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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 01/01, 2019, and ending 12/31, 2019

2019

Department of the Treasury Internal Revenue Service

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

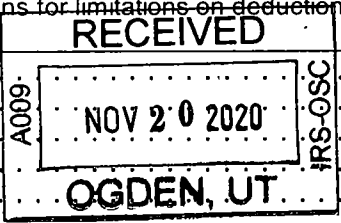
Form header section including: A Check box if address changed; B Exempt under section (501(c)(3)); C Book value of all assets; D Employer identification number; E Unrelated business activity code; F Group exemption number; G Check organization type (501(c) corporation); H Enter the number of the organization's unrelated trades or businesses; I During the tax year, was the corporation a subsidiary; J The books are in care of.

SCANNED OCT 01 2021

Part I Unrelated Trade or Business Income table header and first row (1a Gross receipts or sales 68,434).

Table with 3 columns: (A) Income, (B) Expenses, (C) Net. Rows 1a-13 detailing various income and expense items.

Part II Deductions Not Taken Elsewhere table header and rows 14-31 detailing various deduction items.



For Paperwork Reduction Act Notice, see instructions Form 990-T (2019)

JSA 9x2740 1 000

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32 through 39.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40 through 45.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a through 56.

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

Table with 3 columns: Line number, Description, and Yes/No. Includes lines 57 through 59.

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.

Sign Here: Signature of officer, Date, Title. Includes handwritten signature and date 11/16/2020.

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

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					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					
				8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
							X

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	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		

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 ▶				

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

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

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

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))

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 ▶						
Totals, Part II (lines 1-5) ▶	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

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 ▶			

**SCHEDULE M
(Form 990-T)**

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

OMB No 1545-0047

2019

For calendar year 2019 or other tax year beginning 01/01, 2019, and ending 12/31, 2019.

Department of the Treasury
Internal Revenue Service

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501(c)(3) Organizations Only

Name of the organization **REID HOSPITAL & HEALTH CARE SERVICES, INC.** Employer identification number **35-0892672**

Unrelated Business Activity Code (see instructions) ▶ **446110**

Describe the unrelated trade or business ▶ **PHARMACY CONTRACT SERVICES**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>15,000.</u>			
b	Less returns and allowances			
	c Balance ▶	1c		
		15,000.		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3	15,000.	15,000.
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)	12		
13	Total. Combine lines 3 through 12	13	15,000.	15,000.

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		514.
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	41.	
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		
		21b		41.
22	Depletion	22		
23	Contributions to deferred compensation plans	23		
24	Employee benefit programs	24		38.
25	Excess exempt expenses (Schedule I)	25		
26	Excess readership costs (Schedule J)	26		
27	Other deductions (attach schedule)	27		3,972.
28	Total deductions. Add lines 14 through 27	28		4,565.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29		10,435.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		
31	Unrelated business taxable income Subtract line 30 from line 29	31		10,435.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

**SCHEDULE M
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Name of the organization **REID HOSPITAL & HEALTH CARE SERVICES, INC.** Employer identification number **35-0892672**

Unrelated Business Activity Code (see instructions) ▶ 621990

Describe the unrelated trade or business ▶ MASSAGE THERAPY

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>235,223.</u>			
b	Less returns and allowances			
	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	<u>235,223.</u>		
3	Gross profit Subtract line 2 from line 1c	<u>235,223.</u>		<u>235,223.</u>
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c	Capital loss deduction for trusts			
5	Income (loss) from a partnership or an S corporation (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions, attach schedule)			
13	Total. Combine lines 3 through 12	<u>235,223.</u>		<u>235,223.</u>

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)			
15	Salaries and wages			<u>273,125.</u>
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule) (see instructions)			
19	Taxes and licenses			
20	Depreciation (attach Form 4562)	<u>20</u>	<u>3,523.</u>	
21	Less depreciation claimed on Schedule A and elsewhere on return	<u>21a</u>		<u>3,523.</u>
22	Depletion			
23	Contributions to deferred compensation plans			
24	Employee benefit programs			<u>20,372.</u>
25	Excess exempt expenses (Schedule I)			
26	Excess readership costs (Schedule J)			
27	Other deductions (attach schedule) <u>ATTCH 3</u>			<u>9,059.</u>
28	Total deductions Add lines 14 through 27			<u>306,079.</u>
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13			<u>-70,856.</u>
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			
31	Unrelated business taxable income Subtract line 30 from line 29			<u>-70,856.</u>

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Name of the organization

REID HOSPITAL & HEALTH CARE SERVICES, INC.

Employer identification number

35-0892672

Unrelated Business Activity Code (see instructions) ▶ 722320

Describe the unrelated trade or business ▶ CATERING

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>40,708.</u>			
b	Less returns and allowances <u> </u> c Balance ▶	1 c	40,708.	
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3	40,708.	40,708.
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
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)	12		
13	Total. Combine lines 3 through 12	13	40,708.	40,708.

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		26,112.
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	655.	
21	Less depreciation claimed on Schedule A and elsewhere on return	21 a		21 b 655.
22	Depletion	22		
23	Contributions to deferred compensation plans	23		
24	Employee benefit programs	24		2,252.
25	Excess exempt expenses (Schedule I)	25		
26	Excess readership costs (Schedule J)	26		
27	Other deductions (attach schedule)	27		30,921.
28	Total deductions Add lines 14 through 27	28		59,940.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29		-19,232.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		
31	Unrelated business taxable income Subtract line 30 from line 29	31		-19,232.

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Schedule M (Form 990-T) 2019

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Name of the organization **REID HOSPITAL & HEALTH CARE SERVICES, INC.** Employer identification number **35-0892672**

Unrelated Business Activity Code (see instructions) ▶ 812300

Describe the unrelated trade or business ▶ LAUNDRY

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>110,345.</u>			
b	Less returns and allowances <u> </u> c Balance ▶	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		110,345.
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . .	4 b		
c	Capital loss deduction for trusts	4 c		
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)	12		
13	Total. Combine lines 3 through 12	13	110,345.	110,345.

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		143,532.
16	Repairs and maintenance	16		30,978.
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		
20	Depreciation (attach Form 4562)	20	16,159.	
21	Less depreciation claimed on Schedule A and elsewhere on return	21 a		
22	Depletion	22		
23	Contributions to deferred compensation plans	23		
24	Employee benefit programs	24		10,439.
25	Excess exempt expenses (Schedule I)	25		
26	Excess readership costs (Schedule J)	26		
27	Other deductions (attach schedule) ATTCH 5	27		104,809.
28	Total deductions. Add lines 14 through 27	28		305,917.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29		-195,572.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30		
31	Unrelated business taxable income Subtract line 30 from line 29	31		-195,572.

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Schedule M (Form 990-T) 2019

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Name of the organization **REID HOSPITAL & HEALTH CARE SERVICES, INC.** Employer identification number **35-0892672**

Unrelated Business Activity Code (see instructions) ▶ **713940**

Describe the unrelated trade or business ▶ **HEALTHWORKS FITNESS CENTER**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>35,303.</u>			
b	Less returns and allowances <u> </u> c Balance ▶	1 c	35,303.	
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3	35,303.	35,303.
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . .	4 b		
c	Capital loss deduction for trusts	4 c		
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)	12		
13	Total. Combine lines 3 through 12	13	35,303.	35,303.

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		83,135.
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	159.	
21	Less depreciation claimed on Schedule A and elsewhere on return	21 a		21 b 159.
22	Depletion	22		
23	Contributions to deferred compensation plans	23		
24	Employee benefit programs	24		6,020.
25	Excess exempt expenses (Schedule I)	25		
26	Excess readership costs (Schedule J).	26		
27	Other deductions (attach schedule)	27	ATCH. 6	1,985.
28	Total deductions. Add lines 14 through 27	28		91,299.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13	29		-55,996.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).	30		
31	Unrelated business taxable income Subtract line 30 from line 29	31		-55,996.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

ATTACHMENT 1

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

EDUCATION	12,860.
LICENSES & FEES	2,100.
SUPPLIES	1,893.
OTHER	3,382.

PART II - LINE 28 - OTHER DEDUCTIONS 20,235.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

EDUCATION	4.
LICENSE & FEES	16.
SUPPLIES	3,942.
PURCHASED SERVICES	8.
OTHER	2.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 28 - OTHER DEDUCTIONS

3,972.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SUPPLIES	3,804.
PURCHASED SERVICES	2,584.
OTHER	2,671.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 28 - OTHER DEDUCTIONS

9,059.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

EDUCATION	37.
LICENSES & FEES	234.
SUPPLIES	29,754.
PURCHASED SERVICES	311.
UTILITIES	20.
OTHER	565.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 28 - OTHER DEDUCTIONS

30,921.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SUPPLIES	94,468.
PURCHASED SERVICES	5,365.
OTHER	4,976.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 28 - OTHER DEDUCTIONS

104,809.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

LICENSES & FEES	150.
SUPPLIES	277.
PURCHASED SERVICES	420.
OTHER	1,138.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 28 - OTHER DEDUCTIONS

1,985.