		EXT	TENDED TO	MAY	17, 202		ر م		
Form	,990-T	Exempt Organ	nization E nd proxy tax				ax Returr	ן ו	OMB No 1545-0047
	<i>i.</i> ,	For calendar year 2019 or other tax year					TNT 30 202	n I	2010
	, '		irs.gov/Form990T					<u></u>	Z0 13
	tment of the Treasury al Revenue Service	Do not enter SSN number	•					.	Open to Public Inspection (501(c)(3) Organizations Only
A [Check box if	Name of organization (Check box if na	ame change	d and see instr	uctions.)		D Emp	loyer identification number ployees' trust, see
	address changed	USF HEALTH	PROFESSIO	NS CC	NFERENC	ING			uctions)
	xempt under section	Print CORPORATION							<u>.6-1765073</u>
X]501(c)(3 <i>(</i>)	Number, street, and room			instructions.				lated business activity code instructions)
] 408(e) [220(e)	Type 124 S FRANK	LIN STREE	T				1	
	408A530(a)	City or town, state or prov		ZIP or fore	gn postal code			1	
	529(a)		33602					812	900
C Bo	ok value of all assets end of year	F Group exemption numb							
		75 . G Check organization type		c) corporati	on 50	1(c) trust) trust	Other trust
		rganization's unrelated trades or b	-	<u>_</u>			the only (or first) u		
		SEE STATEMENT		ata Darta I s		-	, complete Parts I-V.		
	scribe the first in the bi siness, <u>then co</u> mplete f	ank space at the end of the previou	is sentence, compil	ete Parts i a	ma II, complete	a Schedul	e ivi for each addition	iai traut	3 OI
_		he corporation a subsidiary in an a	offiliated aroun or a	narent-cub	cidiary controlls	d group?		$\overline{}$	es X No
		nd identifying number of the paren	· · · · · · · · · · · · · · · · · · ·	parent-suu	Sidially Collinois	u group!		'' لــــــا	65 (<u>21</u>) NO
		► GREGORY VANNI)		Teleph	none number	813)224-7822
		Trade or Business Inc			(A) Inc		(B) Expense		(C) Net
1 a	Gross receipts or sales	17,621.			1		· · · · · · · · · · · · · · · · · · ·		BANT BY BY THE
	Less returns and allow		c Balance	▶ 1c	17	,621.	国际国际	dist.	
2	Cost of goods sold (Se	chedule A, line 7)		2			The Sales are		いたないよかし、ことでは
3	Gross profit. Subtract	line 2 from line 1c		3	17	,621.	े अंद्राच्य करियातिक है। इस्तिक करियातिक है।	N 25%	17,621
4 a	Capital gain net incom	e (attach Schedule D)		48			المنظولة المنطور	F 25 .	
b	Net gain (loss) (Form	4797, Part II, line 17) (attach Form	47,97)	4b			Self State Broad		
C	Capital loss deduction	for trusts		4c	ļ. <u>.</u>		30 10 minute 20 10		
5		partnership or an S corporation (at	tach statement)	5			学作品 (在)和图像	£ 3 3	
6	Rent income (Schedul			<u> 6</u>					
	Unrelated debt-finance	• •		7	 				
	•	alties, and rents from a controlled o	=			·			<u> </u>
		a section 501(c)(7), (9), or (17) or	ganization (Schedu		\				
10	•	ity income (Schedule I)		10	+				
	Advertising income (S	tructions, attach schedule)		11	 		A WATER OF	45, 10	
	Total. Combine lines	•		13	17	621.	7,73	179; 1-4;	17,621
	rt II. Deduction	ns Not Taken Elsewher	See instruction				·		1,021
	(Deductions	must be directly connected wi	th the <u>unrelated</u> b	ousiness ii	ncome.)	~~~~~~			
14	Compensation of office	cers, directors, and trustees (Sche	dule K)	ECEI	VED	1		14	
15	Salaries and wages	•				J		15	
16	Repairs and maintena	nce	C333	4Λ'√ >4 A		1		16	
17	Bad debts		ස ™	tay 24	103			17	
18 19 20 21 22	Interest (attach sched	ule) (see instructions)					\	18	
19	Taxes and licenses		1 0	GDEN	I, UT .	1 .		19	
20	Depreciation (attach f	•		` \		-2 0			
21	•	med on Schedule A and elsewhere	on return	<i>i</i>	Į	21a		21b `	
22	Depletion			è				22	 \
23 24		red compensation plans						23	
	Employee benefit pro	-						24	\
	Excess exempt expen	•						25	 \
	Excess readership cos				೮೯೯	Qm x n	EMENT 2	26	6,557
26	Other deductions (atta	•			SEE	DIA.	EMENT Z	27	6,557
26 27	•				00 from the 40			28	11,064
26 27 28	Total deductions. Ad	<u> </u>	lone deduction Col	htraat line (_29	TT,0043
26 27 28 29	Total deductions. Ad Unrelated business ta	xable income before net operating]
26 27 28 29	Total deductions. Ad Unrelated business ta Deduction for net ope	<u> </u>						30	n `
25 26 27 28 29 30	Total deductions. Ad Unrelated business ta Deduction for net ope (see instructions)	xable income before net operating	inning on or after J					30 31	0. 11,064.

		USF HEALTH PROFESSIONS CO		RPORATION		16-1	.765073 Page 2
Part	<u> </u>	Total Unrelated Business Taxable Inco	me	 		4	
32	Total (f unrelated business taxable income computed from all ur	related trades or businesses (s	see instructions)	1	32	11,064.
33	Amou	its paid for disallowed fringes			,	33	
34	Charit	ble contributions (see instructions for limitation rules)			,-	34	0.
35	Total	nrelated business taxable income before pre-2018 NOLs a	nd specific deduction Subtract	line 34 from the sum o	f lines 32 and 33	35	11,064.
36	Deduc	ion for net operating loss arising in tax years beginning be	efore January 1, 2018 (see inst	ructions)		36	
37	Total o	f unrelated business taxable income before specific deduc	tion. Subtract line 36 from line	35	7	- 37	11,064.
38	Specif	c deduction (Generally \$1,000, but see line 38 instructions	s for exceptions)		•	38	
39	Unrela	ted business taxable income. Subtract line 38 from line	37. If line 38 is greater than line	e 37,		\Box	
		ne smaller of zero or line 37	•		/	\ 3g	11,064.
Part	IV:	Tax Computation				l _i	
40	Organ	zations Taxable as Corporations. Multiply line 39 by 219	6 (0.21)	<u> </u>	1	40	2,323.
41	-	Taxable at Trust Rates. See instructions for tax computa		t on line 39 from;	1	322	
		ax rate schedule or Schedule D (Form 1041)			▶	41	
42	Proxy	ax. See instructions			•	42	
43	-	tive minimum tax (trusts only)			•	43	
44		Noncompliant Facility Income. See instructions			_	44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applie	S		7	45	2,323.
Part		Tax and Payments				1	
46 a	Foreig	tax credit (corporations attach Form 1118; trusts attach l	orm 1116)	46a		2342	
	-	redits (see instructions)	,	46b			
C		I business credit. Attach Form 3800		46c			
d	Credit	or prior year minimum tax (attach Form 8801 or 8827)		46d			
е		redits. Add lines 46a through 46d				46e	
47	Subtra	ct line 46e from line 45				47	2,323.
48	Other	axes. Check if from: Form 4255 Form 8611	Form 8697 Form	1 8866 Other	(attach schedule)	48	
49		ax. Add lines 47 and 48 (see instructions)	_		13	49	2,323.
50		et 965 tax liability paid from Form 965-A or Form 965-B, I	Part II. column (k), line 3	1	\sim	50	0.
		nts: A 2018 overpayment credited to 2019	(00	[5/a	5,704		
	•	stimated tax payments	Cov	51b	2,200		
		posited with Form 8868	Ce.	51c			
		organizations; Tax paid or withheld at source (see instru	ctions)	51d			
		withholding (see instructions)	,	51e			
		or small employer health insurance premiums (attach For	m 8941)	511			
		redits, adjustments, and payments: Form 2439	,				
_		orm 4136 Other	Total	► 51g			
52		ayments. Add lines 51a through 51g		1		52	7,904.
53		ted tax penalty (see instructions). Check if Form 2220 is a	tached >	•		58	
54		e. If line 52 is less than the total of lines 49, 50, and 53, ei			•	54	
5 5		vment. If line 52 is larger than the total of lines 49, 50, ar			(O) ►	55	5,581.
58.	Enter t	ne amount of line 55 you want. Credited to 2020 estimate	d tax ▶	5,581. Re	funded >	56	0.
Part		Statements Regarding Certain Activitie			ctions)	N.	
57	At any	time during the 2019 calendar year, did the organization h	ave an interest in or a signature	or other authority			Yes No
		inancial account (bank, securities, or other) in a foreign c					经验 2003
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts	s. If "Yes," enter the name of the	e foreign country			
	here	► PANAMA					X
58	During	the tax year, did the organization receive a distribution fro	m, or was it the grantor of, or t	ransferor to, a fore	gn trust?		X
	If "Yes,	see instructions for other forms the organization may have	ve to file.				E 16 (12 2)
59	Enter t	e amount of tax-exempt interest received or accrued duri	ng the tax year 🕨 \$			_	1 6: 3021
		nder penalties of perjury, I declare that I have examined this return in				edge and belief	it is true
Sign		rrect, and complete Declaration of preparer (other than taxpayer) is b	ased on all information of which prep	parer has any knowledg		Anustra IDS duo	wen this return with
Here	- 11	5/	2/2/ EXECU	TIVE DIRE	CTOR	he preparer sho	cuss this return with win below (see
	<u> </u>	Signature of officer Date	Title			nstructions)?	X Yes No
		Print/Type preparer's name Preparer's	signature	Date	Check	If PTIN	
Paid				5-1-	self- employed		
	arer	PAUL DUNHAM		5-10-21			100222
•	Only	Firm's name ► CBIZ MHM, LLC			Fırm's EIN ▶		3605969
-55	J.117	13577 FEATHER S	OUND DR., SUIT	E 400			
		Firm's address CLEARWATER, FL			Phone no.	<u>727-5</u> 7	2-1400
000711	01-27-20					E,	vm 990-T (2010)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory va	aluation N/A					
1 Inventory at beginning of year	1 _		$\overline{}$	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. Su	ıbtract l	line 6	. 11		
3 Cost of labor	3		7	from line 5. Enter here	and in f	Part I,	130		
4a Additional section 263A costs			7	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	cquired	I for resale) apply to		300	(Sept.)
5 Total Add lines 1 through 4b	5		1	the organization?	_,		_		
Schedule C - Rent Income (see instructions)	From Real	Property and	Pers	sonal Property L	ease	d 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%)	centage of than	or rent for p	ersonal	nal property (if the percentag property exceeds 50% or if d on profit or income))0	3(a) Deductions directly columns 2(a) an	connected w ad 2(b) (attach	rith the income ii n schedule)	n
(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 Schedule E - Unrelated Deb	ı (A)	•			0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Officiated Deb	- Fillanceu	income (see	Instruc	ctions)		3. Deductions directly conf		r allocable	
				Gross income from		to debt-financ		- anocabie	
1. Description of debt-fir	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		Other deduction ittach schedule)	
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to nced property a schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. /	Allocable deduct nn 6 × total of co 3(a) and 3(b))	ions Iumns
(1)				%			1		
(2)				%			†	· · · · · · · · · · · · · · · · · · ·	
(3)				%			1		
(4)				%			1		
						nter here and on page 1, Part I, line 7, column (A)		here and on pag , line 7, column (
Totals						0.	.		0.
Total dividends-received deductions in	cluded in column	8							0.
						<u></u>			

Schedule F - Interest,	Alliulies, NO	yaities, all		Controlled O				(See ins	structions	>)
Name of controlled organize	ation	2. Employer dentification number	3. Net uni	related income e instructions)	4. To	etal of specified ments made	includ	rt of column 4 fed in the cont zation's gross	rolling	6. Deductions directly connected with income in column 5
(1)			 		<u> </u>				_	
2)						·····		·		
3)				•						· · · · · · · · · · · · · · · · · · ·
4)										
onexempt Controlled Organ	izations									
7. Taxable Income	8. Net unrelated (see instru		9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 tha ng orgai	nization's	11. Dec with	ductions directly connected income in column 10
1)							_			
2)		·								<u></u>
3)			1							
(4)										
						Add colum Enter here and line 8, c	on page	1, Part 1	Enter he	d columns 6 and 11 are and on page 1 Part I, line 8 column (B)
otals					<u> </u>			0.		0.
schedule G - Investme	ent Income of tructions)	a Section	501(c)(7	7), (9), or ([•]	17) Org	ganization				
	cription of income			2. Amount of	ıncome	3. Deduction directly connected (attach sched	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)						tattaen senes		· · ·		(cor o plus cor 4)
2)										
3)										
4)										I
				Enter here and o Part I, line 9, co	lumn (A)					Part I line 9, column (B)
otals ichedule I - Exploited	Exempt Activ	ity Incom	e, Other	Than Adv	0. ertisir		X 2 Li A	al self design	Ca RESILENCE	<u> </u>
(see instr	uctions)			, <u></u>			_			· · · · · · · · · · · · · · · · · · ·
1 Description of exploited activity	2. Gross unrelated business income from trade or business	s directly of with proof un	penses connected oduction related is income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity the is not unrelate business incor	nat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)										
2)										
3)]						_			I
4)										
otals >	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on 1, Part I, . col (B)							Enter here and on page 1, Part II, line 25
Schedule J - Advertisi				N INDEA AUGUS	. 1841-16-01	£		7242,7-433	(1 1 mark)	4 0.
Part I Income From				solidated	Basis	.	_			
1. Name of periodical	2. Gro advertis incom	sing adv	3. Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin comput	5. Circulati	on	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
1)	- 			W. F. S. T. S.	ماهود بالآي المراجع ما المراجع والماه	*			- +	
2)										
3)						*				
4)						Ř				和某人的特別
stals (carry to Part II, line (5))	•	0.	0							0.
								<u> </u>		Form 990-T (2019)

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.	MACCO ANNOTES	建筑地域的	动物的最后的	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)	<u> </u>	0.	0.	HARDE NO. 18 AND STREET	R IN THE STATE OF	性的是自由的	

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	DESCRIPTION	OF ORGANIZATION'S	PRIMARY UNRELATE	D STATEMENT 1
10141 550 1	DEDCICIT 1 TON			<i>D D 1111111111111111111111111111111</i>
		BUSINESS ACTIVIT	YI	

MEETING SPACE WITH PERSONAL SERVICES RENDERED

TO FORM 990-T, PAGE 1

FORM 990-T OTH	ER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
FACILITY CATERING FACILITIES FEES SUPPLIES AND EQUIPMENT EXPENSES		3,901. 2,587. 69.
TOTAL TO FORM 990-T, PAGE 1, LINE 2	7	6,557.