OMB No. 1545-0047

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	30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		0					
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see I		 	_ _					
/	negeteemen to the first the first transfer to the first transfer transfer to the first transfer transfer to the first transfer tr	go	0					
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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For Paperwork Reduction Act Notice, see Instructions. HOSPICE BY THE SEA, INC. 59-1952942SCANNED MAY 1 7 2021

Form **990-T**

Cat. No 11291J

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Form 990-T (2019)

11/9/2020 1:13:13 PM

401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230

Firm's address ▶

(954) 202-8600

	90-1 (2019)		 						Page 3
<u>Sche</u>	dule A—Cost of Goods Sold.	Ente	er method of in	vento	ory va	aluation -			
1	Inventory at beginning of year	1		0	6	Inventory a	at end of year	6	0
,2	Purchases	2		0	7	Cost of g	oods sold. Subtract line		
3	Cost of labor	3		0		6 from line	5. Enter here and in Part		
4a	Additional section 263A costs	Г				I, line 2 .		7	0
	(attach schedule)	4a	ı	0	8	Do the rul	les of section 263A (with	respect to	Yes No
b	Other costs (attach schedule)	4b		0		property p	roduced or acquired for re	esale) apply	
5	Total. Add lines 1 through 4b	5		0		to the orga	nization?		
Sche	dule C-Rent Income (From F	leal	Property and	Pers	sonal	Property I	Leased With Real Prop	perty)	<u> </u>
(see	instructions)								
1. Desc	ription of property								
(1)									
(2)									
(3)									
(4)									
	2. Rent rec	elved	or accrued					-	
	om personal property (if the percentage of rer personal property is more than 10% but not more than 50%)	nt	(b) From real and percentage of rent for 50% or if the rent is	or pers	onal pr	operty exceeds	3(a) Deductions directly of in columns 2(a) and 3		
(1)									
(2)						•			
(3)									
(4)									
Total		0 T	otal				0 (h) Takat da duaktana		
(c) Tot	tal Income. Add totals of columns 2(a)	and 2	2(b). Enter				(b) Total deductions. Enter here and on page 1	_	
	nd on page 1, Part I, line 6, column (A)						0 Part I, line 6, column (B)		0
Sche	dule E—Unrelated Debt-Finar	iced	i Income (see i	nstru	ctions	s)			
	Description of debt-financed p	ropert	hv .			come from or debt-financed	3. Deductions directly conn debt-finance	d property	
			·			perty	(a) Straight line depreciation (attach schedule)	(b) Other de (attach sc	
(1)									
(2)									
(3)									<u> </u>
(4)									
	acquisition debt on or of debt-financed debt-	or all	adjusted basis locable to ced property schedule)		4 d	olumn vided olumn 5	7. Gross income reportable (column 2 × column 6)	8. Allocable of (column 6 × tota 3(a) and	al of columns
(1)			V			%			
(2)						%			
(3)						%			
(4)			•			%			
	-						Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7, o	
Totals Total o	ividends-received deductions includ	 ed in	column 8	 <u></u>		>	0		0

Sch	edule F-Interest, Ann	uities,	Royalties,					janizations (se	e instru	ctions)	
	•			Exem	ot C	ontrolled	Organizations			_	
٠	Name of controlled organization		Employer cation number	3. Net unrela (loss) (see in			4. Total of specified payments made	5. Part of column included in the organization's gr	controlling	conn	eductions directly ected with income in column 5
(1)											
(2)											
(3)		· · ·									
(4)							_				
None	exempt Controlled Organiz	zations									
	7. Taxable Income		Net unrelated incoss) (see Instruct				tal of specified ments made	10. Part of colur included in the organization's gr	controlling	conne	deductions directly cted with income in column 10
(1) (2)											
(4)		L			J			Add columns Enter here and Part I, line 8, co	on page 1 olumn (A).	Part I	columns 6 and 11. here and on page 1, , line 8, column (B)
Total		• •	· · · ·				· · · · •			0	0
Sch	1. Description of income	Incom	e of a Sect 2. Amount of		1(C	3. direc	Or (17) Organi Deductions city connected ach schedule)	4. Set-aside (attach sched	8S	5. To and s	otal deductions set-asides (col. 3 plus col. 4)
<u></u>						lette	acri acriccioloj	<u> </u>			pids cor 4y
(1) (2)											
(3)	 -										
(4)											
Total			Enter here and Part I, line 9, c	olumn (A) 0	1				Part I, li	re and on page 1, ine 9, column (B).
Sch	edule I—Exploited Exc	empt A	Activity Inco	ome, (Oth	er Than	Advertising Ir	ncome (see ins	truction	s)	
	1. Description of exploited activ	ity	2. Gross unrelated business inco from trade o business	me c	di onne orod uni	rectly cted with uction of related ss income	Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.		attnbi	openses utable to umn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)	-	-							-		
(2)			<u> </u>						1		
(3)											
(4)											
Total	ls	. •	Enter here and page 1, Part line 10, col. (/	l, p	age	ere and on 1, Part I,), col. (B). 0		<u> </u>			Enter here and on page 1, Part II, line 25.
_	edule J-Advertising I	ncom	e (see instru					_			
Pa					ı a	Consoli	dated Basis				
	1. Name of periodical		2. Gross advertising income	ac		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									-		
(1) (2)				\dashv					 		
(3)							<u> </u>		1		
		· · · -					-	 	1		
(4)			 	+					1		
Total	ls (carry to Part II, line (5))	. ▶		o		0	0			1	0 Form 990-T (2019)

Totals, Part II (lines 1-5)

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 4. Advertising 7. Excess readership gain or (loss) (col. 2 mlnus col. 3). If a gain, compute cols. 5 through 7. 2. Gross costs (column 6 3. Direct 5. Circulation 6. Readership minus column 5, but 1. Name of periodical advertising income costs advertising costs income not more than column 4) (1) (2) (3) (4) 0 Totals from Part I 0 0 Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col. (A). page 1, Part I, line 11, col (B) on page 1, Part II, line 26

Schedule K—	Compensation of	Officers, Director:	s, and Trus	tees (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

0

Form 990-T (2019)

Form 990T Part V, Line 51b	Estimated Tax Payments	
	Date	Amount
09/15/2019		6,000

Totals

6,000