SCANNED JAN 1 1 2022

•	•			Extende	d to M	ſay	17, 20	21					
Form	990-T) E	Exempt Or	ganizati	on Bus	sine	ss Inco	ome 1	Tax Ret	urn₄	L	OMB No 1545-0047	
		į .	•	(and proxy	y tax und	ler se	ction 603	3(e))		^\ #		2040	
•		For ca	lendar year 2019 or other	tax year beginning	JUL 1,	20	19 , and $_{ m e}$	nding JU	N 30,0	2020	. 1	2019	
Depa	rtment of the Treasury			www.irs.gov/Fo							ļ	Open to Public Inspection	tor
Intern	al Revenue Service		Do not enter SSN n				`		zation is a 501	,		Open to Public Inspection 501(c)(3) Organizations On	ly
AL	Check box if Name of organization (Check box if name changed and see instructions.) DEmployer identification number (Employees' trust, see												
	address changed instructions)												
	xempt under section	Print	TRI-COUNT							E		9-1708182 ated business activity code	_
_ 🔼] 501(c)(3) u		Number, street, and				structions. ~					nstructions)	,
· - -	408(e) 220(e)	7.	1815 Crys										
<u> </u>			City or town, state of				n postal code			_	2.2	220	
C Bo	_] 529(a) Ook value of all assets	<u> </u>	Lakeland, F Group exemption		801-59	1/9				/	44	320	—
at	and of year 12,714,8	21	G Check organization			noration	50	1(c) trust		101(a) tr	uet	Other trust	_
H Fr	nter the number of the	Ornaniza				3	<u> </u>	· · · · · · · · · · · · · · · · · · ·	the only (or fir	<u> </u>			—
	ide or business here	-							complete Part	•			
	scribe the first in the b							-					
	siness, then complete			1411000 0011101100	, complete i	u, to , u,		0.00000					
	ring the tax year, was			n an affiliated ord	oup or a pare	nt-subs	idiary controlle	ed aroup?			Ye	s X No	_
	"Yes," enter the name a		-	_	•			J					
, J TH	e books are in care of	> 7	ina Phill	ips	·		·	Teleph	one number	▶ 86	3 –	709-9392	_
Pa	rt I Unrelate	d Trac	de or Business	Income			(A) Inc	ome	(B) Exp	enses		(C) Net	
1 1a	Gross receipts or sale	:s	448,85	55.				-					7
. b	Less returns and allow	wances		c Balance	•	1c		<u>,855.</u>		•		./	<u>. </u>
2	Cost of goods sold (S	chedule	A, line 7)			2		,851.	·		_/		1
3	Gross profit. Subtract	line 2 fr	om line 1c			3	265	,004.				265,004	•
	Capital gain net incom	•	•			4a				_			_
	Net gain (loss) (Form		, ,	Form 4797)		4b					b	ECENTER	=
_	Capital loss deduction					4c			/-	1	1.1	LUCIVED	=
5	Income (loss) from a	•	thip or an S corporati	on (attach statem	nent)	5			/ .	8			4
6 7	Rent income (Schedu	,	no (Cabadula E)			7		/			<u></u> A	PR 0 9 2021	1
8	Unrelated debt-financ			-114	- (Cabadula E)	8		/		14			f
9	Interest, annuities, roy Investment income of			•		-					1	SOEN IT	با_
10	Exploited exempt activ			ii , organization	(001100010 0)	10				<u> </u>			
11	Advertising income (S	-	•			11	/						_
12	Other income (See ins		•			12/			·				
13	Total. Combine lines	3 throu	gh 12			13	265	,004.				265,004	<u> </u>
Pa			t Taken Elsev					ductions)				-	
	(Deductions	must b	e directly connect	ed with the unr	elated busin	ness in	come)						_
14	Compensation of off	icers, dii	ectors, and trustees	(Schedule K)						_	14		
15	Salaries and wages									⊢	15	181,656	
16	Repairs and mainten	ance								—	16	4,929	<u>.</u>
17	Bad debts										17		_
18	Interest (attach sche	dule) (se	ee instructions)							—	18	12,637	_
19	Taxes and licenses	F 45						ا مو	12,27		19	12,037	÷
20	Depreciation (attach						}	20 21a	14,4	_	 21b	12,275	
21 22	·	ımea or	Schedule A and else	where on return			ι	ZIA			22	12,213	÷
23	Depletion		managartian alama								23		—
24	Contributions to defe Employee benefit pro		npensation plans							_	24	·	—
25	Excess exempt exper	- /	hedule I)							_ ⊢	25		
26	Excess readership co										26		_
27	Other deductions (at						See	Stat	ement 2	_	27	40,563	-
28	Total deductions. Ac										28	252,060	
29			come before net ope	rating loss deduc	tion. Subtrac	t line 2	3 from line 13				29	12,944	
30	/		oss arising in tax yea									-	_
	(see instructions)	-	- 1	- -				Stat	ement 3	3 [_:	30	0	_
31	· /	axable in	come. Subtract line	30 from line 29							31	12,944	
	1 01-27-20 LHA FO											Form 990-T (201	

(//0/

	?	
Form 99	OO-T (2019) TRI-COUNTY HUMAN SERVICES, INC.	59-1708182 Page 2
Par		
32	/Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32 19,584.
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules)	34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35 19,584.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) Stmt 4	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 1 1,000.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	$\begin{vmatrix} 1 \\ 3 \end{vmatrix} = 0$.
Pari	t IV Tax Computation	1
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from.	
	Tax rate schedule or Schedule D (Form 1041)	41
42	Proxy tax. See instructions	42
43	Alternative minimum tax (trusts only)	43
44	Tax on Noncompliant Facility Income. See instructions	44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
Par	t V Tax and Payments	
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	4 1
b	Other credits (see instructions)	4
C		4
	Credit for prior year minimum tax (attach Form 8801 or 8827)	
	Total credits. Add lines 46a through 46d	46e 0 .
47	Subtract line 46e from line 45 Other taxes, Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	47 0.
48	· 	49 0.
49 50	Total tax. Add lines 47 and 48 (see instructions) 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
	Payments: A 2018 overpayment credited to 2019	
	2019 estimated tax payments 51b	1
	Tax deposited with Form 8868	1
	Foreign organizations; Tax paid or withheld at source (see instructions) 51d	1
	Backup withholding (see instructions) 51e	1
	Credit for small employer health insurance premiums (attach Form 8941) 51f	1
	Other credits, adjustments, and payments: Form 2439] '
•	Form 4136 Other Total ▶ 51g	
52	Total payments. Add lines 51a through 51g	52
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56
Par		Yes No
57	At any time during the 2019 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	', .
	here	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	<u> </u>
30	If "Yes," see instructions for other forms the organization may have to file.	
59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$	
	Under populities of persing I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known	owledge and belief, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	May the IRS discuss this return with
Here		he preparer shown below (see
	Signature of officer Date Title in	nstructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	If PTIN
Paid	d Tracy Y. Kimbrough Tracy Y. Kimbrough	
		P00186561
	Only Firm's name ► CPS Group CPAs PA Firm's EIN ►	20-8787232
	205 East Orange Street	(863)688-1725
		Form 990-T (2019)
923711	01-27-20	rorm 330-1 (2019)

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory va	luation >	Low	er o	of Cost or	Maı	cket	
1 Inventory at beginning of year	1	45,188.		Inventory at e				6	207	,129.
2 Purchases	2	345,792.	7	Cost of goods	s sold. Su	btract li	ne 6			
3 Cost of labor	3		1	rom line 5. Ei	nter here :	and in P	art I,			
4a Additional section 263A costs			ı	ine 2			•	7	183	,851.
(attach schedule)	4a		8 1	Do the rules o	of section	263A (v	vith respect to		١	es No
b Other costs (attach schedule)	1b —						for resale) apply to		-	-
5 Total. Add lines 1 through 4b	5	390,980.		the organizati		•	, , , , ,		-	X
Schedule C - Rent Income (F (see instructions)	rom Real		Pers	sonal Pro	perty	Lease	ed With Real Pr	roper	ty)	
Description of property										
(1)										
(2)										
(3)										
(4)									-	
		ed or accrued					3(a) Deductions direc	etly conn	ected with the inco	ome in
(a) From personal property (if the percer rent for personal property is more th 10% but not more than 50%)	ntage of an		rsonal p	nal property (if the roperty exceeds don profit or inc	5 50% or if	ige	columns 2(a	and 2(b)	(attach schedule)	
(1)										
(2)										
(3)										
(4)										
Total	0.	Total		<u>.</u>		0.				
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (A	A)	.				0.	(b) Total deductions Enter here and on page 1 Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt	-Financed	Income (see in	nstruc	tions)						
			,	Gross income			3. Deductions directly of to debt-fine			
1. Description of debt-finan	ced property			ir allocable to de financed proper	abt-	(a)	Straight line depreciation (attach schedule)		(b) Other dedu (attach sched	
(1)										
(2)	-						<u> </u>			
(3)				•						
(4)										
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 schedule)	6.	Column 4 divid by column 5	ded		7. Gross income reportable (column 2 x column 6)		8. Allocable de (column 6 x total 3(a) and 3	of columns
(1)					%					
(2)					%				<u> </u>	
(3)					%					
(4)					%					
Statement 5	State	ement 6		<u> </u>			nter here and on page 1, art I, line 7, column (A)		Enter here and or Part I, line 7, col	ımn (B)
Totals					>	L		0.		0.
Total dividends-received deductions inclu	ided in column	8			•					0.
		·							Form 99	0-T (2019)

Schedule F - Interest, A	Annuiti	es, Roya	ties, a		Controlled O			zatio	ns (see ins	structio	ns)
		1		<u> </u>		,		Τ_		r	
Name of controlled organizat	ion	2. Em identifi num	cation		related income e instructions)	4. Tot payr	al of specified ments made	5. Part of column 4 that included in the controllin organization's gross incor		rolling	6. Deductions directly connected with income in column 5
(1)											
(2)	· ·					 	•	<u> </u>		\rightarrow	-
\$ - \$ - \$		1			-			 			· · · · · · · · · · · · · · · · · · ·
(3)		 		 						-+	
(4)				<u></u>		L					
Nonexempt Controlled Organiz		· · · · · · · · · · · · · · · · · · ·		T .							
7. Taxable Income		unrelated incom (see instructions		9. Total	of specified pay made	ments	10. Part of colu in the controli gross		nızatıon's		eductions directly connected th income in column 10
(1)											-
(2)				 							
(3)											
				1			-				
(4)	L			l .							
							Add colur Enter here and line 8, 6		e 1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme		me of a	Section	501(c)((7), (9), or	(17) Or	ganization	1			
1. Descr	ription of inc	come			2. Amount of	ıncome	3. Deduction directly connection (attach scheduler)	ected	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)					Enter here and	on page 1.			<u> </u>		Enter here and on page 1,
-					Part I, line 9, co	olumn (A)					Part I, line 9, column (B)
Totals				<u> </u>		0.					0.
Schedule I - Exploited (see instru	-	ot Activity	Incom	ie, Othe	r Than Ad	lvertisi 	ing Income	e 		_	- -
Description of exploited activity	unrelate inco	Gross d business me from r business	directly with pr of un	penses connected oduction related as income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that led	attribut	oenses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	-	<u> </u>			<u> </u>				1	****	
(2)		~									
(3)					 				<u> </u>		
			-						 		
(4)	page	ere and on 1, Part I,), col (A)	page	ere and on 1, Part I, , col (B)	-				<u> </u>		Enter here and on page 1, Part II, line 25
Totals		0.		0.							0.
Schedule J - Advertision	na Inco		netructio								
Part I Income From I					solidated	Basis	**		**		
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, comput nrough 7			6. Read		7 - Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1						Ĭ '	3	
(2)			 	<u> </u>							1
(3)			_		\dashv		-		 		1
	- 	·	+		\dashv				 		†
(4)	- 	<u> </u>	_			· ··	+		 		
Totals (carry to Part II, line (5))	_		0.	0			<u></u>		<u> </u>		0.

Form 990-T (2019) TRI - COUNTY HUMAN SERVICES, INC. 59-17081 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	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, 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)	•	0.	0.				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		•	

Form **990-T** (2019)

Footnotes	Statement	1
SCHEDULE OF NET OPERATING LOSS CARRYFORWARDS:		
6/30/07 - GENERATED 6/30/08 - GENERATED 6/30/09 - UTILITZED 6/30/10 - GENERATED 6/30/11 - UTILIZED 6/30/12 - GENERATED 6/30/13 - GENERATED 6/30/14 - GENERATED 6/30/15 - UTILIZED 6/30/16 - GENERATED 6/30/16 - GENERATED 6/30/17 - GENERATED 6/30/19 - Utilized - Rental Income 06/30/20 - Utilized - Rental Income	183,72 318,09 -28,42 109,90 -46,77 62,28 127,53 41,66 -3,39 86,18 122,69 80,49 -28,60 -6,64	16. 18. 17. 11. 16. 19. 19. 19. 19.
06/30/20 - Utilized - Food Service and Catering NOL CARRYFORWARD AVAILABLE FOR 6/30/21	1,005,78	
NOL - Psychiatric: 06/30/19 - Generated 06/30/20 - Generated NOL CARRYFORWARD AVAILABLE FOR 6/30/21	56,51 176,75 233,26	4.
NOL - Food Service & Catering: 06/30/19 - Generated	12,01	
NOL CARRYFORWARD AVAILABLE FOR 6/30/21	12,01	
Total Net Operating Loss Carryover	1,251,06	6.

EXPLANATION: Schedule I, Line 18 Other Additions 2018 Form 990T NOL Carryforward for Food Service & Catering -12,015. Software excluded from return.

Form 990-T	Statement	2			
Description	n			Amount	
OCCUPANCY	_			10,07	
TRAVEL	ور برسمتان بعدود سد ومشارد بندو سده		والمستهد والمستهد والمستدين والمستدود والم	15,51	31.
INSURANCE T	r services			8,13	
SUPPLIES	1 SERVICES			4,46	
EQUIPMENT F	RENTAL				55.
CONFERENCES					78.
PROFESSION	AL FEES				19.
Professiona					13.
Miscellane	ous Expense			36	54.
Total to Fo	orm 990-T, Page 1,	line 27		40,56	53.
Form 990-T	Net	Operating Loss D	eduction	Statement	3
		Loss		3	
Tax Year	Loss Sustained	Previously Applied	Loss Remaining	Available This Year	
Tax Year 06/30/19	Loss Sustained 12,015.				<u> </u>
06/30/19		Applied 0.	Remaining	This Year	
06/30/19	12,015.	Applied 0.	Remaining 12,015. 12,015.	This Year	
06/30/19 NOL Carryo	12,015.	Applied 0. Year Operating Loss D	Remaining 12,015. 12,015. Deduction	This Year 12,015 12,015 Statement	
06/30/19	12,015.	Applied 0. Year Operating Loss D	Remaining 12,015. 12,015.	This Year 12,015	
06/30/19 NOL Carryov Form 990-T	12,015. ver Available This	Applied 0. Year Operating Loss D Loss Previously	Remaining 12,015. 12,015. eduction Loss	This Year 12,015 12,015 Statement Available This Year 694,331	4
06/30/19 NOL Carryov Form 990-T Tax Year	12,015. ver Available This Net Loss Sustained	Applied 0. Year Operating Loss D Loss Previously Applied 32,005. 0.	Remaining 12,015. 12,015. Peduction Loss Remaining 694,331. 41,660.	This Year 12,015 12,015 Statement Available This Year 694,331 41,660	4
06/30/19 NOL Carryov Form 990-T Tax Year 06/30/13 06/30/14 06/30/16	12,015. ver Available This Net Loss Sustained 726,336. 41,660. 86,189.	Applied 0. Year Operating Loss D Loss Previously Applied 32,005. 0. 0.	Remaining 12,015. 12,015. 12,015. Deduction Loss Remaining 694,331. 41,660. 86,189.	This Year 12,015 12,015 Statement Available This Year 694,331 41,660 86,189	4
06/30/19 NOL Carryov Form 990-T Tax Year 06/30/13 06/30/14 06/30/16 06/30/17	12,015. ver Available This Net Loss Sustained 726,336. 41,660. 86,189. 122,697.	Applied 0. Year Operating Loss D Loss Previously Applied 32,005. 0. 0. 0.	Remaining 12,015. 12,015. 12,015. Deduction Loss Remaining 694,331. 41,660. 86,189. 122,697.	This Year 12,015 12,015 12,015 Statement Available This Year 694,331 41,660 86,189 122,697	4 L.
Tax Year 06/30/13 06/30/13 06/30/14 06/30/16	12,015. ver Available This Net Loss Sustained 726,336. 41,660. 86,189.	Applied 0. Year Operating Loss D Loss Previously Applied 32,005. 0. 0.	Remaining 12,015. 12,015. 12,015. Deduction Loss Remaining 694,331. 41,660. 86,189.	This Year 12,015 12,015 Statement Available This Year 694,331 41,660 86,189	4 1)

Form 990-T		ated Debt-Financed	Income	Statement	5
	Average	cdargicion penc			

Description of Debt-Financed Property	ActivityNumber	Amount of Outstanding
	2	Debt
Beginning first month		348,345.
Beginning second month		347,072.
Beginning third month		345,795.
Beginning fourth month		344,471.
Beginning fifth month		343,183.
Beginning sixth month		,
Beginning seventh month		
Beginning eighth month		
Beginning minth month		111,699.
Beginning tenth month		111,411.
Beginning eleventh month		111,108.
		110,818.
Beginning twelfth month		
Total of All Months		2,173,902.
Number of Months in Year		12
Average Aquisition Debt		181,159.

Totals to Form 990-T, Schedule E, Column 4

TRI-COUNTY	HUMAN	SERVICES.	INC.
1117 COOM11	110121	D = 1. 1 = 0 = D /	

59-17	08	182
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Form 990-T Schedule E - Unrelated Debt-Financed Average Adjusted Basis	l Income	Statement	
Description of Debt-Financed Property	Activity Number-		
	2	Amount	
Average adjusted basis of property first day of year Average adjusted basis of property last day of year	c	520,81 142,49	
Average adjusted basis of property for the year		331,65	<u> </u>

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

2019

OMB No 1545-0047

1

Entity

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

► 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

TRI-COUNTY HUMAN SERVICES, INC. 59-1708182 Unrelated Business Activity Code (see instructions) ▶___621300 __ ▶ Psychiatric Services Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 444,719. 1a Gross receipts or sales 444,719 **b** Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 444.719. 444,719. Gross profit Subtract line 2 from line 1c 3 4 a 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) Rent income (Schedule C) 6 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 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 444,719. Total. Combine lines 3 through 12 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	379,186.
16	Repairs and maintenance	16	3,614.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions) See Statement 7	18	6,109.
19	Taxes and licenses	19	28,349.
20	Depreciation (attach Form 4562) 20 10,042.		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	10, <u>042</u> .
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) See Statement 8	27	194,173.
28	Total deductions. Add lines 14 through 27	28	621,473.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-176,754.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions) Stmt 9	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	-176,754.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Form 990-T	(M)	Interest Pai	id	Statement 7
Description	ı			Amount
Interest	-			6,109.
-Total-to-Sc	hedule M, Part II,	line 18		6,109.
Form 990-T	(M)	Other Deducti	ions	Statement 8
Description	1			Amount
Occupancy Travel Insurance Subcontract Supplies Equipment F Professiona Conferences Professiona Unwind Fee Miscellaneo	Rental al Dues al Fees	, line 27		4,127. 462. 10,451. 82,829. 29,087. 329. 441. 2,740. 44,614. 17,080. 2,013.
Schedule M	Net	Operating Loss I	Deduction	Statement 9
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/19	56,510.		56,510.	56,510.
NOL Carryov	ver Available This	Year	56,510.	56,510.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

1 (2013)			
ייRT – מוזאייע	HIIMAN	SERVICES	TNC

Form 990-T (2019)								Page 3
TRI-COUNT	Y HUMAN		INC.		59-170	08182		•
Schedule A - Cost of Goods	Sold. Enter	method of inventory v	raluation ► N/A	A				
1 Inventory at beginning of year	1	6	Inventory at end of ye	ar	_	6		
2 Purchases	2	7	Cost of goods sold. S	Subtract line	: 6			
3 Cost of labor	3		from line 5. Enter here	and in Par	t I,	_		
4a Additional section 263A costs		,	line 2			7		
(attach schedule)	4a	8	Do the rules of section	n 263A (wit	h respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	acquired fo	r resale) apply to			,
5 Total. Add lines 1 through 4b	5		the organization?		, , , ,			_X .
(1) (2) (3)								
(4)								
		red or accrued			3(a)Deductions direct	tly connected w	ith the income i	п
(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	than	of rent for personal	sonal property (if the percent property exceeds 50% or it sed on profit or income)			and 2(b) (attach		
(1)		I						
(2)								
(3)								
(4)	<u>_</u>							
Total	0.	Total		0.1				

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

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

			 Deductions directly connected with or allocable to debt-financed property 			
1. Description of debt-fin	anced property	or allocable to debt- financed property	(b) Other deductions (attach schedule)			
(1)						
(2)						
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	 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)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)		%				
(2)		%				
(3)		%				
(4)		%				
			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		•	0.	0		
Total dividends-received deductions inc	cluded in column 8	· •	>	0		

0.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

20

Entity

2010

2

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

► 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 1 501(c)(3) Organizations Only 1

Name of the organization TRI-COUNTY HUMAN SERV	ICES.	INC.	Employer iden 59-17		
Unrelated Business Activity Code (see instructions) > 531	120		<u> </u>		
Describe the unrelated trade or business ► Commercial Part I Unrelated Trade or Business Income	lai ke	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sales		+			
b Less returns and allowances c Balance	1c				
2 Cost of goods sold (Schedule A, line 7)	2				
3 Gross profit Subtract line 2 from line 1c	3				
4 a 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				
5 Income (loss) from a partnership or an S corporation (attach					
statement)	5				
6 Rent income (Schedule C)	6				
7 Unrelated debt-financed income (Schedule E)	7	34,200.	14,0	08.	20,192.
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)		ĺ		Ì	
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	24 200	14 0	20	20 102
13 Total. Combine lines 3 through 12	13	34,200.	14,0	18.	20,192.
Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business	s income.)		uctions.) (Dec		s must be
Compensation of officers, directors, and trustees (Schedule K)		}	14	6,955.
15 Salaries and wages			 	16	591.
16 Repairs and maintenance			ŀ	17	
17 Bad debts18 Interest (attach schedule) (see instructions)			}	18	
18 Interest (attach schedule) (see instructions)19 Taxes and licenses			ŀ	19	516.
20 Depreciation (attach Form 4562)		20	9,032.		
21 Less depreciation claimed on Schedule A and elsewhere on re	turo	21a	9,032.	21b	0.
22 Depletion	,tuiii	[2,10]		22	
23 Contributions to deferred compensation plans			ļ	23	
24 Employee benefit programs			ľ	24	-
25 Excess exempt expenses (Schedule I)			t	25	
26 Excess readership costs (Schedule J)			Ì	26	
27 Other deductions (attach schedule)		See State	ment 10	27	5,490.
28 Total deductions. Add lines 14 through 27			Ţ	28	13,552.
29 Unrelated business taxable income before net operating loss of	deduction St	ubtract line 28 from line	13	29	6,640.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

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

Schedule M (Form 990-T) 2019

30

31

instructions)

Form 990-T (M)	Other Deductions	Statement 10
Description		Amount
Occupancy Subcontractor Supplies Professional Dues Professional Fees Travel		290. 263. 4,525. 23. 369. 20.
Total to Schedule M, Part II, 1	ine 27	5,490.

orm 990-T (2019)					50 150	100	P	age 3
TRI-COUNT Schedule A - Cost of Good	Y HUMAN	SERVICES	, INC.		59-1708	3182		
***	7 7	method of invent	· · · · · · · · · · · · · · · · · · ·			6		
1 Inventory at beginning of year	1		6 Inventory at end of yea					
2 Purchases	2		7 Cost of goods sold. Su		l-			
3 Cost of labor	3		from line 5. Enter here	and in P	arti,	 -		
4a Additional section 263A costs			line 2	0004 (-	L	7	Yes	No
(attach schedule)	4a		8 Do the rules of section	•	•	}	-103	
b Other costs (attach schedule)	4b		property produced or a	icquirea	for resale) apply to	į.		
5 Total. Add lines 1 through 4b Schedule C - Rent Income	/From Dool	Dranauticand	the organization?	Logos	d With Bool Bros			
(see instructions)	(From Real	Property and	Personal Property	Lease	eu willi neal Prop	Jerty)		
. Description of property						-		
(1)			···	_	<u></u>			
(2)								
(3)								
(4)		· -	<u> </u>					
\ /	2. Rent recei	ved or accrued						
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for pe	d personal property (if the percentarsonal property exceeds 50% or if is based on profit or income)	age	3(a) Deductions directly columns 2(a) and	connected with the indicate and a 2(b) (attach schedul	icome ir le)	1
(1)								
(2)				Î				
(3)					N-	<u> </u>		
(4)								
Total		Total						
c) Total income. Add totals of columns nere and on page 1, Part I, line 6, colum		nter -			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	.		
Schedule E - Unrelated De	bt-Finance	Income (see II	nstructions)					
			2. Gross income from		3. Deductions directly conn to debt-finance		ole	
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other de (attach sch	nedule)	
				St	tatement 11	Statemen		
(1) COMMERCIAL RENTA	LS		34,200.		9,032.	1:	1,1	<u>67.</u>
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	e adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tot 3(a) and	al of cot	
Statement 13	State		69.35%		23,718.	1	4,0	<u> </u>
(1) 457,829.		660,124.	8		43,110	· 	4 ,0	
(2)	I		70	I		I		

%

%

Enter here and on page 1, Part I, line 7, column (A)

23,718.

Form 990-T (2019)

14,008.

Enter here and on page 1, Part I, line 7, column (B)

(2)

(3)

(4)

Totals

Total dividends-received deductions included in column 8

Form 990-T (M) Schedule E - Depreciat:	ion Deduction	n	Statement 11
Description	Activity Number	Amount	Total
Depreciation - Subtotal -	- 3	9,032.	9,032.
Total of Form 990-T, Schedule E, Column	3(a)		9,032.
Form 990-T (M) Schedule E - Other	r Deductions		Statement 12
Description	Activity Number	Amount	Total
INTEREST INSURANCE		8,514. 2,653.	11 167
- Subtotal - Total of Form 990-T, Schedule E, Column	_		11,167.
Form 990-T (M) Average Acquisition Allocable to Debt-Fin		rty	Statement 13
Description	Activity Number	Amount	Total
AVERAGE ACQUISITION DEBT - Subtotal	- 3	457,829.	457,829.
Total of Form 990-T, Schedule E, Column	4		457,829.

Form 990-T (M) Average A Allocable to	Basis of or nanced Prope	erty	Statement	14	
Description		Activity Number	Amount	Total	
- AVERAGE ADJUSTED BASIS - Su	ıbtotal -	3	660,124.	660,1	24.
Total of Form 990-T, Schedule E,	Column !	5		660,1	24.