

EXTENDED TO AUGUST 16, 2021

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0047

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020**2019**Department of the Treasury
Internal Revenue ServiceGo 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)

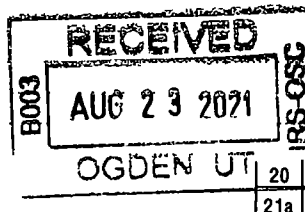
Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed		Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GREENWICH HOSPITAL		D Employer identification number (Employees' trust, see instructions) 06-0646659	
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Number, street, and room or suite no. If a P.O. box, see instructions. 5 PERRYRIDGE ROAD		E Unrelated business activity code (See instructions) 62	
C Book value of all assets at end of year 901,931,817.		F Group exemption number (See instructions.) ▶		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	
H Enter the number of the organization's unrelated trades or businesses ▶ 3 Describe the only (or first) unrelated trade or business here ▶ LAB SERVICES . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.					
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 4 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶ yale 22-2529464					
J The books are in care of ▶ VERNETTE D. GRAY Telephone number ▶ 203-688-9585					

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
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		
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) STATEMENT 2	12	4,133,504.	4,133,504.
13	Total. Combine lines 3 through 12	13	4,133,504.	4,133,504.

Part II 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	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	44,505.
20	Depreciation (attach Form 4562)	20	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	2,902,056.
28	Total deductions Add lines 14 through 27	28	2,946,561.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	1,186,943.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29	31	1,186,943.



SEE STATEMENT 3

SCANNED OCT 29 2021

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Part III Total Unrelated Business Taxable Income

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	1,297,476.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules) STMT 6 STMT 7	34	123,288.
35	Total unrelated business taxable income before pre 2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35	1,174,188.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 5	36	63,600.
37	Total of unrelated business taxable income before specific deduction Subtract line 36 from line 35	37	1,110,588.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	1,109,588.

Part IV Tax Computation

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	233,013.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	233,013.

Part V Tax and Payments

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	
b	Other credits (see instructions)	46b	
c	General business credit. Attach Form 3800	46c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d	174,701.
e	Total credits. Add lines 46a through 46d	46e	174,701.
47	Subtract line 46e from line 45	47	58,312.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	58,312.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51a	Payments: A 2018 overpayment credited to 2019	51a	306,780.
b	2019 estimated tax payments	51b	170,000.
c	Tax deposited with Form 8868	51c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	51d	
e	Backup withholding (see instructions)	51e	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	
g	Other credits, adjustments, and payments: Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total	51g	
52	Total payments. Add lines 51a through 51g	52	476,780.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	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	418,468.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax <input checked="" type="checkbox"/> 418,468. Refunded <input type="checkbox"/>	56	0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$	0.	

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X *Edgar Chan*
Signature of officer

Date

SR VP
TitleMay the IRS discuss this return with the preparer shown below (see instructions)? Yes ☒ No ☐

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
PHILLIP E. GROFF	<i>[Signature]</i>	8/2/2021	<input type="checkbox"/>	P01247783
Firm's name	Firm's EIN	Firm's address	Phone no.	
KPMG LLP	13-5565207	1601 MARKET STREET PHILADELPHIA, PA 19103	267-256-1756	

Schedule A - Cost of Goods Sold. Enter method of inventory 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 line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total Add lines 1 through 4b	5				

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

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **►****(b) Total deductions** Enter here and on page 1, Part I, line 6, column (B) **►****0.****0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 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)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) ►	Enter here and on page 1, Part I, line 7, column (B) ►
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A)	Enter here and on page 1, Part I, line 9, column (B)	
Totals		0.	0.	

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)	Enter here and on page 1, Part II, line 25		
Totals		0.	0.	0.		

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated 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)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

FOOTNOTES

STATEMENT 1

SECTION 1.263(A)-3(N) ELECTION - BOOK CONFORMITY ELECTION
GREENWICH HOSPITAL IS MAKING THE ELECTION UNDER
TREAS. REG. SECTION 1.263(A)-3(N) TO CAPITALIZE
THOSE REPAIR AND MAINTENANCE COSTS THAT IT TREATS
AS CAPITAL EXPENDITURES ON ITS BOOKS AND RECORDS
FOR THE TAX YEAR ENDED SEPTEMBER 30, 2020.

TAXPAYER NAME: GREENWICH HOSPITAL
ADDRESS: 5 PERRYRIDGE ROAD, GREENWICH, CT 06830
TAXPAYER IDENTIFICATION NUMBER: 06-0646659

SECTION 1.263(A)-1(F) DE MINIMIS SAFE HARBOR ELECTION

GREENWICH HOSPITAL HEREBY MAKES THE DE MINIMIS
SAFE HARBOR ELECTION UNDER SECTION 1.263(A)-1(F)
OF THE TREASURY REGULATIONS, EFFECTIVE FOR THE TAX YEAR
SEPTEMBER 30, 2020. THE TAXPAYER HAS AN APPLICABLE
FINANCIAL STATEMENT FOR THE YEAR OF THE ELECTION.
THIS ELECTION PERMITS THE TAXPAYER TO DEDUCT, FOR TAX
PURPOSES, ANY ITEM DEDUCTED UNDER ITS BOOK POLICY THAT DOES
NOT EXCEED \$5,000 PER INVOICE (OR PER ITEM, AS SUBSTANTIATED
BY THE INVOICE) OR ITEMS HAVING AN ECONOMIC USEFUL LIFE OF
TWELVE MONTHS OR LESS AS DESCRIBED IN
SECTION 1.263(A)-1(F)(1)(I).

TAXPAYER NAME: GREENWICH HOSPITAL
ADDRESS: 5 PERRYRIDGE ROAD, GREENWICH, CT 06830
TAXPAYER IDENTIFICATION NUMBER: 06-0646659

GREENWICH HOSPITAL

06-0646659

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
OUTREACH LAB		4,133,504.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		4,133,504.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
DIRECT EXPENSES		1,634,902.
INDIRECT EXPENSES		1,262,773.
ACCOUNTING AND PROFESSIONAL FEES		4,381.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		2,902,056.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT 4
CORPORATION'S NAME		IDENTIFYING NO
YALE NEW HAVEN HEALTH SERVICES CORP		22-2529464

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/04	2,502,511.	2,502,511.	0.	0.
09/30/05	8,581,721.	8,581,721.	0.	0.
09/30/06	364,127.	364,127.	0.	0.
09/30/07	676,973.	613,373.	63,600.	63,600.
NOL CARRYOVER AVAILABLE THIS YEAR			63,600.	63,600.

GREENWICH HOSPITAL

06-0646659

FORM 990-T

CONTRIBUTIONS

STATEMENT 6

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GREENWICH HOSPITAL CHARITABLE CONTRIBUTIONS	N/A	126,698.
INVESTMENT CHARITABLE CONTRIBUTIONS	N/A	15.
TOTAL TO FORM 990-T, PAGE 2, LINE 34		126,713.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 7

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT
QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2014	397,291
FOR TAX YEAR 2015	381,724
FOR TAX YEAR 2016	386,681
FOR TAX YEAR 2017	331,453
FOR TAX YEAR 2018	309,276

TOTAL CARRYOVER	1,806,425
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	126,713

TOTAL CONTRIBUTIONS AVAILABLE	1,933,138
TAXABLE INCOME LIMITATION AS ADJUSTED	123,288

EXCESS CONTRIBUTIONS	1,809,850
EXCESS 100% CONTRIBUTIONS	0
TOTAL EXCESS CONTRIBUTIONS	1,809,850

ALLOWABLE CONTRIBUTIONS DEDUCTION	123,288
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TOTAL CONTRIBUTION DEDUCTION	123,288
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**SCHEDULE M
(Form 990-T)**

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

ENTITY 3

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 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).

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

Unrelated Business Activity Code (see instructions) ▶ **56**

Describe the unrelated trade or business ▶ **MANAGEMENT SERVICES**

Part I 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			
3 Gross profit Subtract line 2 from line 1c	3			
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)	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) STMT 8	12	111,856.		111,856.
13 Total. Combine lines 3 through 12	13	111,856.		111,856.

Part II 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	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	1,204.
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule) SEE STATEMENT 9	27	119.
28 Total deductions. Add lines 14 through 27	28	1,323.
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29	110,533.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31 Unrelated business taxable income Subtract line 30 from line 29	31	110,533.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

GREENWICH HOSPITAL

06-0646659

FORM 990-T (M)

OTHER INCOME

STATEMENT 8

DESCRIPTION

AMOUNT

MANAGEMENT FEES

111,856.

TOTAL TO SCHEDULE M, PART I, LINE 12

111,856.

FORM 990-T (M)

OTHER DEDUCTIONS

STATEMENT 9

DESCRIPTION

AMOUNT

ACCOUNTING AND PROFESSIONAL FEES

119.

TOTAL TO SCHEDULE M, PART II, LINE 27

119.

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income from an
Unrelated Trade or Business

ENTITY 4

OMB No 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 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).

Open to Public Inspection for
501(c)(3) Organizations Only

Name of the organization

GREENWICH HOSPITAL

Employer identification number

06-0646659

Unrelated Business Activity Code (see instructions) ▶ **52**

Describe the unrelated trade or business ▶ **INVESTMENT INCOME**

Part I 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		
3 Gross profit Subtract line 2 from line 1c		3		
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)		5	-2,443.	-2,443.
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	-2,443.	-2,443.

Part II 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	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 Total deductions. Add lines 14 through 27		28	0.
29 Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13		29	-2,443.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	0.
31 Unrelated business taxable income Subtract line 30 from line 29		31	-2,443.

STMT 10

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE M	NET OPERATING LOSS DEDUCTION	STATEMENT 10
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TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	119,850.		119,850.	119,850.
NOL CARRYOVER AVAILABLE THIS YEAR			119,850.	119,850.