Section 512 (a) (7) Repeal

2939305302735 0

Form 990-T	F	xempt Organ	AMENDED nization Bu			ne T	ax Retu	n l	OMB No 1545-0687
, om 000 i	~		nd proxy tax uno				19	12	0040
	For cal	endar year 2018 or other tax yea			, and endir	_			2018
Department of the Treasury Internal Revenue Service		► Go to www. Do not enter SSN number	irs.gov/Form990T for i s on this form as it ma					3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name	changed a	nd see instruct	ions.)		(Empl	oyer identification number oyees' trust, see ctions)
B Exempt under section	Print	HOLY FAMILY	MEMORIAL I	NC				_ 3	9-0806395
X 501(c)(3)	or	Number, street, and room	or suite no. If a P.O. be	ox, see ins	tructions.				ated business activity code
408(e)220(e)	Туре	2300 WESTER	AVE PO BO	X 14	50				·
408A 530(a) 529(a)		City or town, state or prov MANITOWOC, V			postal code .			900	001
C Book value of all assets		F Group exemption numb	er (See instructions.)	>					
177,191,8	<u>53.</u>	G Check organization type	: ► X 501(c) co	rporation	501(c) trust	40	l(a) trust	Other trust
H Enter the number of the	organiza	tion's unrelated trades or b	usinesses. 🕨	2			the only (or first)		
trade or business here		•					, complete Parts I		
		ce at the end of the previou	is sentence, complete F	Parts I and	II, complete a S	Schedule	M for each addit	ional trade	or
business, then complete						 -			[2],,
* * *		oration a subsidiary in an a		ent-subsidi	iary controlled	group?	•	• [] Ye	es X No
J The books are in care of		Ifying number of the paren				Talanh	one number 🕨	(920) 320-3449
		le or Business Inc			(A) Incom		(B) Expen		(C) Net
4 - Crossto ar only				1	(7.)			t	-1-30/
b Less returns and allo			c Balance	10			1	,	
b Less returns and allog Cost of goods sold (S		A. line 7)	Galarice	2				· · · ·	,
3 Gross profit. Subtract			\bigcap	3			1		73 34.2
4 a Capital gain net incon			1 /	4a		138.			138.
		art II, line 17) (attach Form	47971	4b		473.	1	,	4,473.
b Net gain (loss) (Form C Capital loss deduction				4c	•			1	
		ship or an S corporation (at	tach statement)\\	5		213.	STMT	2 7	213.
6 Rent Income (Schedu			1	6					
7 Unrelated debt-finance	ed incor	ne (Schedule E)		7					
5 Income (loss) from a 6 Rent income (Schedu 7 Unrelated debt-financ 8 Interest, annuities, ro 9 Investment income o	yaltıes, a	nd rents from a controlled o	organization (Schedule F	8					
🔇 9 🛮 Investment income o	f a sectio	on 501(c)(7), (9), or (17) o	ganization (Schedule G	i) 9					
10 Exploited exempt acti	ivity inco	me (Schedule I)		10					
11 Advertising income (Schedule	: J)		11					
12 Other income (See in	struction	is, attach schedule)		12					
13 Total. Combine lines				13		824.	L		4,824.
		t Taken Elsewher	•						
		utions, deductions must				usiliess	s income.,		· · · · · · · · · · · · · · · · · · ·
• • • • • • • • • • • • • • • • • • • •	licers, di	rectors, and trustees (Sche	dule K) KE	CEIV				14	
15 Salaries and wages			e -		020 030			15 16	
16 Repairs and mainter17 Bad debts	IAIICE		FEB FEB	182	1020 Ϋ			17	
18 Interest (attach sche	adula) (c	as instructions)	O		SS			18	-
19 Taxes and licenses	suule) (S	ce msuucuons)	001					19	
	ions (Se	e instructions for limitation	rules) UGI	JEN,	UISEE	STAT	гемент 3	20	0
21 Depreciation (attach	•		10103)		2	1			
· · · · · · · · · · · · · · · · · · ·		n Schedule A and elsewher	e on return			2a		22b	
23 Depletion	JOU UI	5555.5 / 1 0.10 015041161	2		۲	 1	_	23	
24 Contributions to def	erred co	mpensation plans						24	
25 Employee benefit pr								25	
26 Excess exempt expe	-	chedule I)						26	
27 Excess readership of		•						27	
28 Other deductions (a	-							28	
29 Total deductions A		•						29	0
		ncome before net operating	loss deduction. Subtra	act line 29	from line 13			30	4,824
		loss arising in tax years be				ions)		31	Country Marion
		ncome Subtract line 31 fro						32	4,824.
823701 01-09-19 LHA F									Form 990-T (201)

(NH)

Form 990-	11021 11212 1121011111 1110			33-000	0033.	,
Partil	III Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (se	e instruc	ctions)		33	14,842.
34	Amounts paid for disallowed fringes		•		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ichons)	ST	мт 5	35	14,842.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si				"	
30	lines 33 and 34	uiii ()			36	
						1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	00			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36,			,,	0.
ND == AT	enter the smaller of zero or line 36				38	
	Vi Tax Computation				1 1	0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			•	39	<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	8 from:			
	Tax rate schedule or Schedule D (Form 1041)			>	40	
41	Proxy tax. See instructions .			•	41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instructions				43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				44	0.
(Partl	Tax and Payments					
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a				İ
ь	Other credits (see instructions)	45b				İ
C	General business credit. Attach Form 3800	45c				İ
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d				İ
	Total credits. Add lines 45a through 45d	-			45e	İ
46	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366	Other @	ittach schedule)		
48	Total tax. Add lines 46 and 47 (see instructions)		,	•	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2				49	0.
	Payments: A 2017 overpayment credited to 2018	50a				
	2018 estimated tax payments	50b				
	• •	50c				
	Tax deposited with Form 8868	$\overline{}$				
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			-	
	Backup withholding (see instructions)	50e			-	
	Credit for small employer health insurance premiums (attach Form 8941)	50f				
g	Other credits, adjustments, and payments Form 2439			10 005		
	Form 4136 X Other 10,985. Total	50g		10,985		10 005
51	Total payments. Add lines 50a through 50g SEE ST.	ATEM	ENT.	4	51	10,985.
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	10 005
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		1		54	10,985.
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax			unded	55	10,985.
[Part]	Statements Regarding Certain Activities and Other Information	on (se	e instruc	tions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other	r authority	/		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	n may ha	ave to file			
	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 to	ransfero	r to, a for	eign trust?		X
	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 >\$					
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements,	and to the	best of my know	ledge and b	pelief, it is true,
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare	er nas any	Knowledge		May the ID	S discuss this return with
Here	DELIGNISCH 02-06-2020 PRESIDE	ENT	/ CE			er shown below (see
	Signature of officer Date Title				instruction	s)? X Yes No
	Print/Type preparer's name Preparer's signature Di	ate		Check	ıf PTI	N
Б.:	Tripular proparer a manual and			self- employe		
Paid	ARE LACEY SILBERNAGEL LACEY SILBERNAGEL 0	1/23		- s omproye		01245590
Prep	OF TEMONIA DOMAILEN LLD	_, _,	, 201	Firm's EIN		1-0746749
Use (100 MARITIME DRIVE, SUITE 2B			THE SERVE		
	Firm's address ► MANITOWOC, WI 54220			Phone no	920-	684-5500
0003711				, none no	220	Form 990-T (2018
823711 0	1-09-19					COURT 220-1 (5018

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory va	luation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases	2] 7	Cost of goods sold. S	ubtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	,tog,		
4 a 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		7	property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		1	the organization?	٠	, ,,,			
Schedule C - Rent Income (From Real	Property and	Pers	onal Property L	.ease	d With Real Prop	erty)	-	
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	entage of than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ad on profit or income)	ige	3(a) Deductions directly columns 2(a) ai	connect nd 2(b) (at	ed with the income in ttach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns there 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		Income (see	ınstru	ctions)					
,			2	. Gross income from		Deductions directly con to debt-finance	nected w	nth or allocable erty	
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)			1		1				
(2)			1				T		
(3)			1						
(4)			1						
4. Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)		Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduction of x total of column 6 x total of column 3(a) and 3(b))	
(1)				%					
(2)			1	%	1 -				
(3)				%			1		
(4)				%					
			· ·			Enter here and on page 1, Part I, line 7, column (A).		inter here and on page Part I, line 7, column (E	-
Totals				_	1	0			0.
				•	• 1	v	- 1		
Total dividends-received deductions in	icluded in columi	n 8		•	·L		_		0.

Schedule F - Interest, /	Tillulies, Roya	inces, and		Controlled O			10113	(see ins	tructions	"
Name of controlled organizat	Name of controlled organization dentific numb		3. Net unre	elated income instructions)	4 Tot	al of specified nents made	include	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)	<u></u>									· · · · · · · · · · · · · · · · · · ·
(2)										
(3)										
(4)							<u> </u>			
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated inco (see instruction	ome (loss) ons)	9. Total	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 that ing organ s income	ization's	11. Dec with	ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
						Add colur Enter here and line 8,		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme		Section	501(c)(7), (9), or (17) Org	ganization				
(see inst	ructions)			<u> </u>		3. Deduction	ıns			5. Total deductions
1. Desc	cription of income			2. Amount of	income	directly conne	ected	4. Set- (attach s	asides schedule)	and set-asides (col 3 plus col 4)
(4)						(attach schai	Jule)	<u> </u>		(cor 3 plus cor 4)
(1)				 						
(3)			-							
(4)									*	
(-)				Enter here and				,		Enter here and on page 1,
				Part I, line 9, co						Part I, line 9, column (B).
Totals				<u></u>	0.	سنسين		, t _i		0.
Schedule I - Exploited (see instri	-	y Income	e, Other	Than Ad	vertisir	ig Income				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly c with pro of unr	penses onnected oduction elated s income	4. Net incor from unrelate business (ci minus colum gain, comput through	d trade or olumn 2 nn 3) If a te cols 5	5. Gross inc from activity is not unrela business inc	that ted	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)								<u> </u>		
	Enter here and on page 1, Part I, line 10, col (A).	page 1 line 10,	re and on I, Part I, col (B)			1	,	آني. ي	h	Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisi	na Income (se									
Part II Income From				solidated	Basis					
		 				- 		Ι		7 -
1. Name of periodical	2 Gross advertisin income	g adve	3. Direct ertising costs	or (loss) (col 3) If a g	rtising gain col 2 minus gain, compu through 7			6. Reac		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				2		37				
(2)					S. P. P. S.	7				
(3)					外统法	掌				学证外进事3年
(4)				व्याप्त प्रकार		<u>"</u>				1
_			_							_
Totals (carry to Part II, line (5))	<u> </u>	0.	0	<u>. </u>				L		0 . Form 990-T (2018

[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, cot (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.	ACCESSION OF THE PARTY OF THE P	No. 10 to 15 to	A Part of the Part	U •
Schedule K - Compensatio	n of Officers, I	Directors, and	Trustees (see in	nstructions)		

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 (2018)

FOOTNOTES

STATEMENT 1

THE AMENDED 990-T INCLUDES THE FOLLOWING CHANGES FROM THE ORIGINALLY FILED RETURN DUE TO THE REPEAL OF SECTION 512(A)(7):

LINE 34 - DECREASED \$56,810

LINE 35 - DECREASED \$1,152

LINE 36 - DECREASED \$51,194

LINE 38 - DECREASED \$50,194

LINE 39 - DECREASED \$10,541

LINE 44 - DECREASED \$10,541

LINE 48 - DECREASED \$10,541

LINE 51 - INCREASED \$10,985

LINE 52 - DECREASED \$444

LINE 53 - DECREASED \$10,985

LINE 54 - INCREASED \$10,985

LINE 55 - INCREASED \$10,985

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
PENN SQUARE GLOBAL REAL ESTATE FUND I - ORDINARY BUSINESS INCOME (LOSS) CITIGROUP REAL ESTATE PARTNERS II - ORDINARY BUSINESS	793.
INCOME (LOSS)	-580.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	213.

OLY FAMILY MEMOR	<u></u>			39-08063	
ORM 990-T	CONTRIBUT	IONS SUMMARY		STATEMENT	3
QUALIFIED CONTRI	BUTIONS SUBJECT TO	100% LIMIT			
	OR YEARS UNUSED CON				
FOR TAX YEAR 2 FOR TAX YEAR 2		49,810 30,325			
FOR TAX YEAR 2		36,810			
FOR TAX YEAR 2		42,500			
FOR TAX YEAR 2		15,250			
TOTAL CARRYOVER TOTAL CURRENT Y	EAR 10% CONTRIBUTION		174,695		
			174 605		
TOTAL CONTRIBUTE TAXABLE INCOME I	LONS AVAILABLE LIMITATION AS ADJUST:	ED	174,695 0		
EXCESS 10% CONTR			174,695		
EXCESS 100% CONT			0		
TOTAL EXCESS CON	NTRIBUTIONS		174,695		
ALLOWABLE CONTRI	BUTIONS DEDUCTION				0
TOTAL CONTRIBUTE	ION DEDUCTION				0

FORM 990-7	T OTHE	ER CREDITS AND PAY	YMENTS	STATEMENT 4
DESCRIPTIO	ON			AMOUNT
TAX PAID V	— VITH ORIGINALLY FILE	ED RETURN		10,985.
TOTAL INCI	LUDED ON FORM 990-T	, PAGE 2, PART V,	LINE 50G	10,985.
FORM 990-1	r NET	OPERATING LOSS D	EDUCTION	STATEMENT 5
		LOSS PREVIOUSLY	LOSS	AVAILABLE
TAX YEAR	LOSS SUSTAINED	APPLIED	REMAINING	THIS YEAR
	LOSS SUSTAINED	APPLIED ————————————————————————————————————	REMAINING 0.	
12/31/12				THIS YEAR
TAX YEAR 12/31/12 12/31/13 12/31/14	15,936.	15,936.	0.	THIS YEAR
12/31/12 12/31/13	15,936. 20,625.	15,936. 20,625.	0.	THIS YEAR 0. 0.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY	7 3
OMD N= 46	40 0007

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ► 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).

501(c)(3) Organizations Only

Name	HOLY FAMILY MEMORIAL INC	39-08				
	Inrelated business activity code (see instructions) 62150					
	Describe the unrelated trade or business MEDICAL L	ABO	RATORY			
Päi	til Unrelated Trade or Business Income		(A) Income	(B) Expense:	s	(C) Net
1 a	Gross receipts or sales 20,473.	T			,	
b	Less returns and allowances c Balance ▶	1c	20,473.			
2	Cost of goods sold (Schedule A, line 7)	2		1		<u> </u>
3	Gross profit. Subtract line 2 from line 1c	3	20,473.			20,473.
4 a	Capital gain net income (attach Schedule D)	4a		, 		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c			-	
5	Income (loss) from a partnership or an S corporation (attach			• • •		
	statement)	5		<u> </u>		
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	20,473.			20,473.
Pā	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the unit of the unit of the uni	tions f unrela	or limitations on dec ted business incom	ductions.) (Exc e.)	ept for	contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	0 700
15	Salaries and wages				15	2,700.
16	Repairs and maintenance				16	40.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	4 112
20	Charles of the Section (Section Section STAT	1 1	гтмт 7	20	1,113.	
21	Depreciation (attach Form 4562)		21	133.		122
22	Less depreciation claimed on Schedule A and elsewhere on return	ì	. 22a		22b	133.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	01.0
25	Employee benefit programs				25	816.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Schedule M (Form 990-T) 2018

5,653.

10,455.

10,018.

المنتا المستثلا

10,018.

26

27

28

29

30

31

instructions)

26

27

28

29

30

31

SEE STATEMENT 8

Excess exempt expenses (Schedule I) Excess readership costs (Schedule J)

Other deductions (attach schedule)

Total deductions, Add lines 14 through 28

Page :	3
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Form 990-T (2018)							Page
HOLY FAMILY MEMORIAL INC Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A				39-0806395			
Schedule A - Cost of Goods	Sold. Enter	method of inven					
1 Inventory at beginning of year	1		6 Inventory at end of year			5	
2 Purchases	2	·	7 Cost of goods sold. Subtract line 6				
3 Cost of labor	3		from line 5. Enter here and in Part I,				
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	8 Do the rules of section 263A (with respect to			No
 Other costs (attach schedule) 	4b		property produced or a	ty produced or acquired for resale) apply to			X
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (From Real	Property and	i Personal Property L	ease	d With Real Proper	ty)	
(see instructions)						·	
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued				<u> </u>	
(a) From personal property (if the percentage of rent for personal property is more than			and personal property (if the percental personal property exceeds 50% or if nt is based on profit or income)	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schadule)			in
(1)		<u> </u>					
(2)							
(3)							
(4)							
Total	0.	Total		0.			
c) Total income. Add totals of columns	2(a) and 2(b). Еп	ter			(b) Total deductions.		_
here and on page 1, Part I, line 6, column		lnaama i		0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Deb	t-rinanced	income (see	instructions)				
			2. Gross income from		 Deductions directly connect to debt-financed 		
1. Description of debt-financed property				Straight line depreciation	(b) Other deductions (attach schedule)		
		I manoca proparty	(attach schedule)				
(1)							
(2)							
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deduction 6 x total of c 3(a) and 3(b)	columns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					Inter here and on page 1, Part I, line 7, column (A)	Enter here and on pa Part I, line 7, columi	
Totals			>		0.		0
Total dividends-received deductions	icluded in colum	n 8	,		b		0
						Form 990-	

FORM 990-T (M)	CONTRIBU	TIONS	STATEMENT 6	
DESCRIPTION/KIND OF	PROPERTY METHOD U	SED TO DETERMINE FMV	AMOUNT	
CHARITABLE CONTRIBUT	IONS N/A		44,725.	
TOTAL TO SCHEDULE M.	PART II, LINE 20		44,725.	
.,				
FORM 990-T (M)	CONTRIBUTION L	IMITATIONS	STATEMENT 7	
FORM 990-T (M)	CONTRIBUTION I NTRIBUTIONS SUBJECT TO THE 10% LIMIT	QUALIFIED DISASTER RELIEF CONTRIBUTIONS	STATEMENT 7 TOTAL CONTRIBUTIONS	
FORM 990-T (M)	NTRIBUTIONS SUBJECT	QUALIFIED DISASTER	TOTAL	

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
SUPPLIES & FEES ALLOCATED EXPENSES RENT		2,750. 2,854. 49.
TOTAL TO SCHEDULE M, PART II, L	INE 28	5,653.

SCHEDULE D . (Form 1120) Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

HOLY FAMILY MEMORIAL INC					39-0806395		
Part I Short-Term Capital Gai	ns and Losses (See	instructions.)					
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gail or loss from Form(s) 894 Part I, line 2, column (g	9,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
round off cents to whole dollars.	,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b							
1b Totals for all transactions reported on Form(s) 8949 with Box A checked							
2 Totals for all transactions reported on Form(s) 8949 with Box B checked							
3 Totals for all transactions reported on							
Form(s) 8949 with Box C checked			<u></u>		138.		
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	37		4_			
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5			
6 Unused capital loss carryover (attach computa	ation)			6	(
7 Net short-term capital gain or (loss). Combin				7	138.		
Rart II Long-Term Capital Gai	ns and Losses (See	instructions)	1				
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (s	n 19, 1)	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)		
round off cents to whole dollars.		ļ					
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				4°			
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked		<u> </u>		T	<u> </u>		
11 Enter gain from Form 4797, line 7 or 9		. -		11 12			
12 Long-term capital gain from installment sales							
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions							
14 Capital gain distributions							
15 Net long-term capital gain or (loss). Combine Part III Summary of Parts I and	l						
16 Enter excess of net short-term capital gain (lii		tal loss (line 15)		16	138.		
	,	, ,	e 7\	17			
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns.					138.		
Note: If losses exceed gains, see Capital losses in the instructions.							
in 100000 onobbo gains, 500 dapital 1033							

JWA

Schedule D (Form 1120) 2018

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2018

Attachment Sequence No. 12A

OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

39-0806395

HOLY FAMILY MEMORIAL INC

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Partill Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions) For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box ore short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (d) (e) (h) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example 100 sh. XYZ Co.) disposed of (Mo., day, yr) column (f). See instructions. from column (d) & Note below and (Mo, day, yr.) (g) Amount of (f) combine the result see *Column (e*) in Code(s) the instructions with column (g) adjustment PENN SQUARE GLOBAL 84. REAL ESTATE FUND I CITIGROUP REAL 54. ESTATE PARTNERS II 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your

Note If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Form 8949 (2018)