

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

2015

For calendar year 2015 or other tax year beginning 06/01, 2015, and ending 05/31, 2016.

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ 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

Department of the Treasury
Internal Revenue Service

A Check box if address changed

B Exempt under section
 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

C Book value of all assets at end of year: 15,371,899.

D Employer identification number (Employees' trust, see instructions): 58-1131002

E Unrelated business activity codes (See instructions): 900099

Name of organization (Check box if name changed and see instructions): SOUTHSIDE MEDICAL CENTER INC

Number, street, and room or suite no. If a P O box, see instructions: 1046 RIDGE AVE SW

City or town, state or province, country, and ZIP or foreign postal code: ATLANTA, GA 30315-1640

F Group exemption number (See instructions) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity ▶ K-1 FROM SUNCREST HOME HEALTH - SOUTHSIDE, LLC

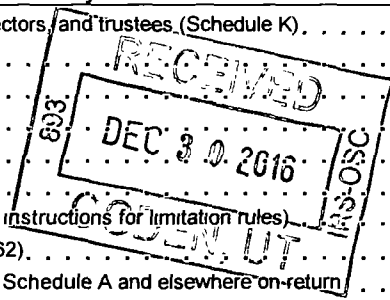
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ CLAUDIO AZZARITI, CFO Telephone number ▶ 404-564-7009

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c Balance ▶		1c		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	<u>-75,758.</u>	<u>ATCH 1</u>	<u>-75,758.</u>
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	<u>-75,758.</u>		<u>-75,758.</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See instructions for limitation rules)			
21	Depreciation (attach Form 4562)			
22	Less depreciation claimed on Schedule A and elsewhere on return			
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28			
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13			<u>-75,758.</u>
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30			<u>-75,758.</u>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			<u>1,000.</u>
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			<u>-75,758.</u>



SCANNED JAN 11 2017

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets. b Enter organization's share of (1) Additional 5% tax and (2) Additional 3% tax. c Income tax on the amount on line 34. 36 Trusts Taxable at Trust Rates. 37 Proxy tax. 38 Alternative minimum tax. 39 Total. Add lines 37 and 38 to line 35c or 36.

Part IV Tax and Payments

40 a Foreign tax credit. b Other credits. c General business credit. d Credit for prior year minimum tax. e Total credits. 41 Subtract line 40e from line 39. 42 Other taxes. 43 Total tax. 44 a Payments A 2014 overpayment credited to 2015. b 2015 estimated tax payments. c Tax deposited with Form 8868. d Foreign organizations Tax paid or withheld at source. e Backup withholding. f Credit for small employer health insurance premiums. g Other credits and payments. 45 Total payments. 46 Estimated tax penalty. 47 Tax due. 48 Overpayment. 49 Enter the amount of line 48 you want credited to 2016 estimated tax.

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

1 At any time during the 2015 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? 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 3 Enter the amount of tax-exempt interest received or accrued during the tax year.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year. 2 Purchases. 3 Cost of labor. 4a Additional section 263A costs (attach schedule). b Other costs (attach schedule). 5 Total. Add lines 1 through 4b. 6 Inventory at end of year. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here. Signature of officer: Brian D Todd. Date: 11/23/16. Title: CFO. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No.

Paid Preparer Use Only. Print preparer's name: BRIAN D TODD. Preparer's signature: Brian D Todd, CPA. Date: 11/23/16. Check [] if self-employed. PTIN: P00422601. Firm's name: BKD, LLP. Firm's EIN: 44-0160260. Firm's address: 910 E ST LOUIS #200/PO BOX 1190. Phone no: 417 865-8701.

SPRINGFIELD, MO 65806-2523

Form 990-T (2015)

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

(see instructions)

1. Description of property

Table with 4 rows for property description (1-4)

2. Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, and 3(a) Deductions directly connected with the income

(c) Total income. Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

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

Table with 5 main columns: 1. Description of debt-financed property, 2. Gross income from or allocable to debt-financed property, 3. Deductions directly connected with or allocable to debt-financed property, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income, 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income, 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10

Totals

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
Totals ▶		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals ▶		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) . . . ▶						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

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

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

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

SUNCREST HOME HEALTH - SOUTHSIDE, LLC

-75,758.

INCOME (LOSS) FROM PARTNERSHIPS

-75,758.

**SOUTHSIDE MEDICAL CENTER
NET OPERATING LOSS CARRYFORWARD
EIN: 58-1131002**

5/31/2012 NET OPERATING LOSS 86,002

NET OPERATING LOSS UTILIZED ON FORM 990-T: -

CARRYFORWARD TO 5/31/2013 86,002

5/31/2012 NET OPERATING LOSS CARRYFORWARD 86,002

5/31/2013 NET OPERATING LOSS 198,647

284,649

NET OPERATING LOSS UTILIZED ON FORM 990-T: -

CARRYFORWARD TO 5/31/2014 284,649

5/31/2014 NET OPERATING LOSS CARRYFORWARD 284,649

5/31/2014 NET OPERATING LOSS 100,892

385,541

NET OPERATING LOSS UTILIZED ON FORM 990-T: -

CARRYFORWARD TO 5/31/2015 385,541

5/31/2015 NET OPERATING LOSS CARRYFORWARD 385,541

5/31/2015 NET OPERATING LOSS 164,272

549,813

NET OPERATING LOSS UTILIZED ON FORM 990-T: -

CARRYFORWARD TO 5/31/2016 549,813

5/31/2016 NET OPERATING LOSS CARRYFORWARD 549,813

5/31/2016 NET OPERATING LOSS 75,758

625,571

NET OPERATING LOSS UTILIZED ON FORM 990-T: -

CARRYFORWARD TO 5/31/2017 625,571