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ĺ		proxy tax und	ler sectio	on 6033(e))	200	6	0040
	For calendar year 2019 or other tax year b	eginning JUL 1,	2019	, and ending	JUN 30, 20:	20	2019
Department of the Treasury		gov/Form990T for it					Open to Public Inspec
nternal Revenue Service	Do not enter SSN numbers						Open to Public Inspection 501(c)(3) Organization over identification num
Check box if address changed	Name of organization () Check box if name of	hanged and	see instructions	.)	(Empl	loyees' trust, see uctions)
Exempt under section	Print Southern New	Hampshire	Medi	cal Cent	ter		2-048305
X 501(c)(3 03	Type Number, street, and room or				<u> </u>		ated business activity nstructions)
408(e) 220(e)	8 Prospect S					_	
408A530(a)	City or town, state or provin			stal code		4	210
529(a) Book value of all assets	Nashua, NH F Group exemption number	03061-2014	<u>:</u>			624	310
at end of year	60. G Check organization type	Y 501/c) cor	noration	501(c) tru	ist 1 101/2	a) trust	Other t
H. Enter the number of the o	rganization's unrelated trades or bus	sinesses.	4		ribe the only (or first) u		
	Ancillary Servi				one, complete Parts I-V		
	ank space at the end of the previous		arts I and II.		•		•
business, then complete F		,					
	he corporation a subsidiary in an affi	liated group or a pare	nt-subsidiary	controlled grou	ıp? Stmt 1 ▶	X Ye	es No
If "Yes," enter the name ar	nd identifying number of the parent c						
	▶ Paul Trainor				lephone number 🕨		
Part Unrelated	Trade or Business Inco	me		(A) income	(B) Expense	es	(C) Net
1a Gross receipts or sales							
b Less returns and allow		c Balance	10		1		
2 Cost of goods sold (So	•		2			W. W.	一直接受益。 安全的
3 Gross profit. Subtract			3				
4a Capital gain net incom	•	707)	4a 4b			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
c Capital loss deduction	4797, Part II, line 17) (attach Form 4'	191)	4c	/		* 63% 11.32	
•	partnership or an S corporation (attai	ch statement)	5		And the state of t	7 11E 75	2
6 Rent income (Schedul		sir suitement,	6 7	<i></i>			<u> </u>
	ed income (Schedule E)		7,		- 		
	alties, and rents from a controlled org	ganization (Schedule F)	18				
· - · · · · · · · · · · · · · · · · · ·	a section 501(c)(7), (9), or (17) orga	=	/ 				
10 Exploited exempt activ	ity income (Schedule I)		10				
11 Advertising income (S	•		11				ļ
•	tructions; attach schedule)		12		TO PERSONAL PROPERTY OF THE PARTY OF THE PAR	1 4 2 4 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
13 Total. Combine lines			13		0.		L
	ns Not Taken Elsewhere must be directly connected with				ns)		
	cers, directors, and trustees (Schedi	íle K)	ECEI	VED	1	14	
15 Salaries and wages		[2]		ည္က	ļ	15	ļ <u> </u>
16 Repairs and maintena	ance	200 F	EB 16	2021		16	
17 Bad debts	dula) (see instructions)			33		17	
18 Interest (attach scheid19 Taxes and licenses	dule) (see instructions)	0	GDEN	117		19	
20 Depreciation (attach	Form 4562)			20		19 (# 5*5 4353	3
	imed on Schedyle A and elsewhere o	on return		21a			1
22 Depletion	Jan Sanday and Glock Million			[4]		22	
• • •	rred compensation plans					23	<u> </u>
24 Employee benefit pro	7					24	
25 Excess exempt exper						25	
26 Excess readership co	,					26	
27 Other deductions (at						27	
	d lines 14 through 27					28	
	axable income before net operating l			m line 13		29	ļ
/	erating loss arising in tax years begin	ining on or after Janu	ary 1, 2018				
						30	<u> </u>
(see instructions) 31 Unrelated business to	axable income. Subtract line 30 from	t 00				31	

Earm 00	2 _k T (2019) Southern New Hampshire Medical Center			02-	- በ ላ ይ 3	054 Page 2
Part				04-	0463	UJ4 Page Z
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see it	nstructions)		32		9,959.
33	Amounts paid for disallowed fringes		- I	33		3 7 3 3 3 3
34	Charitable contributions (see instructions for limitation rules)	34		0.		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line	34 from the sum of	ines 32 and 35			9,959.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruct	ions) S	tmt 2 🕻	0 36		9,959.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	·	_	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		8	\$8		1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	ı				
	enter the smaller of zero or line 37			39		<u> </u>
	Tax Computation					
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		•	40		0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on	line 39 from:		7.5		
40	Tax rate schedule or Schedule D (Form 1041)			41		
42	Proxy tax See instructions Alternative management by (trusts cally)			42		
43 44	Alternative minimum tax (trusts only) Tax on Noncompliant Facility Income. See instructions			44		
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45		0.
	V° Tax and Payments			1 40 1		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a		T T		
	Other credits (see instructions)	46b				
	General business credit. Attach Form 3800	46c		1::\		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d				
	Total credits. Add lines 46a through 46d			46e		
47	Subtract line 46e from line 45			47		0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	66 🔲 Other (attach schedule)	48		
49	Total tax. Add lines 47 and 48 (see instructions)			49		0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			50		0.
51 a	Payments: A 2018 overpayment credited to 2019	51a				
	2019 estimated tax payments	51b] []		
C	Tax deposited with Form 8868	51c				
	Foreign organizations: Tax paid or withheld at source (see instructions)	51d		_		
	Backup withholding (see instructions)	51e		ا: `` ا		
	Credit for small employer health insurance premiums (attach Form 8941)	51f				
g	Other credits, adjustments, and payments: Form 2439	ł		1 m		
50	Form 4136 Other Total	51g				
52 52	Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached			52 53	-	
53 54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			54		
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			55		
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	Re	unded 🕨	56		
	t VI Statements Regarding Certain Activities and Other Informati			1 00 1		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or					Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization in					3 3
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	reign country				1.0
	here					X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	sferor to, a forei	gn trust?			X
	If "Yes," see instructions for other forms the organization may have to file.					
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	· · · · · · · · · · · · · · · · · · ·				1.5
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and correct, and complete. Declaration of preparer Other than taxpayer) is based on all information of which prepa	statements, and to rer has any knowled	he best of my kr ige	nowledge ar	nd belief, it is	s true,
Sign Here	CI = MIIII	_	r	May the IRS	discuss th	s return with
пет	Signature of officer Date Title	Presid			r shown bek	
		<u> </u>)? X Y	es No
	Print/Type preparer's name Preparer's signature Da		Check	if PTII	V	
Pai	M(abalaa = Danta + 1 / (2)	/03/20	self- employe		01310	283
	PALED NEWMAN C NOVEC II C	1,03,40	Firm's EIN		$\frac{01310}{1-049}$	
Use	Only Firm's name BAKER NEWMAN & NOTES, LIC 650 ELM STREET, SUITE 302		CHILL S CHY	<u> </u>	_ 0 = 3	1020
	Firm's address MANCHESTER, NH 03101		Phone no.	(800	244-	7444

923711 01-27-20

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır		6		
2 Purchases	2		7 Cost of goods sold. Su	ıbtract il	ne 6			
3 Cost of labor	3		from line 5. Enter here	and in P	art I,			
4a Additional section 263A costs			line 2		L	7		
(attach schedule)	48		8 Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)					for resale) apply to			
5 Total, Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	perty) 		
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued			3(a) Deductions directly			
(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 percente personal property exceeds 50% or if nt is based on profit or income)	ege		d 2(b) (attach sch		п
(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	bt-Financed	Income (see	instructions)			·		
			2. Grass income from		 Deductions directly con to debt-finance 	nected with or allo ed property	ocable	
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Othe (attach	r deduction schedule)	ns
(1)			 			+		
(2)			<u> </u>	 		1		
(3)				\vdash		1		
(4)						1		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	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)	(column 6	able deduct total of co and 3(b))	
(1)			%			1		
(2)			%					
(3)			%					
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)		and on pag 7, column	
Totals			•	1	0			0.
Total dividends-received deductions is	ncluded in colum	n 8	•		<u> </u>			0.

Form 990-T (2019)

Schedule F - Interest, A	Annuities, Roya	lties, an	d Rents	From Co	ontrolle	d Organi	zatior	1S (see ins	tructions)
			Exempt C	ontrolled O	rganizatio	ons				
1. Name of controlled organizat	ion 2. Em Identifi num	cation		lated income instructions)		al of specified nents made	includ	t of column 4 t ed in the contr ation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)							+-	 -		
(2)							+-		_	·
							+			
(3)							┼──			
Nonexempt Controlled Organi	zations									
7. Taxable Income	8 Net unrelated incon (see instruction		9. Total o	of specified payr made	ments	10. Part of column the contro		nization's	11. Ded with	uctions directly connected income in column 10
(4)										
(1)										
(2)										
(3)										
	L									
						Enter here an	mns 5 an d on page , column (e 1, Part I,	Enter he	d columns 6 and 11 ere and on page 1, Part I, ine 8, column (B)
Totals								0.	1	0
Schedule G - Investme	ent Income of a	Section	501(c)(7	7), (9), or	(17) Or	ganizatio	n			
(see insti	ructions)					2 2 1		r		T 8 2
1. Desc	ription of income		ļ	2 Amount of	income	3. Deducti directly conf (attach sche	rected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						(5.1.00.1.00.11				(doi 3 pies 351 4)
(2)								 		
(3)								 		
(4)										
				Enter here and Part I, line 9, co			STEE S			Enter here and on page
Totals				ran i, ino 9, cc	0.					O
Schedule I - Exploited	Exempt Activity	/ Incom	e, Other	Than Ac		ng Incom	ie	Paradian (Sec. 5)		<u> </u>
(see instru	uctions)									
1. Description of exploited activity	Gross unrelated business income from trade or business	directly c		4. Net incon from unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a de cols 5	5. Gross in- from activity is not unrel business in-	/ that ated	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							 -	<u> </u>		
(2)										
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,	col (B)							Enter here and on page 1, Part II, line 25
Totals	0.	<u> </u>	0.	The state of the s						<u> </u>
Schedule J - Advertisi Partill Income From				solidated	l Basis					
1. Name of periodical	2. Gross advertising income		3. Direct entising costs	or (loss) (o col 3) if a g	tising gain tol 2 minus gain, compu hrough 7	5. Circu incon		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						6				
(2)			-							
(2)								 		
(4)										
Totals (carry to Part II, line (5))	•	0.	0							0
i viais (varry to Fart II, Rile (3))	<u></u>	<u> </u>	<u> </u>	<u>• </u>				<u> </u>		Form 990-T (201

Form 990-T (2019) Southern New Hampshire Medical Center 02-04830 Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)				1			
Totals from Part I	▶	0.	0.	SHEET SEE			0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

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

Form 990-T (2019)

Form 990-T	Parent Corpora	tion's Name and	Identifying Number	Statement 1
Corporatio	on's Name			Identifying No
Southern N	New Hampshire Healt	h System, Inc.		02-0509221
Form 990-T	Net	Operating Loss	Deduction	Statement 2
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
09/30/13 09/30/14 09/30/15 09/30/16 09/30/17 09/30/18	3,293. 14,953. 22,839. 18,115. 32,692. 12,527.	1,355. 0. 0. 0. 0.	1,938. 14,953. 22,839. 18,115. 32,692. 12,527.	1,938. 14,953. 22,839. 18,115. 32,692. 12,527.
NOL Carryo	over Available This	Year	103,064.	103,064.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

Entity

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

► 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).

Southern New Hampshire Medical Center

Employer identification number 02-0483054

ι	inrelated Business Activity Code (see instructions) $ ightharpoonup 72251$				
	escribe the unrelated trade or business > Food Serv	<u>ice</u>	s, Cafeteria	s and Buffet	S
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 328,696.				
b	Less returns and allowances c Balance ▶	1c	328,696.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	328,696.		328,696.
4 a	Capital gain net income (attach Schedule D)	4a		語が記述的ない。	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		子の変数がある。	
С	Capital loss deduction for trusts	4c		の必然をある。	
5	Income (loss) from a partnership or an S corporation (attach			X 2 3 4 5 5 1 7 1 2	
	statement)	5		. 10 4 5 6 10 76	
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		THE PERSONAL PROPERTY.	
13	Total. Combine lines 3 through 12	13	328,696.		328,696.
<u></u>				 	·

Partill Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	131,592.
16	Repairs and maintenance	16	1,585.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	经验	
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	32,898.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) See Statement 3	27	153,964.
28	Total deductions. Add lines 14 through 27	28	320,039.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	8,657.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) Stmt 4	30	0.
31_	Unrelated business taxable income. Subtract line 30 from line 29	31	8,657.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-T (M)	Other Deducti	ons	Statement	3
Description			Amount	
Paper and plastic Linen cleaning Office and stationary costs Food supplies Replacement supplies Cleaning services and suppli Uniforms Sodexo professional fees Service contracts Licensing	es		75,5 8 1,2 11,4 7	89. 02. 30. 43. 90.
General administrative expen Occupancy and Overhead	ses		1,2 54,4	48.
Total to Schedule M, Part II	, line 27		153,9	64.
Schedule M Net	Operating Loss I	Deduction	Statement	4
Tax Year Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
06/30/19 17,420.		17,420.	17,42	0.
NOL Carryover Available This	Year	17,420.	17,42	0.

Southern	New Hamp	shire Me	edical Center		02-04830)54
Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold. S	ubtract li		5/1 2 /1
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	20 20
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	1 263A (v	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 and	d Personal Property	Lease	ed With Real Prope	erty)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)					 	
(4)		 _				
(2) 5		ed or accrued			3(a) Deductions directly co	innected 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 p	and personal property (If the percen personal property exceeds 50% or i nt is based on profit or income)	tage f	columns 2(a) and	2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						· · · · · · · · · · · · · · · · · · ·
Total	0.	Total		<u>0.</u>	<u> </u>	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -		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)			
					Deductions directly connect to debt-financed	cted with or ellocable
1 0			Gross Income from or allocable to debt-	(a)	Straight line depreclation	(b) Other deductions
1. Description of debt-fi	nanced 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 a	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)			%			
					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 colum	n 8	•		•	0.
						Form 990-T (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

Entity

Employer identification number

2019

Department of the Treasury Internal Revenue Service

10

11

Name of the organization

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

► 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).

LU IU

83,700.

Southern New Hampshire Medical Center 02-0483054 624310 Unrelated Business Activity Code (see instructions) ► Environmental Services Describe the unrelated trade or business Partill Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 83,700. 1a Gross receipts or sales 83,700 b Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 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

10

11

12

83,700

Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (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	59,800.
16	Repairs and maintenance	16	297.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	E	
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	14,950.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) See Statement 5	27	37,084
28	Total deductions. Add lines 14 through 27	28	112,131.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-28,431
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) Stmt 6	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	-28,431

LHA For Paperwork Reduction Act Notice, see instructions.

Exploited exempt activity income (Schedule I)

Other income (See instructions; attach schedule)

Advertising income (Schedule J)

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2019

	(M)		Other	Deduction	1S	Statement	5
Description	n					Amount	
Cleaning so Sodexo prof	ning station stracts recycli ervices fession ministr	nary costs ing disposal and supplical fees cative expens				3,2 2,0 1,0 1,0 4,4 3,1 2,8	65. 29. 75. 56. 63. 31.
occupancy .							
		M, Part II	, line 27			37,0	
	chedule	M, Part II	, line 27	J Loss Dec	luction		
Total to So	chedule	M, Part II		s usly	luction Loss Remaining	37,0	84.
Total to So	chedule	M, Part II,	Operating Loss Previou	s usly	Loss	37,0 Statement Available	84.

1	Сy	4	
		Page	3

Southern New Hampshire Medical Center 02-0483054						
Schedule A - Cost of Goods	Sold. Enter	method of invent	tory valuation > N/A	7		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6
2 Purchases	Purchases 2 7 Cost of goods sol			ubtract li	ne 6	
3 Cost of labor	3		5.0			
4a Additional section 263A costs			line 2		ľ	7
(attach schedule)	48		8 Do the rules of section	1 263A (v	vith respect to	Yes No
<u> </u>					for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			X
Schedule C - Rent Income (F (see instructions)	rom Real	Property and	Personal Property	Lease	ed With Real Prop	perty)
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued				
(a) From personal property (if the perce rent for personal property is more the 10% but not more than 50%)	nd personal property (if the percenersonal property exceeds 50% or this based on profit or income)		3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)		
(1)		i				
(2)]				
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns 2(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 Debt	-Financed	Income (see	instructions)			
		Gross income from or allocable to debt-		3. Deductions directly conn to debt-finance	ed property	
Description of debt-financed property			financed property	(a)	Straight line deprectation (attach schedule)	(D) Other deductions (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 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)			%			
(2)			%			
(3)			%			
(4)			%			
		·	 		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			•	•	0.	0.
Total dividends-received deductions incl	uded in colum	n 8	_		>	0.
						Form 990-T (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an **Unrelated Trade or Business**

OMB No. 1545-0047

Entity

Employer identification number

02-0483054

2019

Schedule M (Form 990-T) 2019

3

Department of the Treasury Internal Revenue Service

Name of the organization

For catendar year 2019 or other tax year beginning JUL~1, 2019, and ending JUN~30, 2020

Southern New Hampshire Medical Center

► 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).

624310 Unrelated Business Activity Code (see instructions) ▶ Telephone Answering Services Describe the unrelated trade or business Partil Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 5,520. 1a Gross receipts or sales 5,520 b Less returns and allowances c Balance 10 2 Cost of goods sold (Schedule A, line 7) 2 3 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 6 Rent income (Schedule C) 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 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) 12 5,520 5,520. Total. Combine lines 3 through 12 Partil Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 3,054. 15 15 Salaries and wages 16 Repairs and maintenance 16 17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Depletion 22 23 Contributions to deferred compensation plans 23 659. 24 Employee benefit programs 24 25 Excess exempt expenses (Schedule I) 25 26 26 Excess readership costs (Schedule J) See Statement 7 505. 27 Other deductions (attach schedule) 27 4,218. 28 28 Total deductions. Add lines 14 through 27 1,302. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30 instructions) 302.

923741 01-28-20

Unrelated business taxable income Subtract line 30 from line 29

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (M)	Other Deductions	Statement 7
Description		Amount
General administrative expending of the contracts of the contract		199. 12. 292. 2.
Total to Schedule M, Part I	II, line 27	505.

Southern Southern	New Hamp	oshire Me	dical Center		02-04830)54		
Schedule A - Cost of Goods		method of inven						
1 Inventory at beginning of year 1 2 Purchases 2			6 Inventory at end of year					
			7 Cost of goods sold. Subtract line 6					
Cost of labor 3			from line 5. Enter here and in Part I,					
4a Additional section 263A costs	48		line 2		L	7		
(attach schedule)	8 Do the rules of section 263A (with respect to							
b Other costs (attach schedule)	property produced or acquired for resale) apply to							
5 Total. Add lines 1 through 4b	5	D	the organization?		1111111 10 10	<u>X</u>		
Schedule C - Rent Income (see instructions)	(From Real 	Property and	Personal Property	Lease	ed With Real Propo	erty) 		
1 Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued			9(a) Dodustions directly as	innested with the issues in		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	and personal property (if the percental ersonal property exceeds 50% or if it is based on profit or income)	age	columns 2(a) and	innected with the income in 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		iter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.		
Schedule E - Unrelated Del	t-Finance	Income (see	instructions)					
			2. Gross income from		Deductions directly connet to debt-financed			
Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(D) 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 debt-fina	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)			%					
(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			•	L	0.	0.		
Total dividends-received deductions in	cluded in colum	n 8			>	0.		
						Form 990-T (2019)		