.; 50a Payments: A 2017 overpayment credited to 2018; 50b 2018 estimated tax payments; 50c Tax deposited with Form 8868; 50d Foreign organizations: Tax paid or withheld at source (see instructions); 50e Backup withholding (see instructions); 50f Credit for small employer health insurance premiums (attach Form 8941); 50g Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total; 51 Total payments. Add lines 50a through 50g; 52 Estimated tax penalty (see instructions) Check if Form 2220 is attached; 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed; 54 Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid; 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Rows include: 56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here; 57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file; 58 Enter the amount of tax-exempt interest received or accrued during the tax year \$

Signature and Preparer Information section. Includes: Sign Here: Michael W Crofton, 5-14-2020, VP FINANCE; Preparer: ALICIA JANISCH, DELOITTE TAX LLP, 250 EAST FIFTH STREET, SUITE 1900, CINCINNATI, OH 45202, Date: 5/13/2020, PTIN: P00741382, Firm's EIN: 86-1065772, Phone no.: 513-784-7100.

