Content of the Total Services Content of the Total Service	Form 990-T	Exempt Organiz	zation Busin	ess Income T	Гах Returr	ı L	OMB No	1545-0687
Decomption of the Texasor		(and	proxy tax under:	section 6033(e))			20	040
Do not enter SSS numbers on this form as it may be made publicity our organization is \$50(c)(3) Discussion of the computation of the computati		For calendar year 2018 or other tax year be	ginning	, and ending		_ [J IB
B Exempt upder section Solicity Solicit						5	Jpen to Pu i01(c)(3) Or	Dic Inspection for ganizations Only
In Books are in carried or Business Income In Pro. Dox, see instructions.		Name of organization (Check box if name chang	ged and see instructions.)		(Emplo	oyees' trus	cation number t, see
Adoption 200(e) 101 WEST LEOTA STREET 101 WEST 101 WE	B Exempt under section	Print NORTH PLATTE,	NEBRASKA H	OSPITAL CORP	•	4	7-06	62290
doge 20(e) 1996 61 WEST LEOTA STREET 100 West, size or province, country, and ZPP or foreign postal code NORTH PLATTE, NE 69103 812900	X 501(c)(3)	I NUITIDGE, SUCCE, ATTU TOUTH OF 3	suite no. If a P.O. box, se	e instructions.				
Discrete process Source	408(e) 220(e)	601 WEST LEOT	A STREET			,		,
Solution				eign postal code		8129	900	
Table or business here	C Book value of all assets	F Group exemption number (See instructions.)					
Table or business here	372,161,3	L9. G Check organization type	X 501(c) corporat	tion 501(c) trust	401(a)	trust		Other trust
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. 1 During the tax year, was the composition a subsidiary in an affiniated group or a parent-subsidiary controlled group? 1 The blooks are care of ■ TRIOMAS LEGEL. CPO Telephone number ■ 308-568-7193 2 The blooks are care of ■ TRIOMAS LEGEL. CPO Telephone number ■ 308-568-7193 3 The blooks are care of ■ TRIOMAS LEGEL. CPO Telephone number ■ 308-568-7193 3 The blooks are care of ■ TRIOMAS LEGEL. CPO Telephone number ■ 308-568-7193 3 The blooks are care of ■ TRIOMAS LEGEL. CPO Telephone number ■ 308-568-7193 3 The blooks are care of ■ TRIOMAS LEGEL. CPO Telephone number ■ 308-568-7193 3 The blooks are care of ■ TRIOMAS LEGEL. CPO Telephone number ■ 308-568-7193 3 The blooks are care of ■ TRIOMAS LEGEL. CPO Telephone number ■ 308-568-7193 3 The blooks are care of ■ TRIOMAS LEGEL. CPO Telephone number ■ 308-568-7193 3 The blooks are care of ■ TRIOMAS LEGEL. CPO Telephone number ■ 308-568-7193 4 The provided triangle of the provided of the provided provided of the provided provided of the provided pr	in Filter the maniper of the C	i yanization 5 uni ciateu traucs or busin		Describe				
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	•							,
Durning the tax year, was the corporation is subsidiary in an affinited group or a parent-subsidiary controlled group? Ves		·	entence, complete Parts I	and II, complete a Schedule	e M for each addition	al trade	or	
If Yes, enter the name and identifying number of the parent copporation. ▶ The books are in care of ▶ THOMAS LEGEL, CFO Telephone number ▶ 308-568-7193 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net								т
The books are in care of THOMAS LEGEL, CFO Telephone number 308 - 568 - 7193 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1		· · · · · · · · · · · · · · · · · · ·		bsidiary controlled group?	▶ L	Yes	; <u>[X</u>	J No
Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net						~~ 		7100
1		·						
Description Continue Contin			1e	(A) income	(B) Expenses	'		C) NEL
2 Cost of goods sold (Schedule A, Ine 7) 3 Gross profit. Subtract line 2 from line 1c 4 Capital gain ent income (attach Schedule D) 4 Net gain (loss) (Form 4797, Part III, line 17) (attach Form 4797) 4 D 5 Net gain (loss) (Form 4797, Part III, line 17) (attach Form 4797) 6 Capital loss deduction for trusts 6 Income (loss) (Form 4797, Part III, line 17) (attach Form 4797) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, reyables, and entia from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule B) 11 Advertising noome (Schedule J) 12 Other income (See instructions; attach schedule) STATEMENT 1 13 Total. Combine lines 3 through 12 15 Compensation of officers, directors, and trustees (Schedule K) 16 Salares and wages 17 Compensation of officers, directors, and trustees (Schedule K) 18 Interest (attach schedule Schedul	•				1	n		ļ
3 Gross profit. Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 5 Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 4 d 5 Income (loss) (Form a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-innanced income (Schedule E) 8 Interest, annutines, royalties, and rents from a controlled organization (Schedule F) 9 Investment moome of a section 501(c)(7), (9), or (17) organization (Schedule F) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages (Except for contributions, deductions must be directly connected with the unrelated business income) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages (Except for contributions, deductions must be directly connected with the unrelated business income) 16 Repairs and maintenance 17 Interest (attach schedule Tiple Interest (attach schedule) 10 Deductions (Attach schedule) 11 Interest (attach schedule) 12 Depreciation (Schedule Tiple Interest (attach schedule) 13 Deductions (Attach schedule) 14 Compensation of directly compensation plans 15 Interest (attach schedule) 16 Deductions (Attach schedule) 17 Interest (attach schedule) 18 Interest (attach schedule) 19 Interest (attach schedule) 10 Interest (attach schedule) 10 Interest (attach schedule) 11 Interest (attach			· · · · · · · · · · · · · · · · · · ·			\dashv		
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c Capital loss deduction for trusts 5 Income (Ioss) from a partnership or an S corporation (attach statement) 6 Rent income (Ioss) from a partnership or an S corporation (attach statement) 6 Rent income (Ioss) from a partnership or an S corporation (attach statement) 6 Rent income (Ioss) from a partnership or an S corporation (Income (Ioss) from a partnership or an S corporation (Ioshedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule G) 9 Investment income of a section 501 (C)(7), (9), or (17) organization (Schedule G) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) STATEMENT 1 12 21, 787. 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Compensation of officers, directors, and trustees (Schedule K) 16 Repairs and maintenance 16 Bad debts 17 Bad debts 18 Interest (attach schedule (Iose) Iose Iose Iose Iose Iose Iose Iose Iose	· -	-						
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17 18 Interest (attach schedule rise instructions)	-						:	16,29/.
Interest (attach schedule) (Tsee instructions) (Taxes and licenses		nce						
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31 Deduction on net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		=	deduction Subtract line	29 from line 13		_		
= 100								3,200
		• • •	•	20 10 (000 mondonons)		$\overline{}$		5,490.

r			
Part	III Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	23,720.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 4	35	23,720.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	 <u>"</u> - -	
30	enter the smaller of zero or line 36	38	0.
Dort	V Tax Computation		
			0.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 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.
Part \	/ Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	7 - 11	
b	Other credits (see instructions) 45b	-	
С	General business credit. Attach Form 3800 45c	-	
d		 , '	
	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu		
		48	0.
48	Total tax Add lines 46 and 47 (see instructions)		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	``	
	2018 estimated tax payments 50b		
	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d],	
е	Backup withholding (see instructions) 50e		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f	_	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136		
51	Total payments. Add lines 50a through 50g	51	
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	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	► 54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	
Part \			
56	At any time during the 2018 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		100 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
			 X
	here		$-\frac{x}{x}$
57	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.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$		
Sian.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my correct, and complete_Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	knowledge and belief,	it is true,
Sign		May the IRS discuss	this return with
Here	May Jeen 11/8/2019 CFO	the preparer shown b	· —
	Signature of officer Uate V Title		Yes No
	Print/Type preparer's name Preparer's signature Date Check	If PTIN	
Paid	self- employ		
Prepa	rer WENDY R. COOLEY WIND WOLL 11-1-19	P0152	
Use C		▶ 47-60	97913
232 0	18081 BURT STREET, SUITE 200		
		(402)330	-2660

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory v	aluation N/A					
1 Inventory at beginning of year	1 1			Inventory at end of year	ar		6	1	
2 Purchases	2		7	Cost of goods sold. Si	ubtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs			7	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	l for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty) 	
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				3(a)Deductions directly	, conne	ected with the income i	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)		columns 2(a) a	nd 2(b)	(attach schedule)	
(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		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	ınstru	ctions)		· · · · · · · · · · · · · · · · · · ·			
			1 2	Gross income from	l	3 Deductions directly cor to debt-finant			
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	Ť	(b) Other deduction (attach schedule)	s
(1)			\vdash	<u> </u>			+	—	
(2)			+				十		
(3)			+				+		
(4)			1			· ·	+		
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 n schedule)	6	. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)			1	%			+		
(2)				%			—		
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (
Totals						0			0.
Total dividends-received deductions in	cluded in column	18					.		0.

Schedule F - Interest,	Annuities, Ro	yalties, a	nd Rents	s From C	ontrolle	ed Organiz	atior	1S (see ins	truction	s)
				Controlled O						
Name of controlled organiza	ıde	Employer entification number		elated income instructions)	4. Tota payn	al of specified nents made	ınclude	t of column 4 to ed in the contr ation's gross i	olling	6 Deductions directly connected with income in column 5
(1)			†							
(2)		<u>-</u>	† 							
(3)	-		1							
(4)										
Nonexempt Controlled Organi	izations	*								
7. Taxable Income	8 Net unrelated in (see instruc		9 Total	of specified pay made	ments	10 Part of column the controllingross		nzation's		ductions directly connected income in column 10
(1)									-	_
(2)										
(3)										
(4)							•			
			•			Add colun Enter here and line 8, c		1, Part I, \)	Enter h	d columns 6 and 11 are and on page 1, Part I, ine 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme		a Section	n 501(c)(7), (9), or	(17) Or	ganizatior	1			
(see inst	ructions)	-		Τ		3. Deductio				5. Total deductions
1. Desc	cription of income			2 Amount of	income	directly conne (attach sched	cted	4. Set-		and set-asides (cot 3 plus col 4)
(1)										
(2)										
(3)										. <u> </u>
(4)										
	-			Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
			_	:	ا ہ					
Totals			<u> </u>		0.	•				0.
Schedule I - Exploited (see instru	-	ity incon	ie, Othe	r Inan Ad	iverτisi	ng income	€			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	directly with pi of un	openses connected roduction related ss income	4 Net inconfrom unrelated business (cominus colum gain, comput through	I trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity is not unrelat business inco	that ted	6. Exp attribute colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)			-							
(2)	<u> </u>									
(3)		1				-				
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 1, col (B)		•		•			Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertisi				l		•	•			
Part I Income From				solidated	Basis					
		<u> </u>		1 4	-	т —			r	7 5
1. Name of periodical	2 Gros advertisi incomi	ng ad	3. Direct vertising costs	or (loss) (c col 3) If a g	ising gain of 2 minus ain, comput arough 7	5. Circulat e income		6. Reade 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.
	 -									Form 990-T (2018)

Part III 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) (cot 2 minus cot 3) If a gain, compute cots 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	 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)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
MEDICAL TRANSCRIPTION		21,787.
TOTAL TO FORM 990-T, PAGE 1,	LINE 12	21,787.
TODY 000 T		
FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	STATEMENT 2 AMOUNT

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
.QUALIFIED (CONTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER (FOR TAX) FOR TAX) FOR TAX) FOR TAX)	YEAR 2014 YEAR 2015 YEAR 2016			
TOTAL CARRY	OVER ENT YEAR 10% CONTRIBUTIONS	42,500		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	42,500		
EXCESS 1009	CONTRIBUTIONS CONTRIBUTIONS SCONTRIBUTIONS	42,500 0 42,500		
ALLOWABLE (CONTRIBUTIONS DEDUCTION			0
TOTAL CONTE	RIBUTION DEDUCTION	,		0

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/00	283,729.	274,562.	9,167.	9,167.
12/31/01	388,292.	0.	388,292.	388,292.
12/31/02	204,955.	0.	204,955.	204,955.
12/31/08	258,608.	0.	258,608.	258,608.
12/31/09	237,817.	0.	237,817.	237,817.
12/31/10	240,993.	0.	240,993.	240,993.
12/31/11	222,494.	0.	222,494.	222,494.
12/31/12	186,799.	0.	186,799.	186,799.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,749,125.	1,749,125.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY

2018

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) ► Go to www.irs.gov/Form990T for instructions and the latest information.

For calendar year 2018 or other tax year beginning

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

Employer identification number Name of the organization NORTH PLATTE, NEBRASKA HOSPITAL CORP. 47-0662290 812900 Unrelated business activity code (see instructions) ► HOUSEKEEPING Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances Balance > 10 2 2 Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 Rent income (Schedule C) 6 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 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 12 Other income (See instructions, attach schedule) 0. Total. Combine lines 3 through 12 Part | 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) 84,942. 15 15 Salaries and wages 16 Repairs and maintenance 16 17 17 **Bad debts** 18 Interest (attach schedule) (see instructions) 18 19 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 22b 22

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

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Employee benefit programs

Schedule M (Form 990-T) 2018

84,942.

-84,942.

-84,942.

23

24 25

26 27

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26

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29

30

31

Depletion

instructions)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

0046

ENTITY

2018

OMB No 1545-0687

3

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ______, and ending ______, and ending ______.

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).

ZO IO

Name	of the organization NORTH PLATTE, NEBRASKA	HOG.	יסדייאד.	CORI	 _		identificatio	
<u> </u>	Inrelated business activity code (see instructions) > 52300	0			•	<u>. </u>	000222	
	Describe the unrelated trade or business INVESTMEN	T 1	Γ		SHIPS			(O) No.
Pa	t I Unrelated Trade or Business Income		(A) Ir	ncome		(B) Expe	nses	(C) Net
1a	Gross receipts or sales							
b	Less returns and allowances c Balance ▶	1c						<u> </u>
2	Cost of goods sold (Schedule A, line 7)	2						<u> </u>
3	Gross profit Subtract line 2 from line 1c	3					<u> </u>	
4 a	Capital gain net income (attach Schedule D)	4a						
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					<u> </u> .	
С	Capital loss deduction for trusts	4c						
5	Income (loss) from a partnership or an S corporation (attach	ł	,	20 21			1	20 256
	statement)	5	4	20,2	96.			20,256.
6	Rent income (Schedule C)	6	-					
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annuities, royalties, and rents from a controlled	l _						
_	organization (Schedule F)	8						
9	Investment income of a section 501(c)(7), (9), or (17)	۱ ـ						
	organization (Schedule G)	9	<u> </u>		-+			
10	Exploited exempt activity income (Schedule I)	10			-+			
11	Advertising income (Schedule J)	11					-	
12 13	Other income (See instructions, attach schedule) Total. Combine lines 3 through 12	12	-	20,2	56			20,256.
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the	unrel	ated busi	ness ii	ncome)		
14	Compensation of officers, directors, and trustees (Schedule K)						14	
15	Salaries and wages						15	
16	Repairs and maintenance						16	
17	Bad debts						17	
18	Interest (attach schedule) (see instructions)						19	
19	Taxes and licenses	ጥልጥ	EMENT	5	STN	1T 6	20	2,026.
20 21	Charlable contribations (Geo metractions for infination rates)	,	DITENT.	21	D 11		120	2,0200
22	Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return	,		22a			22b	
23	Depletion	•		ZZG			23	
24	Contributions to deferred compensation plans						24	
25	Employee benefit programs						25	
26	Excess exempt expenses (Schedule I)						26	<u> </u>
27	Excess readership costs (Schedule J)						27	
28	Other deductions (attach schedule)						28	
29	Total deductions. Add lines 14 through 28						29	2,026.
30	Unrelated business taxable income before net operating loss dedicated business taxable income business	uction	Subtract III	ne 29 fro	om line 1	3	30	18,230.
31	Deduction for net operating loss arising in tax years beginning on							-
-	instructions)			,			31	
32	Unrelated business taxable income Subtract line 31 from line 30						32	18,230.
LHA	For Paperwork Reduction Act Notice, see instructions.						Schedule	M (Form 990-T) 2018

FORM 990-T (M)	CONTRIBU	CONTRIBUTIONS						
DESCRIPTION/KIND OF	PROPERTY METHOD (JSED TO DETERMINE FMV	AMOUNT					
TOTAL TO SCHEDULE M,	PART II, LINE 20							
FORM 990-T (M)	CONTRIBUTION I	LIMITATIONS	STATEMENT	6				
CC	ONTRIBUTIONS SUBJECT TO THE 10% LIMIT	QUALIFIED DISASTER RELIEF CONTRIBUTIONS	TOTAL CONTRIBUTION	1S				
CO TOTAL CONTRIBUTIONS 10% TAXABLE INCOME								