

Form 990-T	Exempt Organization Bus			ax Return	1801	OMB No.	, 1545-0687
,,	For calendar year 2016 or other tax year beginning JUL 1,			N 30 201	7	00	140
	Information about Form 990-T and its instruction				-	Zl	J16
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may						olic Inspection for ganizations Only
A Check box if address changed	Name of organization ((Emplo	yer identific oyees' trust ctions)	cation number , see
B Exempt under section	Print BUTLER HEALTHCARE PROV	IDEF	เร				55274
X 501(c) /3)	or Number, street, and room or suite no. If a P.O. bo	x, see in	structions.			ted busines structions)	ss activity codes
408(e) 220(e)	ONE HOSPITAL WAY						
408A 530(a) 529(a)	City or town, state or province, country, and ZIP of BUTLER, PA 16001	or foreigi	n postal code		446	110	621500
C Book value of all assets at end of year	F Group exemption number (See instructions.)	>					
<u>374,074,540.</u>	G Check organization type ► X 501(c) corporation		501(c) trust	401(a) trust		Other	r trust
			STATEMENT 1			177	1
	the corporation a subsidiary in an affiliated group or a pare	nt-subsi	diary controlled group?	▶ (Ye:	s (X	No
	and identifying number of the parent corporation.				124	284-4	4420
	► STEVE KARLS d Trade or Business Income		(A) Income	one number > 7			(C) Net
	1 404 104	1	(A) Income	(b) Expense		Fig. 1	
1 a Gross receipts or sal		10	4,181,491.				
2 Cost of goods sold (2	1,101,151.	-40	., , , ,	<u> </u>	78 49
3 Gross profit Subtrac	t line 2 from line 1c	3	4,181,491.			4,18	81,491.
4 a Capital gain net incor	ne (attach Schedule D)	4a		22/2 X X	- A P		
b Net gain (loss) (Form	1 4797, Part II, line 17) (attach Form 4797)	4b		(*) · · · · · · ·	,		
c Capital loss deduction	n for trusts 18 MAY 2.5 2018 19	4c			ŊĠŅĴŢ,		
5 Income (loss) from p	partnerships and S corporations (attach statement)	5			J.		
6 Rent income (Sched	ile C)	6					
7 Unrelated debt-finan	ced income (Schedule E)	7					
8 Interest, annuities, re	yalties, and rents from controlled organizations (Sch. F)	8					
	if a section 501(c)(7), (9), or (17) organization (Schedule G						
	ivity income (Schedule I)	10				_	
11 Advertising income (•	11	<u> </u>		J/		
,	estructions; attach schedule)	12	4,181,491.	. AD 70 'S' 18' 18' 18' 18' 18' 18' 18' 18' 18' 18		1 1	81,491.
13 Total. Combine line Part II. Deduction	s 3 through 12 ons Not Taken Elsewhere (See instructions f	13		<u> </u>		3,1	01,491.
	contributions, deductions must be directly connecte						
14 Compensation of o	ficers, directors, and trustees (Schedule K)				14		
15 Salaries and wages					15		46,067.
16 Repairs and mainte	nance				16		41,465.
17 Bad debts					17		
18 Interest (attach sch	edule)				18		
19 Taxes and licenses					19		
	tions (See instructions for limitation rules)		1 04 1	14,029	20		• • •
21 Depreciation (attack	•		21 22a	14,023	22b		14,029.
	laimed on Schedule A and elsewhere on return		[224]		23		
•	ferred compensation plans				24		-
25 Employee benefit p	•				25	1	76,312.
26 Excess exempt exp	-				26		
27 Excess readership	•				27		
28 Other deductions (•		SEE STA	PEMENT 2	28	2,4	99,259.
	Add lines 14 through 28				29		77,132.
30 Unrelated business	taxable income before net operating loss deduction. Subtra	ct line 2	9 from line 13		30	8	04,359.
31 Net operating loss	deduction (limited to the amount on line 30)				31	<u> </u>	
32 Unrelated business	taxable income before specific deduction. Subtract line 31	from line	e 30		32	8	04,359.
	(Generally \$1,000, but see line 33 instructions for exception			_	33	 	1,000.
	s taxable income. Subtract line 33 from line 32. If line 33 i	s greate	r than line 32, enter the s	maller of zero or	1	_	02 2E 0
line 32	To Departure Deducation Ant Nation and Instructions				34		03,359.

Form 990-T	(2016) BUTLER HEALTHCARE	PROVIDERS	45~03	1004/4	rage 2
Part II		•			
	Organizations Taxable as Corporations. See inst	tructions for tax computation.			
	Controlled group members (sections 1561 and 15		and.		
	Enter your share of the \$50,000, \$25,000, and \$9,	•			
	(1) \$ (2) \$	(3) [\$			
	Enter organization's share of: (1) Additional 5% to				
	(2) Additional 3% tax (not more than \$100,000)	[\$			
	Income tax on the amount on line 34	<u> </u>		> 35c	273,142.
	Trusts Taxable at Trust Rates. See instructions f	or tay computation. Income tay on the amoun	•		
30	Tax rate schedule or Schedule D (F			36	
37	Proxy tax. See instructions	5/11/ 1041/		37	
38	Alternative minimum tax		•	38	
	Tax on Non-Compliant Facility Income. See inst	ructions		39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, v			40	273,142.
40 Part I		vincinevel applies			27072220
	Foreign tax credit (corporations attach Form 1118	truete attach Form 1116)	41a	123.1	
		, a usis attacin room 1110)	41b		
	Other credits (see instructions)				
C	General business credit. Attach Form 3800	004 or 0007\	41c	- [[::::]	
	Credit for prior year minimum tax (attach Form 8)	501 01 0027)	_ 41d	41e	
	Total credits. Add lines 41a through 41d			42	273,142.
42	Subtract line 41e from line 40	7 Form 9007 [7] Form	8866 Other (attach schedul		2/3/142.
43	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	0000 L. J Uliti (attach schedul		273,142.
44	Total tax. Add lines 42 and 43		45a 104,208	44	2/3,142.
	Payments: A 2015 overpayment credited to 2016			'	
_	2016 estimated tax payments		45b	7354	
	Tax deposited with Form 8868	, , , ,	45c		
	Foreign organizations: Tax paid or withheld at sou	urce (see instructions)	45d		
	Backup withholding (see instructions)		45e		
	Credit for small employer health insurance premi	•	45f		
g	=	Form 2439			
	Form 4136	Other Total	► 45g		104 200
46	Total payments. Add lines 45a through 45g	. —		46	104,208.
47	Estimated tax penalty (see instructions). Check if			47	4,167.
48	Tax due. If line 46 is less than the total of lines 4			48	173,101.
49	Overpayment. If line 46 is larger than the total of		1	49	
50	Enter the amount of line 49 you want: Credited to		Refunded	<u> </u>	
Part \		n Activities and Other Informat			
51	At any time during the 2016 calendar year, did th				Yes No
	over a financial account (bank, securities, or othe				
	FinCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts. If YES, enter the name of t	ne foreign country		
	here -				X
52	During the tax year, did the organization receive a	a distribution from, or was it the grantor of, o	r transferor to, a foreign trust?		X
	If YES, see instructions for other forms the organ	nization may have to file.			
53	Enter the amount of tax-exempt interest received				2,1,82
Cian	Under penalties of perjury, I declare that I have examin correct, and complete Declaration of preparer (other the	ed this return, including accompanying schedules and han taxpayer) is based on all information of which prep	statements, and to the best of my Kno parer has any knowledge	wiedge and belle	t, it is true,
Sign Here	0++ = v.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		May the IRS dis	scuss this return with
nere	Supl I las	CONTRO	OLLER	the preparer sh	
	Signature of officer	Date Title		instructions)?	X Yes No
	Print/Type preparer's name	Preparer's signature	Date Check	_ if PTIN	
Paid		1	self- employ	, I	
Prepa	arer MATTHEW DASTA		05/15/18		0544683
Use (Only Firm's name BLUE & CO.,	LLC	Firm's EIN	<u>▶ 35</u> -	-1178661
	8800 LYRA	DRIVE, SUITE 450			
	Firm's address ► COLUMBUS,	OH 43240	Phone no.	614-88	35-2583

1 Inventory at beginning of year 2 Purchases 2 Purchases 2 Purchases 2 Purchases 2 Purchases 3 To Gost of gods sold. Subtract line 5 From line 5. Enter here and in Part 1, line 2 Inter 2 Purchases 3 Substitution 5 From line 5. Enter here and in Part 1, line 2 Substitution 5 From line 5. Enter here and in Part 1, line 2 Substitution 5 From line 5. Enter here and in Part 1, line 2 Substitution 5 From line 5. Enter here and in Part 1, line 2 Substitution 5 From line 2 Substitution 5 S	Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation N/A					
3 Cast of labor 4 A Additional section 263A costs (attach schedule) 4 B D the rules of section 263A (with respect to property produced or acquired for reside) apply to the organization? 5 Total. Additions 1 through 4 b		1				,		6		0.
4a Additional section 263A costs (attach schedule) 4b	2 Purchases	2		7	Cost of goods sold. Su	btract l	ine 6			
(attach schedule) 44	3 Cost of labor	3			from line 5. Enter here a	and in F	Part I,		_	
b Other costs (attach schedule) 5 Total Add times 1 through 40 5 Total Add times 2 through 40	4 a Additional section 263A costs				line 2			7		
to Other costs (attach schedule) 5 Total Add lines 1 through 4b 5 Total Personal Property Leased With Real Property) (see instructions) (1) Description of property (2) Rent received or accrued (3) From personal property (if the precentage of the property in more than 100 personal property accessed 50% or ut the precentage of the personal property accessed 50% or ut the precentage of the personal property accessed 50% or ut the precentage of the personal property accessed 50% or ut the precentage of the personal property accessed 50% or ut the personal property acces	_	4a		8	Do the rules of section :	263A (\	with respect to		Yes	No
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debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) Totals of or allocable to debt-financed property (attach schedule) by column 5 reportable (column 2 x column 6) 2 x column 6) (column 6 x total of columns 3(a) and 3(b)) (column 6 x total of columns 2 x column 6) Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B)										
(2) % (3) % (4) % Enter here and on page 1, Part 1, line 7, column (A). Part 1, line 7, column (B) Totals O • 0	 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fine	allocable to anced property				reportable (column		(column 6 x total of c	olumns
(2) % (3) % (4) % Enter here and on page 1, Part 1, line 7, column (A). Part 1, line 7, column (B) Totals O • 0	(1)	 		+	0/2	 		\dashv		
(3) % (4) % Enter here and on page 1, Part I, line 7, column (A). Totals O • O				╁				\dashv		
(4) Enter here and on page 1, Part I, line 7, column (A). Fortals Column (A). Enter here and on page 1, Part I, line 7, column (B)				†				\dashv		
Enter here and on page 1, Part I, line 7, column (A). Enter here and on page 1, Part I, line 7, column (B) O • O		 		+-			 			
Part I, line 7, column (A). Part I, line 7, column (B) Totals □ 0 □ 0	_(4)	٠		_	76	 -		\dashv	Enter hora and as an	
Totals D. 0										
1010	Tetalo				_			ا ، ر		0 .
		naludad in action	n 0			Ь		-		0.

0.

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Form 990-T (2016)

0.

Totals (carry to Part II, line (5))

0

(1) (2) (3)

(4)

Form 990-T (2016) BUTLER HEALTHCARE PROVIDERS 25-09652 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in

columns 2 through 7 on a line-by-line basis.)

Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)]			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.			,	0

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

1. Name	2 . Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2016)

Form 4626 Department of the Treasury

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2016

		BUTLER HEALTHCARE PROVIDERS			25-0965274
		Note: See the instructions to find out if the corporation is a small corporation exempt		\$	
		from the alternative minimum tax (AMT) under section 55(e).		**************************************	
				ا المراجعة المراجعة	
1		Taxable income or (loss) before net operating loss deduction	i	_1_	803,359.
2		Adjustments and preferences:			
	а	Depreciation of post-1986 property		2a	
	b	Amortization of certified pollution control facilities		2b	
	-	Amortization of mining exploration and development costs		2c	
	d	Amortization of circulation expenditures (personal holding companies only)		2d	
	e	Adjusted gain or loss		2e	
		Long-term contracts		2f	
	•	Merchant marine capital construction funds		2g	
		Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
		Tax shelter farm activities (personal service corporations only)		2i_	·····
	•	Passive activities (closely held corporations and personal service corporations only)		2 <u>j</u>	
	k	Loss limitations		2k	
	ŀ	Depletion		21	
	m	Tax-exempt interest income from specified private activity bonds Intangible drilling costs	-	2m	
	11	Other adjustments and preferences		2n 2o	
3	0	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	803,359.
4		Adjusted current earnings (ACE) adjustment:			
•		ACE from line 10 of the ACE worksheet in the instructions	4a 817,388.	1, 2,	
		Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
	-	negative amount. See instructions	4b 14,029.	¥ .	
	C	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	4c 10,522.	·	
	đ	Enter the excess, if any, of the corporation's total increases in AMTI from prior		, , ,22	
		year ACE adjustments over its total reductions in AMTI from prior year ACE			
		adjustments. See instructions. Note: You must enter an amount on line 4d			
		(even if line 4b is positive)	4d		
	е	ACE adjustment.	`		
		If line 4b is zero or more, enter the amount from line 4c	l l		10 500
_		• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	J .	4e	10,522.
5		Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT		5	813,881.
6		Alternative tax net operating loss deduction. See instructions Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	and dual	6	
7		Interest in a REMIC, see instructions	residual	7	813,881.
8		Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on li	ne Sc).		013,001.
٠	9	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled	ne 66).	£ .	
	•	group, see instructions). If zero or less, enter -0-	8a	*	
	h	Multiply line 8a by 25% (0.25)	8b		
		Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controll	L		
	-	group, see instructions). If zero or less, enter -0-		8c	0.
9		Subtract line 8c from line 7. If zero or less, enter -0-		9	813,881.
10)	Muttiply line 9 by 20% (0.20)		10	162,776.
11		Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	
12	<u>.</u>	Tentative minimum tax. Subtract line 11 from line 10		12	162,776.
13	}	Regular tax liability before applying all credits except the foreign tax credit		13_	273,142.
14	ļ	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here			_
_		Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<u> </u>	14	0.
J۷	V۸	For Paperwork Reduction Act Notice, see separate instructions.			Form 4626 (2016)

,	Adjusted Current Earnings (A See ACE Worksheet Instr	-	et		
					002.250
1 Pre-adjustment AMTI. Enter the amount from	line 3 of Form 4626		<u> </u>	1	803,359.
2 ACE depreciation adjustment		1 1	14 000		
a AMT depreciation		2a	14,029.		
b ACE depreciation:					
(1) Post-1993 property	2b(1)	-			
(2) Post-1989, pre-1994 property	2b(2)	-	İ		
(3) Pre-1990 MACRS property	2b(3)	_	l		
(4) Pre-1990 original ACRS property	2b(4)			1	
(5) Property described in sections					
168(f)(1) through (4)	2b(5)		1		
(6) Other property	2b(6)			٠, ا	
(7) Total ACE depreciation. Add lines 2b(1)	through 2b(6)	2b(7)			
c ACE depreciation adjustment. Subtract line 2b	(7) from line 2a			2c	14,029.
3 Inclusion in ACE of items included in earnings	and profits (E&P):		İ	181	
a Tax-exempt interest income		3a		'	
b Death benefits from life insurance contracts		3b			
c All other distributions from life insurance con-	tracts (including surrenders)	3c			
d Inside buildup of undistributed income in life	nsurance contracts	3d		ŽŽį.	
e Other Items (see Regulations sections 1.56(g)	-1(c)(6)(iii) through (ix)				
for a partial list)		3e		. Ž.Ž.	
f Total increase to ACE from inclusion in ACE o	f items included in E&P. Add lines 3a thro	ugh 3e		31	
4 Disallowance of items not deductible from E&		-		7.	
a Certain dividends received		4a			
Dividends paid on certain preferred stock of public util	ties that are deductible under section 247 (as				
affected by P.L. 113-295, Div. A, section 221(a)(41)(A),		4b			
c Dividends paid to an ESOP that are deductible		4c			
d Nonpatronage dividends that are paid and dec		17			
1382(c)		4d		% .	
e Other items (see Regulations sections 1.56(g)	1-1(d)(3)(i) and (ii) for a			1.5	
partial list)	7 ((3)(3)(1) and (11) (0) a	4e		, "	
f Total increase to ACE because of disallowance	e of items not deductible from F&P. Add li			4f	
5 Other adjustments based on rules for figuring		noo ta amoagii to		7 7 7	
a Intangible drilling costs	Lui .	5a			
b Circulation expenditures		5b			
c Organizational expenditures		5c		AP TO	
d LIFO inventory adjustments		5d			
e installment sales		5e			
	En through En	[DE]		51	
f Total other E&P adjustments. Combine lines	=				
6 Disallowance of loss on exchange of debt poo			ļ	7	
7 Acquisition expenses of life insurance compa	mes for quantied foreign contracts				
8 Depletion	- from cale on eventones of the 4004		ŀ	8	
9 Basis adjustments in determining gain or loss				9	
10 Adjusted current earnings. Combine lines 1,	20, 31, 41, and 31 through 9. Enter the rest	ar nere and on line 48	1 UI	10	817.388.
FIRM 4D/D			1	10 1	01/,000

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

RETAIL PHARMACY NON-PATIENT LAB

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER DEDUCTIONS		2,499,259.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	2,499,259.

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

Department of the Treasury Internal Revenue Service Name(s) shown on return

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is at www.irs.gov/form4562 and its separate instructions is a construction of the construction of the construction of the construction of the

2016 Attachment Sequence No 179

OMB No 1545-0172

BUT	LER HEALTHCARE PROV	IDERS		FOR	м 99	0 P	AGE 10)		25-0965274
Parl	Election To Expense Certain Proper	ty Under Section 179	Note: If yo	ı have any lıs	ted pro	erty,	complete P	art V t	efore y	ou complete Part I
1 M	aximum amount (see instructions)								1	500,000.
2 To	otal cost of section 179 property place	ed in service (see in	structions)						2	
3 Tr	reshold cost of section 179 property	before reduction in	limitation						3	2,010,000.
4 Re	eduction in limitation. Subtract line 3 t	from line 2. If zero o	or less, ente	-0-					4	
5 Do	illar limitation for tax year Subtract line 4 from line	1 if zero or less, enter -0-	If married filing	separately, see in	structions				5	
6	(a) Description of pro	operty		(b) Cost (busine	ess use on	у)	(c) Ele	ected co	st	
7 L:	sted property Enter the amount from	line 29			L	7				
8 To	otal elected cost of section 179 prope	rty Add amounts II	n column (c)	, lines 6 and 7	7				8	
9 Te	entative deduction Enter the smaller	of line 5 or line 8							9	
10 C	arryover of disallowed deduction from	line 13 of your 20°	15 Form 456	52					10	
	usiness income limitation. Enter the si		•		•	5			11	
	ection 179 expense deduction Add III	-			11				12	
	arryover of disallowed deduction to 20				<u>▶</u>	13	 			
	Don't use Part II or Part III below for	· · · · · ·								
Par									_	
	pecial depreciation allowance for qual	lified property (othe	er than listed	property) pla	iced in s	ervice	during			
	ne tax year								14	
	roperty subject to section 168(f)(1) ele	ection							15	
Par	ther depreciation (including ACRS) t III MACRS Depreciation (Don't	include listed proc	arty 1/See	netructions)					16	
	in ACAS Depreciation (Don't	include listed prop		ction A						
47 M	IACRS deductions for assets placed in	n convice in tay yea			:				17	T
	you are electing to group any assets placed in serv	-				horo	•			
10 11	Section B - Assets						neral Depre	ciatio		
	(a) Classification of property	(b) Month and year placed in service	(business/ir	depreciation vestment use instructions)	(d) Ro	ecovery riod	(e) Conven	ition (f) Method	(g) Depreciation deduction
19a	3-year property	19								
b	5-year property									
С	7-year property									
ď	10-year property									
е	15-year property									
1	20-year property									
	25-year property	, , ,			25	yrs			S/L	
	Posidential reptal property	/			27	yrs	MM	\perp	S/L	
h	Residential rental property	/			27.	yrs	MM		<u>s/L`</u>	
i	Nonresidential real property	/			39	yrs	MM	\bot	S/L	
<u> </u>		//					MM		S/L	<u> </u>
	Section C - Assets F		During 2016	Tax Year Us	sing the	Alten	native Dep	reciat	ion Sys	tem
<u>20a</u>	Class life				ļ			_	S/L	
<u>b</u>	12-year				12	yrs			S/L	
C	40-year	/	·		40	yrs	MM		S/L	
	Summary (See instructions)						 	-	_	10 400 600
	usted property Enter amount from line					٠			21	12,427,622.
	otal. Add amounts from line 12, lines	•		_	• •					12 427 622
	nter here and on the appropriate lines	•	•	•	ions - se T	e inst	r		22	12,427,622.
23 F	or assets shown above and placed in	service during the	current veal	: enter the	- 1	- 1				In the state of the state of

23

portion of the basis attributable to section 263A costs

Form 4562 (2016	5) BU'.	<u> </u>	THCARE	PROV	IDER	3				25-0	965	274	Page 2
	ted Property (Include a reation, or amusement.		ain other vehic	les, cert	aın aırcı	aft, cer	taın comp	outers, ar	d prope	rty used f	for ente	ertainmei	nt,
Not	te: For any vehicle for vehicles for vehicle	, which you are usi	ng the standar , and Section	d mileag C if appli	e rate oi cable	dedu	cting lease	e expens	e, comp	lete onl y	24a, 2	24b, colu	mns
	Section A - Depreciat	ion and Other In	formation (Ca	ution: S	See the I	nstruct	tions for lii	mits for p	assenge	r automo	biles)		
24a Do you have	evidence to support the b	usiness/investmen	use claimed?	Y	es 🗌	No	24b If "Y	es," is th	e evider	ce writter	n?	Yes	No
(a) Type of pro (list vehicles		(c) Business/ investment use percentage	(d) Cost or other basis	Labora	(e) is for depre siness/inve use only	stment	(f) Recovery period	Met	g) hod/ ention	(h) Depreci deduc	ation	Elec sectio co	st
•	eciation allowance for		operty placed	ın servic	e during	the ta	x year and	i					
	nan 50% in a qualified t								25			· (4%	· <u>·</u>
26 Property use	ed more than 50% in a	` T						r					
		%	 	-+-									
 		%	1										
	1500	<u> </u>	<u> </u>				L						
27 Property use	ed 50% or less in a qual		 					1				n 80	3 5.
		<u>%</u>						S/L·					
		<u>%</u>	 					S/L·					
							1	S/L -					
			1			-	<u>ا</u> ــــــــــــــــــــــــــــــــــــ	10/2	T				
	s in column (h), lines 25	5 through 27 En	ter here and or		page 1	·		TO/L	28		1	ki. d	* (\$\dag{x})
	s in column (h), lines 29 s in column (l), line 26	5 through 27 Enter here and o	ter here and or n line 7, page	1		414.4		10/2	28		29	ko. k	i (\$1)
29 Add amount	s in column (i), line 26	5 through 27 Enter here and o	ter here and or n line 7, page ection B - Info	mation	on Use								* (2).3
29 Add amount Complete this se	s in column (i), line 26	5 through 27 Enter here and of Set I by a sole propried	ter here and or n line 7, page ection B - Info etor, partner, c	mation r other "	on Use	n 5%	owner," o	r related	person.	,	vided v	vehicles	* **
29 Add amount Complete this se	s in column (i), line 26	5 through 27 Enter here and of Set I by a sole propried	ter here and or n line 7, page ection B - Info etor, partner, c	mation r other "	on Use	n 5%	owner," o	r related	person.	,	vided v	vehicles	* 1203
29 Add amount Complete this se	s in column (i), line 26	5 through 27 Enter here and of Set I by a sole propried	ter here and or n line 7, page ection B - Info etor, partner, c n C to see if yo	mation r other " u meet a	on Use more than	n 5%	owner," or completin	related ng this se	person.	those ve	vided v	vehicles	
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29 Add amount Complete this se to your employee 30 Total business	s in column (), line 26 ection for vehicles used es, first answer the que	5 through 27 Enter here and of Set I by a sole propriestions in Section	ter here and or n line 7, page ection B - Info etor, partner, c n C to see if yo	rmation r other " u meet a	on Use more than	n 5% tion to	owner," or completin	related ng this se	person. ction foi	those ve	vided v	vehicles)
29 Add amount Complete this set to your employed 30 Total business year (don't incomplete this set to your employed)	ection for vehicles used es, first answer the que s/investment miles driven clude commuting miles)	5 through 27 Enter here and of Set I by a sole propriestions in Section during the	ter here and or n line 7, page ection B - Info etor, partner, c n C to see if yo	rmation r other " u meet a	on Use more than n except	n 5% tion to	owner," or completing	r related ng this se	person. ction foi	those ve	vided v	vehicles)
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29 Add amount Complete this se to your employed 30 Total business year (don't ind 31 Total common don't ind 32 Total other punched driven 33 Total miles described in the punched driven	s in column (), line 26 ection for vehicles used es, first answer the que sinvestment miles driven clude commuting miles) uting miles driven durin personal (noncommutin	5 through 27 Enter here and of Set I by a sole propriestions in Section during the	ter here and or n line 7, page ection B - Info etor, partner, c n C to see if yo	rmation r other " u meet a	on Use more than n except	n 5% tion to	owner," or completing	r related ng this se	person. ction foi	those ve	vided v	vehicles)
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29 Add amount Complete this set to your employer 30 Total business year (don't ind 31 Total communications of the period of t	ection for vehicles used es, first answer the que es, first answer the que es/investment miles driven clude commuting miles) uting miles driven during miles driven during miles driven during the year at through 32 incle available for personal typhours?	5 through 27 Enter here and or Set I by a sole propriestions in Section during the ag the year g) miles	ter here and or on line 7, page ection B - Info etor, partner, c o C to see if yo (a) Vehicle	mation r other " u meet a	on Use more than n except b)	an 5% tion to	owner," or completing (c) /ehicle	related on the second of the s	person. ction foi	(e) Vehic	vided vihicles.	vehicles (f) icle
29 Add amount Complete this set to your employed 30 Total business year (don't ind search of the period of the p	ection for vehicles used es, first answer the que es, first answer the que es/investment miles driven clude commuting miles) uting miles driven during miles driven during miles driven during the year at through 32 incle available for personal typical ended primarily by a sincle used primarily and sincle used sincle	5 through 27 Enter here and or Set I by a sole propriestions in Section during the ag the year g) miles	ter here and or on line 7, page ection B - Info etor, partner, c o C to see if yo (a) Vehicle	mation r other " u meet a	on Use more than n except b)	an 5% tion to	owner," or completing (c) /ehicle	related on the second of the s	person. ction foi	(e) Vehic	vided vihicles.	vehicles (f) icle
29 Add amount Complete this set to your employer 30 Total business year (don't ind 31 Total common 32 Total other purchase 33 Total miles of Add lines 30 34 Was the vehicle during off-du 35 Was the vehicle than 5% own	ection for vehicles used es, first answer the que es, first answer the que es/investment miles driven clude commuting miles) uting miles driven during miles driven during miles driven during the year at through 32 incle available for personal typhours?	5 through 27 Enter here and of Set I by a sole propriestions in Section during the ag the year g) miles	ter here and or on line 7, page ection B - Info etor, partner, c o C to see if yo (a) Vehicle	mation r other " u meet a	on Use more than n except b)	an 5% tion to	owner," or completing (c) /ehicle	related on the second of the s	person. ction foi	(e) Vehic	vided vihicles.	vehicles (f) icle

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		l
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles	1,23	13850

Part VI Amortization

(a)
Description of costs

(b)
Date amortization begins

Amortization
For this year

42 Amortization of costs that begins during your 2016 tax year

43 Amortization of costs that began before your 2016 tax year

44 Total. Add amounts in column (f) See the instructions for where to report

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.urs.gov/form4562

Business or activity to which this form relates

990-T

Identifying number

	LER HEALTHCARE PROV	IDERS)म्	ORM 990-	T PAGE 1		25-0965274
Parl	Election To Expense Certain Propert	y Under Section 179	Note: If you have an	y listed property	, complete Part	V before y	ou complete Part I.
1 M	aximum amount (see instructions)					_1	500,000.
2 To	tal cost of section 179 property place	d in service (see ii	nstructions)			2	
3 Tr	reshold cost of section 179 property I	before reduction ii	n limitation			3	2,010,000.
4 R	eduction in limitation. Subtract line 3 fi	rom line 2. If zero	or less, enter -0-			4	
5 Do	llar limitation for tax year. Subtract line 4 from line 1	If zero or less, enter -0	 If married filing separately, 	see instructions		5	
6	(a) Description of pro			usiness use only)	(c) Elected	cost	
7 1	sted property. Enter the amount from	line 29		7			
	otal elected cost of section 179 proper		in column (c) lines 6 a		·	8	- Marie Carles Carles - Carles
	entative deduction Enter the smaller	-	11 001a/111 (0), 111100 0 a			9	
	arryover of disallowed deduction from		15 Form 4562			10	
	usiness income limitation. Enter the sn	•		zaro) or line E		11	
			•	•			
	ection 179 expense deduction. Add lin			MINE 11 ► 13	[12	50° \$ \$**
	arryover of disallowed deduction to 20 Don't use Part II or Part III below for I			13	<u> </u>		1 × × × × × × × × × × × × × × × × × × ×
Par				luda listad prop	ortu)		
_ ·			·			_T	<u> </u>
	pecial depreciation allowance for quali	nea property (otno	er than listed property,	placed in servi	ce auring		ĺ
	e tax year					14	
	operty subject to section 168(f)(1) elec	ction				15	
Par	ther depreciation (including ACRS)					16	<u></u>
Fai	MACRS Depreciation (Don't	include listed proj		IS.)			
			Section A				
17 M	ACRS deductions for assets placed in	i service in tax yea	ars beginning before 2	016		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
18 If	ou are electing to group any assets placed in service				P		
	Section B - Assets	(b) Month and	c) Basis for depreciation			tion Syste	<u>m</u>
	(a) Classification of property	year placed in service	(business/investment use only - see instructions)		(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
C	7-year property						
d	10-year property					l	
_е	15-year property						
f	20-year property						
	25-year property	7 % - *		25 yrs		S/L	
		/		27.5 yrs	. MM	S/L	
h	Residential rental property	/		27 5 yrs		S/L	
		/		39 yrs.		S/L	
i	Nonresidential real property	,		99 3.0.	MM	S/L	
	Section C - Assets P	laced in Service	During 2016 Tax Yea	r Using the Alte			tem
20a	Class life		<u> </u>	T		S/L	
<u>208</u>	12-year			12 yrs.		S/L	
	40-year	17 / / / // // // //	·	40 yrs	MM	S/L	
Par				1 40 yrs	MIN	3/L	
		20			· · · · · · · · · · · · · · · · · · ·	T ==	1
	sted property. Enter amount from line		40 100 1	. (.) ()	Ī	21	
	otal. Add amounts from line 12, lines inter here and on the appropriate lines					22	14,029.
23 F	or assets shown above and placed in	service during the	current year, enter the	•			

P	art V Listed Proper		tomobiles,	certain oth	ner vehic	les, certa	ain aircra	aft, cer	taın comp	uters, a	nd prope	rty used	for ent	ertainmer	nt,	
	recreation, or a Note: For any (a) through (c)	vehicle for w						dedu	cting lease	expens	e, comp	lete onl	y 24a, 2	24b, colu	mns	
_		· Depreciation						struc	tions for li	mits for i	passeng	er autom	obiles)			
24:	Do you have evidence to s	<u> </u>					es 🗌	No					- $=$	Yes [□ No	
<u></u>	(a) (b) (c) Type of property (list vehicles first) placed in service use percentage			s/ nt	(d) Cost or		(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed used more than 50% in a qualified business use					property placed in service during the tax ye											
_											25	<u> </u>		L		
26	Property used more tha	T 50% III a q	ualilleu busi						Ι	T	-	Γ		I -		
_		 		%						1				<u> </u>		
_		 		%					ļ						_	
	Property used 50% or k	l .	fied business						<u> </u>			l		<u> </u>		
21	Property used 50% or le	ess in a quan	lled busines						T	S/L·		T		is . 3		
			%						S/L -							
		 		%						 		 		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	ye so i	
	28 Add amounts in column (h), lines 25 through 27 E			% 	The state of the s					S/L -						
					page i				28	<u> </u>	1 000		. 3.4			
<u>29</u>	Add amounts in column	1 (I), line 26 E	nter nere ar				1.1	-437-1					29			
_	1.1.41			Section								16		مماميطمين		
	mplete this section for ve															
to	your employees, first ans	wer the ques	stions in Sec	tion C to	see it you	ı meet aı	n excep	tion to	completing	ng this se	ection to	r those v	enicies	•		
_						τ		Ι		т .		Τ		1 ,		
				1	(a)		(b)		(c)	(d)		(e)		(f)		
30	O Total business/investment miles driven during the			Ve	Vehicle		Vehicle		/ehicle	Ve	Vehicle		Vehicle		Vehicle	
	year (don't include commi		-		 		 		 		 		 			
	Total commuting miles			-				 		}		 				
32	Total other personal (no	oncommuting)) miles			1				l		1				
	driven					↓				ļ						
33	Total miles driven durin	-				ĺ				1				1		
	Add lines 30 through 32			-		<u> </u>		.		 		ļ				
34	34 Was the vehicle available for personal use			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No_	Yes	No	
	during off-duty hours?				 	 	ļ	ļ		+	 					
35	35 Was the vehicle used primarily by a more						Ė					į				
than 5% owner or related person?						 	} -	1		 		 				
36	Is another vehicle availa	able for perso	onal				1				i	1		İ	ŀ	
	use?			l	<u> </u>	1	<u> </u>	L			<u> </u>	L .	L	ļ	L	
			- Question	-	-					-						
An	swer these questions to	determine if	you meet an	exception	n to com	pleting S	Section E	3 for v	ehicles us	ed by en	nployees	who a	ren't m	ore than	5%	
	ners or related persons.													<u> </u>		
37	7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your										Yes	No				
	employees?														+	
38	Do you maintain a writt										our			- 1		
	employees? See the in:					ficers, di	rectors,	or 1%	or more o	wners					+	
	Do you treat all use of vehicles by employees as personal use?															
40	Do you provide more than five vehicles to your employees, obtain information from your employees about														Ì	
	the use of the vehicles,													-	-	
41 Do you meet the requirements concerning qualified automobile demonstration use?																
_	Note: If your answer to	37, 38, 39, 4	10, or 41 is "	Yes," don	't comple	ete Secti	on B for	the c	overed vel	nicles.				ان الوائد منابع	1 7 1	
*P	art VI Amortization		·····													
(a) Description of costs				(b) Date amortizatio begins	amortization Am		(C) nortizable amount		(d) Code section		(e) Amortization period or percentage		(f) Amortization for this year			
42	Amortization of costs to	hat begins di	uring your 20		ar											
-=											•					
				•	T											
43	Amortization of costs to	hat began be	fore your 20	16 tax ve	ar							43				
	Total. Add amounts in	-	-	-		o report						44				