Form	990

			1						OMB No. 1545-0047	
Form	99	0	Retur	n of Organizatio	n Exempt	From Inco	me Tax			
			Under section 501(c	;), 527, or 4947(a)(1) of th	e Internal Rev	enue Code (exce	nt private foundatio	ons)	2018	
Deserts		<b>.</b>		nter social security numb				,	Open to Public	
		ne Treasury e Service		vww.irs.gov/Form990 for		•	•		Inspection	
A Fo	or the	2018 calenda	ar year, or tax year begir	-		1, 2018, and e		06-30		
B Ch	eck if ap	oplicable:	C Name of organization Comm	unity Health Ser	vices of U	nion County	, Inc.	D Er	nployer identification no.	
Ad	dress cł	nange	Doing business as					46-	-0495947	
Na Na	me chai	nge	Number and street (or P.O. bo	ox if mail is not delivered to street a	address)		Room/suite	E Te	elephone number	
Ini	ial retur	n	1338-C East Su	nset Dr						
Fir	al returr	n/terminated	City or town, state or province	, country, and ZIP or foreign postal	l code			<b>G</b> Gr	ross receipts	
An	nended i	return	Monroe, NC 281	12				\$	662,135	
Ap	plication	pending	F Name and address of principa	l officer: Jim Brewer			H(a) Is this a group ret	urn for subor	dinates? Yes X No	
			Same as C abov	e			H(b) Are all subordi	nates inclu	ded? Yes No	
I Ta	x-exemp	ot status: 🛛 🕅	501(c)(3) 501(c) (	) < (insert no.) 4947	(a)(1) or	527	If "No," atta	ach a list. (	see instructions)	
J We	ebsite:	_	.chsuc.org				H(c) Group exemp	tion numbe	er 🕨	
		-		ociation Other ►	1	Year of formation:	2003 M State of	legal domi	icile: NC	
Part		Summary								
		-	-	ion or most significant acti			on's primary e	_		
ø				es to the indigen						
and				inics, diabetes	services,	prescriptic	n assistance	progr	ams and	
ern			programs.			<i>.</i>	· · · · ·			
200				n discontinued its operation			1	<b>a</b>		
~				erning body (Part VI, line 1)				3	15	
ties				s of the governing body (F				4 5	15	
Activities & Governance				n calendar year 2018 (Part				-	2	
Ac			r of volunteers (estimate if					6	120	
				Part VIII, column (C), line				7a 7b	0	
	a	inet unrelated		e from Form 990-T, line 38		<u></u>		10	0	
	8	Contributions	and grapts (Part \/III line	1b)			Prior Year	160	Current Year	
Ð									<u>603,053</u> 53,117	
Revenue		-		A), lines 3, 4, and 7d)			56,			
Sev				nes 5, 6d, 8c, 9c, 10c, and				155	2,588	
-				(must equal Part VIII, colun			622,		662,135	
				IX, column (A), lines 1-3)			022,	595	002,135	
				X, column (A), line 4)					0	
		•	(	e benefits (Part IX, column		-	122,	370	134,337	
ses				column (A), line 11e)			1227	570	0	
Expenses			<b>U</b> (	lumn (D), line 25) ►						
Ä				nes 11a-11d, 11f-24e)			470,	863	613,037	
				tequal Part IX, column (A),			593,		747,374	
				18 from line 12			29,1		(85,239	
es es			<u> </u>				Beginning of Current Y		End of Year	
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)				512,		392,689	
Ass d Ba	21	Total liabilitie	es (Part X, line 26)				49,		15,460	
Pun Fun				line 21 from line 20			462,		377,229	
Part	: 11	Signatu	re Block							
				Irn, including accompanying sched			knowledge and belief, it is			
uue, co	mect, a	na complete. Dec		ficer) is based on all information of	which preparer has	any Knowledge.				
<u>.</u>			Brewer							
Sign		Signature	e of officer					Date		
Here		<b>_</b>	Brewer, President	:						
		Type or p	print name and title	1		1				
		Print/Type pre	aparer's name	Preparer's signature		Date	Check	if PTIN		

Paid	Jeffrey K 1	Younce		1	2-11-2019		self-employed	P00063562	
Preparer	Firm's name	Simpson,	Younce & Tedder, CP	A's, PC		Firm's I	EIN 🕨		
Use Only	Firm's address	2322 Kat	ie Leigh Lane			Phone	no.		
		Monroe N	C 28110				704-2	282-0159	
May the IRS discuss this return with the preparer shown above? (see instructions)									

Form	1990 (2018) Community Health Services of Union County, Inc.	46-0495947	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🗌
1	Briefly describe the organization's mission:		
	The Organization's primary exempt purpose is to provide health services to		and
	underserved in Union County, North Carolina by providing community clinics,	diabetes	
	services, prescription assistance programs and wellness programs.		
2	Did the organization undertake any significant program services during the year which were not listed on the		- No
	prior Form 990 or 990-EZ?	tes <u>p</u>	<u>k</u> No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
3			Z No
	If "Yes," describe these changes on Schedule O.		<u>x</u> no
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red bv	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$661,386 including grants of \$) (Revenue	\$	)
	The Organization provided health services to the indigent and underserved is	n Union County	У,
	North Carolina by providing community clinics, diabetes services, prescript	ion assistance	e
	programs and wellness programs.		
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		•	/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	)
4d	Other program services (Describe in Schedule O.)		
_	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses		
		Form	000 (2018)

Form	990 (2018) Community Health Services of Union County, Inc. 46-04959	47	Р	age 3
Pa	rt IV Checklist of Required Schedules			-
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а			37	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	44		37
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			37
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e		Х
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	4.45		v
100		11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	v	
b	Schedule D, Parts XI and XII	12a	Х	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	126		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b 13		X X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1-7a		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	-		
-	If "Yes," complete Schedule G, Part III	19		х
20 a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
		-		

Form	990 (2018) Community Health Services of Union County, Inc. 46-04959	47	P	Page 4
Pa	T IV Checklist of Required Schedules (continued)			
		r	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		L
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			37
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		v
20	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	200		v
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i> Schedule L. Part IV	28b		х
•		200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		х
29	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	200	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	Λ	<u> </u>
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If Tes, complete Schedule N, Part P.</i>	51		
52	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
		Form	000 /	2012

Form	990 (2018) Community Health Services of Union County, Inc. 46-04959	47	Р	age 5				
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this returm 2a 2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,							
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country:							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		77				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	0-		77				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	01						
7	gifts were not tax deductible?	6b						
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods							
а	and services provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10						
C		7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	10						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			X				
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
-	the organization is licensed to issue qualified health plans							
C 145	Enter the amount of reserves on hand	140		v				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
b 15		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year	15		Х				
	excess parachute payment(s) during the year	13		Λ				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.	10		21				

Form 990 (2018)

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Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			_
	Check if Schedule O contains a response or note to any line in this Part VI		•••	<u>. X</u>
Sec	tion A. Governing Body and Management			r
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
2	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		v
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X X
4 5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organizations assets:	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	•		- 25
74	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
-	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			ĺ
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		37
a ⊾	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
Tua	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	TUa		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> )			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Brenda Hamilton (704)296-0909, 1338-C East Sunset, Monroe, NC 28112			

Form 990 (20	(18) Community Health Services of Union County, Inc.	46-0495947	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employe	es, and
	•		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete organization	this table for all persons required to be listed. Report compensation for the calendar year ending with or vest tax year.	within the	

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

🔀 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

			00100		(C)	June				
					sition					
(A)	(B)	· ·		eck m	ore th	nan one		(D)	(E)	(F)
Name and Title	Average hours per week (list any hours for	offic	er and	l a dii	rector	s both ar /trustee)		Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Martha Allen	2.00									
Board Member		Х							0	0
(2) Tony Keith	2.00									
Board Member		Х							0	0
(3) Jason Walle	2.00									
Secretary		X		Х					0	0
(4) Jim Brewer	2.00									
President		Х		Х					0	0
(5) Surluta Anthony	2.00									
Board Member		Х							0	0
(6) Roy Blank	8.00									
Vice President		X		Х					0	0
(7) Gwendolyn Perkins	2.00									
Board Member		Х							o 0	0
(8) Althea Richardson	2.00									
Board Member		X							o o	0
(9) Carrie Stroud	2.00									
Board Member		Х							o o	0
(10)Maxine Wally	2.00									
Board Member		X							o o	0
(11)Clara Wiggins	2.00									
Treasurer		X		Х					o o	0
(12)Vint Tilson	2.00									
Board Member		x							o o	0
(13)Laura Alison	2.00	_								
Board Member		x							o o	0
(14)Martin Kreshon	2.00									<b>v</b>
Board Member		x							o o	o
	I							· · · · · ·	- <b>-</b>	Form <b>990</b> (2018)

	90 (2018) Community Health Se									46-049	5947	Р	age <b>8</b>
Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	s (continued)			
	(A) Name and title	(B) (do not check more the box, unless person is officer and a direction week (list any			tion ore th on is ector/t	both an trustee)		<b>(D)</b> Reportable compensation from	(E) Reportable compensation from related	a	(F) stimated mount of other		
		hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	npensatic from the ganization nd related ganization	n d
	andon Reeves	2.00	x						0		)		0
Ex	ndy_Cole ecutive Director	40.00_				х			68,398	C	)	14,6	573
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
(21)													
(22)													
(23)													
(24)											_		
(25)													
1b	Sub-total	•••••		•••	•••			•					
c d	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)	nA					• • • •		68,398	(	)	14,6	573
2	Total number of individuals (including but not limited									•		/	
	reportable compensation from the organization			-						C	)		
												Yes	No
3	Did the organization list any former officer, director						-						
	employee on line 1a? <i>If "Yes," complete Schedule</i>										3		X
4	For any individual listed on line 1a, is the sum of rep- organization and related organizations greater than												
	individual										4		Х
5	Did any person listed on line 1a receive or accrue co												
	for services rendered to the organization? If "Yes,"			-			-				5		Х
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensate compensation from the organization. Report compen- year.												
	(A)								(B)			(C)	
	Name and business address								Description of s	services	Com	pensatior	۱
									-				

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

Form 99	90 (20	18) Community Health	Ser	vices of Un:	ion County, 1	Inc.	46-04959	947 Page 9
Part	VIII	Statement of Revenue						
		Check if Schedule O contains a response	e or no	ote to any line in th	is Part VIII			<u> [</u>
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
~ ~ ~	1a	Federated campaigns	1a					
rant	b	Membership dues	1b					
Amo Amo	c	Fundraising events	1c	23,774				
Gifts lar /	d	Related organizations	1d					
ns, - Simi	е	Government grants (contributions)	1e	8,000				
utio Ner S	f	All other contributions, gifts, grants,						
oth		and similar amounts not included above	1f	571,279				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-	1f: \$	197,371				
	h	Total. Add lines 1a-1f	•••		603,053			
0				Business Code				
enue		Program Service fees		900099	53,117	53,117		
Program Service Revenue	b							
rvice	C .							
n Sei	d							
ogran	e	All other program service revenue						
Pro		Total. Add lines 2a-2f			E2 117			
				•••••	53,117			
	3	Investment income (including dividends, inter and other similar amounts)		•	2,588	2,588		
	4	Income from investment of tax-exempt bond			27500	27500		
	5	Royalties	•					
		(i) Real		(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of (i) Securities	S	(ii) Other	-			
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)			-			
		Net gain or (loss)						
е		Gross income from fundraising						
Other Revenue		events (not including \$ 23,77	4					
Re		of contributions reported on line 1c).	_					
her		See Part IV, line 18	a					
ð	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9a	Gross income from gaming activities.						
		See Part IV, line 19						
		Less: direct expenses						
	C	Net income or (loss) from gaming activities	••					
	10a	Gross sales of inventory, less						
		returns and allowances			-			
		Less: cost of goods sold		L				
	C C	Net income or (loss) from sales of inventory	••					
	110	Miscellaneous Revenue Other receipts		Business Code	2 2 7 7	2 2 7 7		
	b	other receipts		300033	3,377	3,377		
	c							
		<b>Total.</b> Add lines 11a-11d			3,377			
	12	Total revenue. See instructions			662,135		0	) (

#### Form 990 (2018) Community Health Services of Union County, Inc. Part IX **Statement of Functional Expenses**

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note to			te column (A).	
Dor	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	68,643	45,762	22,881	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	27,698	18,465	9,233	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	30,957	20,638	10,319	
10	Payroll taxes	7,039	4,692	2,347	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	9,400		9,400	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	174,385	166,036	8,349	
12	Advertising and promotion				
13	Office expenses	6,345	3,800	2,545	
14					
15		40 554	40.001	0 500	
16 17		49,754	40,961	8,793	
17 18	Travel	3,381	2,832	549	
10					
19	for any federal, state, or local public officials				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,337	3,291	1,046	
23		7,910	6,166	1,744	
24	Other expenses. Itemize expenses not covered	.,,	.,		
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Medical supplies	331,921	331,921		
b	Small equip	2,516	2,516		
С	Repairs and maintenance	3,595	1,198	2,397	
d	Fundraising	3,117		-	3,117
е	All other expenses	16,376	13,108	3,268	-
25	Total functional expenses. Add lines 1 through 24e	747,374	661,386	82,871	3,117
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 9 Part	<u>``</u>	D18) Community Health Services of Union County, 3 Balance Sheet			95947 Page 11
		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		<u></u> [
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	116,500	1	48,760
	2	Savings and temporary cash investments	257,504	2	260,092
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	2,000
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	119,780	8	60,226
<	9	Prepaid expenses and deferred charges	3,473	9	2,180
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 55,158			
	b	Less: accumulated depreciation	15,060	10c	19,431
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	512,317	16	392,689
	17	Accounts payable and accrued expenses	14,849	17	15,460
	18		25 000	18	
	19 20		35,000	19	
	20	Tax-exempt bond liabilities		20	
	21 22	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
lig		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	23	disqualified persons. Complete Part II of Schedule L		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		23	
	2 <del>4</del> 25	Other liabilities (including federal income tax, payables to related third		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	49,849	26	15,460
		Organizations that follow SFAS 117 (ASC 958), check here	157015		13/100
<i>(</i> 0		complete lines 27 through 29, and lines 33 and 34.			
Ce	27	Unrestricted net assets	462,468	27	377,229
alar	28	Temporarily restricted net assets		28	••••
ä	29	Permanently restricted net assets		29	
<u>n</u>		Organizations that do not follow SFAS 117 (ASC 958), check here 🕨 🗋 and			
or F		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
2	33	Total net assets or fund balances	462,468	33	377,229
	34	Total liabilities and net assets/fund balances	512,317	34	392,689
EA					Form <b>990</b> (2018)

Form 990 (2018)

Form	1990 (2018) Community Health Services of Union County, Inc. 4	6-049	5947	P	age <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		662,	135
2	Total expenses (must equal Part IX, column (A), line 25)	2		747,	374
3	Revenue less expenses. Subtract line 2 from line 1	3		(85,	239)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		462,	468
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		377,	229
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			• • •	<u>.                                    </u>
				Yes	No
1	Accounting method used to prepare the Form 990: 🗌 Cash 🛛 🖾 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	• • • •	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		<u>3</u> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
EEA			For	m <b>990</b> (	2018)

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexer Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest info	mpt charitable trust.	2018								
(Form 990 or 990-EZ) ► Attach to Form 990 or Form 990-EZ.										
Department of the Treasury		Open to Public								
	www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization	Employer identificat	ion number								
Community Health Services of Union County, Inc.	46-049594	7								
Part I Reason for Public Charity Status (All organizations must complete this part.) S	See instructions	•								
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .										
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)	(A)(iii). Enter the									
	hospital's name, city, and state:									
5 An organization operated for the benefit of a college or university owned or operated by a governmental u section 170(b)(1)(A)(iv). (Complete Part II.)	unit described in									
<ul> <li>6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> </ul>										
<ul> <li>7 X An organization that normally receives a substantial part of its support from a governmental unit or from th</li> </ul>	ne general public									
described in section 170(b)(1)(A)(vi). (Complete Part II.)	lo general public									
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with	n a land-grant colleg	ge								
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of	f the college or	-								
university:										
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, members	hip fees, and gross									
receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more that										
support from gross investment income and unrelated business taxable income (less section 511 tax) from	n businesses									
acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to cal										
of one or more publicly supported organizations described in <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . So										
<ul> <li>Check the box in lines 12a through 12d that describes the type of supporting organization and complete li</li> <li><b>a</b> Type I. A supporting organization operated, supervised, or controlled by its supported organization(</li> </ul>		•								
the supported organization(s) the power to regularly appoint or elect a majority of the directors or true		ig								
supporting organization. You must complete Part IV, Sections A and B.										
<b>b Type II.</b> A supporting organization supervised or controlled in connection with its supported organiz	ration(s), by having									
control or management of the supporting organization vested in the same persons that control or man	.,									
organization(s). You must complete Part IV, Sections A and C.	0 11									
c 🗌 Type III functionally integrated. A supporting organization operated in connection with, and function	ionally integrated w	ith,								
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E	Ξ.									
d 🗌 Type III non-functionally integrated. A supporting organization operated in connection with its sup	pported organizatio	n(s)								
that is not functionally integrated. The organization generally must satisfy a distribution requirement ar	nd an attentiveness									
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.										
e Check this box if the organization received a written determination from the IRS that it is a Type I, Typ	e II, Type III									
functionally integrated, or Type III non-functionally integrated supporting organization.										
<ul><li>f Enter the number of supported organizations</li><li>g Provide the following information about the supported organization(s).</li></ul>		••••								
	Amount of monetary	(vi) Amount of								
(described on lines 1-10 listed in your governing	support (see	other support (see								
above (see instructions)) document?	instructions)	instructions)								
Yes No										
(A)										
(B)										
(C)										

(E)

Pa	rt II Support Schedule for Org (Complete only if you check Part III. If the organization f	ked the box on	scribed in Sec line 5, 7, or 8 c	ctions 170(b)( of Part I or if the	1)(A)(iv) and 1 e organization	failed to qualify	
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	390,940	451,171	536,546	545,115	656,170	2,579,942
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	390,940	451,171	536,546	545,115	656,170	2,579,942
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)						951,282
$\frac{6}{800}$	Public support. Subtract line 5 from line 4 tion B. Total Support						1,628,660
	ndar year (or fiscal year beginning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	390,940	451,171	536,546			2,579,942
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	578	515	2,334			8,582
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,710	23,456	21,110	18,509	3,377	85,162
11	Total support. Add lines 7 through 10 .						2,673,686
12	Gross receipts from related activities, etc. (s					12	
13 Sec	First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c			))		14	60.91 %
15	Public support percentage from 2017 Sched						71.80 %
16a	33 1/3% support test - 2018. If the organiz	ation did not check	the box on line 13	3, and line 14 is 33	3 1/3% or more, ch	eck this	
	box and stop here. The organization qualif						🕨 🛛
b	33 1/3% support test - 2017. If the organiz	ation did not check	a box on line 13 o	or 16a, and line 15	is 33 1/3% or mo	re, check	
	this box and <b>stop here.</b> The organization q	ualifies as a publicl	y supported organ	ization			🕨 🗌
17a	<b>10%-facts-and-circumstances test - 2018</b> 10% or more, and if the organization meets Part VI how the organization meets the "fac	the "facts-and-circ	umstances" test, c	heck this box and	stop here. Explai	in in	
b	organization	7. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, or 17a, and		► 🗌
46	Explain in Part VI how the organization mees supported organization	ets the "facts-and-ci	rcumstances" test.	The organization q	qualifies as a public		► 🗌
18	Private foundation. If the organization did instructions						► 🗌

Schedule A (Form 990 or 990-EZ) 2018

EEA

				f Union Coun		46-0495947	Page 3
Pa	rt III Support Schedule for Org					in the second	Devit
	(Complete only if you check						Part II.
<u> </u>	If the organization fails to q	uality under th	e tests listed d	elow, please c	omplete Part II.	)	
	ction A. Public Support	(-) 0044	(1-) 2045	(-) 0040	(-1) 0047	(-) 2010	
Cale	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
U							
Sec	ction B. Total Support				•	· · ·	
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the o organization, check this box and stop here						
Sec	ction C. Computation of Public Su	pport Percen	tage				
15	Public support percentage for 2018 (line 8, co					15	%
16	Public support percentage from 2017 Schedu					16	%
Sec	ction D. Computation of Investme					I	
17	Investment income percentage for 2018 (line		•	.,,		17	%
18	Investment income percentage from 2017 S					18	%
	<b>33 1/3% support tests - 2018.</b> If the organiz 17 is not more than 33 1/3%, check this box	and <b>stop here.</b> T	he organization qu	alifies as a public	ly supported organi	zation	►
b	<b>33 1/3% support tests - 2017.</b> If the organize line 18 is not more than 33 1/3%, check this	box and stop her	e. The organizatio	on qualifies as a pu	ublicly supported or	ganization	
20	Private foundation. If the organization did r	not check a box or	n line 14, 19a, or 1	9b, check this box	and see instruction	ns	▶ 📋

Part	A (Form 990 or 990-EZ) 2018 Community Health Services of Union County, Inc. 46-04959           IV         Supporting Organizations	47	P	age
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete	Sectio	ns A	
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, co	mplete	•	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	•		
Secti	on A. All Supporting Organizations	,		
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2		•		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	3b		
с	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	-7u		
2	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion			
		46		
-	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	50		
U				
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
_	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9b		
с	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
U	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
10-		90		
iva	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	1.6		
_	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
EA	Schedule A (		or 990-E	Z)

	In the A (Form 990 or 990-EZ) 2018       Community Health Services of Union County, Inc.       46-0495947         t IV       Supporting Organizations (continued)       6000000000000000000000000000000000000		P	age
гai			Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<i>VI</i> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	ion C. Type II Supporting Organizations	-		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- **a** The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990 or 990-EZ) 2018

3a

2a

2b

Schedule A (Form 990 or 990-EZ) 2018 Community Health Services of Union Courses			95947 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organized	zatior	is must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
<ul> <li>Check here if the current year is the organization's first as a non-functionally instructions).</li> </ul>		rated Type III supporting	g organization (see

Schedule A (Form 990 or 990-EZ) 2018

	le A (Form 990 or 990-EZ) 2018 Community Health Service			5947 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organiz	zations (continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemption	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizat	ions	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is respons	sive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	<b>Excess distributions carryover to 2019</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Evenes from 2014			
	Evenes from 2015			
	Evenes from 2010			
	Evenes from 2017			
	Evenes from 2019			
EEA			Sabadi	le A (Form 990 or 990-EZ) 2018
			ocheut	

Schedule A (For	m 990 or 990-EZ) 2018 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Internal Revenue Service

## Schedule of Contributors

OMB No. 1545-0047 2018

Attach to	Form 990	), Form	990-EZ,	or	Form	990-P	۶F.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Organization type (check one):

Employer identification number 46-0495947

Community	Health	Services	of	Union	County,	Inc.

Filers of:	Section:
Form 990 or 990-EZ	∑ 501(c)( <b>3</b> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

		\$9,589	07-23-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
10	Medical supplies		
		\$\$	03-20-2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
11	Medical supplies	—	
		\$18,914	08-06-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
12	Medical supplies		
		\$6,849	09-06-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
13	Medical supplies		
		\$12,497	12-04-2018
EEA		Schedule B	(Form 990, 990-EZ, or 990-PF) (20

Name of organization

(a) No.

from

Part I

Community Health Services of Union County, Inc.

(b)

Description of noncash property given

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Medical supplies		
8			
		\$80,784	03-07-2019
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
9	Medical supplies		
		\$\$,589	07-23-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Medical supplies		
10			
		\$59,846	03-20-2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	Medical supplies		
		\$18,914	08-06-2018
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
	Medical supplies		
12			
		<b>\$</b> 6,849	09-06-2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
raili			
13	Medical supplies	_	
		\$ 12,497	12-04-2018

Employer identification number

(d)

Date received

46-0495947

(c)

FMV (or estimate)

(See instructions)

	IEDULE D	Supplemental Financial Statements		OMB No. 1545-0047
(FO	m 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		2018
		► Attach to Form 990.		Open to Public
•	ment of the Treasury I Revenue Service	۱.	Inspection	
-	of the organization	Go to www.irs.gov/Form990 for instructions and the latest information	Employer identif	
Cor	munity He	alth Services of Union County, Inc.	46-049	5947
Pa		tions Maintaining Donor Advised Funds or Other Similar Funds or Account	s.	
	Complete	if the organization answered "Yes" on Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and	other accounts
1	Total number at er	nd of year		
2	Aggregate value o	f contributions to (during year) .		
3	Aggregate value o	f grants from (during year)		
4		t end of year		
5	-	n inform all donors and donor advisors in writing that the assets held in donor advised		<b>—</b> —
-	•	nization's property, subject to the organization's exclusive legal control?	•••••	🗌 Yes 🗌 No
6	-	n inform all grantees, donors, and donor advisors in writing that grant funds can be used		
		purposes and not for the benefit of the donor or donor advisor, or for any other purpose		
Da		ssible private benefit?		Yes 🗌 No
Ia		e if the organization answered "Yes" on Form 990, Part IV, line 7.		
1		servation easements held by the organization (check all that apply).		
•		f land for public use (e.g., recreation or education) Preservation of a historically in	mportant land a	rea
	Protection of n		•	
	Preservation of			
2		through 2d if the organization held a qualified conservation contribution in the form of a conse	ervation	
		ist day of the tax year.		he End of the Tax Year
а		nservation easements	2a	
b	Total acreage rest	ricted by conservation easements	2b	
с	Number of conserv	vation easements on a certified historic structure included in (a)	2c	
d	Number of conserv	vation easements included in (c) acquired after 7/25/06, and not on a		
	historic structure lis	ted in the National Register	2d	
3	Number of conserv	vation easements modified, transferred, released, extinguished, or terminated by the organization	ation during the	
	tax year ►			
4		where property subject to conservation easement is located		
5	-	tion have a written policy regarding the periodic monitoring, inspection, handling of		
		procement of the conservation easements it holds?		
6	Staff and volunteer	hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation e	asements durir	ig the year
_	▶ <u> </u>			
7		es incurred in monitoring, inspecting, handling of violations, and enforcing conservation easer	ments during th	e year
0	► \$	$\frac{1}{2}$	(i)	
8	and section 170(h)	vation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (4)(B)(ii)?		🗌 Yes 🗌 No
9	( )	be how the organization reports conservation easements in its revenue and expense stateme		
J	,	include, if applicable, the text of the footnote to the organization's financial statements that de	,	
		punting for conservation easements.		
Pa		zations Maintaining Collections of Art, Historical Treasures, or Othe	er Similar A	ssets.
		te if the organization answered "Yes" on Form 990, Part IV, line 8.		
1a		elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	balance sheet	
	works of art, histor	ical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of	
	public service, prov	vide, in Part XIII, the text of the footnote to its financial statements that describes these items.		
b	If the organization	elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	ance sheet	
	works of art, histor	ical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of	
	•	vide the following amounts relating to these items:		
		ded on Form 990, Part VIII, line 1		
		d in Form 990, Part X		
2		received or held works of art, historical treasures, or other similar assets for financial gain, pr	rovide the	
	-	required to be reported under SFAS 116 (ASC 958) relating to these items:		
a		on Form 990, Part VIII, line 1		
<u>b</u>		Form 990, Part X	▶\$	
For F	aperwork Reducti	on Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2018

	 	 	,	
EEA				

Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection times (check all that apply):		ule D (Form 990) 2018 Community Healt						or Oth	46-049 er Similar As			<sup>D</sup> age <b>2</b> ed)
collection items (check all that apply): a   Public exhibition b   Schularly research c   Prevention for future generations 4 Provide a description of the organizations collections and explain how they further the organization's exempt puppose in Part X. Nit. 5 Using the year, did the organization solicit or receive domainors of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintened as part of the organization is collection? 7 Ves   No Part IV Excove and Custodial Arrangements. Complete if the organization answered 'Ves' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, Inc 21. 1a Is the organization angent, truetee, custodian or other intermediaty for contributions or other assets not included on from 900, Part X, Pres. Ves   No D If 'Yes', explain the arrangement in Part XII and complete the following table: 4 Additions during the year 1 (Yes', explain the arrangement in Part XII. and complete the following table: 6 Ut the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account lability? 1 (Yes', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete II the organization answered 'Yes' on Form 990, Part IV, line 10. Complete II the organization answered 'Yes' on Form 990, Part IV, line 10. 6 Ut regenerations for the organization state each organization (a) Pleary each dot on Part XIII. 9 Provide the serimed parameters in the possibility. 9 Provide the serimed parameters in the organization include on anyot (a) Pleary each dot (b) Three years have (a) for years have (b) for years have (c) for												
	-			,-	··· , ·		5	<b>J</b>				
b       Scholary research       0       Other         c       Precide a description of the organization's collectors and explain how they further the organization's exempt purpose in Part XII.         During the year, did the organization solicit or rocoive donations of art, historical troasures, or other similar assess to be solid or take funds rather than to be maintained as part of the organization's collector?       Ives       Ne         PartIV       Encorew and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 900, Part IV, line 9, or reported an amount on Form 900, Part X, line 21.       It is the organization answered "Yes" on Form 900, Part IV, line 9, or reported an amount on Form 900, Part X ince 21.         1a       Is the organization angent, trustee, custodian or other intermediary for contributors or other assets not inclusted on form 900, Part X.       Ince       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Intervent       Intervent       Intervent         2       Duding the year       Intervent       Intervent       Intervent       Intervent       No         3       Balance       Intervent       Intervent was an advent on form 980, Part X.       Intervent was advent on form 980, Part X.       Intervent was advent on form 980, Part IV, line 10.         2       Duding the year dialone       Intervent was advent on form 980, Part IV, line 10.       Intervent was advent on form yeas was advent on form 980, Pa	а			d 🗌 Loa	an or excha	nae proara	ams					
c       Preside acception of the organization's collections and explain how they further the organization's exempt puppes in Part XIII.         5       During the year, did the organization solicit or racelve donations of art, historical treasures, or other similar assets to be add to make funds rather than to be maintained as part of the organization's exempt puppes in Part XIII.         6       During the year, did the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, line 20, line 11, line 20, or reported an amount on Form 990, Part X, line 21,												
4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5. During the year, did the organization solicit or neckee donations of art, historical treasures, or other similar assess to be solid on the funds that in to be maintained as part of the organization's collection?												
Xiii.       So Uniting the year, did the organization solid to resceive donations of art, historical treasures, or other similar assesses to be odd to raise funds rather than to be maintained as part of the organization's collection?       Image: No         Part IV       Escrew and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Image: No         1       Is the organization an agent trues custodian or other intermediary for combustors or other assets not included on Form 990, Part X, line 21.       Image: No         0       If 'Yes'' complete the arrangement in Part XIII and complete the following table:       Image: No         0       If 'Yes'' complete the arrangement in Part XIII and complete the following table:       Image: No         1       Image: No       Image: No       Image: No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Image: No       Image: No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Image: No       Image: No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Image: No       Image: No         2       Did the organization answered "Yes" on Form 990, Part IV, line 10.       Image: No       Image: No         3       Di		-	ctions an	d explain hr	ow they fur	her the or	nanization's e	exempt p	uroose in Part			
5       During the year, did the organization action to receive downloar to as part of the organizations collection?       Yes       No         Part.W       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       Is the organization anagent trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 70       Yes       No         b       If "Yes", explain the arrangement in Part XIII and complete the following table:       Amount       Engineting balance       Intermediary for science or custodial account liability?       Yes       No         b       If "Yes", explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Amount       Intermediary       Intery       Intermediary	•			a oxplain ne	on they run		ganization o	oxomprip				
assets to be sold to riske funds rather time to be maintained as part of the organization's collection?       □ Yes No         Part IV       Ecrow and Custodial Arrangements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization an agent ruise.custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       □ Yes No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       □ Yes No         c Begrinning balance       1d       1d       1d         c Begrinning balance       1d       1d       1d         c Begrinning balance       1f       1d       1d         c Begrinning balance       1f       1d       1d       1d         c Begrinning balance       1f       1d       1d       1d       1d         c Begrinning of the year       1f       1d	5		coivo dou	nations of a	rt historica	l tropeuroe	or other sin	nilor				
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a Is the organization angent trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.       Image: Ima	3										Vac	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent tustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ives       No         b       If 'Ves' explain the arrangement in Part XIII and complete the following table:       Amount       Ives       No         c       Beginning balance       1d       Id	Dai						CONECTIONS	••		•• 🗆	162	
990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       Ives No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Distributions during the year       1d         d       Distributions during the year       1d         Part V       Endowment Funds.       Ives" on Form 990, Part IV, line 10.         d       Grants or scholarships       1d       1d         d       Grants or scholarships       1d       1d         d       Grants or scholarships       1d       1d         d       Administrative expenses       1d       1d         d       Grants or scholarships       1d       1d         d       Grants or scholarships       1d       1d         d       Administrat	ra				n Earm (	00 Dar	IV line Q	or ron	orted an amo	unt on E	orm	
1a       Is the organization an agent trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       IV Nes       Ne         b       II 'Ves' explain the arrangement in Part XIII and complete the following table:       Amount       Included on Form 980, Part X?         c       Beginning balance       1d       Amount       Included on Form 980, Part X.       Include Part XIII       Include Part XIIII       Include Part XIIIII       Include Part XIIII       Include Part XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			ISWEIE	1 165 0	in i onn a	50, Fan	IV, IIIC 3	, or rep			onn	
Included on Form 980, Part X?       ↓ K*	4.				fan aantuik.			1				
b       If 'Yes,' explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>Id</li> <li>Additions during the year</li> <li>Id</li> <li>Distributions during the year</li> <li>Id</li> <li>Distributions during the year</li> <li>Id</li> <li>Distributions during the year</li> <li>If '</li> </ul> 2         Distributions during the year         Id           4         Additions during the year         Id           5         Endog balance         If '         Id           2         Did the organization include an amount on Form 990, Part X, line 21, for secrew or custodied account listing?         IV es'         No           Part V         Enclowment Funds.         Complete if the organization answered "Yes' on Form 990, Part IV, line 10.         Image: second test is the part of the second test is the second tesecond test is the second test is these second test is the second	1a			-							<b>V</b>	□ <b>.</b>
c       Beginning balance       1c       1d         1d       1d       1d       1d         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?        Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?        Yes       No         2a       Did the organization answered "Yes" on Form 990, Part IV, line 10.        Yes       No         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (d) Trans years back.       (e) Four years back.       (e)		-				• • • • •	• • • • • •	• • • •		••• 🗆	Yes	
c       Beginning balance       id         d       Additions during the year       id         d       Distributions during the year       id         d       Ending balance       if         d       Distributions during the year       id         d       Ending balance       if         d       Distributions during the year       if         d       If       if         d       Distributions during the year       if         d       If       if         d       Distributions during the year       if         d       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds.       (a) Current year       (b) Pror year         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       if       if         a Beginning of year balance       (b) Current year       (b) Pror year back.       (d) The years back.       (d) For years back.         e       Other expenditures for facilities and programs       if       if       if         g       End of year balance       if       if       if         Permanent endowment \right       %       %       if       Permanent endowm	b	If "Yes," explain the arrangement in Part XIII and	d comple	te the follow	ving table:			<b></b>				
d Additions during the year       1d         e Distributions during the year       1d         1       1e         2       Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability?       1e         1       Beginning of year balance       1e       1e         1       Contributors       1e       1e       1e         1       Beginning of year balance       1e       1e       1e         1       Contributors       1e       1e       1e       1e         1       Administrative expenses       1e       1e       1e       1e										mount		
e Distributions during the year 16   f Ending balance 17   a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Nest   Part V Endowment Funds.   Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   1a Beginning of year balance   b Contributions   b Contributions   b Contributions   c (b) Current year   b Contributions   c (c) Current year   b Contributions   c (d) Current year   d Grants or scholarships   c (d) Current year   e Other expenditues for facilities and   proorganis (d) Current year <t< th=""><th>С</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	С											
f       Ending balance       11         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?        No         b       If "Nes" explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII        No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Two years back       (e) Four years back	d	Additions during the year	• • • •					10	1			
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year	• • • •									
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds.         Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance         b       Corributions         c       Net investment earnings, gains, and losses         losses       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         c       Net investment earnings, gains, and losses         losses       Image: Complete if the organization and programs         e       Other expenditures for facilities and programs         programs       Image: Complete if the organization of the outrent year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment ▶       %         b       Permanent endowment ▶       %         b       Permanent endowment ▶       %         b       Permanent endowment ▶       %         ii)       releated organization by:       iii)       iiii         iii)       releated organization facilities as required on Schedule R?       iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	f	5										_
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years       (c) Two years       (c) Two years back         d       Grants or scholarships       (c) Two years       (c) Two years       (c) Two years         e       Other expenditures for facilities and programs       (c) Two years       (c) Two years       (c) Two years         f       Administrative expendes       (c) Two years       (c)	2a	Did the organization include an amount on Form	990, Pa	rt X, line 21	, for escrov	or custod	lial account li	ability?		•••	Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Current year       (c) Prior years       (c) Three years back       (e) Four years back         b       Contributions       (c) Three years back       (e) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Three years back       (e) Three years back       (e) Four years back         d       Grants or scholarships       (c)       (c) Three years back       (e) Three years back       (e) Four years back         d       Grants or scholarships       (c)       (c) Three years back       (e) Three years back       (e) Three years back         d       Grants or scholarships       (c)       (c) Three years back       (e) Three years back       (e) Four years back         d       Grants or scholarships       (c)       (c) Three years back       (e) Three years back       (e) Four years back         d       Grants or scholarships       (c)       (c) Three years back       (e) Four years back       (e) Four years         d       Grants or scholarships       (c)       (c) Hor at balance       (c) Hor at ba	b	If "Yes," explain the arrangement in Part XIII. Cl	neck here	if the expla	anation has	been prov	vided on Part	t XIII				
1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       Image: State S	Pa	rt V Endowment Funds.										
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities and programs       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment >		Complete if the organization ar	swered	<u>d "Yes" o</u>	n Form §	990, Part	<u>t IV, line 1</u>	0.				
b       Contributions			<b>(a)</b> Cu	irrent year	<b>(b)</b> Pri	or year	(c) Two year	rs back	(d) Three years back	k (e) Fo	ur years	back
c       Net investment earnings, gains, and losses	1a	Beginning of year balance										
losses       image: stand of the stand of the current version of the stand of the current version of the current version of the stand of the current version version of the current version	b	Contributions										
losses       image: stand of the stand of the current version of the stand of the current version of the current version of the stand of the current version version of the current version	с	Net investment earnings, gains, and										
d Grants or scholarships												
e       Other expenditures for facilities and programs	d											
programs												
f       Administrative expenses	U											
g       End of year balance	f											
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         c       Temporarily restricted endowment ▶%         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:												
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:		-		holonoo (li		mn (a)) ha	  d.o.o.					
b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations isted as required on Schedule R?.</li> <li>(iii) related organizations, and Equipment.</li> </ul> <ul> <li>(iii) Cost or other basis</li> <li>(iiii) cost or other basis</li> <li>(iii) co</li></ul>			year end		ne ry, colu	min (a)) ne	iu as.					
c       Temporarily restricted endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:				70								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> </ul> <li>b If "Yes" on line 3a(ii), are the related organization's endowment funds.</li> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li>				o./								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(iii) Description of property</li> <li>(a) Cost or other basis (b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(other)</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(c) Acquipation</li> <li>(c) Acquipation</li> <li>(d) Equipment</li> <li>(c) Column (d) must equal Form 990, Part X, column (B), line 10c.)</li> <li></li></ul>	С	· · · · · · · · · · · · · · · · · · ·										
organization by:       Yes       No         (i) unrelated organizations       3a(i)       3b       3c       3c <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>												
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         (ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3a	•	on of the	organizatio	on that are h	held and ac	dministered for	or the				1
(ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?												No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		(i) unrelated organizations	• • • • •		• • • • •					3a(i)		
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land		., .								· · ·	)	
Part VI       Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	b	If "Yes" on line 3a(ii), are the related organization	ons listed	as required	d on Sched	ule R?				. 3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	4	Describe in Part XIII the intended uses of the or	ganizatio	on's endowr	ment funds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land	Pa	rt VI Land, Buildings, and Equipm	ent.									
Image: constraint of the strength of the strengt of the strength of the strength of the streng		Complete if the organization ar	swered	d "Yes" o	n Form §	90, Parl	t IV, line 1	1a. See	e Form 990, F	Part X, lir	ie 10.	
1a       Land		Description of property		(a) Cost or oth	ner basis	(b) Cost o	r other basis	(c)	Accumulated	<b>(d)</b> Bo	ok value	
b       Buildings				(investm	ent)	(	other)	de	epreciation			
b       Buildings	1a	Land										
c       Leasehold improvements			· · · -									
d Equipment       55,158       35,727       19,431         e Other		<b>v</b>										
e         Other         Other         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part X, column (B), line 10c.)         Image: Column (d) must equal Form 990, Part			–				55,158		35.727		19	431
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       19,431							337130		557727		<u> </u>	
				1990 Part	X column	∣ (B) lin≏ 1/	) ()	1	<b></b>		10	431
			Juli 1 UIII	. 555, i ait.	.,	( <i>-)</i> , iii io ii		· · · ·		Schedule D		

Schedule D (Form	In 1990) 2018 Community Heal Investments - Other Securities.	th Services of Union	County, Inc. 46-04	95947 Page 3
Fait VII	Complete if the organization answere	d "Yes" on Form 990 P	art IV line 11b See Form 990	) Part X line 12
	· · ·			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year marke	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b	) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII	Investments - Program Related.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuat	ion:
		.,	Cost or end-of-year marke	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	e) must equal Form 990, Part X, col. (B) line 13.) ►			
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	art IV, line 11d. See Form 990	), Part X, line 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Calur	en (h) much annual Farma 200. Dant V. aal. (D) ling (		_	
Part X	nn (b) must equal Form 990, Part X, col. (B) line a Other Liabilities.	5.)	· · · · · · · · · · · · · · · · · · ·	
Fait A	Complete if the organization answere	d "Vos" on Form 000 Pr	art IV line 11e or 11f See Fo	rm 000 Port V
	line 25.		art iv, inte the of this see For	111 990, Part A,
1		(h) Declaration		
1. (1) Endered	(a) Description of liability income taxes	(b) Book value	-	
			-	
(2) (3)			-	
			-	
(4) (5)				
(6)				
(7)				
(8)				
(9) Total (Calumn (h				
	) must equal Form 990, Part X, col. (B) line 25.) ► r uncertain tax positions. In Part XIII, provide the te	vt of the footnote to the organi-	zation's financial statements that repar	ts the
-	a liability for uncertain tax positions under FIN 48 (.			_
organizations	maphily for uncertain tax positions under FIN 48 (		a or the roothote has been provided in	i ai ( 🖓 ii 🕻 · · · · · · 🗌

Sched	ule D (Form 990) 2018 Community Health Services of Union County, Inc. 4	6-0495947	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	662,135
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	662,135
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	662,135
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1	
1	Total expenses and losses per audited financial statements	1	747,374
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments         2b		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	747,374
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	747,374
Pa	rt XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G	Supplemer	ntal Informatio	on Regar	ding Fun	draising or Gam	ning Act	ivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete	if the organization	answered "	Yes" on Forr	n 990, Part IV, line 17, 1 on Form 990-EZ, line 6a	8, or 19, or	if the	2018
Department of the Treasury Internal Revenue Service	Þ	► Att	tach to Form	n 990 or Forn				Open to Public Inspection
Name of the organization		50 to www.ii3.gov/i	0////3501011	Instructions	and the latest informat	1011.	Employer ide	entification number
Community Health	Services of	Union Coun	ty, Inc.	•			46-04	95947
Part I Fundraisi	ng Activities	. Complete if the	ne organi	zation an	swered "Yes" on	Form 99	0, Part IV	, line 17.
		required to com	•	•				
	organization rais	ed funds through a	· _	-	vities. Check all that a			
a Mail solicitations b Internet and email	adicitationa				of non-government grants	ants		
<b>b</b> Internet and email <b>c</b> Phone solicitation			=		draising events			
d In-person solicitati			9 🗆	Opecial full				
2a Did the organization		oral agreement wi	th any indiv	idual (includ	ling officers, directors,	trustees.		
-		-	-		ssional fundraising se		□ Y	es 🗌 No
<b>b</b> If "Yes," list the 10 hi	ghest paid individ	duals or entities (fu	ndraisers) p	oursuant to a	agreements under whi	ch the fund	draiser is to b	e
compensated at leas	t \$5,000 by the c	organization.						
								1
(i) Name and address or entity (fundra		(ii) Activity	custody or	draiser have r control of outions?	(iv) Gross receipts from activity	(or rei fundrais	ount paid to tained by) ser listed in ol. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No			.,	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
			1					
Total				►				
3 List all states in which registration or licensin	-	is registered or lic	ensed to so	licit contribu	utions or has been not	ified it is e>	kempt from	

Schedule G (Form 990 or 990-EZ) 2018	Community H	Health	Services	of	Union	County,	Inc.	46-0495947	Page <b>2</b>

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		giuss ieceipis giealei liiaii	ψ0,000.			
			(a) Event #1 Luncheon	<b>(b)</b> Event #2	(c) Other events None	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
Reve	1	Gross receipts	23,774			23,774
	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	23,774			23,774
	4	Cash prizes				
	-					
	5	Noncash prizes				
	_					
Direct Expenses	6 Rent/facility costs					
Expe	7	Food and beverages				
ect E		U U				
Dir	8	Entertainment				
	9	Other direct expenses				
	9					
	10	Direct expense summary. Add lines	4 through 9 in column (d)			
_	11	Net income summary. Subtract line	10 from line 3, column (d)			23,774
Pa	rt II			Yes" on Form 990, Part	IV, line 19, or reported i	more
		than \$15,000 on Form 990	-EZ, III e 0a.			
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
	1	Gross revenue				
	2	Cash prizes				
ses	2					
Direct Expenses	3	Noncash prizes				
sct E						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)		•	
	•	Direct expense summary. Add inte				
	8	Net gaming income summary. Subt	tract line 7 from line 1, colu	mn (d)		
•	Г-	tor the state(a) is which the area-i	tion conducto comina cotta	tion		
9 a		ter the state(s) in which the organizat the organization licensed to conduct o				Yes 🗌 No
b						
40	1.4.			ad an familiar for the table of	1	
		ere any of the organization's gaming l Yes," explain:	icenses revoked, suspende	ea or terminated during the	tax year?	Yes 🗌 No
N	. 11					

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

2018 Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 46-0495947

Communit	ty Health	Services	of Union	County,	Inc.		46-0495947
Part I	Types of	F Property					
						(-)	

1       A.T Works of af			<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(d) Method of determining noncash contribution amoun					
3       Art - Fractional interests	1	Art - Works of art								
4       Books and publications	2	Art - Historical treasures								
5       Clothing and household goods	3	Art - Fractional interests								
goods	4	Books and publications								
6       Cars and other vehicles	5	-								
7       Boats and planes		goods								
8       Intellectual property	6									
9       Securities - Publicly traded	7	Boats and planes								
10       Securities - Closely held stock	8	Intellectual property								
11       Securities - Partnership, LLC, or trust interests       Image: Securities - Miscellaneous       Image: Securities - Miscellaneous         13       Qualified conservation contribution - Historic structures       Image: Securities - Miscellaneous       Image: Securities - Miscellaneous         14       Qualified conservation contribution - Other       Image: Securities - Se	9	-								
or trust interests	10	Securities - Closely held stock								
12       Securities - Miscellaneous	11	Securities - Partnership, LLC,								
13       Qualified conservation contribution - Historic structures       Image: Conservation contribution - Other       Image: Conservation contribution - Other         14       Qualified conservation contribution - Other       Image: Conservation contribution - Other       Image: Conservation contribution - Other         15       Real estate - Commercial       Image: Conservation contribution - Other       Image: Conservation contribution - Other         16       Real estate - Commercial       Image: Conservation contribution - Other       Image: Conservation contribution - Other         17       Real estate - Commercial       Image: Conservation contribution - Other       Image: Conservation contribution - Other         20       Drugs and medical supplies       X       11       197,578       Fair market         21       Taxidermy       Image: Conservation contribution and infacts       Image: Conservation contributions for       Image: Conservation contribution and which isn't required       Image: Conservation contributions, and which isn't required to be used for exempt purposes for the entire holding period?       Image: Conservation contributions?       Image: Conservation contributions? <td></td> <td>or trust interests</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		or trust interests								
contribution - Historic structures       structures       structures <td>12</td> <td>Securities - Miscellaneous</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	12	Securities - Miscellaneous								
structures	13	Qualified conservation								
14       Qualified conservation contribution - Other		contribution - Historic								
contribution - Other		structures								
15       Real estate - Residential       Image: State - Commercial       Image: State - Commercial         16       Real estate - Commercial       Image: State - Commercial       Image: State - Commercial         17       Real estate - Other	14	Qualified conservation								
16       Real estate - Commercial       Image: Commercial       Image: Commercial         17       Real estate - Other       Image: Commercial		contribution - Other								
17       Real estate - Other	15	Real estate - Residential								
18       Collectibles	16	Real estate - Commercial								
19       Food inventory       X       11       197,578       Fair market         20       Drugs and medical supplies       X       11       197,578       Fair market         21       Taxidermy	17	Real estate - Other								
20       Drugs and medical supplies	18	Collectibles								
21       Taxidermy	19	Food inventory								
22       Historical artifacts	20	Drugs and medical supplies	х	11	197,578	Fair marke	et			
23       Scientific specimens	21	Taxidermy								
24       Archeological artifacts	22	Historical artifacts								
24       Archeological artifacts	23	Scientific specimens					-		-	
25       Other $\blacktriangleright($ )	24						-		-	
26       Other ►()	25	-								
27       Other ►()	26									
29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32a       X       32a       X         31       If acceptance policy that requires the review of any nonstandard contributions?       32a       X         a       If "Yes," describe in Part II.       32a       X       If "Yes," describe in Part II.         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       I       I	27									
29       Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       31       X         b       If "Yes," describe in Part II.       32a       X       32a       X         31       If acceptance policy that requires the review of any nonstandard contributions?       32a       X         a       If "Yes," describe in Part II.       32a       X       If "Yes," describe in Part II.         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       I       I	28	Other ()								
which the organization completed Form 8283, Part IV, Donee Acknowledgement       29         30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Column (a) is checked, describe in Part II.	29	Number of Forms 8283 received by	/ the organiza	tion during the tax year for con	tributions for					
30a       During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X						29				
28, that it must hold for at least three years from the date of the initial contribution, and which isn't required       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X		0		, <b>O</b>				Yes	No	
28, that it must hold for at least three years from the date of the initial contribution, and which isn't required       30a       X         b       If "Yes," describe the arrangement in Part II.       30a       X         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X	30a	During the year, did the organization	n receive bv c	ontribution any property report	ed in Part I. lines 1 through					
to be used for exempt purposes for the entire holding period?       30a       X         b       If "Yes," describe the arrangement in Part II.       Image: Contribution in the entire holding period?       Image: Contribution in the entire holding period period perio			-		-					
b       If "Yes," describe the arrangement in Part II.         31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?         32a       If "Yes," describe in Part II.         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			-				30a		x	
31       Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Contribution of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       Image: Contribution of the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	b									
contributions?       31       X         32a       Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?       32a       X         b       If "Yes," describe in Part II.       32a       X         33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       a       a				icy that requires the review of	any nonstandard					
<ul> <li>32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?</li> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>	•						31	x		
contributions?       32a       X         b       If "Yes," describe in Part II.       33       If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.       4       4       4	32a						<u>.</u>	- 22		
<ul> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.</li> </ul>	<b>52</b> a	U U	•	U U			322		x	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.	h						JLa		22	
describe in Part II.			mount in colu	mn (c) for a type of property fo	which column (a) is checked					
	55				a which country (a) is checked,					
	For F		ee the Instru	ctions for Form 990		Schedule M	/ (For	m 000	) 2019	

EEA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2018 Open to Public

OMB No. 1545-0047

Employer identification number

Internal Revenue Service Name of the organization

46-0495947

### 01. Form 990 governing body review (Part VI, line 11)

Community Health Services of Union County, Inc.

990 is reviewed by appropriate level board members prior to filing.

#### 02. Form 990 availability to public (Part VI, line 18)

Available upon request.

#### 03. Governing documents, etc, available to public (Part VI, line 19)

Available upon request

### 04. List of other fees for services expenses (Part IX, line 11g)

Nursing, translation and office

Form	4562	(Including Information on Listed Property)						OMB No. 1545-0172		
	nent of the Treasury			Attach to your tax		l the letest info			Attachment	
	Internal Revenue Service (99)       Go to www.irs.gov/Form4562 for instructions and the latest information.         Name(s) shown on return       Business or activity to which this form relates							Sequence No. <b>179</b> Identifying number		
	munity Hea	alth Cor	wides of		RM 990				46-0495947	
Par				operty Under Sect		<u> </u>			40-0495947	
I ai		-		complete Part V befo		molete Part I				
1	Maximum amount (			· · · · · · · · · · · · · · · · · · ·	-			1		
				(see instructions)				2		
								3		
	Threshold cost of section 179 property before reduction in limitation (see instructions)       3         Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-       4									
				1. If zero or less, enter			•••			
		-				-		5		
								J		
6		(a) Description of pr	operty	(b) Cost (	business use	oniy) (C) Ele	cted cost			
	Listed property [ Fr	tor the energy with	rom line 20			7				
	Listed property. En					7		•		
				unts in column (c), lines				8		
9				ine 8				9		
	•		•	ur 2017 Form 4562				10		
11				iness income (not less th	,	or line 5. See inst	ructions	11		
				but don't enter more that			• • •	12		
	-			s 9 and 10, less line 12		13				
				y. Instead, use Part V.					<b>0</b> · · · · · · · ·	
Par				and Other Depred			listed pi	opert	y. See instructions.)	
14				(other than listed proper						
	during the tax year.							14		
			,					15	2 0.1	
16 Dou	Other depreciation	<u> </u>	/				• • •	16	3,701	
Par		Depreciation	on (Don't inc	lude listed property.		ctions.)				
47				Section A				47		
				ax years beginning befor			•••	17		
18				vice during the tax year		-				
	asset accounts, che							!-+!	an Custom	
	Section	B - Assets P	(b) Month and year	(c) Basis for depreciation	fear Us	ing the Gener	ai Depr	eciati	on System	
	(a) Classification of p	roperty	placed in	(business/investment use	(d) Recove period	ry (e) Convention	(f) Met	hod	(g) Depreciation deduction	
			service	only-see instructions)	period					
<u>19a</u>	3-year property								626	
b	5-year property	Statement	#567						636	
	7-year property		-							
	10-year property		-							
	15-year property		-							
-	20-year property		-				-			
	25-year property				25 yrs.		S/			
h	Residential rental				27.5 yrs		S/			
	property				27.5 yrs		S/			
i	Nonresidential real				39 yrs.		S/			
	property					MM	S/			
		- Assets Pla	ced in Service	During 2018 Tax Ye	ear Using	the Alternati	-		ion System	
	Class life		-				S/			
	12-year				12 yrs.		S/			
	30-year	30 yrs. MM S/L								
								۲L		
	Part IV Summary (See instructions.)									
	Listed property. Er						• • •	21		
			-	17, lines 19 and 20 in co	(0)		r			
			-	tnerships and S corpora		instructions .		22	4,337	
23		•		ng the current year, enter						
	portion of the basis	attributable to s	ection 263A cost	<u>s</u>		23			_	