Form 990-T	Exempt Organization Bus		ax Return	OMB No 1545-0687
	For calendar year 2018 or other tax year beginning JUL 1,			2018
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for in ► Do not enter SSN numbers on this form as it may	structions and the latest inform	nation.	Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name c The Elliot Hospital of		[(Emp	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print of Manchester			2-0232673
X 501(cm3-)-	Number, street, and room or suite no. If a P.O. box	k, see instructions.		lated business activity code instructions)
408(e) 220(e)	I EIIIOL Way			•
408A	City or town, state or province, country, and ZIP o Manchester, NH 03103	r foreign postal code	621	500
C Book value of all assets at end of year 504,316,38	F Group exemption number (See instructions.)	>		
			401(a) trust	Other trust
•			the only (or first) unrelated	
	See Statement 1		complete Parts I-V. If mor	
	ank space at the end of the previous sentence, complete Pa	arts i and ii, complete a Scheduk	e ivi for each additional trac	ie or
business, then complete F	he corporation a subsidiary in an affiliated group or a parer	nt-subsidiany controlled group?		es X No
	nd identifying number of the parent corporation.	it-subsidially controlled group?		CS LAN INO
	► Michael S. Turilli	Teleph	one number ▶ 603-	-663-2033 2
	Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	3			//
b Less returns and allow	vances c Balance	1c		
2 Cost of goods sold (So	chedule A, line 7)	2		100/2000
3 Gross profit. Subtract	line 2 from line 1c	3		
4 a Capital gain net income	e (attach Schedule D)	48		
b Net gain (loss) (Form 4	4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction		4c 10 43 P		10 125
, , ,	partnership or an S corporation (attach statement)		SENEAR SENEAR	19,437.
6 Rent income (Scheduli	·	6		
	ed income (Schedule E)	7	/	
•	alties, and rents from a controlled organization (Schedule F) a section 501(c)(7), (9), or (17) organization (Schedule G)	8 9		
	a section 50 f(c)(7), (9), or (17) organization (Schedule G)	10		
11 Advertising income (Si	•	11		
- ·	tructions; attach schedule)	12		
13 Total. Combine lines		19,437.		19,437.
Part II Deduction	ns Not Taken Elsewhere (See instructions fo	or limitations on deductions)	<u> </u>	<u> </u>
(Except for c	ontributions, deductions must be directly connected	d with the unrelated busines	s income)	
14 Compensation of office	cers, directors, and trustees (Schedule K)		14	
15 Salaries and wages			15	
16 Repairs and maintena	ance		16	<u> </u>
17 Bad debts			17	
•	dule) (see instructions)		18	↓
19 Taxes and licenses	a de la companya de l		19	
	ons (See instructions for imitation rules) Stateme	1 . 1		0.
21 Depreciation (attach f		21		3
22 Less depreciation cla23 Depletion	R R R R R R R R R R R R R R R R R R R	ECEIVED 1	23	
•			24	
25 Employee benefit pro	rred compensation plans	AY 2 0 2020 S	25	
26 Excess exempt expen	nses (Schedule I)	" * V EUZU [3]	26	
27 Excess readership co			27	
28 Other deductions (att	ach schedule)	DEN, UT	28	
	dd lines 14 through 28		29	0.
30 Unrelated business ta	axable income before net operating loss deduction. Subtrac	ct line 29 from line 13	\sim 30	19,437.
31 Deduction for net ope	erating loss arising in tax years beginning on or after Janua	ry 1, 2018 (see instructions)	31	
32 Unrelated business ta	axable income. Subtract line 31 from line 30		(31) 32	19,437.

Form 990-T	The Elliot Hospital of the City		02-02	32673	Pa
	Total Unrelated Business Taxable Income		02 02		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (sei	e instructions)	t	33 1,30	02,67
,	Amounts paid for disallowed fringes	·,	ı	34	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ctions) Str	nt 5		02,67
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the st	•			<u> </u>
	lines 33 and 34		1	\$6	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		55(39)	A 87	1,00
38 (Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 3	36	060	7 1 	
11	enter the smaller of zero or line 36	50,		88	
	Tax Computation			1 50 1	
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			89	
	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount of	on line 38 from:		2 1	-
40	Trusts razable at riust hates, see instructions for tax computation, income tax on the amount of tax rate schedule or	on line 30 moin,		40	
41	Proxy tax. See instructions			\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
41	Alternative minimum tax (trusts only)			1 30	
				42	
	Tax on Noncompliant Facility Income. See instructions			43	
	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments	-{		1 84	
		1450			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) Other credits (see instructions)	45a 45b			
	•				
	General business credit, Attach Form 3800	45c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	450		(<u>P#</u> 55	
	Total credits. Add lines 45a through 45d	1		45e	
46	Subtract line 45e from line 44			46	
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 886	bb L. Uther (a	ttach schedule)		
48	Total tax. Add lines 46 and 47 (see instructions)	†		48	
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	ı_ f .		49	
	Payments: A 2017 overpayment credited to 2018	50a		_	
	2018 estimated tax payments	50b		_	
	Tax deposited with Form 8868	50c		_ 3 5	
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
	Backup withholding (see instructions)	50e			
	Credit for small employer health insurance premiums (attach Form 8941)	501			
9	Other credits, adjustments, and payments: Form 2439	1 1 1			
	Form 4136 Other Total ▶	50g			
51	Total payments. Add lines 50a through 50g	1		511	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	ļ		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	>	53	
i 154	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		•	5/4	
85	Enter the amount of line 54 you want; Credited to 2019 estimated tax		unded	55	
	Statements Regarding Certain Activities and Other Information				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other authority	1		Yes
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country			
	here >				
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a for	eign trust?		11
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year 🕨 \$				
٥.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and s correct, and complete. Declaretion of preparer (other than taxpayer) is based on all information of which preparer	statements, and to ti rer has any knowled	ne best of my ki ge	nowledge and belief, it	is true,
Sign	$1 \cdot \mathcal{M}(\mathcal{M}) / \mathcal{M} \cdot \mathcal{M}$		Ĭ	May the IRS discuss t	his return w
Here	1 web for full OS/01/2020 CFO]	the preparer shown be	
	Signature of officer Date Title			instructions)?	Yes
	Print/Type preparer's name Preparer's signature Da	te	Check	if PTIN	
			self- employe		
Paid		1/22/20		P0131	0283
Paid Prena	rer Nicholas E. Porto 04	1/22/20			
Prepa	Firm's name BAKER NEWMAN & NOYES, LLC	1/22/20	Firm's EIN		
	STATE NAME NOVEC IIC	1/22/20	Firm's EIN		

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation N/A			
1 Inventory at beginning of year	11			Inventory at end of year			6
2 Purchases	2		7	Cost of goods sold. Sul	btract I	ine 6	
3 Cost of labor	3		7	from line 5. Enter here a		17	
4a Additional section 263A costs			7	line 2		**	7
(attach schedule)	4a		8	Do the rules of section :	263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		7	property produced or a	•	•	
5 Total. Add lines 1 through 4b	5		7	the organization?	•	,	Distriction Later Street
Schedule C - Rent Income	(From Real	Property an	d Per		eas	ed With Real Prop	erty)
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
		ed or accrued				3/a\Deductions directly o	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	columns 2(a) and	2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter >	_		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)			
			7	. Gross Income from		3. Deductions directly conn- to debt-finance	ected with or allocable d property
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(4)			+				
(1)			+-				
(2)			+				
(3)			+				
(4)	F 4		+-,			7.0	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to inced property in schedule)	'	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)			1	%		,	
(4)			1	%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).
Totals				▶Ì		0.	
Total dividends-received deductions in	cluded in columi	18		<u> </u>		•	0.
		-					Form 990-T (2018)

Schedule F - Interest, A	Time ties, rioye	incies, ai		Controlled O			.auvi	is lee in:	struction:	<u> </u>
1. Name of controlled organizate	on 2. Er identi nur	nployer fication nber	3. Net unr	elated income instructions)	4. Tot	al of specified nents made	ınclud	t of column 4 ed in the cont ation's gross	trolling	6. Deductions directly connected with income in column 5
(1)			-							
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	ations									
7. Taxable Income	8. Net unrelated inco (see instruction		9, Total	of specified pay made	ments	10. Part of column in the controlling gross		nization's	11. Dec with	ductions directly connected Income in column 10
(1)								•		
(2)						<u> </u>				
(3)										
(4)										
						Add colur Enter here and line 8, 6		e 1, Part I,	Enter h	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals			_		▶			0.	1	0.
Schedule G - Investme		Section	501(c)(7), (9), or	(17) Or	ganization)			
1. Descr	iption of Income			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
T.A.I.	•		_	Enter here and Part I, line 9, co	olumin (A)					Enter here and on page 1, Part I, Ilrie 9, culumin (6)
Schedule I - Exploited (see instru	-	y Incom	ne, Othe	r Than Ad	0 . dvertisi	ing Income	<u> </u>			0.
		3 =-	penses	4. Net incor	ne (loss)	_				7. Excess exempt
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	connected oduction related as income	from unrelated business (co minus colum gain, comput through	d trade or olumn 2 nn 3) If a te cols 5	5. Gross inco from activity is not unrela business inco	that ted	attribu	penses table to ımл 5	expenses (column 6 minus column 5, but not more than column 4)
(1)		T								
(2)										
(3)										
(4)								<u></u>		
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 26
Totals	0.	<u> </u>	0.				E Mil			0.
Schedule J - Advertising Partill Income From I				aalidataa	l Basia		_			
Range Income From I		oortea c	on a Con	solidated	ı basıs					
1. Name of periodical	2. Gross advertising income	adv	3. Direct rertising costs	or (loss) (c col 3) If a g	tising gain col 2 minus gain, compu hrough 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			_					1		
(2)										
(4)										
Totals (carry to Part II, line (5))		0.	0							0.

Total. Enter here and on page 1, Part II, line 14

%

%

▶

Part III 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.) 4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 7. Excess readership costs (column 6 minus column 5, but not more 2. Gross advertising income 3. Direct advertising costs 5. Circulation 6. Readership 1. Name of periodical income costs than column 4) (1) (2) (3) (4) 0 Ō. Totals from Part I 0. Enter here and on Enter here and on Enter here and раде 1, Part I, liле 11, col (A) page 1, Part I, line 11, col (B) Totals, Part II (lines 1-5) 0 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 2. Title (1) % (2)

Form 990-T (2018)

0.

(3)

(4)

Form 990-T Description of Organization's Primary Unrelated Statement 1
Business Activity

Laboratory Services - unrelated entity portion
Transcription Services - unrelated entity portion
Outside Catering - unrelated entity portion
Center for Diabetes Mgt - unrelated entity portion
Pharmacy - unrelated entity portion
Cell Tower Rental
Environmental Services - unrelated entity portion
Linen Services - unrelated entity portion
Investments

To Form 990-T, Page 1

Form 990-T	Income (Loss) from Partnerships	Statement 2
Description		Net Income or (Loss)
	st Fund 20-3653624 s Income - Ordinary Business Income	19,437.
Total Included on	Form 990-T, Page 1, line 5	19,437.

Form 990-T	Contributions	Statement	3	
Description/Kind of Property	Method Used to Determine FMV	Amount		
Various Public Charities	N/A	1,405,864.		
Total to Form 990-T, Page 1, 1	ine 20	1,405,8	64.	

Form 990-T	C	ontributions Summary		Statement	4
Qualified (Contributions Sub	ject to 100% Limit			
	Year 2013 Year 2014	used Contributions			
For Tax	Year 2016	563,071 950,870			
Total Carry	yover ent Year 10% Cont	ributions	1,513,941 1,405,864		
	ributions Availab come Limitation a		2,919,805		
Excess 100	Contributions Contributions		2,919,805		
	ss Contributions Contributions Ded	uction	2,919,805		(
	ribution Deduction	-			

Form 990-T	Net	Operating Loss	Deduction	Statement 5
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/09	304,442.	0.	304,442.	304,442.
06/30/12	480,386.	0.	480,386.	480,386.
06/30/13	912,443.	0.	912,443.	912,443.
06/30/14	236,087.	0.	236,087.	236,087.
06/30/15	187,867.	0.	187,867.	187,867.
06/30/16	1,677,814.	0.	1,677,814.	1,677,814.
06/30/17	2,233,236.	0.	2,233,236.	2,233,236.
06/30/18	1,922,870.	0.	1,922,870.	1,922,870.
NOL Carryo	ver Available This	Year	7,955,145.	7,955,145.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

2,150

2018

2,150.

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99) Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 5

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

The Elliot Hospital of the City

Employer identif

ion is a 501(c)(3). E501(c)(3) Organizations O

02-0232673 of Manchester 561000 Unrelated business activity code (see instructions) Describe the unrelated trade or business

Hospital Transcription Services Partill Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 2,150.1a Gross receipts or sales 2,150 **b** Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 2 2,150. 3 3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages	15	385.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	29.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	3.
25	Employee benefit programs	25	145.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 6	28	3,048.
29	Total deductions. Add lines 14 through 28	29	3,610.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-1,460.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-1,460.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Total. Combine lines 3 through 12

of Manche	ster				02-0232	673
Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6
2 Purchases	2		7 Cost of goods sold. St	ubtract l	ine 6	200
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2		L	7
(attach schedule)	48		8 Do the rules of section	263A (\	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			X
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	erty)
1. Description of property						
(1)						
(2)						
(3)						
(4)						
		ed or accrued			9/e) Doductions directly o	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	<u> </u>	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	> 0.
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)		·	
			2. Gross Income from	}	3 Deductions directly conni- to debt-finance	
Description of debt-fi .	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			 	}		
(2)				-		
(3)				├──		
(4)			 	1	,-	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	e adjusted basis allocable to unced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•	1	0.	0.

Total dividends-received deductions included in column 8

Form 990-T (M)	Other Deductions	Statement 6
Description	Amount	
Occupancy and Overhead Professional Services		1,444. 1,604.
Total to Schedule M, Part II, 1	ine 28	3,048.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL~1, 2018 , and ending JUN~30, 2019

2018

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99)

Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

The Elliot Hospital of the City Employer identif

ion is a 501(c)(3). 501(c)(3) Organizations (

of Manchester 02-0232673 561000 Unrelated business activity code (see instructions) Describe the unrelated trade or business Northeast Rehab Transcription Services Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 27.423. 1 a Gross receipts or sales b Less returns and allowances 27,423 c Balance 2 Cost of goods sold (Schedule A, line 7) 2 27,423 3 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12. Other income (See instructions; attach schedule) 12 27.423 27,423. Total. Combine lines 3 through 12 13

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages	15	12,595.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	965.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	104.
25	Employee benefit programs	25	4,757.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 7	28	102,679.
29	Total deductions. Add lines 14 through 28	29	121,100.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-93,677.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	建	-
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-93,677.

LHA For Paperwork Reduction Act Notice, see instructions.

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Page	3

of Manche	ster					02-0232	2673	, -9-
Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	aluation N/A				
1 Inventory at beginning of year	1			Inventory at end of year			6	
2 Purchases	2		7	Cost of goods sold. Sul	btract li	ne 6		
3 Cost of labor	3			from line 5. Enter here a	and in F	Part I,		
4 a Additional section 263A costs			7	ine 2		Ĺ	7	
(attach schedule)	4a		8	Do the rules of section 2	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b			property produced or ac	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		Щ_	the organization?				X
Schedule C - Rent Income	(From Real	Property an	id Pei	rsonal Property l	_eas	ed With Real Prop	perty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
·		ed or accrued				3(a) Deductions directly	connected with the	income In
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percentar property exceeds 50% or if ed on profit or income)	ge	columns 2(a) an	d 2(b) (attach sched	ule)
(1)								
(2)								
(3)								
(4)	· · · · · · · · · · · · · · · · · · ·							
Total	<u> </u>	Total			0.			
(c) Total income. Add totals of columns		iter			_	(b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, column		<u> </u>			0.	Part I, line 6, column (B)	<u> </u>	<u> </u>
Schedule E - Unrelated De	Dt-Financed	income (see	e instru	ctions)		0.0		
			2	Gross Income from		Deductions directly control debt-finance		apie
1. Description of debt-f	Inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other of	leductions
						(arracu scriedole)	(attach si	Sriedale)
(1)			+-				 	
(2)			+-				 	
(3)			+				 	
(4)			\top				 	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to inced property h schedule)	6	. Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)	(column 6 x to	e deductions otal of columns nd 3(b))
(1)	 		+	%			 	
(2)				%				
(3)				%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,	
Totals				•		0		0.
Total dividends-received deductions in	ncluded in columi	n 8					1	0.

Form 990-T (M)	Other Deductions	Statement	7
Description		Amount	
Occupancy and Overhead Professional Services		50,16 52,51	
Total to Schedule M, Part II, 1	ine 28	102,67	79.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

Entity 3

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a second The Elliot Hospital of the City

Employ

mation.	Open to Public Inspection to
ion is a 501(c)(3).	Openito Public Inspection to 50.1(c)(3) Organizations Only
Employer identific	ation number

02-0232673

of Manchester

Unrelated business activity code (see instructions) ▶ 812930

Unrelated business activity code (see instructions)

812930

	escribe the unrelated trade or business River's E	<u>dge</u>	Parking Gar	ages	
Pái	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales 280,799.		200 700		
р	Less returns and allowances c Balance ▶	1c	280,799.		
2	Cost of goods sold (Schedule A, line 7)	_ 2			
3	Gross profit. Subtract line 2 from line 1c	3	280,799.		280,799.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11		L	
12	Other income (See instructions; attach schedule)	12		WALEST TO BE	
13	Total. Combine lines 3 through 12	13	280,799.		280,799.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	57,503.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	112,517.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	-
28	Other deductions (attach schedule) See Statement 8	28	143,599.
29	Total deductions. Add lines 14 through 28	29	313,619.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-32,820.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-32,820.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018) The Elliot Hospital of the City
of Manchester

of Manche			-		02-0232	673
Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6
2 Purchases	2		7 Cost of goods sold. St	ubtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2		-	7
(attach schedule)	48		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?		,	X
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	perty)
Description of property	 _					
(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ved or accrued				
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	re than	of rent for	and personal property (if the percent personal property exceeds 50% or if int is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the income in I 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		<u> </u>
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		nter	 	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated De		Income (see	e instructions)			
				T	3. Deductions directly conn	
_			Gross income from or allocable to debt-	- (a)	to debt-finance	(b) Other deductions
1. Description of debt-	financed property		financed property	``'	(attach schedule)	(attach schedule)
(1)						
(2)			 	 		
(3)			 	 		
(4)				_		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	 		%	-		
(2)	 		%	 		
(3)	1		%	T		
(4)			%	 	· · · · · · · · · · · · · · · · · · ·	
			<u> </u>	-	Enter here and on page 1,	Enter here and on page 1,
					Part I, line 7, column (A)	Part I, line 7, column (B)
Totals			•		0.	. 0.
Total dividends-received deductions	ncluded in colum	n 8	,		•	0.

Form 990-T (M)	Other Deductions	Statement	8
Description		Amount	
Permits and Licenses Office and Administrative Occupancy and Overhead		11 14,0 129,4	
Total to Schedule M, Part II, li	ne 28	143,5	99.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning $\underline{JUL}\ 1$, $\underline{2018}$, and ending $\underline{JUN}\ 30$, $\underline{2019}$

Entity 4

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). The Elliot Hospital of the City

Employer identification number

02-0232673

Unrelated business activity code (see instructions) ▶ 713940 River's Edge Welliot Fitness Center

of Manchester

	escribe the unrelated trade or business RIVEL S E	uge	METITOL FIL	ness center	
Pai	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales 123,175.				
b	Less returns and allowances c Balance ▶	1c_	123,175.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	123,175.		123,175.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b_		医松叶氏 新加州	
Ć	Capital loss deduction for trusts	4c_			
5	Income (loss) from a partnership or an S corporation (attach				
•	statement)	5			
6	Rent income (Schedule C)	6		1	
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled			Ì	
	organization (Schedule F)	8_			
9	Investment income of a section 501(c)(7), (9), or (17)				ļ
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	123,175.	<u> </u>	123,175.

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

14	Compensation of officers, directors, and trustees (Schedule K)		14_	
15	Salaries and wages		15	107,547.
16	Repairs and maintenance		16_	2,642.
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	8,347.
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	94.		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a		22b	2,194.
23	Depletion		23_	
24	Contributions to deferred compensation plans		24	691.
25	Employee benefit programs		25	19,964.
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule) See Statement	9	28	146,297.
29	Total deductions. Add lines 14 through 28		29	287,682.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	-164,507.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see			
	instructions)		31	
32	Unrelated business taxable income Subtract line 31 from line 30		32	-164,507.
				200 = 200

LHA For Paperwork Reduction Act Notice, see instructions.

Inventory at beginning of year

4a Additional section 263A costs (attach schedule)

b Other costs (attach schedule)

2 Purchases

3 Cost of labor

1. Description of property

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

2

3

4a

4b

			-	Dogo	•
02326	73			Page	_
					_
<u></u>	<u> </u>				_
	' L				
		_	Vρς	No	

02-

5 Total. Add lines 1 through 4b 5 the organization?

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

(1)			
(2)			
(3)			
(4)			
	2. Rent receive		
	(a) From personal property (if the percentage of rent for personal property is more than	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if	3(a) Deductions directly connected with the Income In columns 2(a) and 2(b) (attach schedule)

6 Inventory at end of year

7 Cost of goods sold. Subtract line 6

from line 5. Enter here and in Part I,

8 Do the rules of section 263A (with respect to

property produced or acquired for resale) apply to

	Z. Hent received of acciden					
(8	a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)		nd personal property (if the percenta ersonal property exceeds 50% or if is based on profit or income)	ige	3(a) Deductions directly connected with the Inco- columns 2(a) and 2(b) (attach schedule)	ome In
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		
	ncome. Add totals of columns 2(a) and 2(b). E	nter		_	(b) Total deductions. Enter here and on page 1,	•

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

Schedule E - Unrelated Debt-Eingscod Income (see patricted)

		2 Gross income from	3. Deductions directly connected with or allocable to debt-financed property			
1. Description of debt-financed property		or allocable to debt- financed property	(8) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						
(2)						
3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
1)		%				
2)		%				
(3)		%				
(4)		%				
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).		
Totale			0.1	0		

Form 990-T (2018)

Total dividends-received deductions included in column 8

Form 990-T (M) Other Deductions	Statement 9
Description	Amount
Occupancy and Overhead Office and Administrative	115,360. 30,937.
Total to Schedule M, Part II, line 28	146,297.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

142,709.

Entity 5

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization

12

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

The Elliot Hospital of the City

ion is a 501(c)(3). \$50(c)(3). Organizations!

Employer identification number

of Manchester 02-0232673 722320 Unrelated business activity code (see instructions) ▶ Dietary, Nutrition, and Catering Services Describe the unrelated trade or business Partil Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 142,709. 1a Gross receipts or sales 142,709 b Less returns and allowances c Balance 10 2 Cost of goods sold (Schedule A, line 7) 2 142,709 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach 5 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11

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

12

13

142,709

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	135,062.
16	Repairs and maintenance	16	2,130.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	10,368.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 2, 208		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	2,208.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	774.
25	Employee benefit programs	25	40,104.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 10	28	398,037.
29	Total deductions. Add lines 14 through 28	29	588,683.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-445,974.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-445,974.

LHA For Paperwork Reduction Act Notice, see instructions.

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Page	3
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0	2-	O	2	3	2	6	7	3
•	_	v	~	~	~	·	•	~

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N	I/A	02_0252	.075
1 Inventory at beginning of year	1		6 Inventory at end			6
2 Purchases	2		7 Cost of goods so		line 6	
3 Cost of labor	3		from line 5. Enter		lá	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of se	ction 263A	(with respect to	Yes No
b Other costs (attach schedule)	4b		property produce	d or acquire	ed for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			X
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Prope	rty Leas	sed With Real Prop	perty)
1. Description of property						
(1)						
(2)						
(3)						
(4)						
		ed or accrued			2/a) Dodustions deserting	parameter with the lacome in
(a) From personal property (if the personal property is mor 10% but not more than 50%)	e than	` 'of rent for	and personal property (if the p personal property exceeds 509 nt is based on profit or income	% orlf	columns 2(a) an	connected with the Income in d 2(b) (attach schedule)
(1)						
(2)						
(3)			_			
(4)						
Total	0.	Total		0 .		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		ter >		0 .	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	o .
Schedule E - Unrelated De	bt-Financed	Income (see	Instructions)			
· · · · · · · · · · · · · · · · · · ·			2. Gross income from		Deductions directly cont to debt-finance	nected with or allocable and property
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(8	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%		
(2)				%		
(3)				%		
(4)				%		
					Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				lacktriangle	0	.) 0.
Total dividends-received deductions	ncluded in columr	ı 8			•	0.
						Form 000-T (2018)

Form 990-T (M)	Other Deductions	Statement	10
Description		Amount	
Occupancy and Overhead Office and Administrative Professional Services		247,5 148,5 1,9	78.
Total to Schedule M, Part II, li	ne 28	398,0	37.

Unrelated Business Taxable Income for Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

For calendar year 2018 or other tax year beginning JUL~1, 2018 and ending JUN~30, 2019

Entity 6

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). The Elliot Hospital of the City

Employer identification number 02-0232673

Unrelated business activity code (see instructions)

of Manchester

Pai	Unrelated Trade or Business Income	}	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales. 290,173.		000 172		
b	Less returns and allowances c Balance ▶	1c	290,173.	建华国际	
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	290,173.		290,173.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	·	MARCH TO LANGUE	
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5_			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9_			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12		STATES ENGINE	
13	Total. Combine lines 3 through 12	13	290,173.		290,173.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	49,889.
16	Repairs and maintenance	16	2,809.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	3,772.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	168.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	581.
25	Employee benefit programs	25	12,863.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 11	28	310,286.
29	Total deductions. Add lines 14 through 28	29	380,368.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-90,195.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-90,195.

LHA For Paperwork Reduction Act Notice, see instructions.

Page 3

Form 990-T (2018)

of Manche					02-0232	2673	
Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of yea	r		6	
2 Purchases	2	- <u></u>	7 Cost of goods sold. Su	ıbtract l	ine 6		
3 Cost of labor	3		from line 5. Enter here	and in I	Part I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or a	cquirec	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?	•	,		X
Schedule C - Rent Income	From Real	Property an	d Personal Property	Leas	ed With Real Prop	perty)	
(see instructions)	-				•		
Description of property	<u> </u>						
(1)							
(2)							
(3)							
(4)							
		ed or accrued			2/a\Dadu-siana disastha	and a stand with the	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	and personal property (If the percente personal property exceeds 50% or If nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) an	d 2(b) (attach sched	ule)
(1)							
(2)						-	
(3)							
(4)							
Total	0.	Total		0.	•		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0 .
Schedule E - Unrelated Del	t-Financed	Income (see	instructions)		<u> </u>		
		<u>-</u>	2. Gross Income from		3. Deductions directly conto debt-finance	nected with or alloce ed property	ible
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other d (attach so	
(1)			 			 	
(2)			 			 	
(3)			· 	1		† 	
(4)			<u> </u>	T		† — —	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	e deductions otal of columns nd 3(b))
(1)	,		%			<u> </u>	
(2)			%				
(3)			%			T	
(4)			%			1	
					Enter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,	
			_		0		0

Total dividends-received deductions included in column 8

Form 990-T (M)	Other Deductions	Statement 11
Description		Amount
Professional Services Office and Administrative Occupancy and Overhead		180,630 129,634
Total to Schedule M, Part II, li	ine 28	310,286

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

1,930,335.

OMB No 1545-0687

Entity

Department of the Treasury Internal Revenue Service (99) Name of the organization Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

The Elliot Hospital of the City Employer identify

ion is a 501(c)(3). | 501(c)(3) Organizations On Employer identification number

of Manchester 02-0232673 446110 Unrelated business activity code (see instructions) Describe the unrelated trade or business River's Edge Retail Pharmacy Part Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1,930,335 1a Gross receipts or sales 1,930,335 . b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Explorted exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11

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

12

1,930,335

14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	333,351.
16	Repairs and maintenance				16	107,755.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	26,318.
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)	L	21	_1,252.		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	1,252.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	4,773.
25	Employee benefit programs				25	71,794.
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)	See	: S	tatement 12	28	3,535,257.
29	Total deductions. Add lines 14 through 28				29	4,080,500.
30	Unrelated business taxable income before net operating loss deduction. Subtra-	ct line	29 f	rom line 13	30	-2,150,165.
31	Deduction for net operating loss arising in tax years beginning on or after Januar	ry 1, 2	018	(see		
	instructions)				31	
32	Unrelated business taxable income. Subtract line 31 from line 30				32	-2,150,165.

LHA For Paperwork Reduction Act Notice, see instructions.

Other income (See instructions; attach schedule)

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

12

Page	3

anchester	_	_	02-0232673

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory v	aluation N/A				
1 Inventory at beginning of year	of year 1 6 Inventory at end of year			Inventory at end of year			6	
2 Purchases	2		7	Cost of goods sold. Su	btract l	ne 6	76	
3 Cost of labor	3		1	from line 5. Enter here a	and in F	Part I,		
4a Additional section 263A costs		_	1	line 2			7	
(attach schedule)	4a		8	Do the rules of section :	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b		7	property produced or a				
5 Total. Add lines 1 through 4b	5		1	the organization?		, ,,,		X
Schedule C - Rent Income	(From Real	Property an	d Pe		Leas	ed With Real Pro	per	tv)
(see instructions)	<u> </u>		_					
Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				0(1) 0 1 1 1 1		
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	personal	sonal property (if the percental property exceeds 50% or if sed on profit or income)	ige	3(a) Deductions directly columns 2(a) a	nd 2(b)	(attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ictions)		<u> </u>		
			1	2. Gross income from		3. Deductions directly conto debt-finan		
1. Description of debt-fi	nanced property			or ellocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			+-	 			\top	
(2)							+	
(3)			\top				\top	
(4)			1			 	十	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis llocable to nced property schedule)	1	5. Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			L	%				
(2)			. [%				
(3)				%				
(4)				%				
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals						0		0.
Total dividends-received deductions in	ncluded in column	8		- 1			-	0.
				 				Form 990-T (2018)

Form 990-T (M)	Other Deductions	Statement 12
Description		Amount
Occupancy and Overhead Office and Administrative Permits and Licenses Professional Services		1,673,005. 1,829,959. 13,623. 18,670.
Total to Schedule M, Part II, 1:	ine 28	3,535,257.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL~1, 2018, and ending JUN~30, 2019

02-0232673

OMB No 1545-0687

Entity 8

Department of the Treasury Internal Revenue Service (99) Name of the organization ▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). The Elliot Hospital of the City Employer identification number

Unrelated business activity code (see instructions)

of Manchester

	Describe the unrelated trade or business Medical Laboratory				
Pai	Unrelated Trade or Business Income	_	(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales 4,228,200. Less returns and allowances c Balance ▶	1c	4,228,200.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	4,228,200.		4,228,200.
4 a	Capital gain net income (attach Schedule D)	4a			
. b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
. с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			L
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	4,228,200.		4,228,200.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	771,602.
16	Repairs and maintenance	16	48,963.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	58,776.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 29,775		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	29,775.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	5,262.
25	Employee benefit programs	25	213,862.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 13	28	1,857,589.
29	Total deductions. Add lines 14 through 28	29	2,985,829.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	1,242,371.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	1,242,371.

LHA For Paperwork Reduction Act Notice, see instructions.

	_
	Page

of Manche:					02-023	2673		
Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory valuation N/	A				
1 Inventory at beginning of year	11		6 Inventory at end of ye	ear .		6		
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6	100		
3 Cost of labor	3		from line 5. Enter her	e and in f	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	n 263A (1	with respect to		Yes No	
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		the organization?		,		X	
Schedule C - Rent Income ((see instructions)	From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty)		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued			[
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	and personal property (if the percei personal property exceeds 50% or int is based on profit or income)	ntage If	3(a) Deductions directly columns 2(a) ai	y connected with th nd 2(b) (attach sche	e income in dule)	
(1)								
(2)								
(3)								
(4)				_				
Total	0.	Total		0.				
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		eter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0 .	
Schedule E - Unrelated Deb	t-Finance	Income (see	e instructions)					
			2. Gross income from		Deductions directly connected with or allocable to debt-financed property			
1. Description of debt-fin	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other (attach	deductions schedule)	
(1)								
(2)								
(3)								
(4)				1		T		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fine	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x	ble deductions total of columns and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A)		nd on page 1, 7, column (B)	
Totals			•	<u> </u>	0	•	0	
Total dividends-received deductions in	cluded in colum	n 8					0	
						For	m 990-T (2018	

Form 990-T (M)	Other Deductions	Statement 13
Description		Amount
Occupancy and Overhead Office and Administrative Permits and Licenses Professional Services		980,126. 568,647. 2,620. 306,196.
Total to Schedule M, Part II, 1	ine 28	1,857,589.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL~1, 2018, and ending JUN~30, 2019► Go to www.irs.gov/Form990T for instructions and the latest information.

Entity 9

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). The Elliot Hospital of the City

Employer identification number

02-0232673 of Manchester 562000 Unrelated business activity code (see instructions) Describe the unrelated trade or business

Environmental and Sanitation Services Partil Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 118,835 1a Gross receipts or sales 118,835 **b** Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 118,835. 118,835. 3 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Explorted exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11

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

12

118,835.

14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	52,578.
16	Repairs and maintenance				16	8,707.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	4,089.
20	Charitable contributions (See instructions for limitation rules)	,	,		20	
21	Depreciation (attach Form 4562)	_2	1	233.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22	2a_		22b	233.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	220.
25	Employee benefit programs				25	19,168.
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)	See	Statem	ent 14	28	66,754.
29	Total deductions. Add lines 14 through 28				29	151,749.
30	Unrelated business taxable income before net operating loss deduction. Subtract	t line 2	9 from line 13		30	-32,914.
31	Deduction for net operating loss arising in tax years beginning on or after Januar	y 1, 20	18 (see			
	instructions)				31	
32_	Unrelated business taxable income. Subtract line 31 from line 30				32	-32,914.

LHA For Paperwork Reduction Act Notice, see instructions.

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

118,835.

	Page

of Manche	02-0232673						
Schedule A - Cost of Good:	s Sold. Enter	method of inven	tory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year			6	
2 Purchases	2		7 Cost of goods sold. Subtract li		ine 6	1	
3 Cost of labor	3		from line 5. Enter here and in Part I,				
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section 263A (with respect to Yes No				
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply t				
5 Total. Add lines 1 through 4b	the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Property	Lease	ed With Real Prop	erty)	
Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued					
rent for personal property is more than of rent for p			nd personal property (if the percentage ersonal property exceeds 50% or if t is based on profit or income)		3(a) Deductions directly of columns 2(a) and	onnected with the income in 2(b) (attach schedule)	
(1)							
(2)						<u> </u>	
(3)	-						
(4)					Ī		
Total	0.	Total		0.			
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.			
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
Description of debt-financed property			Gross income from or allocable to debt- financed property		Deductions directly connected with or allocable to debt-financed property		
				(a)	(a) Straight line depreciation (b) Other deductions		
				`-'	(ettach schedule)	(stach schedule)	
(1)			 	├			
(1)			 				
(2)							
(3)				-			
	E Average	adveted begg	6 00 00 00	 	7. Gross income	9 40	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	cable to debt-financed of or allocable to		6 Column 4 divided by column 5	reportable (column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)	
Totals			•	L	0.	_0.	
Total dividends-received deductions in	cluded in columi	n 8			>	0.	
						Form 990-T (2018)	

Form 990-T (M)	Other Deductions	Statement 14
Description		Amount
Occupancy and Overhead Office and Administrative Professional Services		57,330. 7,771. 1,653.
Total to Schedule M, Part II, li	ne 28	66,754.

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Unrelated Business Taxable Income for Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

For calendar year 2018 or other tax year beginning \underline{JUL} 1 , $\underline{2018}$, and ending \underline{JUN} 30 , $\underline{2019}$

Entity 10

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). The Elliot Hospital of the City of Manchester

Employer identification number 02-0232673

Unrelated business activity code (see instructions)

Pai	Unrelated Trade or Business Income	1	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 6,500.				
b	Less returns and allowances c Balance ▶	_1c	_6,500.		
2	Cost of goods sold (Schedule A, line 7)	2		の発展している。	
3	Gross profit Subtract line 2 from line 1c	3	6,500.		6,500.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		學是不過一個	
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) .	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	_7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	_8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		TALIFORNIA DE	
13	Total. Combine lines 3 through 12	13	6,500.		6,500.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	2,774.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	208.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 21 58.		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	58.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	3.
25	Employee benefit programs	25	1,218.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 15	28	11,528.
29	Total deductions. Add lines 14 through 28	29	15,789.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-9,289.
31	Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see	建	
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-9,289.

LHA For Paperwork Reduction Act Notice, see instructions.

•						Entity	10
Form 990-T (2018) The Ellio	t Hospit	tal of th	e City				Page 3
of Manche	ster			_	02-0232	1673	
Schedule A - Cost of Good	s Sold. Enter	method of invent	tory valuation 🕨 N/A				
 Inventory at beginning of year 	1		6 Inventory at end of yea	r		6	
2 Purchases	2		7 Cost of goods sold. St	ıbtract lı	ne 6 🕞		_
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4 a Additional section 263A costs			line 2		L	7	
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to	Ye	
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?				<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property	Lease	ed With Real Prop	oerty) 	
1. Description of property							
(1)							
(2)							
(3)							
(4)							
		ed or accrued			3(a)Deductions directly of	connected with the incon	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	` 'of rent for pe	nd personal property (if the percent ersonal property exceeds 50% or if t is based on profit or income)	age	columns 2(a) and	d 2(b) (attach schedule)	10 111
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns		ter		-	(b) Total deductions. Enter here and on page 1.		
here and on page 1, Part I, line 6, column		<u> </u>		0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Det	ot-Financed	I Income (see	instructions)				
			2. Gross income from		 Deductions directly conn to debt-finance 		
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deduc (attach schedu	
(1)						 -	
(2)							
(3)				_			
(4)						1	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to niced property n schedule)	6. Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)	8. Allocable ded (column 6 x total of 3(a) and 3(b)	f columns
(1)			%				
(2)			%				
(3)			%				
(4)			%				

Form 990-T (2018)

0. 0.

Enter here and on page 1, Part I, line 7, column (B)

Totals

Total dividends-received deductions included in column 8

Enter here and on page 1, Part I, line 7, column (A)

0.

Form 990-T (M)	Other Deductions	Statement	15
Description		Amount	
Professional Services Office and Administrative Occupancy and Overhead		4,0 7,0	
Total to Schedule M, Part II, li	ine 28	11,5	28.

Unrelated Business Taxable Income for Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

For calendar year 2018 or other tax year beginning $\,\,$ JUL $\,\,$ 1, $\,\,$ 2018 $\,$, and ending $\,$ JUN $\,\,$ 30 , $\,\,$ 2019

2018

OMB No 1545-0687

Entity 11

Department of the Treasury Internal Revenue Service (99) Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

The Elliot Hospital of the City Employer identity

Employer identification number 02-0232673

Unrelated business activity code (see instructions)

812900

Describe the unrelated trade or business

Security Services

of Manchester

Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 33,972.	$\Box \dagger$			
b	Less returns and allowances c Balance ▶	1c	33,972.		
2	Cost of goods sold (Schedule A, line 7)	2		の高いない。	世界和 的原理的
3	Gross profit Subtract line 2 from line 1c	3	33,972.		33,972.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach	T			-
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled	ΙT			
	organization (Schedule F)	_8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13_	Total, Combine lines 3 through 12	13	33,972.		33,972.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	39,362.
16	Repairs and maintenance	16	2,804.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	3,158.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 21 1, 269.	22	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	1,269.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	369.
25	Employee benefit programs	25	6,561.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 16	28	62,429.
29	Total deductions. Add lines 14 through 28	29	115,952.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-81,980.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-81,980.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

0.

0.

Enter here and on page 1.

Part I, line 7, column (B)

(4)

Totals

%

Total dividends-received deductions included in column 8

Enter here and on page 1.

Part I, line 7, column (A)

0.

Form 990-T (M) Other	er Deductions	Statement	16
Description		Amount	
Occupancy and Overhead Office and Administrative Permits and Licenses		46,3 16,0	
Total to Schedule M, Part II, line	28	62,4	29.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30,

2018

OMB No 1545-0687

Entity 12

Department of the Treasury Internal Revenue Service (99) Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

The Elliot Hospital of the City Employer identification number

of Manchester 02-0232673 541300 Unrelated business activity code (see instructions) Describe the unrelated trade or business
Clinical Engineering Partill Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 4,059. 1a Gross receipts or sales 4,059 b Less returns and allowances c Balance ▶ 10 2 Cost of goods sold (Schedule A, line 7) 4,059 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) **4**a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 4,059. 4,059.

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

13

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	1,385.
16	Repairs and maintenance	16	134.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	L
19	Taxes and licenses	19	111.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	63.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	5.
25	Employee benefit programs	25	341.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 17	28	1,543.
29	Total deductions. Add lines 14 through 28	29	3,582.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	477.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	477.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Total. Combine lines 3 through 12

13

0 . 0 . ► 0 . Form 990-T (2018)

8. Allocable deductions (column 6 x total of columns

3(a) and 3(b))

Enter here and on page 1,

Part I, line 7, column (B)

(4)

(1)

(2)

(3)

(4)

Totals

 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)

Total dividends-received deductions included in column 8

 Average adjusted basis of or allocable to debt-financed property (attach schedule)

Column 4 divided by column 5

%

% %

%

7. Gross income reportable (column

2 x column 6)

Enter here and on page 1, Part I, line 7, column (A)

Form 990-T (M) Other Deductions		Statement 1	L 7
Description		Amount	
Occupancy and Overhead Office and Administrative		1,433	
Total to Schedule M, Part II, lir	ne 28	1,543	3.

Unrelated Business Taxable Income for Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

For calendar year 2018 or other tax year beginning \underline{JUL} 1, $\underline{2018}$, and ending \underline{JUN} 30, $\underline{201}$

2018

OMB No 1545-0687

Entity 13

Department of the Treasury Internal Revenue Service (99)

Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

The Elliot Hospital of the City Employer identify

Employer identification number

of Manchester 02-0232673 811000 Unrelated business activity code (see instructions) ▶ Londonderry Maintenance Services Describe the unrelated trade or business Partill Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 44,703 b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 44,703 3 3 Gross profit 'Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions; attach schedule) 12 12 44,703. 44,703. Total. Combine lines 3 through 12 13

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

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	48,766.
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	3,831.
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)			
22	Less depreciation claimed on Schedule A and elsewhere on return 22a		22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	1,054.
25	Employee benefit programs		25	12,464.
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule) See S	Statement 18	28	44,181.
29	Total deductions. Add lines 14 through 28		29	110,296.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29	from line 13	30	-65,593.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	(see		
	instructions)		31	
32	Unrelated business taxable income. Subtract line 31 from line 30		32	-65,593.

LHA For Paperwork Reduction Act Notice, see instructions.

5. Average adjusted basis of or allocable to

debt-financed prope (attach schedule)

Form 990-T (2018)

0.

0.

8 Allocable deductions

Enter here and on page 1,

Part I, line 7, column (B)

mn 6 x total of columns 3(a) and 3(b))

7 Gross income

reportable (column 2 x column 6)

Enter here and on page 1,

Part I, line 7, column (A)

0

(2)

(3)

(4)

Totals

4. Amount of average acquisition debt on or allocable to debt-financed

property (attach schedule)

Total dividends-received deductions included in column 8

Column 4 divided

%

%

%

%

Form 990-T (M)	Other Deductions	Statement	18		
Description		Amount			
Occupancy and Overhead Office and Administrative		44,1	19. 62.		
Total to Schedule M, Part II,	line 28	44,1	81.		

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019

22,222.

2018

22,222.

Entity 14

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) ▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Openito Public Inspection

The Elliot Hospital of the City Employer identification number Name of the organization of Manchester 02-0232673 811000 Unrelated business activity code (see instructions) ▶ Outsourced Maintenance Services Describe the unrelated trade or business Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 22,222 b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A. line 7) 2 22,222 3 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8

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

9

10

11

12

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	22,222.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	22,222.

LHA For Paperwork Reduction Act Notice, see instructions.

Investment income of a section 501(c)(7), (9), or (17)

Exploited exempt activity income (Schedule I)

Other income (See instructions; attach schedule)

organization (Schedule G)

Advertising income (Schedule J)

Total. Combine lines 3 through 12

10

11

12

Form 990-T (2018)

0.

0.

(column 6 x total of columns

3(a) and 3(b))

Enter here and on page 1.

Part I, line 7, column (B)

(1) (2)

(3)

(4)

Totals

by column 5

%

% %

%

Total dividends-received deductions included in column 8

2 x column 6)

Enter here and on page 1,

Part I, line 7, column (A)

0

Unrelated Business Taxable Income for Unrelated Trade or Business

Entity 15 OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning \underline{JUL} $\underline{1}$, $\underline{2018}$, and ending \underline{JUN} $\underline{30}$, $\underline{2019}$

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

of Manchester

The Elliot Hospital of the City

Employer identification number 02-0232673

621400 Unrelated business activity code (see instructions) ► Radiology PACs

	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 12,016.		<u> </u>		
b	Less returns and allowances c Balance ▶	1c_	12,016.		
2	Cost of goods sold (Schedule A, line 7)	2		经产品的	
3	Gross profit Subtract line 2 from line 1c	3	12,016.		12,016.
4a	Capital gain net income (attach Schedule D)	4a		REPORT OF THE PARTY.	
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
C	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5		PERMIT WAS	
6	Rent income (Schedule C)	6_			
7	Unrelated debt-financed income (Schedule E)	7_			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8_			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12		RESIDENCE OF THE	
13	Total. Combine lines 3 through 12	13	12,016.		12,016.

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

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)	,	20	
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	2a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule) See	Statement 19	28	23,318.
29	Total deductions. Add lines 14 through 28		29	23,318.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 2	9 from line 13	30	-11,302.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 20	18 (see		
	instructions)		31	
32_	Unrelated business taxable income. Subtract line 31 from line 30		32	-11,302.

LHA For Paperwork Reduction Act Notice, see instructions.

Page

of Manche	ster					02-0232	673
Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory va	aluation N/A			
1 Inventory at beginning of year	1			Inventory at end of year	r		6
2 Purchases	2		7	Cost of goods sold. Su	ibtract li	ine 6	
3 Cost of labor	3		7	from line 5. Enter here	and in F		
4a Additional section 263A costs			1	line 2			7
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		7	property produced or a	coured	for resale) apply to	
5 Total. Add lines 1 through 4b	5		7	the organization?	٠	,	X
Schedule C - Rent Income	(From Real	Property an	d Per	sonal Property	Lease	ed With Real Prop	perty)
(see instructions)				• -		•	• •
1. Description of property		-	_				
(1)							
(2)							
(3)		<u>_</u>					
(4)							
		ed or accrued				9/a) Daductions directly a	respected with the income In
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	columns 2(a) and	connected with the income In I 2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns	2(a) and 2(b). Er	iter				(b) Total deductions.	
here and on page 1, Part I, line 6, colum			_		0.	Enter here and on page 1, Part I, line 6, column (B)	▶ 0.
Schedule E - Unrelated De	bt-Financed	Income (see	e instru	ctions)			
			,	Gross Income from		 Deductions directly conn to debt-finance 	
1. Description of debt-fi	inguined property			or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions
Description of dept-in	manced property			financed property		(attach schedule)	(attach schedule)
			→—		<u> </u>		
(1)			+		<u> </u>		
(2)			+		 	 _	
(3)			+				
(4)			+				
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	e adjusted basis allocable to inced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	<u> </u>		_	%			
(2)			1	%			
(3)				%			
(4)				%			
	·					inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				_]	0.	0.
Takal dividenda massivad daduskians u	- alicala al cala a alicani	- 0			——		

Form 990-T (M)	Other Deductions	Statement	19
Description		Amount	
Occupancy and Overhead Office and Administrative		10,1 13,2	
Total to Schedule M, Part II, 1:	ine 28	23,3	18.

Unrelated Business Taxable Income for Unrelated Trade or Business

► Go to www.irs.gov/Form990T for instructions and the latest information.

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Entity 16

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

The Elliot Hospital of the City Employer identification.

Employer identification number

of Manchester

Unrelated business activity code (see instructions) ▶ 541610

02-0232673

Par	Unrelated Trade or Business Income		(A) income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 558,756.		_		
ı b	Less returns and allowances c Balance ▶	1c	558,756.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	558,756.		558,756.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
i c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
ı	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	558,756.		558,756.

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

14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					15	184,389.
16	Repairs and maintenance					16	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses					19	
20	Charitable contributions (See instructions for limitation rules)	,				20	
21	Depreciation (attach Form 4562)	2	1				
22	Less depreciation claimed on Schedule A and elsewhere on return	22	2a]			22b	
23	Depletion					23	
24	Contributions to deferred compensation plans					24	39,113.
25	Employee benefit programs					25	39,113.
26	Excess exempt expenses (Schedule I)					26	
27	Excess readership costs (Schedule J)					27	
28	Other deductions (attach schedule)	See	S	tatement	20	28	296,141.
29	Total deductions. Add lines 14 through 28					29	558,756.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13						0.
31	Deduction for net operating loss arising in tax years beginning on or after Januar	y 1, 20	18 (see			
	instructions)					31	在工作和政治
32	Unrelated business taxable income. Subtract line 31 from line 30					32	

LHA For Paperwork Reduction Act Notice, see instructions.

of Manche	ester		_		02-023	2673
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	À		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6
2 Purchases	2		7 Cost of goods sold. S	Subtract	ine 6	
3 Cost of labor	3		from line 5. Enter here	e and in l	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	48		8 Do the rules of section	n 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?	•		X
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty)
(see instructions)						
1. Description of property						
(1)		 _				
(2)						
(3)						
(4)						
		red or accrued			0(0)0	and the second
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	re than	of rent for	and personal property (if the percer personal property exceeds 50% or nt is based on profit or income)	ntage if		connected with the income in ad 2(b) (attach schedule)
(1)						
(2)					,	
(3)						
(4)					<u> </u>	
Total	0.	Total		0.		
(c) Total income. Add totals of columns	2(a) and 2(b). Er	nter			(b) Total deductions.	
here and on page 1, Part I, line 6, colum		<u> </u>		0.	Enter here and on page 1, Part I, line 6, column (B)	D .
Schedule E - Unrelated De	bt-Finance	l Income (see	instructions)			
			2. Gross income from		 Deductions directly conto debt-finance 	
1. Description of debt-f	Spanned property		or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions
Description of debt-i	manced property		financed property		(attach schedule)	(attach schedule)
			 	Ļ		
(1)			-	↓		
(2)			 	↓		<u> </u>
(3)			 	-		
(4)			 	+-		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fine	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%	 		
(2)			%			
(3)			%			
(4)			%			
					Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•	•	0	. 0.
Total dividends-received deductions	ncluded in colum	n 8				0.

Form 990-T (M)	Other Deductions	Statement	20
Description		Amount	
Office and Administrative		296,1	41.
Total to Schedule M, Part II, 1	ine 28	296,1	41.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

OMB No 1545-0687

Entity 17

Department of the Treasury Internal Revenue Service (99) Name of the organization

of Manchester

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). The Elliot Hospital of the City Employer identification number

02-0232673

	Inrelated business activity code (see instructions) 53112 Describe the unrelated trade or business Cell Towe		entals		
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance >	1c			
2	Cost of goods sold (Schedule A, line 7)	2		NAME OF THE PERSON OF THE PERS	
3	Gross profit. Subtract line 2 from line 1c	3		光 见多形式表现	
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c		建筑设置的	
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6	18,165.		18,165.
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8		<u> </u>	·
9	Investment income of a section 501(c)(7), (9), or (17)				-
	organization (Schedule G)	9			1
10	Explorted exempt activity income (Schedule I)	10	·		
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12		建物源系统	
12	Total Combine lines 3 through 12	12	18 165.		18.165.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	18,165.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	18,165.

LHA For Paperwork Reduction Act Notice, see instructions.