

2019

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) 2006

For calendar year 2019 or other tax year beginning 07-01, 2019, and ending 06-30, 20 20

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)

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed
B Exempt under section
X 501(c) (3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization () Check box if name changed and see instructions
SalusCare Inc
Number, street, and room or suite no. If a PO box, see instructions
3763 Evans Avenue
City or town, state or province, country, and ZIP or foreign postal code
Fort Myers, FL 33901

D Employer identification number (Employees' trust, see instructions)
59-1287693
E Unrelated business activity code (See instructions)
541519

C Book value of all assets at end of year
26,981,379

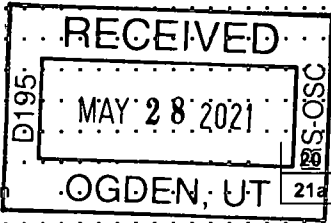
F Group exemption number (See instructions)
G Check organization type
X 501(c) corporation
501(c) trust
401(a) trust
Other trust

H Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first) unrelated trade or business here Outsourcing of IT Dept
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of Ronne Apicella Telephone number (239) 275-3222

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (78,744), Total (79,026), and various deductions.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees (12,139), Total deductions (53,679), and Unrelated business taxable income (25,347).



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 32-39 for unrelated business taxable income calculations.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 46a-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response. Includes questions 57-59 regarding foreign accounts and distributions.

Sign Here section containing signature of officer, date (05/10/2021), title (CEO), and a box for IRS discussion.

Table for Preparer Information with 5 columns: Field name, Value, Date, Check box, and PTIN. Includes fields for name, address, date, and PTIN.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

| | | | | | | | | | |
|---|-----------|--|---|----------|---|-----|----|--|--|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | | | | | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 | 7 | | | | | |
| 3 Cost of labor | 3 | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | | <table border="1"><tr><td>Yes</td><td>No</td></tr><tr><td></td><td></td></tr></table> | Yes | No | | |
| Yes | No | | | | | | | | |
| | | | | | | | | | |
| 4a Additional section 263A costs (attach schedule) | 4a | | | | | | | | |
| b Other costs (attach schedule) | 4b | | | | | | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | | | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

| | | |
|--|--|--|
| 1. Description of property | | |
| (1) _____ | | |
| (2) _____ | | |
| (3) _____ | | |
| (4) _____ | | |
| 2 Rent received or accrued | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) _____ | _____ | _____ |
| (2) _____ | _____ | _____ |
| (3) _____ | _____ | _____ |
| (4) _____ | _____ | _____ |
| Total | Total | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ▶ | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ |

Schedule E - Unrelated Debt-Financed Income (see instructions)

| | | | |
|--|--|---|---|
| 1 Description of debt-financed property | 2 Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
| | | (a) 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) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) |
| (1) _____ | _____ | _____ % | _____ |
| (2) _____ | _____ | _____ % | _____ |
| (3) _____ | _____ | _____ % | _____ |
| (4) _____ | _____ | _____ % | _____ |
| Totals ▶ | | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Total dividends-received deductions included in column 8 ▶ | | | |

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|---|---|---|--|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1) HPS LLC | 61-1590801 | 47 | 47 | 47 | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Nonexempt Controlled Organizations | | | | | |
| 7. Taxable Income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 | |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | | Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) | |
| Totals ▶ | | | | 47 | |

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. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|---------------------------|---------------------|---|---|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | | Enter here and on page 1, Part I, line 9, column (A) | Enter here and on page 1, Part I, line 9, column (B) | |
| Totals ▶ | | | | |

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. 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 | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| | | Enter here and on page 1, Part I, line 10, col (A) | Enter here and on page 1, Part I, line 10, col (B) | | | Enter here and on page 1, Part II, line 25 |
| Totals ▶ | | | | | | |

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 | 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)) ▶ | | | | | | |

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 ▶ | | | | | | |
| Totals, Part II (lines 1-5) ▶ | 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 |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 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 ▶ | | | |

Federal Supporting Statements

2019 PG01

Name(s) as shown on return

Tax ID Number

SalusCare Inc

59-1287693

**990-T - Part II - Line 27
Other Deductions**

Statement #9

| <u>Description</u> | <u>Amount</u> |
|-------------------------|------------------------|
| Computer Supplies | \$853 |
| Electric | \$6,481 |
| Other Expenses | \$1,001 |
| Telephone | \$17,960 |
| Travel | \$122 |
| Prior period adjustment | <u>\$7,315</u> |
| Total | <u><u>\$33,732</u></u> |

PG01

**990-T - Part I - Line 5
Income (loss) from partnerships and S-corps**

Statement #17

| <u>Description</u> | <u>Amount</u> |
|--------------------|---------------------|
| HPS LLC 61-1590801 | <u>\$235</u> |
| Total | <u><u>\$235</u></u> |

FOR YOUR RECORDS ONLY

**Form 990 - Schedule D - Part VI - Line 1e
Investments - Other**

PG01

Statement #D1e

| <u>Description of Investment</u> | <u>Cost/basis (Investment)</u> | <u>Cost/basis (Other)</u> | <u>Depr</u> | <u>Book Value</u> |
|--------------------------------------|------------------------------------|-------------------------------|-----------------|-----------------------|
| Construction in Progress | <u>0</u> | <u>280,567</u> | <u>0</u> | <u>280,567</u> |
| Total | <u><u>0</u></u> | <u><u>280,567</u></u> | <u><u>0</u></u> | <u><u>280,567</u></u> |