46 Barching Ogden JUN 0 9 2

Unrelated business taxable income. Subtract line 30 from line 29
923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

76,104. Form **990-T** (2019)

28

29

30

13,697.

76,104.

(see instructions)

Total deductions. Add lines 14 through 27

	0-T (2019) COVENANT MEDICAL CENTER INC.	<u> 38-</u>	3369438 Page 2
Pari	Total Unrelated Business Taxable Income		
32	tal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	<u>76,104.</u>
33.	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 337	35	76,104.
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	76,104.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
,39	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	, 🗆	
\overline{II}	enter the smaller of zero or line 37	39	75,104.
Part	XV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	. 40=	15,772.
41	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
r 44 A	Tax on Noncompliant Facility Income. See instructions	44	
45,	Total Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45-	15,772.
Part			
46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		<u></u> _
b	Other credits (see instructions) 46b	7	
С	General business credit. Attach Form 3800 46c]	
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d	7 #	
е	Total credits Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	15,772.
48	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	15,772.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Payments A 2018 overpayment credited to 2019 54, 297.		
b	2019 estimated tax payments 51b	1	
c	Tax deposited with Form 8868 51c	1	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	1	
е	Backup withholding (see instructions) 51e	7	
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	7	
g	Other credits, adjustments, and payments Form 2439		
	☐ Form 4136 ☐ Other ☐ Total ► 51g		
52	Total payments. Add lines 51a through 51g	A 2	54,297.
53	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	38,525.
	Enter the amount of line 55 you want: Credited to 2020 estimated tax 38,525. Refunded	56	0.
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 calendar year, did 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		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here CAYMAN ISLANDS		X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		<u> </u>
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
Si~~	Under penalties of perjury. Legiste that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete peclarition of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	dge and belie	f, it is true,
Sign	[M. 4] A (C17-2-2)		scuss this return with
Here	VP/CFO th	e preparer sh	own below (see
		structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date Check	If PTIN	
Paid			
Prep	parer DAVID LOWENTHAL DAVID LOWENTHAL 05/14/21		378651
•	Only Firm's name ► PLANTE & MORAN, PLLC Firm's EIN ►	<u> 38</u> -	-1357951
	27400 NORTHWESTERN HIGHWAY		
	Firm's address ► SOUTHFIELD, MI 48034 Phone no. (352-2500
923711 (01-27-20	F	orm 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A				
1 Inventory at beginning of year	1			Inventory at end of yea			6	
2 Purchases	2		7	Cost of goods sold. S		line 6	3 10 m	
3 Cost of labor	3		7	from line 5. Enter here		Part I,		
4a Additional section 263A costs				line 2		·	7	
(attach schedule)	4a		_ 8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	_4b			property produced or a	acquired	for resale) apply to	[通過 语世
5 Total. Add lines 1 through 4b	5			the organization?			ĺ	X
Schedule C - Rent Income (see instructions)	(From Real i	Property and	l Per	sonal Property L	.ease	d With Real Prope	erty)	
1 Description of property								
(1)					 _			
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued		,				
(a) From personal property (if the personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly c columns 2(a) and	connected with the inc d 2(b) (attach schedule	ome in !)
(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	n (A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)				
			2	. Gross income from		Deductions directly conne to debt-finance		;
1. Description of debt-f	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dec (attach sch	
(1)			1	-		 -		
(2)						<u>.</u>	Ì	
(3)								
(4)						"		
4. Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable of (column 6 x total 3(a) and	of columns
(1)	İ		1	%				
(2)			1	%	Ì			
(3)			1	%				
(4)		<u> </u>	1	%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here and o Part I, line 7, co	
Totals				•		0.		0.
Total dividends-received deductions	ncluded in column	8						0.

1. Name of controlled organizations 2, Englisher structured 3, lites resident accusts 4, 2 and at sociating organizations 5, Port of course in this occurs (clusted	Schedule F - Interest, A	Innuities, Royal	ties, and Rent	s From Co	ntrolled	Organiza	tions (see instruct	ions)
Commonweal Controlled Organizations Description of specific plant in the controlled organization Controlled Organizations Part See and organization Part Controlled Organizations Part Controlle			Exemp	t Controlled C	rganizatio	ons			
Some controlled Organizations Some controlled Organization	1. Name of controlled organizati	identif	ication (foss) (s			payments made		the controlling	connected with income
Some controlled Organizations Some controlled Organization	(1)				 		 -		
Social Company Soci		-							
Section Sect									1
8. Net cereation income (loss) (see instructions) 9. Total of septiments (see instructions) 10. Pend of column 5 had selected by connected in the controlling agreeatability agreeatability in the controlling agreeatability agreeatability in the controlling agreeatability and the controlling agreeat						· · · · ·			
(1) (2) (3) (4) Add columns S and 10 (first here and on page 1, Part I, Ire 8, column (A) (goes instructions) 1, Description of income 2, Amount of norms 2, Amount of norms 1, Description of income 2, Amount of norms 2, Amount of norms 3, Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (goes instructions) 3, Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (goes instructions) 5, Test of deductions (part of schedule) (1) (2) (3) (4) Fortile here and on page 1, Part I, Ire 8, column (B) (part of schedule) (part of schedule		zations							
Column C	7. Taxable Income			al of specified pay made	ments	in the controlls	ng organizatio	cluded 11.	Deductions directly connected with income in column 10
Column C	(1)								
Add columns 5 and 10 Enthe heer and on page 1. Part 1, from a Column (5) and 10 Enthe heer and on page 1. Part 1, from a Column (5)									·
Add columns 5 and 10 Enter here and on page 1. Pirt 1. tine 8 cutum (N) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Around of income 2. Around of income 2. Around of income 3. Description (place instructions) 4. Seh-sades (pittade schedule) (pittade schedule) 5. Total dissertations (pittade schedule) (pittade schedule) (1) 2) (3) (4) Enter here and on page 1. Pirt 1. tine 8 column (N) Pirt 1. tine 9. Colum					T				
Add scolums (and 1) Enter here and on page 1, Part I, line 6, column (b) 1, Description of income 2, Amount of income 2, Amount of income 3, Description of income 4, Sahassias (Hazoh schedule) (2) (3) (4) Enter here and on page 1, Part I, line 6, column (b) Totals Caross undested business income of the form unrelated business income septicled sciency 1, Description of consuments (see instructions) 2, Cross unrelated business income (see instructions) 1, Description of consuments (see instructions) 2, Cross unrelated business income (see instructions) 1, Description of consuments (see instructions) 2, Cross unrelated business income (see instructions) 1, Description of consuments (see instructions) 2, Cross unrelated business income (see instructions) 2, Cross unrelated business income (see instructions) 4, Nation promotes (see instructions) 5, Cross income for consuments (see instructions) 1, Description of consuments (see instructions) 1, Description of consuments (see instructions) 2, Cross unrelated business income (see instructions) 1, Description of consuments (see instructions) 2, Cross unrelated business income (see instructions) 2, Cross unrelated business income (see instructions) 2, Cross and the seed of consuments (see instructions) 2, Cross and the seed of consuments (see instructions) 2, Cross and the seed of consuments (see instructions) 1, Name of pariodical Reported on a Consolidated Basis 1, Name of pariodical Reported on a Consolidated Basis 1, Name of pariodical Reported on a Consolidated Basis 1, Name of pariodical (see instructions) 1, Name of pariodical Reported on a Consolidated Basis 1, Name of pariodical (see instructions) 1, Name of pariodical (see instructions) 2, Cross and the seed of column (see instructions) 3, Drect and the seed of column (see instructions) 4, Advertising gains of the seed									
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. Description of income (statish schedule) (statish schedule) 4. Set-acides (statish schedule) (see instructions) 5. Total deductions (cell 3 plus cell 4) (cell 3 plus cell 4) (dell 4) Enter here and on page 1, Part I, line 9, column (6) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of seporate of surrelated business uncome from trade or business income (see instructions) 4. Nat income (loss) for description or from advertising Income (see instructions) 4. Nat income (loss) for description or from advertising income (see instructions) and income (see instructions) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (6) (see instructions) 4. Nat income (loss) for description or from advertising income (see instructions) and income (see instructions) Enter here and on page 1, Part I, line 9, column (6) (see instructions) 4. Nat income (loss) for description or from advertising income (see instructions) and income (see instructions) Enter here and on page 1, Part I, line 9, column (6) (see instructions) 5. Cross income 8. Expenses altrobubble to column 8 altrobubble to column 9 business income (see instructions) Final I, Name of penodeal 1. Name of penodeal 2. Gross advertising income (see instructions) Part I I Income From Periodicals Reported on a Consolidated Basis 1. Name of penodeal 2. Gross advertising exempt costs of strongly 7 income (see instructions) (1) (2) (3) (4) (4) (5) 5. Cross income (6) 6. Readeship costs of minerion (see instructions) (7) Facts readership costs of strongly 7 income (see instructions) (6) (7) (8) (8) (8) (8) (8) (8) (8			•			Enter here and	on page 1, Pa	irtl, Enl	ter here and on page 1, Part I,
(see instructions) 1. Description of income 2. Amount of income 3. Descriptions described and seed an		_			▶			0.	
1, Description of income 2, Amount of income 3, Description of income directly connected destacked (attach schedule) 4, Set-asides (attach schedule) 5, Total schedule 6, Set asides (attach schedule) 6, Set asides (attach schedule) 7, Set as income schedule) 8, Set asides (attach schedule) 8, Set asides (attach schedule) 8, Set asides (attach schedule) 9, Set asides (attach schedule) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (See instructions) 1, Description of exploited Exempt Activity Income, Other Than Advertising Income (See instructions) 1, Description of exploited activity under or business income score in the spot of the spo			Section 501(c)	(7), (9), or (17) Org	anization			
(1) (2) (3) (4) Part I, line 9, column (A)	··			2. Amount of	income	directly conne	cted		and set-asides
(2) (3) (4) Enter here and on page 1, Pert 1, line 8, column (4) Schedule 1 - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross uname from trade or business income from business income from trade or b	(1)					(attach sched	lule)		(col 3 plus col 4)
Column C				 		· .			
Companies Comp						-			
Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (B)				+		<u>.</u>			
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross income from unrelated trade or business (column 3) is gent of unrelated business income 1. Description of exploited activity in activity that gent exploited activity that gent exploited activity in activity that gent exploited activity activity to gent exploited activity activity activity activity activity activity activity that gent exploited activity activit									
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross urrelated business income from urable depulsion of urable dep				Part I, line 9, co	_	,	•		
(see instructions) 2. Gross urrelated business income from urade or business income form urade or business income from urade urade urade or business income from urade urade urade urade or business income from urade		Evamet Astivity	Incomo Otho	v Thom Adı		a Incomo			
1. Description of exploited activity Company Compan		-	income, othe	i IIIali Au	verusin	y income			
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. Consolidated Basis 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs (1) (2) (3) (4) Totals (carry to Part II, line (5)) O. Consolidated Basis 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 Totals (carry to Part II, line (5)) O. Consolidated Basis 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (solumn 6 minus column 4) 7. Excess readership costs (solumn 6 minus column 6) Totals (carry to Part II, line (5)) O. O.		unrelated business income from	directly connected with production of unrelated	from unrelated business (co minus colum gain, comput	d trade or olumn 2 in 3) If a e cols 5	from activity t is not unrelate	hat ed	attributable to	expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. Consolidated Basis 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs (1) (2) (3) (4) Totals (carry to Part II, line (5)) O. Consolidated Basis 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 Totals (carry to Part II, line (5)) O. Consolidated Basis 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (solumn 6 minus column 4) 7. Excess readership costs (solumn 6 minus column 6) Totals (carry to Part II, line (5)) O. O.	(1)		<u></u>	·					-
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs advertising costs income (1) (2) (3) (4) Totals (carry to Part II, line (5)) 0. O. Consolidated Basis 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 6) 7. Excess readership costs (column 6 minus column 6) 1. Name of periodical costs (column 6 minus column 6) (1) (2) (3) (4) Totals (carry to Part II, line (5))									
(4) Enter here and on page 1, Part I, line 10, col (A) 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 of 3 if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. Enter here and on page 1, Part II, line 25 A. Advertising gain or (loss) (col 2 minus cold 3) If a gain, compute cols 5 through 7 Formal Carry to Part II, line (5)) O. O. O. O. O. O. O. O. O.						· .			
Totals page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B)									
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income service advertising costs of 3. Direct advertising	Totala	page 1, Part I, line 10, col (A)	page 1 Part I, line 10, col (B)					F	on page 1, Part II, line 25
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs 3. Direct advertising costs or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) • A. Advertising gain or (loss) (col 2 minus cols 5 through 7 5. Circulation (income) 6. Readership costs (column 6 minus column 4) 7. Excess readership costs (column 5, but not more than column 4)				<u> </u>					<u>~</u>
1. Name of periodical 2. Gross advertising costs 3. Direct advertising costs col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 3. Direct advertising costs col (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income costs costs (column 6 minus column 4) 5. Circulation income costs costs (column 6 minus column 4) Costs costs costs (column 6 minus column 4) Costs costs costs costs (column 6 minus column 4) Costs costs costs (column 6 minus column 4)				nsolidated	Basis				
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	1. Name of periodical	advertising		or (loss) (c is col 3) If a g	of 2 minus ain, compute				costs (column 6 minus column 5, but not more
(3) (4) Totals (carry to Part II, line (5)) ► 0. 0.									
(4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.				\dashv		-			_
Totals (carry to Part II, line (5)) ▶ 0. 0.									_
	(4)					 			
	Totals (carry to Part II, line (5))	>	0.	0.					

923731 01-27-20

Form 990-T (2019) COVENANT MEDICAL CENTER INC. | 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 26
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	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		OTHER	DEDUC	rions		STATEMENT	1
DESCRIPTION						AMOUNT	
LAB DEDUCTIONS						13,6	597.
TOTAL TO FORM	990-т,	PAGE 1, LINE 27				13,6	697.
FORM 990-T	PARENT	CORPORATION'S NAM	IE AND	IDENTIFYING	NUMBER	STATEMENT	2
CORPORATION'S	NAME					IDENTIFYING	NO
COVENANT HEALT	HCARE S	SYSTEM				38-3369443	-

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

OMB No 1545-0047

1

2010

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning $\underline{JUL~1,~2019}$, and ending $\underline{JUN~30,~2020}$

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

Open to Public Inspection for

	Do not enter 33N numbers on this form as it	may be	made public if your organiz	ation is a 501(c)	(3).	501(c)(3) Organizations Only
Name	c of the organization COVENANT MEDICAL CENTER		2.	Employer id	entificatio 3 6 9 4 3	
Ų	Unrelated Business Activity Code (see instructions) 72232	0				
0	Describe the unrelated trade or business CATERING					
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net
1a	Gross receipts or sales 17,301.					* * -
	· · · · · · · · · · · · · · · · · · ·	1c	17,301.			•
2	Cost of goods sold (Schedule A, line 7)	2	*			
3	Gross profit. Subtract line 2 from line 1c	3	17,301.			17,301.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			1	
С	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				
<u>13</u>	Total. Combine lines 3 through 12	13	17,301.			17,301.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ons fo	or limitations on dedu .)	uctions.) (De	duction	ns must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17 10	Bad debts				17	<u> </u>
18 19	Interest (attach schedule) (see instructions) Taxes and licenses				18	
20	Depreciation (attach Form 4562)		ا مو ا		19	
21	Less depreciation claimed on Schedule A and elsewhere on return		20 21a		246	
22	Depletion				21b	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)		SEE STATE	MENT 3	27	17,301.
28	Total deductions. Add lines 14 through 27				28	17,301.
29	Unrelated business taxable income before net operating loss deduc	3	29	0.		
30	Deduction for net operating loss arising in tax years beginning on o			-		
	instructions)		, -, -, (30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29				31	
	For Paperwork Reduction Act Notice, see instructions.			S		M (Form 990-T) 2019

923741 01-28-20

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
EXTERNAL CATERING EXPENSES		17,301.
TOTAL TO SCHEDULE M, PART II, LI	NE 27	17,301.

Page	3
9-	

COVENANT	MEDICAL	CENTER I	INC.		38-3369	438	
Schedule A - Cost of Goods	S Sold. Enter	method of inver				· - 	
1 Inventory at beginning of year	1 1		6 Inventory at end of ye		ļ	6	
2 Purchases	2		7 Cost of goods sold. S				
3 Cost of labor	3		from line 5. Enter here	e and in f	Part I,		
4a Additional section 263A costs	1.1		line 2		Ļ	7	
(attach schedule)	4a		8 Do the rules of section	•	·	Yes No	
b Other costs (attach schedule)	4b	 .	property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b Schedule C - Rent Income (5 (From Book)	Dronort, one	the organization?		d With Dool Drope	X	
(see instructions)	(FIOIII Near	Property and	i Personal Property t	Lease	u with Real Prope	erty)	
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	(b) From real a of rent for p the real	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age		onnected with the income in 2(b) (attach schedule)	
(1)						<u>-</u>	
(2)							
(3)							
(4)							
Total	0.	Total	,	0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter >		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	• 0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
		_			3. Deductions directly conne		
1. 0			Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions	
Description of debt-fin	nanced property		financed property		(attach schedule)	(attach schedule)	
(1)				ļ			
(2)				<u> </u>			
(3)				 	···		
(4)	1			ļ	- · · · · · · · · · · · · · · · · · · ·		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i 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)			%				
					nter here and on page 1, art I line 7, column (A)	Enter here and on page 1, Part I line 7 column (B)	
Totals			•		0.	0.	
Total dividends-received deductions in	icluded in column	8			>	0.	
						Form 990-T (2019)	