# Related Organizations and Unrelated Partnerships

**SCHEDULE R (Form 990)**

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
**Attach to Form 990.**
**▶ Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization: **Walnut Hospital Inc.**

**Employer identification number:** **00-9000001**

**Part I** **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
| (1) Walnut Physician Associates LLC 655 Bradford St. Nixon NV 89424 00-9000088 | Phys. primary care | NV | 220,534 | 138,538 | NA |
| (2) Nixon Properties LLC 655 Bradford St. Nixon NV 89424 00-9000077 | Property management | NV | 580,000 | 8,500,000 | NA |
| (3) Walnut Urgent Care LLC 655 Bradford St. Nixon NV 89424 00-9000066 | Urgent care services | NV | 305,000 | 162,000 | NA |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

**Part II** **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? Yes | No |
|---|---|---|---|---|---|---|---|
| (1) Walnut Medical Center Foundation 655 Bradford St. Nixon NV 89424 00-9000055 | Supporting org | NV | 501(c)(3) | 11 | NA | | ✔ |
| (2) Walnut Children's Care Center Inc. 655 Bradford St. Nixon NV 89424 00-9000044 | Ctr serves childrren | NV | 501(c)(3) | 3 | NA | | ✔ |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |

**Part III** **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512—514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |

**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? Yes | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| (1) Walnut Real Estate Group Inc. 655 Bradford St. Nixon NV 89424 00-9000099 | Own real estate | NV | NA | C corp | 27,626 | 136,402 | 100% | ✔ | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |

**Part V** **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

| | | | Yes | No |
|---|---|---|---|---|
| **1** | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV? | | | |
| **a** | Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity | **1a** | ✔ | |
| **b** | Gift, grant, or capital contribution to related organization(s) | **1b** | | ✔ |
| **c** | Gift, grant, or capital contribution from related organization(s) | **1c** | ✔ | |
| **d** | Loans or loan guarantees to or for related organization(s) | **1d** | | ✔ |
| **e** | Loans or loan guarantees by related organization(s) | **1e** | | ✔ |
| **f** | Dividends from related organization(s) | **1f** | | ✔ |
| **g** | Sale of assets to related organization(s) | **1g** | | ✔ |
| **h** | Purchase of assets from related organization(s) | **1h** | | ✔ |
| **i** | Exchange of assets with related organization(s) | **1i** | | ✔ |
| **j** | Lease of facilities, equipment, or other assets to related organization(s) | **1j** | | ✔ |
| **k** | Lease of facilities, equipment, or other assets from related organization(s) | **1k** | | ✔ |
| **l** | Performance of services or membership or fundraising solicitations for related organization(s) | **1l** | ✔ | |
| **m** | Performance of services or membership or fundraising solicitations by related organization(s) | **1m** | ✔ | |
| **n** | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | **1n** | | ✔ |
| **o** | Sharing of paid employees with related organization(s) | **1o** | | ✔ |
| **p** | Reimbursement paid to related organization(s) for expenses | **1p** | | ✔ |
| **q** | Reimbursement paid by related organization(s) for expenses | **1q** | | ✔ |
| **r** | Other transfer of cash or property to related organization(s) | **1r** | | ✔ |
| **s** | Other transfer of cash or property from related organization(s) | **1s** | | ✔ |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | **(a)** Name of related organization | **(b)** Transaction type (a—s) | **(c)** Amount involved | **(d)** Method of determining amount involved |
|---|---|---|---|---|
| **(1)** | | | | |
| **(2)** | | | | |
| **(3)** | | | | |
| **(4)** | | | | |
| **(5)** | | | | |
| **(6)** | | | | |