	•			
	•	Ċ	•	
1				
				,
				:
	-	2	2	•
j		į		
7		;		
7	ļ	:		
7				

- 990-it 332	Y	•	proxy tax und	ler se			1912	/	2019	
artment of the Treasury		lendar year 2019 or other tax year be Go to www.irs Do not enter SSN numbers or	gov/Form990T for i			est inform		<u> </u>	Open to Public Inspection 501(c)(3) Organizations O	
Check box if		Name of organization (2000 10 0 00 1(0)(DEmpl	oyer identification number loyees' trust, see	
address changed		COMMUNITY HOW	ARD REGIO	NAL	HEALTH	Ι,		instru	uctions)	
Exempt under section	Print	INC.		_					5-1865344 ated business activity co	
[] 501(c)()3)] 408(e)	Type	Number, street, and room or s			structions.			(See instructions)		
408(e)					n nostal code			\dashv		
529(a)		City or town, state or province, country, and ZIP or foreign postal code KOKOMO, IN 46902								
ook value of all assets		E Group examption number /	See instructions.)							
215,631,5	72.	G Check organization type		poration	501	(c) trust		(a) trust	Other trus	
	-	ition's unrelated trades or busin	iesses. 🕨				the only (or first)			
ade or business here		as at the and of the arguers of	entanas completo D	orto Loo			complete Parts I-1			
escribe the first in the t usiness, then complete		ce at the end of the previous se	mience, complete P	aris i ali	u II, cumpiete a	Scriedule	W TOT EACH AUGILI	onai traut	3 01	
		ooration a subsidiary in an affilia	ted group or a pare	nt-subs	diary controlled	aroup?	•	Ye	es No	
		tifying number of the parent co								
		JOSEPH T. HOOP							453-8547	
		de or Business Incon	10		(A) Inco	me	(B) Expens	es	(C) Net	
Gross receipts or sal						ł	•	-	/	
Less returns and allo			Balance	1c						
Cost of goods sold (•		3			-		<u> </u>	
•	iss profit. Subtract line 2 from line 1c oital gain net income (attach Schedule D) 4a									
	•	art II, line 17) (attach Form 479)7)	4b						
: Capital loss deductio		• • •	,	4c						
Income (loss) from a	partners	ship or an S corporation (attach	statement)	5						
Rent income (Sched				6						
Unrelated debt-finance		•		7						
		ind rents from a controlled orga on 501(c)(7), (9), or (17) organ			_/_					
Exploited exempt act			zation (Schedule d)	10						
Advertising income (•	· ·	_	11			· · · · · ·		_	
Other income (See in		•		12						
Total. Combine line				13		0.				
Deduction: (Deduction:	ons No s must b	ot Taken Elsewhere (be directly connected with t	See instructions for he unrelated bust	or limita nesson	tions on dedi	uctions)				
		rectors, and trustees (Schedule			VED ,			14		
Salaries and wages		/	9 70	/ 60 6	2000	{		15		
Repairs and mainter	nance		NO,	V Z J	2020	31		16		
Bad debts Interest (attach scho	adula\ /a	an unatrustions)	L					17		
Taxes and licenses	edule) (S	ee instructions)		<u>DEN</u>	I. UT]		19		
Depreciation (attach	Form 4	562)				20		"		
		n Schedule A and elsewhere on	return		_	21a	-	21b		
Depletion					_		_	22		
Contributions to det		mpensation plans						23		
Employee benefit pr	. /							24		
Excess exempt expe	_	•						25		
Excess readership of Other deductions (a								26 27		
Total deductions. A								28	(
,		ncome before net operating los	s deduction. Subtrac	ct line 2	3 from line 13			29	 (
/		loss arising in tax years beginn								
	-	-						30	(
(see instructions)									(

	- (2019) COMMONT I NOWARD REGIONAL REALITY, INC.	35-	1003344 Page 2
	III Total Unrelated Business Taxable Income		
	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.
	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,	
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	138	1,000.
	Unrelated business taxable Income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1	
	enter the smaller of zero or line 37	39	0.
	IV Tax Computation	1 00 1	
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	40	
41		ا تد ا	
40	Tax rate schedule or Schedule D (Form 1041)	41	
	Proxy tax. See Instructions	42	
	Alternative minimum tax (trusts only)	43	
	Tax on Noncompliant Facility Income. See instructions	44	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
	V Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		
b (Other credits (see instructions)]	
c (General business credit. Attach Form 3800	1	
d (Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	0.
	Other taxes. Check If from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
	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	 " 	<u> </u>
		<u> </u>	(
			,
	Tax deposited with Form 8868		(
	Foreign organizations: Tax paid or withheld at source (see instructions)		
	Backup withholding (see Instructions) 51e	₹ `,,	(
	Credit for small employer health insurance premiums (attach Form 8941) 51f	1.	
g (Other credits, adjustments, and payments Form 2439	i	
ι	Form 4136 Other Total ▶ 51g		
52	Total payments. Add lines 51a through 51g	52	38,905.
53 8	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	38,905.
56 E	enter the amount of line 55 you want. Credited to 2020 estimated tax	56	38,905.
Part '			<u>``</u>
57 /	At any time during the 2019 calendar year, dld 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		1 44
	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	nera		X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		$\frac{x}{x}$
	f "Yes," see instructions for other forms the organization may have to file.		A
	inter the amount of tax-exempt interest received or accrued during the tax year \$ \$	ulades == 1	hollof it in term
Sign	Under penaltiles of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. PRESIDENT - HOWARD	меаде ала	peller, it is true,
Here	A LA	iy inib ina u	inacciaa iina terciti wirii
11010			hown below (see
			X Yes No
	Print/Type preparer's name Peparer's signature Date Check I if	PTIN	
Paid	self- employed		
Prepa	CASSE TATE 10/28/20		1271193
Use (Only Firm's name ► KSM BUSINESS SERVICES, INC. Firm's EIN ►	35	-2123203
	P.O. BOX 40857		
	Firm's address ► INDIANAPOLIS, IN 46240-0857 Phone no. (<u>317)</u>	580-2000
	1-27-20		Form 990-T (2019)