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| Comparison of the Trimony | .* Form 990-T | Exempt Organization Business Income Tax Return | | | | | | OMB No 1545-0687 |
|--|--|---|----------------------|---------------------|------------------------|---------------------|---------------|---|
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| Do not enter \$58 numbers on this form as it may be made public if your organization is a \$50(c)(3) | | | | | | | - | ZU 10 |
| Reference to charged | | | | | | | <u>.</u> | Open to Public Inspection for 01(c)(3) Organizations Only |
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| Source of all seasons Copy of Service Cop | 408(e) 220(e) | 625 EDEN PARK DRIVE | 7TH FLOOR | | | | | |
| ## Enter the number of the organization surrelated trades or businesses. Describe the only (or first) unrelated trades or businesses. Describe the only (or first) unrelated trades or businesses. Describe the only (or first) unrelated trades or businesses. Describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business. Intern Complete Parts I and III, complete a Schedule M for each additional trade or business. Intern Complete Parts I and III, complete a Schedule M for each additional trade or business. Intern Complete Parts I and III, complete a Schedule M for each additional trade or business. Intern Complete Parts I and III, complete a Schedule M for each additional trade or business. Intern Complete Parts I and III, complete a Schedule M for each additional trade or business. Intern Complete Parts I and III, complete a Schedule M for each additional trade or business. Intern Complete Parts I and III, complete a Schedule M for each additional trade or business Intern III and III a | $=$ $ \cdot$ | | | | | | | |
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| trade or business here | | 024. G Check organization type | X 501(c) corp | oration | 501(c) trust | 401(a) | trust | Other trust |
| describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete the syear, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 1 | | | | | | | | |
| During the tax year, was the corporation a subsidiary man affiliated group or a parget-subsidiary controlled group? STYPT 1 X Yes No | | | | | | | | |
| During the tax year, was the corporation a subsidiary in an affiliated group or a parget-subsidiary controlled group. STMT 1 | | | itence, complete Par | ts I and II | l, complete-a-Schedule | M for each addition | al trade | or |
| If Yes, enter the name and identifying number of the parent corporation Telephone number S1-3-569-6577 | | | | | | cmmm 1 ▶ [| Y Va | n No |
| J The books are in care of | | | | t-subsidia C i h | try controlled group? | | <u>~</u> 16: | S LINU |
| Description of the properties of the propertie | | | | 1111 | | | 13-569 | 9-6577 |
| 1a Gross receipts or sales b Less returns and allowances c Cost of goods sold (Schedule A, line 7) 3 Gross profit. Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797) c Capital loss deduction for trusts 5 Income (loss) (Form 4797) rec Capital loss deduction for trusts 5 Income (loss) (Form 4797) g Investment income of a section 501c()(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501c()(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions, attach schedule) 13 Total. Combine lines 3 through 12 Part II) Deductions Not Taken Elsewhere (See instructions for Implations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income) 15 Salaires and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) for imitation rules) 19 Taxes and licenses 20 Charitable contributions (See instructions) for imitation rules) 21 Depreciation (attach form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Depletion 24 Contributions to deferred configensiation plans 24 Employee benefit programs 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 27 Excess readegrifip costs (Schedule I) 28 Durfeleted business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Outlines of the plant interest in | Part I Unrelate | Trade or Business Income |) | | | | | |
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| 30 Unleaded business taxable income before her operating loss academon. Obbitate into 25 work into 15 | , | | | | | 29 | | |
| 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) | 30 Unrelated business t | xable income before net operating loss | | | | | 30 | 0. |
| | <i>-</i> | | | | | | $\overline{}$ | |
| 32 Unrelated business taxable income Subtract line 31 from line 30 . | 32 Unrelated business taxable income Subtract line 31 from line 30 | | | | | 32 | | |

| Form 990- | (2918) GOOD SAMARITAN HOSPITAL FREE CLINIC 27-38 | 93817 | | Page 2 |
|-----------|--|---------------|---------------------|---------|
| | Total Unrelated Business Taxable Income | | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 83 | | 0. |
| 34 | Amounts paid for disallowed fringes | 34 | | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 35 | | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of | | | |
| | lines 33 and 34 | В6, | | |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | ՜Տ 🛂 🗆 | 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 | 38 | | 0. |
| Part I | V Tax Computation | | | |
| 39 | Organizations Taxable as Corporations Multiply line 38 by 21% (0 21) | ▶ 39 | | 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) | ▶ 40 | | |
| 41 | Proxy tax. See instructions | ▶ 41 | | |
| 42 | Alternative minimum tax (trusts only) | 42 | | |
| 43 | Tax on Noncompliant Facility Income. See instructions | 43 | | |
| 44 | Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies | . 44 | | 0. |
| Part \ | / Tax and Payments | | | |
| 45 a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) | - · | | |
| b | Other credits (see instructions) 45b | _ | | |
| C | General business credit Attach Form 3800 | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | | | |
| е | Total credits Add lines 45a through 45d | 45e | | |
| 46 | Subtract line 45e from line 44 | 46 | · | 0. |
| 47 | Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul | | | |
| 48 | Total tax Add lines 46 and 47 (see instructions) | 48 | | 0. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | 49 | | 0. |
| _ | Payments: A 2017 overpayment credited to 2018 | · | | |
| , b | | | | |
| | Tax deposited with Form 8868 | _ | | |
| | Foreign organizations: Tax paid or withheld at source (see instructions) 50d | | | |
| е | Backup withholding (see instructions) 50e | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) 50f 50f | | | |
| g | | | | |
| | Form 4136 Other Total ▶ 50g | E 4 | | |
| 51 | Total payments. Add lines 50a through 50g | 51 52 | | |
| 52 50 | Estimated tax penalty (see instructions) Check if Form 2220 is attached Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | | |
| 54 | Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | • | |
| 54 55 | Enter the amount of line 54 you want: Credited to 2019 estimated tax | 55 | | |
| Part \ | | 1.00_1 | | |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority | - | Yes | No |
| 30 | 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 | | | ľ |
| | here | | | х |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | | х |
| 37 | 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 ►\$ | | | |
| | Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno | wledge and be | olief, it is true, | |
| Sign | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | May the 100 | discuss this return | wath |
| Here | Michael W Crofton 5-14-2020 VP FINANCE | | shown below (see | |
| | Signature of officer Date Title | instructions) | ? X Yes | No |
| | Print/Type preparer's name Preparer's signature Date Check | if PTIN | | |
| Paid | Self- employ | ed | | |
| Prepa | arer alicia Janisch WWW Conson 5/13/2020 | PO | 0741382 | |
| Use C | | ▶ 8 | 6-1065772 | |
| 330 (| 250 EAST FIFTH STREET, SUITE 1900 | | | |
| | Firm's address CINCINNATI, OH 45202 Phone no. | 513-784 | | |
| 822711 01 | 00.10 | | Form 990-1 | [/2018] |