

11-28-2020

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

Department of the Treasury
Internal Revenue Service

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information. 1806

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

<input type="checkbox"/> Check box if address changed <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) ELMHURST MEMORIAL HOSPITAL Number, street, and room or suite no. If a P.O. box, see instructions. 155 E BRUSH HILL ROAD City or town, state or province, country, and ZIP or foreign postal code ELMHURST, IL 60126	D Employer identification number (Employees' trust, see instructions) 36-2167784
C Book value of all assets at end of year 473,423,755			E Unrelated business activity codes (See instructions.) 621500 812300
F Group exemption number (See instructions.)		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. REFERENCE LAB SERVICES, LAUNDRY SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☒ Yes ☐ No
If "Yes," enter the name and identifying number of the parent corporation. EDWARD-ELMHURST HEALTHCARE 36-3513954

J The books are in care of DENISE CHAMBERLAIN **Telephone number** (630) 527-3000

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	8,315,393		1c	1,815,381	
b	Less returns and allowances	6,500,012		2	0	
2	Cost of goods sold (Schedule A, line 7)			3	1,815,381	1,815,381
3	Gross profit. Subtract line 2 from line 1c			4a	0	0
4a	Capital gain net income (attach Schedule D)			4b	0	0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4c	0	0
c	Capital loss deduction for trusts			5	385,019	385,019
5	Income (loss) from partnerships and S corporations (attach statement)			6	0	0
6	Rent income (Schedule C)			7	0	0
7	Unrelated debt-financed income (Schedule E)			8	0	0
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			9	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			10	0	0
10	Exploited exempt activity income (Schedule I)			11	0	0
11	Advertising income (Schedule J)			12	0	0
12	Other income (See instructions; attach schedule)			13	2,200,400	2,200,400
13	Total. Combine lines 3 through 12				0	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)					
14	Compensation of officers, directors, and trustees (Schedule K)			14	0
15	Salaries and wages			15	419,298
16	Repairs and maintenance			16	6,615
17	Bad debts			17	0
18	Interest (attach schedule)			18	0
19	Taxes and licenses			19	61,226
20	Charitable contributions (See instructions for limitation rules)			20	64,807
21	Depreciation (attach Form 4562)			21	42,045
22	Less depreciation claimed on Schedule A and elsewhere on return			22a	0
23	Depletion			22b	42,045
24	Contributions to deferred compensation plans			23	0
25	Employee benefit programs			24	0
26	Excess exempt expenses (Schedule I)			25	102,937
27	Excess readership costs (Schedule J)			26	0
28	Other deductions (attach schedule)			27	0
29	Total deductions. Add lines 14 through 28			28	620,167
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			29	1,317,095
31	Net operating loss deduction (limited to the amount on line 30)			30	883,305
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			31	299,043
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)			32	584,262
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			33	1,000
				34	583,262

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Cat. No. 11291J

Form **990-T** (2017)

9-15

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ 0 (2) \$ 0 (3) \$ 0		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ 0 (2) Additional 3% tax (not more than \$100,000) \$ 0		
c Income tax on the amount on line 34	35c	163,649
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	163,649

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
b Other credits (see instructions)	41b		
c General business credit. Attach Form 3800 (see instructions)	41c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e Total credits. Add lines 41a through 41d	41e		0
42 Subtract line 41e from line 40	42		163,649
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43		0
44 Total tax. Add lines 42 and 43	44		163,649
45a Payments: A 2016 overpayment credited to 2017	45a	100,000	
b 2017 estimated tax payments	45b	105,800	
c Tax deposited with Form 8868	45c	106,000	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
e Backup withholding (see instructions)	45e		
f Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 0 Total	45g		0
46 Total payments. Add lines 45a through 45g	46		311,800
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47		
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		0
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49		148,151
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax 128,216 Refunded 19,935			

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

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority 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	Yes	No
52 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.		✓
53 Enter the amount of tax-exempt interest received or accrued during the tax year		\$

Sign Here	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.	
	Signature of officer <i>Rachel Spurlock</i>	Date <i>5/8/2020</i> Title <i>EVP CHIEF FINANCIAL OFFICER</i>

May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Paid Preparer Use Only	Print/Type preparer's name RACHEL SPURLOCK	Preparer's signature <i>Rachel Spurlock</i>	Date 5/6/2020	Check <input type="checkbox"/> if self-employed	PTIN P00520729
	Firm's name CROWE LLP	Firm's EIN 35-0921680		Phone no. (312) 899-7000	
	Firm's address 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224				

Form 990-T (2017)

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

1 Inventory at beginning of year	1	0	6 Inventory at end of year	6	0
2 Purchases	2	0	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	0
3 Cost of labor	3	0	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach schedule)	4a	0			
b Other costs (attach schedule)	4b	0			
5 Total. Add lines 1 through 4b	5	0			

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		
(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
0	0	0
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		
0		

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 × column 6)	8. Allocable deductions (column 6 × 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).
			0	0
Total dividends-received deductions included in column 8				0

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)				
Totals			0	0

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)				
Totals		0		0

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)						
Totals		0	0			0

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))		0	0	0		0

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				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 27.
Totals, Part II (lines 1–5) ▶	0	0				0

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 ▶			0

Form **990-T** (2017)

Name of Partnership	EIN	UBI
JOINT VENTURE-SURGERY CENTER		
(1) ELMHURST OUTPATIENT SURGERY CENTER, LLC	36-4150045	385,019
Total for Part I, Line 5		385,019

Description	Amount
REFERENCE LAB SERVICES	
(1) ILLINOIS REPLACEMENT & INCOME TAX	61,226
Total for Part II, Line 19	61,226

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2014	31,500	0	31,500		0	2019
2015	282,718	0	33,307		249,411	2020
2016	280,800	0	0		280,800	2021
2017	363,179	0	0		363,179	2022
Totals	958,197	0	64,807	0	893,390	

Description	Amount
REFERENCE LAB SERVICES	
(1) SUPPLIES AND OTHER	451,025
(2) UTILITIES AND PLANT OPERATIONS	18,619
(3) GENERAL AND ADMIN EXPENSES	105,248
(4) PROFESSIONAL FEES	500
Total	575,392
LAUNDRY SERVICES	
(5) SUPPLIES AND OTHER	5,248
(6) UTILITIES AND PLANT OPERATIONS	30,622
(7) GENERAL AND ADMIN EXPENSE	7,905
(8) PROFESSIONAL FEES	500
Total	44,275
JOINT VENTURE-SURGERY CENTER	
(9) PROFESSIONAL FEES	500
Total for Part II, Line 28	620,167

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2014	79,318		79,318		0	2034
2015	415,151		116,108	299,043	0	2035
Totals	494,469	0	195,426	299,043	0	

1	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	583,262
2	Enter line 1 or corporation's share of the \$50,000 taxable income bracket, whichever is less	0
3	Subtract line 2 from line 1	583,262
4	Enter line 3 or corporation's share of the \$25,000 taxable income bracket, whichever is less	0
5	Subtract line 4 from line 3	583,262
6	Enter line 5 or corporation's share of the \$9,925,000 taxable income bracket, whichever is less	0
7	Subtract line 6 from line 5	583,262
8	Enter 15% of line 2	0
9	Enter 25% of line 4	0
10	Enter 34% of line 6	0
11	Enter 35% of line 7	204,142
12	If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of: (a) 5% of the excess over \$100,000, or (b) \$11,750 (see instructions for additional 5% and additional 3% tax)	0
13	If the taxable income of the controlled group exceeds \$15 million, enter this member's share of the smaller of: (a) 3% of the excess over \$15 million, or (b) \$100,000 (see instructions for additional 5% and additional 3% tax)	0
14	Add lines 8 through 13. Enter here and on line 35c, page 2, Form 990-T	163,649

Date	Amount
02/15/2019	105,800
Totals	105,800

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

2017Attachment
Sequence No. **179**

Name(s) shown on return

ELMHURST MEMORIAL HOSPITAL

Business or activity to which this form relates

621500, 812300

Identifying number

36-2167784

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	510,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	510,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	510,000
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	0
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10	Carryover of disallowed deduction from line 13 of your 2016 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	510,000
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13	Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12	13	0

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2017	17	42,045
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	0
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	42,045
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 12906N

Form **4562** (2017)

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .							25	

26 Property used more than 50% in a qualified business use:

		%						
		%						
		%						

27 Property used 50% or less in a qualified business use:

		%				S/L		
		%				S/L		
		%				S/L		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 . **28** 0

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 . **29** 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (don't include commuting miles) .						
31 Total commuting miles driven during the year .						
32 Total other personal (noncommuting) miles driven .						
33 Total miles driven during the year. Add lines 30 through 32 .	0	0	0	0	0	0
34 Was the vehicle available for personal use during off-duty hours? .	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person? .						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .		
39 Do you treat all use of vehicles by employees as personal use? .		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) .		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2017 tax year (see instructions):					
43 Amortization of costs that began before your 2017 tax year .					43
44 Total. Add amounts in column (f). See the instructions for where to report .					44 0

Elmhurst Memorial Hospital
 FEIN:36-2167784
 Tax Year Ending: 6/30/18

The Form 990-T for the tax year ending [inset tax year ending] is being amended due to the repeal of Section 512(a)(7). As a result, the following changes have been made:

	<i>Reason for change</i>	(a) As originally reported or as previously adjusted	(b) Net change	(c) Correct amount
Income				
Line 1a - Gross receipts or sales		8,315,393	-	8,315,393
Line 1b - Less returns and allowances		(6,500,012)	-	(6,500,012)
Line 5 - Income (loss) from partnerships and S corporations		385,019	-	385,019
Line 12 - Other Income	<i>Repeal of §512(a)(7)</i>	86,405	(86,405)	-
Line 13 - Total Income		2,286,805	(86,405)	2,200,400
Deductions				
Line 15 - Salaries and wages		419,298	-	419,298
Line 16 - Repairs & Maintenance		6,615	-	6,615
Line 19 - Taxes and Licenses	<i>Repeal of §512(a)(7)</i>	68,685	7,459	61,226
Line 20 - Charitable Contributions	<i>Repeal of §512(a)(7)</i>	72,702	7,895	64,807
Line 22b - Depreciation		42,045	-	42,045
Line 25 - Employee benefit programs		102,937	-	102,937
Line 28 - Other Deductions		620,167	-	620,167
Line 29 - Total Deductions		1,332,449	15,354	1,317,095
Line 30 - Net operating loss deduction		299,043	-	299,043
Line 33 - Specific Deduction		1,000	-	1,000
Line 34 - Unrelated Business Taxable Income		654,313	(101,759)	583,262
Line 35 - Total Tax		183,584	(19,935)	163,649
Payments and Credits				
Line 45a - Overpayment in prior year allowed as a credit		100,000	-	100,000
Line 45b - Estimated tax payments		105,800	-	105,800
Subtotal		205,800	-	205,800
Line 45c - Tax deposited with Form 8868		106,000	-	106,000
Line 45g - Tax deposited or paid with (or after) the filing of the original return				-
Line 46 - Subtotal				311,800
Less overpayment as shown on original return or as later adjusted				(128,216)
Subtotal				183,584
Tax Due or Overpayment				
Line 48 - Tax Due				-
Line 49 - Overpayment				(19,935)
Enter the amount of overpayment you want:				
Credited to 2018 estimated tax <input type="checkbox"/>			Refunded <input type="checkbox"/>	19,935