	4			Exempt Orga	anizatio	n Business	Inc	ome Tax Ro	eturn	01	MB No 1545-0047
	Form	390-T	·			ax under sect			NO	´	
	•		Eor cale	ndar year 2019 or oth	-			/.	1.20.20		20 19
	Departm	ent of the Treasury	l or care					the latest informal			
		Revenue Service	▶ Do i	not enter SSN numbe	-					Open t 501(c)	o Public Inspection for (3) Organizations Only
	A D	heck box if ddress changed		Name of organization	(Check	box if name changed	and see	instructions)			entification number
	B Exem	pt under section	Print	DR. PHILLIP							trust, see instructions)
	≥ 50	n(c (t63)	or	1		no If a P O box, see II	nstructio	ons		59-072	4702 Isiness activity code
)8(e) 220(e)	Туре	P.O. BOX 69						See instruct	
	□ 408A □ 530(a) City or town, state or province, country, and ZIP or foreign postal code □ 529(a) ORLANDO, FL 32869-2709					code		53139	0		
	C Book	9(a) value of all assets	F Gr	oup exemption nu			M/A				
		d of year 1,636,591.		neck organization				☐ 501(c) trust	□ 40	1(a) trust	Other trust
				organization's unre				D	escribe the	e only (or	first) unrelated
	tra	de or business	here ▶	CEMETERY OWNERSH	IP AND CARE	E OF PROPERTY. If o	only or	ne, complete Part	s I–V If mo	ore than o	one, describe the
				at the end of the		entence, complete	e Parts	s I and II, comple	te a Sche	dule M fo	or each additiona
			-	omplete Parts III-							
		-		e corporation a sub	-			nt-subsidiary contr	olled group	07▶	∐ Yes ⊠ No
				and identifying num ► KENNETH D.			on. ►	Telephone r	wmbor N	(407)	122_6105
				e or Business I		JN		(A) Income	(B) Exp		(C) Net
	1a	Gross receipts			63,200		Τ	t y moonie	(-,		(4,11.7)
	b	Less returns a			03/200	c Balance ▶	1c	63,200			
	2		f goods sold (Schedule A, line 7)					· · · · · · · · · · · · · · · · · · ·			<i>y</i>
	3	_	-	t line 2 from line 1			3	63,200		1	63,200
	4a	Capital gain n	net income (attach Schedule D)								
	b	Net gain (loss)							_/		
	C			n for trusts			4c				
	5	• • •	s) from a partnership or an S corporation (attach				l _		1		
		· ·	(Schedule C)				5				
	6	•					7				<u> </u>
	7						8				
	8 9			s, and rents from a cor ection 501(c)(7), (9), o	_		9/				
	10			ivity income (Sche			10				
	11	•	-	Schedule J)			11				
	12	•	•	structions; attach			12				
21	13		•	3 through 12	-		13	63,200			63,200
20	Part			Taken Elsewhe			tation	s on deductions.) (Deducti	ions mus	t be directly
တ				he unrelated bus			\Box	RECEIVE	.n.]	1 1	
63	14			cers, directors, an				· INFORTIVE		. 14	
ည	15									. 15	57,752
H	16 17			intenance				FEB 2 3 20		16	31,132
	18			dule) (see instruction				· · · · · ·		18	
SCANNED	19							OGDEN.	וַ דַּנְ	19	3,651
Ę	20			Form 4562)					1,1		
S	21			imed on Schedule						21b	1,165
Š	22									. 22	
	23			rred compensation						. 23	
	24			grams						. 24	
	25			nses (Schedule I)						. 25	
	26			sts (Schedule J)							
	27			ach schedule) .							13,740
	28 29			dd lines 14 througl axable income bef							76,308
	29 30			exable income ber perating loss aris							-13,108
	30	,		· · · · ·	-						
	31/			axable income. Su							-13,108

Form 99	0-т (2019)		_				Page 2
Part	H TO	otal Unrelated Business Taxable Income					
32 7		f unrelated business taxable income computed from all unrelated tradetions)			32	-1:	3,108
33	Amoun	· . /	33				
34	Charita		34				
35	Total u	lipe	.35		3,108		
36	Deduct	(see	36		27 200		
37		tions)	_	-1	37		3,108
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)			38		3,100
39	Unrela	37,	39		0		
Part		ne smaller of zero or line 37....................................			[33]		
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)			40		
41		Taxable at Trust Rates. See instructions for tax computations			+0		
71		ount on line 39 from: Tax rate schedule or Schedule D (Form 1			41		
42		tax. See instructions	•		42		
43	_	tive minimum tax (trusts only)			43		
43 44		Noncompliant Facility Income. See instructions			44		
4 4 45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45		0
Part		ax and Payments		·	45		
		n tax credit (corporations attach Form 1118; trusts attach Form 1116) .	46a	-	П		
46a		credits (see instructions)	46b		!		
b		Il business credit. Attach Form 3800 (see instructions)	46c				
c C		· · · · · · · · · · · · · · · · · · ·	46d				
ď		credits. Add lines 46a through 46d			46e		
e 47			47		0		
47 49	Subtract Other ta		48				
48 49	Total ta		49				
49 50			50		0		
50 51a		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k nts: A 2018 overpayment credited to 2019	,, iiile	•	30		
51a b		stimated tax payments	51b		ł		
C		posited with Form 8868	51c		1		
d		organizations: Tax paid or withheld at source (see instructions)	51d		1		
e	_	withholding (see instructions)	51e		1		
f		for small employer health insurance premiums (attach Form 8941)	51f		1		
g		credits, adjustments, and payments: Form 2439			1		
9	Forr		51g				
52		payments. Add lines 51a through 51g	0.9		52		
53	•	ted tax penalty (see instructions). Check if Form 2220 is attached		$\vec{\Box}$	53		
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owe			54		
55		ayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amo		•	55		0
56	•	e amount of line 55 you want: Credited to 2020 estimated tax ▶	Refunde		56		
Part		tatements Regarding Certain Activities and Other Information					
57		time during the 2019 calendar year, did the organization have an interest		or other	er author	rity Yes	s No
٠,		financial account (bank, securities, or other) in a foreign country? If "Yes,					
		I Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," ent					
	here ▶	• •			-		×
58	During t	he tax year, did the organization receive a distribution from, or was it the grantor of	of, or transferor to. a	foreid	n trust?		×
	•	" see instructions for other forms the organization may have to file.		3			
59		ne amount of tax-exempt interest received or accrued during the tax year	▶ \$				
	Under	penalties of penjury, I declare that I have examined this return, including accompanying schedules a	nd statements, and to th		of my know	ledge and t	elief, it is
Sign	true, c	orrect, and complete. Declaration of preserver (other than taxpayer) is based on all information of which	preparer has any knowle	edge.	May the IRS	discuss the	is return
Here	1 1	Kuneth Rlwn 1-28-41 PRESIDENT		١v	vith the pre	parer show	n below
•		ure of officer Date Title		Ľ	see instructi	ons)? _Ye :	s ⊠N0
Paid	•	Print/Type preparer's name Preparer's signature	Date	Chec	k 🗌 ıf	PTIN	
	020-	Preparer's signature Tara Hiller	1/27/2021		mployed		
Prepa		Firm's name ▶BDO USA, LLP		Firm's	EIN►		
Use (Only	Firm's address ▶ 450 S. ORANGE AVE., STE 550, ORLANDO, FL 32801		Phone			

Sche	dule A-Cost of Goods Solo	J. Ente	r method of ir	nventory va	aluation >				
1	Inventory at beginning of year	1		6					
2 '	Purchases	2		7					
3	Cost of labor	3			6 from line	5. Enter here and in Part			
4a	Additional section 263A cost	s			l, line 2		7		
	(attach schedule)	4a		8	Do the rul	les of section 263A (with	respect to Yes No		
b	Other costs (attach schedule)	4b				roduced or acquired for			
5	Total. Add lines 1 through 4b	5				inization?			
	dule C—Rent Income (From instructions)	n Real	Property and	l Personal	Property	Leased With Real Pro	perty)		
	nption of property								
(1)						 .			
(2)									
(3)		-							
(4)					<u>-</u>		·		
<u> </u>	2. Rent	received	or accrued						
	om personal property (if the percentage of personal property is more than 10% but n more than 50%)	(b) From real ar percentage of rent 50% or if the rent	for personal pro	perty exceeds	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
Total	•	T	otal			(b) Total deductions.			
	al income. Add totals of columns 2 nd on page 1, Part I, line 6, column (Enter here and on page 1, Part I, line 6, column (B)			
	dule E—Unrelated Debt-Fin			instructions	3)				
	Description of debt-finance	d propert	y		come from or debt-financed	Deductions directly connected with or allocable to debt-financed property			
	·	, .		pro	perty	(a) Straight line depreciation (attach schedule)	in (b) Other deductions (attach schedule)		
(1)									
(2)									
(3)									
(4)	"								
4. Amount of average 5. Average acquisition debt on or of or a allocable to debt-financed debt-financed			ge adjusted basis or allocable to inanced property ach schedule) 6. Column 4 divided by column 5		vided	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))		
(1)					%				
(2)					%				
(3)					%				
(4)					%				
T-4-1-						Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part i, line 7, column (B).		
Totals Total o	dividends-received deductions incl	 uded in	column 8	· · · ·	- 				

Schedule`F-Interest, Ann	uities, Royalties,			Controlled Org	janizations (se	e instruc	ctions)	
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made	included in the	5. Part of column 4 that is included in the controlling organization's gross income		eductions directly ected with income in column 5
(1)								-
(2)								
(3)								
(4)						<u> </u>		
Nonexempt Controlled Organiz	zations				·· • · · · · · · · · · · · · · · · · ·		,	
7. Taxable Income		Net unrelated income oss) (see instructions)		9. Total of specified payments made		nn 9 that is controlling oss income	conne	eductions directly cted with income in column 10
(1)								
(2)				· -				
(3)								·
(4)								
Totals				•	Add columns t Enter here and o Part I, line 8, co	on page 1,	Enter I	columns 6 and 11 nere and on page 1, line 8, column (B).
Schedule G-Investment	ncome of a Sect	tion 501(c)(7), (9),	or (17) Organi	zation (see ins	tructions	,	
1. Description of income	2. Amount o		3. dire	Deductions ctly connected ach schedule)	4. Set-aside (attach sched	98	5. To and s	otal deductions let-asides (col. 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
	Part I, line 9,	column (A).			•		Part I, Ii	re and on page 1, ne 9, column (B).
Schedule I—Exploited Exe	empt Activity Inc	ome, Ot	her Than	Advertising In	come (see inst	tructions)	
Description of exploited activity	2. Gross unrelated business inco from trade of business	ome conr or pro	Expenses directly nected with duction of nrelated less income	Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		<u> </u>						
(2)								
(3)								
(4)								
Totals	Enter here and page 1, Part line 10, col (ti, pag	here and on e 1, Part I, 10, col (B)					Enter here and on page 1, Part II, line 25
Schedule J-Advertising I	ncome (see instru	ctions)						
Part I Income From P	eriodicals Repor	rted on a	Consoli	dated Basis				
1. Name of periodical	2. Gross advertising income		i. Direct tising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7.	5. Circulation income	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)								
Totals (carry to Part II, line (5))	•					_		orm 990-T (2019)

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.)

Z tillough / On a lillo b	75 III 10 Dadio.)		·		 	
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						
	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) ▶						

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		•	

Form **990-T** (2019)

DR. PHILLIPS, INC. 59-0724702

Additional information from your Form 990-T: Exempt Organization Business Income Tax Return

Form 990-T: Exempt Organization Business Income Tax Return Other Deductions

Continuation Statement

Description	Amount
CEMETERY TRUST DEPOSITS	6,320.
UTILITIES	7,040.
MISCELLANEOUS	35.
INSURANCE	345.
Total	13,740.

DR. PHILLIPS INC. 59-0724702

FORM 990-T YEAR ENDED AUGUST 31, 2020

PART II LINE 31 - NET OPERATING LOSS CARRYFORWARD

YEAR ENDED	CY NOL	NOL APPLIED	NOL BALANCE
9/24/4007	(12 154)		(12.154)
8/31/1997 NOL APPLIED - FYE 8/31/2005	(13,154)	4.674	(13,154)
		•	(8,480)
NOL APPLIED - FYE 8/31/2006		4,524 3,956	(3,956)
NOL APPLIED - FYE 8/31/2007	(20.022)	3,950	(20,022)
8/31/1998 NOL APPLIED - FYE 8/31/2007	(20,032)	288	(20,032)
			(19,744)
NOL APPLIED - FYE 8/31/2009		3,572	(16,172)
NOL APPLIED FYE 8/31/2010		7,334	(8,838)
NOL APPLIED - FYE 8/31/2012	(26 E00)	8,838	- (26 E00)
8/31/1999 NOL ADDITION 5VE 0/24/2042	(26,509)	20 500	(26,509)
NOL APPLIED - FYE 8/31/2012	(22.076)	26,509	(22.076)
8/31/2000	(23,876)	20.270	(23,876)
NOL APPLIED - FYE 8/31/2012	(07.007)	22,276	(1,600)
8/31/2001	(37,637)	47.740	(39,237)
NOL APPLIED - FYE 8/31/2013		17,749	(21,488)
NOL APPLIED - FYE 8/31/2014		9,009	(12,479)
NOL APPLIED - FYE 8/31/2015		12,479	-
8/31/2002	(5,419)		(5,419)
NOL APPLIED - FYE 8/31/2015		370	(5,049)
NOL APPLIED - FYE 8/31/2016		4,475	(574)
8/31/2003	(16,850)		(17,424)
8/31/2004	(15,442)		(32,866)
8/31/2008	(6,052)		(38,918)
8/31/2011	(27,295)		(66,213)
8/31/2017	(30,643)		(96,856)
8/31/2018	(29,476)		(126,332)
8/31/2019	(8,913)		(135,245)
8/31/2020	(13,108)		(148,353)
TOTAL NOL CARRIED FORWARD TO FYE 8/31/2021	(274,406)	126,053	- :