SF.					1906			
S QQU-T	F	-1	OMB No 1545-0047					
Form 330-1,	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))							
	For ca	lendar year 2019 or other tax year beginning ${ m JUL}1$,			N 30, 2020		2019	
Department of the Treasury		► Go to www irs.gov/Form990T for ir	structio	ons and the latest inform	ation	\ 	Open to Public Inspection for	
A Check box if	<u> </u>	Do not enter SSN numbers on this form as it may Name of organization (D	Emplo	501(c)(3) Organizations Only yer identification number	
address changed			instruc	byees' trust, see				
B Exempt under section X 501(C(X)3)	Print or	COMMUNITY HEALTH PROJE			lF.	13-3409680 E Unrelated business activity code		
408(e) 220(e)	Туре	Number, street, and room or suite no. If a P O. bo 356 WEST 18TH STREET	x, see ii	istructions.			structions)	
408A 530(a)		City or town, state or province, country, and ZIP o	r foreig	n postal code		^ F /		
529(a) C Book value of all assets	.]	NEW YORK, NY 10011 F Group exemption number (See instructions)			<u>4</u>	850	000	
at end of year		G Check organization type X 501(c) corp	poration	501(c) trust	401(a) tr	ust	Other trust	
H Enter the number of the	organiza	tion's unrelated trades or businesses.	1		the only (or first) unrel			
trade or business here	QU Z	ALIFIED TRANSPORTATION	FRI	IGE . If only one,	complete Parts I-V. If I	nore	than one,	
describe the first in the	blank spa	ce at the end of the previous sentence, complete Pa	arts I an	d II, complete a Schedule	M for each additional t	rade	or	
<u>business</u> , then complete							[9 2]	
	-	poration a subsidiary in an affiliated group or a parei	nt-subs	diary controlled group?	▶∟	_ Ye:	s X No	
J The books are in care of		tifying number of the parent corporation. ►		Telenh	one number > 21	2-1	271-7164	
		de or Business Income		(A) Income	(B) Expenses		(C) Net	
1a Gross receipts or sal	es							
b Less returns and allo	wances	c Balance ▶	10					
2 Cost of goods sold (Schedule	A, line 7)	2					
3 Gross profit. Subtract			3			_		
4a Capital gain net inco	•	•	4a					
0 111 111		art II, line 17) (attach Form 4797)	4b 4c					
•		ship or an S corporation (attach statement)	5	RE	CEIVED	1		
6 Rent income (Sched		on por an o corporation (attach statement)	6		7			
7 Unrelated debt-finan		ne (Schedule E)	7	S API	0 6 2020			
8 Interest, annuities, ro	yalties, a	nd rents from a controlled organization (Schedule F)	8	S All				
9 Investment income of	of a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9			=		
10 Exploited exempt act	-	•	10	06	DEN, UT	┹┤		
11 Advertising income (•	11			_		
12 Other income (See in13 Total. Combine line			12	0.			.	
		ot Taken Elsewhere (See instructions for					·	
		be directly connected with the unrelated busin						
14 Compensation of of	ficers, di	rectors, and trustees (Schedule K)				14		
15 Salaries and wages						15		
16 Repairs and mainte	nance					16		
17 Bad debts	111. /					17		
18 Interest (attach sch19 Taxes and licenses	eauie) (s	ee instructions)			_	18 19	_ · · · · · · · · · · · · · · · · · · ·	
20 Depreciation (attacl	n Form 4	562)		20		13		
•		n Schedule A and elsewhere on return		21a		?1b		
22 Depletion						22		
23 Contributions to de	ferred co	mpensation plans				23		
24 Employee benefit pa	rograms					24		
25 Excess exempt exp	,	•				25		
26 Excess readership of	,	·			_	26		
27 Other deductions (a Total deductions.		•				27 28	0.	
		ncome before net operating loss deduction. Subtrac	t line 2	3 from line 13		29	0.	
		loss arising in tax years beginning on or after Janua			F			
(see instructions)						30	0.	
31 Unrelated business	taxable ı	ncome. Subtract line 30 from line 29		<u>,</u>		31	0.	
022701 01-27-20 IHA F	or Paner	work Reduction Act Natice see instructions					Form 990-T (2019	

Form 990	0-7 (2019) COMMUNITY HEALTH PROJECT INC.	<u> </u>	1409000 Page 2)
Part	Total Unrelated Business Taxable Income	 	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	0.
33	Amounts paid for disallowed fringes	33	
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 lines 32 and	33 35	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
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)	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	0.
Part	IV 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:		
	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	0.
Part	V Tax and Payments		
46 a	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		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	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 8866 Other (attach sched	ule) 48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
	Payments: A 2018 overpayment credited to 2019		
	2019 estimated tax payments 51b 18,99	0.	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see instructions) 51d		
	Backup withholding (see instructions) 51e		
	Credit for small employer health insurance premiums (attach Form 8941) 51f		
	Other credits, adjustments, and payments: Form 2439		
•	☐ Form 4136 ☐ Other Total ► 51g		
52	Total payments. Add lines 51a through 51g	52	18,990.
	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	18,990.
	Enter the amount of line 55 you want. Credited to 2020 estimated tax	> 56	18,990.
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		Yes No_
	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		X
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.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kill correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	nowledge and belie	if, it is true,
Sign		May the IRS du	scuss this return with
Here	- III DI BRECOTTUE BIRECTOR		nown below (see
	Signature of officer Date Title	instructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	If PTIN	
Paid	LORI ROTHE LORI ROTHE self-emplo		
	parer YOKOBOSKY, CPA YOKOBOSKY, CPA 03/26/20		L273422
	Only Firm's name ► COHNREZNICK LLP Firm's Ell	v ► 22-	-1478099
- 50	1301 AVENUE OF THE AMERICAS		
	Firm's address ► NEW YORK, NY 10019 Phone no		97-0400
923711	01-27-20	F	orm 990-T (2019)

Schedule A - Cost of Goods	s Sold. Enter	method of invent	tory valu	uation N	/A		_		
1 Inventory at beginning of year 1			6 1	6 Inventory at end of year			6		
2 Purchases 2			1	7 Cost of goods sold. Subtract line 6					
3 Cost of labor	3		1	rom line 5. Enter h					
4a Additional section 263A costs			1 1	ne 2		,	7		
(attach schedule)	4a		8 0	o the rules of sec	tion 263A	(with respect to		Yes	No
b Other costs (attach schedule)	4b		1 .	roperty produced	or acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5		1 '	he organization?					
Schedule C - Rent Income (see instructions)	(From Real I	Property and			y Lease	ed With Real Prop	erty		
1. Description of property									
(1)									
(2)									
(3)									
(4)				-					
	2 Rent receive	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 pe	ersonal pro	al property (if the perc operty exceeds 50% o on profit or income)	entage or if	ge 3(a) Deductions directly connected with the income in 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	1 (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instruct	ions)					
			۱,	Gross income from	1	Deductions directly con to debt-finance			
Description of debt-financed property			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)		llocable to nced property	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 pag Part I, line 7, column	
Totals						0			0.
Total dividends-received deductions in	acluded in column	. 8				<u> </u>	•		0.

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0.

(4)

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

0.

Form 990-1 (2019) COMMON 1 1	C REALIN PI	KODECT IN	C •		13-340300	rage s
Partill Income From Peri			ate Basis (For each	ch periodical listed	d in Part II, fill in	
columns 2 through 7 on	a line-by-line basis)	<u> </u>				
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.				<u>0.</u>
	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	on of Officers, I	Directors, and	Trustees (see in:	structions)		-
1. Name			2. Title	3. Percer time devoti busines	ed to	pensation attributable inrelated business
(1)					%	
(2)		,			%	
(3)					%	
(4)					%	
Total. Enter here and on page 1, Part II,	line 14				▶	0.

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