

Form **990-T**

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

OMB No 1545-0687

For calendar year 2017 or other tax year beginning 10/01, 2017, and ending 09/30, 2018

2017

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a) C Book value of all assets at end of year 4,923,613.	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) ST. BERNARDS DEVELOPMENT FOUNDATION	D Employer identification number (Employees trust, see instructions) 71-0563245
	Number, street, and room or suite no. If a P O box, see instructions 400 EAST STREET	E Unrelated business activity codes (See instructions) 531110
	City or town, state or province, country, and ZIP or foreign postal code JONESBORO, AR 72401	
	F Group exemption number (See instructions) ▶ 0928	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

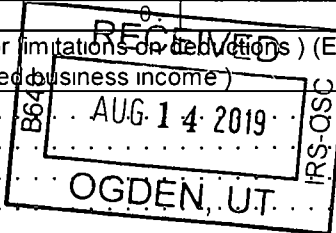
H Describe the organization's primary unrelated business activity ▶ **ATTACHMENT 1**

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 ▶ **ATTACHMENT 2 STBE 71-085390D**

J The books are in care of ▶ **BEN BARYLSKE** Telephone number ▶ **870-207-4100**

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)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest annuities royalties and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total Combine lines 3 through 12	13		

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



SCANNED OCT 10 2019

For Paperwork Reduction Act Notice, see instructions

Form 990-T (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 (in that order)
b Enter organization's share of (1) Additional 5% tax (not more than \$11,750)
c Income tax on the amount on line 34. ATCH. 3
36 Trusts Taxable at Trust Rates See instructions for tax computation Income tax on the amount on line 34 from
37 Proxy tax See instructions
38 Alternative minimum tax
39 Tax on Non-Compliant Facility Income See instructions
40 Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies

Part IV Tax and Payments

41 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)
b Other credits (see instructions)
c General business credit Attach Form 3800 (see instructions)
d Credit for prior year minimum tax (attach Form 8801 or 8827)
e Total credits Add lines 41a through 41d
42 Subtract line 41e from line 40
43 Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)
44 Total tax Add lines 42 and 43
45 a Payments A 2016 overpayment credited to 2017
b 2017 estimated tax payments
c Tax deposited with Form 8868
d Foreign organizations Tax paid or withheld at source (see instructions)
e Backup withholding (see instructions)
f Credit for small employer health insurance premiums (Attach Form 8941)
g Other credits and payments Form 2439 Form 4136 Other Total
46 Total payments Add lines 45a through 45g
47 Estimated tax penalty (see instructions) Check if Form 2220 is attached
48 Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed
49 Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid
50 Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded

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

51 At any time during the 2017 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
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?
53 Enter the amount of tax-exempt interest received or accrued during the tax year

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 Date Title
8-8-2019 CFO
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date
AMBER SHERRILL Amber Sherrill, CPA 8/7/19
Firm's name Firm's EIN
BKD, LLP 44-0160260
Firm's address Phone no
P.O. BOX 3667, LITTLE ROCK, AR 72203-3667 501-372-1040

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

Table with 8 rows and 4 columns for Schedule A. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A apply.

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 description of property, labeled (1) through (4).

2 Rent received or accrued

Table with 3 columns: (a) From personal property, (b) From real and personal property, 3(a) Deductions directly connected with the income. Includes rows (1)-(4) and a Total row.

(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 columns: 1 Description of debt-financed property, 2 Gross income from or allocable to debt-financed property, 3(a) Straight line depreciation, 3(b) Other deductions, 4 Amount of average acquisition debt, 5 Average adjusted basis, 6 Column 4 divided by column 5, 7 Gross income reportable, 8 Allocable deductions. Includes rows (1)-(4) and a Totals row.

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

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	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
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	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
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

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)				
Enter here and on page 1, Part I, line 9, column (A)				Enter here and on page 1, Part I, line 9, column (B)

Totals

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)						
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

Totals

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 ▶						
Totals, Part II (lines 1-5) ▶	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

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) ATTACHMENT 4		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14 ▶			

Form 990-T (2017)

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE ORGANIZATION SOLD THEIR INTEREST IN THE PARTNERSHIP THAT HAS DEBT FINANCED RENTAL REAL ESTATE ACTIVITIES. THEREFORE, THE ORGANIZATION HAS NO UNRELATED BUSINESS ACTIVITY.

ST. BERNARDS DEVELOPMENT FOUNDATION

71-0563245

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

ST BERNARDS HEALTHCARE, INC.
71-0853900

FORM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED TAX RATE

- 1 UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).
- 2 TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX
COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP.....
- 3 TAX ON LINE 1 FIGURED USING THE 21% RATE.....
- 4 MULTIPLY LINE 2 BY THE NUMBER OF DAYS 92
IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018.....
- 5 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 273
IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017.....
- 6 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365
IN THE CORPORATION'S TAX YEAR.....
- 7 DIVIDE LINE 5 BY THE TOTAL NUMBER OF DAYS 365
IN THE CORPORATION'S TAX YEAR.....
- 8 ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR.....

ATTACHMENT 4SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
BRANT PERKINS 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
CHRIS BARBER 400 EAST STREET JONESBORO, AR 72401	PRESIDENT/CEO	0	0.
DR CHARLES KEMP 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
DR DON VOLLMAN, JR 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
DR ELIZABETH SALES 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
JOAN CASH 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
LEO BALTZ 400 EAST STREET JONESBORO, AR 72401	CHAIRMAN	0	0.
LINDA WOFFORD 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
MARILYN HUMMELSTEIN 400 EAST STREET JONESBORO, AR 72401	PRESIDENT	0	0.
ROSIE YOUNG 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.

ATTACHMENT 4 (CONT'D)SCHD K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
SAM HUMMELSTEIN 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
SCOTT DURHAM 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
STACY HARRAL 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
SISTER CECILIA NGUYEN 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
BRAD EDWARDS 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
STEVE COX 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
JEFF PURYEAR 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
BRENT STIDMAN 400 EAST STREET JONESBORO, AR 72401	MEMBER	0	0.
TOTAL COMPENSATION			<u>0.</u>