- · ·					276.	<i>,</i> 0	100~01	<i></i>	
		EXTENDED TO NOV							
Form 4990-T	Exempt Organization Business Income Tax Return OMB No 1545-0047								
		(and proxy tax und		• • •	191	2_	2019		
	For calendar year 2019 or other tax year beginning, and ending								
Department of the Treasury Internal Revenue Service	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								
A Check box if		 				D Emplo	yer identification number		
address changed	Name of organization (offices box it finallie changed and see instructions.) (Employees' trust, see								
B Exempt under section	Print COLUMBUS HOSPICE, INC. 58-1385395								
X 501(c)(3 03	10 Type	Or Number, street, and room or suite no. If a P.O. box, see instructions.							
408(e) 220(e)	Турс	7020 MOON ROAD							
408A530(a)	City or town, state or province, country, and ZIP or foreign postal code								
529(a) Book value of all assets		COLUMBUS, GA 31909						1	
at end of year	96	F Group exemption number (See instructions) G Check organization type ► X 501(c) corp	noratio	n 501(c) trust	401(a)	trust	Other trust	4	
		tion's unrelated trades or businesses	1		the only (or first) uni		Other trust	•	
trade or business here					complete Parts I-V. I		than one.		
•		ce at the end of the previous sentence, complete Pa	arts I ai		•		•		
business, then complete	Parts III	-V							
		oration a subsidiary in an affiliated group or a parei	nt-subs	sidiary controlled group?	▶ [Yes	X No		
		tifying number of the parent corporation		·					
		rim strickland			one number > 7				
		de or Business Income		(A) Income	(B) Expenses		(C) Net		
1 a Gross receipts or sale		a Palanca					, , , , , , , , , , , , , , , , , , ,	_	
b Less returns and allow2 Cost of goods sold (S		c Balance ►	1c_		1, 3,		3 104	/	
3 Gross profit Subtract		•	3						
4 a Capitai gain net incom			4a		** * * *				
		art II, line 17) (attach Form 4797)	4b		r	21			
c Capital loss deduction	n for trus	sts	4c		j. Me	Ĭ,			
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5			_/			
6 Rent income (Schedu	ile C)		6			\longrightarrow			
7 Unrelated debt-financ		•	7						
·		and rents from a controlled organization (Schedule F)	8		_/				
9 Investment income of10 Exploited exempt active		on 501(c)(7), (9), or (17) organization (Schedule G)	10		/				
11 Advertising income (5	-	· · · · · · · · · · · · · · · · · · ·	11						
12 Other income (See in:		•	12		* F (* * * * * * * * * * * * * * * * *				
13 Total Combine lines		•	13	/ 0.					
Part II Deductio	ns No	ot Taken Elsewhere (See instructions for	r limit	ations on deductions)					
(Deductions	must t	be directly connected with the unrelated busin	ness ir	ncome)					
14 • Compensation of off	icers, di	rectors, and trustees (Schedule K)				14			
15 Salaries and wages						15			
16 Repairs and mainten	ance					16			
17 Bad debts	alula) (a.	as instructional				17			
18 Interest (attach sche19 Taxes and licenses	idule) (Si	ee instructions)				18 19	-		
20 Depreciation (attach	Form 4	562)		20		13			
		n Schedule A and elsewhere on return		21a		21b			
22 Depletion	uou 01	, 00,100,000,000,000				22	_		
23 Contributions to defe	erred co	mpensation plans RF	CF	IVED		23	_		
24 Employee benefit pro	ograms					24			
25 Excess exempt expe	nseş.(Ść	chedule I) Roule J) NO	W A	6 3030 S		25			
27 Other deduction (attach contract)									
28 Total deductions Add lines 14 through 27							0.		
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 19							0.		
/	erating l	oss arising in tax years beginning on or after Janua	ry 1, 2	018			^		
(see instructions)		Cubbrack Iraa 20 france 20				30	0.		
<i>′</i> — — — — — — — — — — — — — — — — — — —		ncome Subtract line 30 from line 29				31	Form 990-T (2019)		
923701 01-27-20 LHA F0	rraper	work Reduction Act Notice, see instructions					FORM 330-1 (2019)		

	0-T (20 19			58-	T3823	395	Page 2
Part		Total Unrelated Business Taxable Income		-1			
32	Total d	funrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32			<u>0.</u>
33	Amoun	ts paid for disallowed fringes		38			
34	Charita	ble contributions (see instructions for limitation rules)		3			0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines	32 and 33	35			
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36			
37	Total o	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	_	36			
38	Specific	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<u>e</u>	38		L , 0	00.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,				-	
•		ne smaller of zero or line 37		39			0.
Part		Tax Computation		i	-		
40		zations Taxable as Corporations Multiply line 39 by 21% (0 21)		40			0.
41	-	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:		1-10			
71	$\overline{}$	ax rate schedule or Schedule D (Form 1041)	_	41			
40		. ,		42			
42	-	ax See instructions					
43		tive minimum tax (trusts only)		43			
44		Noncompliant Facility Income. See instructions		44			
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45			0.
Part		Tax and Payments					
46 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116)		↓			
b	Other o	redits (see instructions)		-			
C	Genera	I business credit Attach Form 3800		」 │			
d	Credit 1	for prior year minimum tax (attach Form 8801 or 8827)					
е	Total c	redits Add lines 46a through 46d		46e			
47	Subtra	ct line 46e from line 45		47			0.
48	Other to	axes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attack	h schedule)	48			
49		ax Add lines 47 and 48 (see instructions)		49			0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50			0.
				1 30 1	_		_
	-	nts A 2018 overpayment credited to 2019		-			
		stimated tax payments 51b		-			
		posited with Form 8868		- 1			
d	Foreign	organizations Tax paid or withheld at source (see instructions)		4			
	-	withholding (see instructions) 51e		- `			
f	Credit 1	for small employer health insurance premiums (attach Form 8941)		-			
g	Other o	redits, adjustments, and payments: Form 2439		1 1			
	F	orm 4136 Other Total ▶ <u>51g</u>					
52	Total p	ayments Add lines 51a through 51g		52			
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached. 🕨 🔲		53			
54	Tax du	e If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	•	54			
55	Overpa	lyment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	•	55		-	
56	•	ne amount of line 55 you want. Credited to 2020 estimated tax	ed 🕨	56			
Part		Statements Regarding Certain Activities and Other Information (see instruction					
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	<u>-</u>			Yes	No
3,	•	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				100	
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country					ı (
		FORM 114, Report of Foreign bank and rinancial Accounts in Yes, enter the name of the foreign country			[-	A-41	
	here				⊦		X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tr	usty		-		X
		see instructions for other forms the organization may have to file					
59		ne amount of tax-exempt interest received or accrued during the tax year 🕨 💲					
٥.	,	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be prect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my kno	owledge and	d belief, it is t	rue,	
Sign		DO1 1 - 101	L.	May the IRS	discuss this	return v	with
Here	·]	DOLLAR INNOTAL TO SOLEO		-	shown below		_
		Signature of officer Date Title		nstructions)	? X Yes	:	No
		Print/Type preparer's name Preparer's signature Date Cher	ck 🔲	ıf PTIN			
Paid	1		employed	i			
		MILLER, CPA MILLER, CPA 10/22/2020	•		01894	193	
•	oarer		n's EIN ▶		3-1374		4
use	Only	P.O. BOX 4299					
			one no '	706-3	324-54	135	
000711	01 07 00	Time aggrees & COHOMBOD, ON SISIE		, , , ,	Earm 99		(2010)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ► N/A					
1 Inventory at beginning of year 1			6 Inventory at end of year			_	6		
Purchases 2			7 Cost of goods sold Subtract line 6 from line 5 Enter here and in Part I,			ine 6			· -
3 Cost of labor 3						Part I,		1	
4 a Additional section 263A costs	4 a Additional section 263A costs				line 2				
(attaclı schedule)	4a		8	Do the rules of section	263A (with respect to		Ye	s No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	(From Real	Property an	d Per	sonal Property	Leas	ed With Real Pro	pert	y)	
(see instructions)		.				. .	_		
1. Description of property									
(1)								-	
(2)									
(3)									
(4)									
	2 Rent receiv	ed or accrued				2/a\Dadustiana disaati		atad with the was	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ntage if S(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)			ne in	
(1)									
(2)									
(3)				<u> </u>					
(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)	•	i.	0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)		•			
			2	. Gross income from		3 Deductions directly con to debt-finan	nected ced pro	with or allocable perty	
Description of debt-financed property				or allocable to debt- financed property		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)	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	,	8 Allocable ded (column 6 x total of 3(a) and 3(b	columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colun	
Totals				•		0			0.
Total dividends-received deductions in	cluded in columi	ı 8					-		0.
								Form 990	

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Totals (carry to Part II, line (5))

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)			· - · · · -				
(3)							
(4)							
Totals from Part I	•	0.	0.	, *; *	*	7m 3 1x	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)	, KP ,			Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.	, ,	• .	ا و که در	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.

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