\sim 1	
% (
- 3	
_	
¥	
Ž	
UNED MAK	
빛	
S	
₹	١
SCAN	
U)	

B Exem X 5 C Book at en 36' H Ent trace first trace I Dur J The	Prince of the Treasury Revenue Service Check box if address changed inpt under section 501(C)(3) 108(e) 220(e) 108A 530(a) 529(a) 108 value of all assets ind of year 7, 667, 454. G G C inter the number of the or de or business here 109 109 109 109 109 109 109 109 109 109	HOLY NAME MEDICAL Number, street, and room or suite not one of the control of th	PROPERTY OF THE PROPERTY OF TH	nstructions are by be made publime changed and R box, see instructions	ncome on 6033(on 6033(on 6033(on 603) on 603 on 603 on 6033(on 60	Tax Retue)) 9	c)(3) D Emp (Empl	Open to 2016 open	
B Exem X 5 C Book at en 36 H Ent trace first trace I Dur	Prince of the Treasury Revenue Service Check box if address changed inpt under section 501(C)(3) 108(e) 220(e) 108A 530(a) 529(a) 108 value of all assets ind of year 7, 667, 454. G G C inter the number of the or de or business here 109 109 109 109 109 109 109 109 109 109	ATCH 1	PROPERTY OF THE PROPERTY OF TH	nstructions are by be made publime changed and R box, see instructions	ncome on 6033(on 6033(on 6033(on 603) on 603 on 603 on 6033(on 60	e)) S ng S information. inization is a 501(c)(3) D Emp (Emp) 22-1 E Unre	Open to 501(c)(3) loyer Ident loyees' trust,	2018 Display to public inspection for 3) Organizations Only liftication number see instructions)
B Exem X 5	Prince of the Treasury Revenue Service Check box if address changed inpt under section 501(C)(3) 108(e) 220(e) 108A 530(a) 529(a) 108 value of all assets ind of year 7, 667, 454. G G C inter the number of the or de or business here 109 109 109 109 109 109 109 109 109 109	ATCH 1	PROPERTY OF THE PROPERTY OF TH	nstructions are by be made publime changed and R box, see instructions	ncome on 6033(on 6033(on 6033(on 603) on 603 on 603 on 6033(on 60	e)) S ng S information. inization is a 501(c)(3) D Emp (Emp) 22-1 E Unre	Open to 501(c)(3) loyer Ident loyees' trust,	2018 Display to the properties of the properties
B Exem X 5 C Book at en 36 H Ent trace first trace I Dur J The	For cannot of the Treasury Revenue Service Check box if address changed inpt under section 501(C)(3) 108(e) 220(e) 108A 530(a) 529(a) 10 value of all assets ind of year F G 7, 667, 454. G C ter the number of the or de or business here It in the blank space at the or business, then comming the tax year, was the	(and proxy talendar year 2018 or other tax year begatendar year 2018 or other tax year begatendar year 2018 or other tax year begatendar year 2018 or other tax year begatendary gov/Form99 Do not enter SSN numbers on this form Name of organization (glinning	der sectio , 20 nstructions ar ay be made publ me changed and R box, see instruct	on 6033(on 6033(on 603) on 6	e)) S ng S information. inization is a 501(c)(3) D Emp (Emp) 22-1 E Unre	Open to 501(c)(3) loyer Ident loyees' trust,	2018 Display to public Inspection for 3) Organizations Only liftication number see instructions)
B Exem X 5 4 4 5 C Book at en 36' H Ent trace first trace I Dur If "' J The	rent of the Treasury Revenue Service Check box if address changed Inpt under section 501(C)(3) 108(e) 220(e) 108A 530(a) 529(a) Typ Typ Typ Typ Typ Typ Typ Ty	Blendar year 2018 or other tax year beg Go to www.irs gov/Form9 Do not enter SSN numbers on this form Name of organization (Check HOLY NAME MEDICAL Number, street, and room or suite note 718 TEANECK ROAD City or town, state or province, cour TEANECK, NJ 07666 Troup exemption number (See instruments or province) ganization's unrelated trades or busilation.	ginning	, 20 nestructions are ay be made publime changed and R box, see instruct	018, and endind the latest lic if your organise instruction	information.	D Emp (Empl	loyer Ident loyees' trust. .487322 lated busin	dification number see instructions)
B Exem X 5 4 4 5 C Book at en 36' H Ent trac firsi trac I Dur	rent of the Treasury Revenue Service Check box if address changed Inpt under section 501(C)(3) 108(e) 220(e) 108A 530(a) 529(a) Typ Typ Typ Typ Typ Typ Typ Ty	Do not enter SSN numbers on this form Name of organization (907 for it make box if nar CENTE of a PO of a PO outling, and Zuctions) 1 01(c) cor	nstructions are any be made publime changed and R box, see instructions.	nd the latest lic if your orga see instruction	information. inization is a 501(D Emp (Empl	loyer Ident loyees' trust. .487322 lated busin	dification number see instructions)
B Exem X 5 4 4 5 C Book at en 36' H Ent trace first trace I Dur If "" J The	Check box if address changed inpt under section 501(C)(3) 408(e) 220(e) 408A 530(a) 530(a) 629(a) 64 64 65 65 66 7 , 454 . G G C ter the number of the orde or business here tight or business, then comming the tax year, was the	Do not enter SSN numbers on this form Name of organization (m as it make box if nare CENTE. o If a P O ntry, and Z uctions) I 01(c) cor	ay be made publime changed and R box, see instruct	lic if your organized instruction	nization is a 501	D Emp (Empl	loyer Ident loyees' trust. .487322 lated busin	dification number see instructions)
B Exem X 5 4 4 5 C Book at en 36 H Ent trace firse trace I Dur 1f "" J The	address changed Inpt under section Sol1 (C) (3) Sol408(e) 220(e) Sol408 530(a) Sol408 F G Typ Typ Typ Typ Typ Typ Typ Ty	HOLY NAME MEDICAL Number, street, and room or suite note 718 TEANECK ROAD City or town, state or province, cour TEANECK, NJ 07666 Troup exemption number (See instruments or province) heck organization type X 5 ganization's unrelated trades or busination.	CENTE o If a P O ntry, and Z uctions) 1 01(c) cor	R box, see instruct ZIP or foreign post	dions .	s)	22-1 E Unre	loyer Ident loyees' trust. .487322 lated busin	ification number see instructions)
X 5 4 4 5 C Book at en 36 H Ent trac first trac I Dur 1f "" J The	print under section 501(C)(3) 108(e)	Number, street, and room or suite note to the composition of the compo	o If a P O ntry, and Z uctions) I 01(c) cor	box, see instruct			22-1 E Unre	.487322	2
X 5 4 4 5 C Book at en 36 H Ent trac first trac I Dur 1f " J The	For the number of the or the or business here the numbers, then comming the tax year, was the	Number, street, and room or suite note to the composition of the compo	o If a P O ntry, and Z uctions) I 01(c) cor	box, see instruct			E Unre	lated busin	
C Book at en 36 H Ent trace first trace I Dur 1f "\] J The	Type 108(e) 220(e) Type 108A 530(a) 530(a) 1094 F G 1095 F G	718 TEANECK ROAD City or town, state or province, could TEANECK, NJ 07666 Troup exemption number (See instruments of the companization type X 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ntry, and Z uctions) I 01(c) cor	ZIP or foreign posi			E Unre	lated busin	
G Book at en 36" H Ent trace first trace I Dur	to the number of the or de or business here tin the blank space at the or business, then comming the tax year, was the	718 TEANECK ROAD City or town, state or province, cour TEANECK, NJ 07666 Troup exemption number (See instruments or province) March 1	uctions)	>	tal code				nace andicite "
S C Book at en 36" H Ent trace first trace I Dur	629(a) It value of all assets and of year F G G 7, 667, 454. G C Iter the number of the or de or business here It in the blank space at the or business, then common the tax year, was the common the common the common the tax year, was the common that the common th	City or town, state or province, cour TEANECK, NJ 07666 Troup exemption number (See instruments of the course of	uctions)	>	tal code		1 '		ness activity code
C Book at en 36" H Ent trac first trac I Dur If "" J The	t value of all assets and of year FG7,667,454. GGC ter the number of the orde or business here ▶ tin the blank space at tide or business, then committing the tax year, was the	TEANECK, NJ 07666 roup exemption number (See instruheck organization type ▶ X 5 ganization's unrelated trades or busing ATCH 1	uctions)	>	ital code		1	,	
at en 36" H Ent trac first trac I Dur If "" J The	f of year 7,667,454. G C ter the number of the or de or business here t in the blank space at t de or business, then com ring the tax year, was the	roup exemption number (See instruheck organization type X 5 ganization's unrelated trades or busi ATCH 1	01(c) cor				6013		
H Ent trac first trac I Dur If "\	7,667,454. G C ter the number of the or de or business here ▶ t in the blank space at t de or business, then com ring the tax year, was th	heck organization type X 5 ganization's unrelated trades or busi ATCH 1	01(c) cor				6213	99	
H Ent trac first trac I Dur If "Y	ter the number of the or de or business here t in the blank space at t de or business, then comring the tax year, was the	ganization's unrelated trades or busi ATCH 1			1 504/-	- I	1000		
trac first trac I Dur If ")	de or business here tin the blank space at tide or business, then coming the tax year, was the	ATCH 1	inesses		501(c		401(a)		Other trus
first trac I Dur If "Y	t in the blank space at t de or business, then com ring the tax year, was th				If only one				unrelated
trac I Dur If " J The	de or business, then com	ne end of the previous sentence, t	nomplete.		=	complete Parts I			e, describe the
I Dur If "\ J The	ring the tax year, was th	nlete Parte III.V	complete	rans randin, t	complete a S	criedule ivi for ea	ich additic	лаі	
If "\ J The			ffiliated or	roup or a paren	it-subsidiary r	controlled group?			X Yes N
J The		nd identifying number of the parent				ontrolled group.		[163 141
		RYAN KENNEDY, CPA	00, 50, 00,			e number ▶ (2	201)83	3-701 <i>€</i>	
		or Business Income		(A) Inc		(B) Exper		T	(C) Net
1a /	Gross receipts or sales					··		-	
b i	Less returns and allowances	c Balance	▶ 1c						
2 (Cost of goods sold (Sch	edule A, line 7)	. 2						
		ne 2 from line 1c	. 3						
4a (Capital gain net income	(attach Schedule D)	. 4a						
b f	Net gain (loss) (Form 479	7, Part II, line 17) (attach Form 4797)	. 4b						
c (Capital loss deduction fo	or trusts	. 4c					 	
5 (Income (loss) from a partnershi	p or an S corporation (attach statement)	. 5	50	00,842.	ATCH 3			500,842
6 1	Rent income (Schedule (5)						 _	
7 (Unrelated debt-financed	income (Schedule E)			·				
		d rents from a controlled organization (Schedule						 	
		501(c)(7), (9), or (17) organization (Schedule		 				+	
	•	y income (Schedule I)		ļ				╁┈	
		nedule J)						+	
		ructions, attach schedule)		5.0	00,842.				500,842
13 Port	Doductions No.	hrough 12				eductions) (Evcent	for cont	
rait	deductions mu	st he directly connected with	the un	related-hms	ness inco	me)	LACCPI	ioi com	ributions,
14 (Compensation of officer	st be directly connected with	K)	RE	CEIVE	:D' 	14	T	
			,		<u> </u>		. 15		
16 F	Repairs and maintenance	e		123	B 1.8 20		. 16		
17 E	Bad debts					RSS	. 17		
							18		
19 1	Taxes and licenses	e) (see instructions)			SDEN,	UI	19		
		(See instructions for limitation rules					20		
21 [Depreciation (attach For	m 4562)			21				
22 l	Less depreciation claim	ed on Schedule A and elsewhere on	return ,	<i></i> [22a	· · ·	22b	,	
23 [Depletion						23		
24 (Contributions to deferre	d compensation plans					24		
-· '	Employee benefit progra	ms					25	<u> </u>	
	Excess exempt expenses	(Schedule I)					26	 	
25 E	Excess readership costs	(Schedule J)		<i></i>			27	 	
25 E		n schedule)							
25 E 26 E 27 E 28 C		nes 14 through 28					_	 	
25 E 26 E 27 E 28 C 29 T	Total deductions. Add li		ng loss o	deduction Su	btroot loss				F A A
25 E 26 E 27 E 28 C 29 T	Total deductions. Add li Unrelated business tax	able income before net operatin							500,842
25 E 26 E 27 E 28 C 29 T 30 U 31 E	Total deductions. Add li Unrelated business tax Deduction for net opera	able income before net operatin ting loss arising in tax years beginn	•	r after January	1, 2018 (see	instructions) .	31		
25 E 26 E 27 E 28 C 29 T 30 U 31 E	Total deductions. Add li Unrelated business tax Deduction for net opera Unrelated business taxa	able income before net operatin	•	r after January	1, 2018 (see	instructions) .	31	,	

Form	990-T (2018)		Page 2
Par	t III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33 5	00,842.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions),	35	11,917.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36 4	88,925.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36.		<u> </u>
•	enter the smaller of zero or line 36	38 4	87,925.
Par	t IV. Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39 10	02,464.
40	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	33	
70		40	
			
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions		02,464.
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44 10	02,404.
Par		,,	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
	Other credits (see instructions)	}	
	General business credit Attach Form 3800 (see instructions)	. 1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	{	
е	Total credits Add lines 45a through 45d		
46	Subtract line 45e from line 44		02,464.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	
48	Total tax Add lines 46 and 47 (see instructions)	48 10	02,464.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018		
b	2018 estimated tax payments]]	
C	Tax deposited with Form 8868		
d	Foreign organizations Tax paid or withheld at source (see instructions)	[[
е	Backup withholding (see instructions)]	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f]	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments Add lines 50a through 50g	51 15	50,000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	47,536.
55	Enter the amount of line 54 you want	55	
Par		s)	
56	At any time during the 2018 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 may		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign country	
	here >		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	an trust?	Х
٠,	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 > \$	1	
	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the t	est of my knowledge ar	nd belief, it is
Sigr	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Her		ly the IRS discuss the the preparer sho	
. 161		e instructions)? X Yes	
	Print/Tipe prepagers name Desparer's starture Date	PTIN	
Paid	34 1 1/4 4 7 1 2/3 12A2 0 1 Check	\	2486
Prep		mployed P0064 EIN ▶ 22-2027	
Use		eno 973-898-9	
	Phoni		0-T (2018)
104		Form 33'	v -1 (∠∪10)

8X2741 1 000 1041CG U600

JSA

Form 990-T (2018)										Page 3
Schedule A - Cost of Go		ter method	of invento				,			
1 Inventory at beginning of y						^{ar}	6			
2 Purchases					-	ld Subtract line	ļ .			
3 Cost of labor	· · · - 					iter here and in	-			
4a Additional section 263A co										
(attach schedule)						section 263A (w			Yes	No
b Other costs (attach schedu					•	or acquired for				المد. ــا
5 Total. Add lines 1 through				to the org	anization?				L	<u>X</u> _
Schedule C - Rent Income	e (From Real P	roperty a	nd Persor	ial Property	Leased V	Vith Real Proper	ty)			
(see instructions)	-									
Description of property										
(1)										
(2)										
(3)										
(4)						,				
	2. Rent recei	ved or accrue	ed			-				
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percenta	age of rent for	personal property personal property based on profit or	y exceeds	3(a) Deductions di in columns 2(a				ome
(1)										
(2)										
(3)										
(4)										
Total		Total				(h) Tak-1 dad				
(c) Total income. Add totals of cohere and on page 1, Part I, line 6						(b) Total deductio Enter here and on Part I, line 6, colun	page 1			
Schedule E - Unrelated De	ebt-Financed li	ncome (se	e instructio	ons)						
1 Description of deb	ot-financed property			ncome from or o debt-financed		Deductions directly con debt-finance	ed prope	erty		
		•	pr	operty		nt line depreciation ch schedule)	,	b) Other dedu (attach sched		
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju- of or alloca debt-financed (attach sche	ble to property	4 0	Column divided olumn 5		income reportable n 2 x column 6)	_	Allocable dec mn 6 x total c 3(a) and 3(of colum	
(1)				%						
(2)				%						
(3)				%						
(4)				%						
					Enter her Part I, lin	re and on page 1, re 7, column (A)		r here and o i, line 7, col		
Totals					· • • • • • •					

Form 990-T (2018)

Schedule F-Interest, Anni			pt Controlled O			<u></u>			
Name of controlled Grganization	2 Employer identification numb		t unrelated income (s) (see instructions)		of specified	included	f column 4 th in the contro ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organia	zations								
7 Taxable Income	8. Net unrelated in (loss) (see instruc	,	9 Total of specific		ınclud	nt of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)					organi.	ution o groot	<u> </u>		00(0)(1)(1)
(2)									
(3)									
(4)									
Totals			<u>-</u>	•	Enter	columns 5 a here and on , line 8, colu	page 1,	Ent	d columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Totals	come of a Sec	tion 501/c	\(7\) (9) or (1	<u> </u>	nization	(see ins	tructions)		
Schedule G-mivestinent ii	leone of a oed	11011 30 110	3 Dedu		, iizatioi			\neg	5 Total deductions
1 Description of income	2. Amount of	income	directly co (attach so	nnected			t-asides schedule)		and set-asides (col 3 plus col 4)
(1)									
(2)								-+	
(3)									
(4)	Enter here and								Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, o	olumn (A)	er Than Adver	ising Ir	come (see instru	ctions)_		Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	with or business 2 minus co	ted trade (column plumn 3) compute	from ac	s income tivity that inrelated s income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(4)	 								
(1)			 -				 		
(2)	 						 		
(3)							 		
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,		,	;	<u> </u>		Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J- Advertising Ir	Como (see instr	uctions)				;			<u> </u>
			neolidated D-			<u>.</u>			
Part I Income From Per	lodicals Report	ed on a Co	nsolidated ba	515			Γ		1
1. Name of periodical	2 Gross advertising income	3 Direct advertising o	2	ss) (col ol 3) If ompute		culation ome	6 Reade cost	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)									
(2)	 								7
(3)	 								7
(4)	 						 		-
<u> </u>	 								
Totals (carry to Part II, line (5))									
									Form 990-T (2018

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

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis) 4 Advertising 7 Excess readership gain or (loss) (col costs (column 6 2 Gross 3 Direct 5 Circulation 6 Readership 2 minus col 3) If minus column 5, but 1 Name of periodical advertising advertising costs income costs a gain, compute not more than income cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, Part II, line 27 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4. Compensation attributable to time devoted to 2. Title 1 Name unrelated business buşiness (1) % (2) % (3) % (4)

Form 990-T (2018)

ATTACHMENT 1

ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

SUBSTANTIALLY RELATED ENTITY PROVIDING HEALTHCARE SERVICES IN THE HOSPITAL FACILITY THAT DOES NOT FOLLOW THE HOLY NAME MEDICAL CENTER FINANCIAL ASSISTANCE POLICY.

ATTACHMENT 2

NAME AND FEIN OF PARENT CORPORATION

PEACE MINISTRIES, INC. 46-5202238

ATTACHMENT 3

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

HOLY NAME RENAL CARE CENTER, LLC

500,842.

INCOME (LOSS) FROM PARTNERSHIPS

500,842.

FEDERAL FORM 990-T, LINE 31; NET OPERATING LOSS DEDUCTION		HOLY NAME MEDICAL CENTER EIN: 22-1487322 FEDERAL FORM 990-T	
NET OPERATING LOSS GENERATED 12/31/2016		FOR THE YEAR ENDED DECEMBER 31, 2018	
NET OPERATING LOSS GENERATED 12/31/2016	DERAL FORM 990-T	. LINE 31: NET OPERATING LOSS DEDUCTION	
NET OPERATING LOSS GENERATED 12/31/2016			
	從是認識原則是到	DESCRIPTION	AM
	T ODERATING LOSS	GENERATED 12/31/2016	
			
NET OPERATING LOSS UTILIZED 12/31/2018			†

•

HOLY NAME MEDICAL CENTER EIN: 22-1487322 AMENDED FORM 990-T FOR THE YEAR ENDED DECEMBER 31, 2018

THE TAXPAYER'S FEDERAL FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN, HAS BEEN AMENDED TO REFLECT THE <u>RETROACTIVE REPEAL OF INTERNAL REVENUE CODE §512(A)(7)</u>. THE FOLLOWING WITHIN THIS FORM 990-T HAVE BEEN AMENDED TO REFLECT THIS CHANGE:

- FORM 990-T, PART III, LINE 34 AMOUNTS PAID FOR DISALLOWED FRINGES
- FORM 990-T, PART III, LINE 38 UNRELATED BUSINESS TAXABLE INCOME
- FORM 990-T, PART IV, LINE 39 ORGANIZATIONS TAXABLE AS CORPORATIONS
- FORM 990-T, PART V, LINE 48 -- TOTAL TAX
- FORM 990-T, PART V, LINE 54 OVERPAYMENT
- FORM 990-T, PART V, LINE 55 ENTER THE AMOUNT OF LINE 54 YOU WANT REFUNDED