			ENDED TO M				600			_
Form <b>990-T</b>		xempt Orgaı	<b>NIZATION BUS</b> nd proxy tax und				ax Heturn		OMB No 1545-00	17
. * _	Forcal	endar year 2019 or other tax yea					30, 2020	_	2019	}
O Department of the Treasury			irs.gov/Form990T for in					On	en to Public Inspec	tion for
Internal Revenue Service	<b>•</b>	Do not enter SSN number						50	1(c)(3) Organization or identification num	s Only
A Check box if address changed		Name of organization ( L	Check box if name of	nanged and	i see instru	ctions.)			ees' trust, see	
B Exempt under section	Print	ST_LUKES COMMUNIT	Y HEALTH SERVICE	ES				76	5-0536234	
X 501(c 3/3 )	or	Number, street, and room	or suite no. If a P.O. bo	x, see instru	ictions.			E Unrelate (See inst	d business activity ructions )	code
408(e) 220(e)	Туре	6624 FANNIN ST 11	.00	-		_	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
408A530(a)		City or town, state or prov		r foreign po	stal code					(
529(a) C Book value of all assets	l	HOUSTON, TX 7703				•		621500		'
at end of year 294, 125,	580.	F Group exemption numb  G Check organization type		noration	501	(c) trust	401(a)	trust	Other	trust
H Enter the number of the				3		` '	he only (or first) un			
trade or business here	REFE	RENCE LAB	· · · · · · · · · · · · · · · · · · ·		I1		complete Parts I-V.		nan one,	
describe the first in the b	lank spa	ce at the end of the previou	is sentence, complete Pa	arts I and II,	complete a	Schedule	M for each additiona	al trade or	r	
business, then complete						<del></del>	amm 2 [		<u> </u>	
•		oration a subsidiary in an a lifying number of the paren	• •	nt-subsidiar `DMM	y controlle:	group?	. ~ ~ ~ ~ ~ ~ ~	X Yes	∟ No	
J The books are in care of		INDA KULHANEK	t corporation.	UMM		· · · · · · · ·	<del></del>	3235528	385	
		le or Business Inc	ome		(A) Inco	<del>'</del> '	(B) Expenses		(C) Net	
1a Gross receipts or sale	s	120,547.								
<b>b</b> Less returns and allow	wances		c Balance	1c	12	20,547.				
2 Cost of goods sold (S				2			<del> </del>			ليب
3 Gross profit. Subtract				3	12	20,547.			120	547.
4a Capital gain net incom	•	n Schedule D) art II, line 17) (attach Form	4707)	4a 4b					<del> </del>	
c Capital loss deduction			11,01)	4c					-	
•		ship or an S corporation (at	tach statement)	5			/			
6 Rent income (Schedu	le C)			6						
7 Unrelated debt-financ		•		7		/				
		nd rents from a controlled o		9	_/		<del></del>			—
<ul><li>9 Investment income of</li><li>10 Exploited exempt activ</li></ul>		on 501(c)(7), (9), or (17) or me (Schedule I)	ganization (Schedule G)	10	/					
11 Advertising income (S	-			132						·
12 Other income (See ins	struction	ns; attach schedule)		12						
13 Total. Combine lines	3 throu	gh 12		13		20,547.			120	547.
Part II Deductio (Deductions	ns No must b	ot Taken Elsewher be directly connected wi	C (See instructions for the the unrelated busing the contraction of the contract of the con	or limitation ness incom	ns on ded 1e )	uctions)				
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule Ki REC	EIVE	$\overline{}$			14		
15 Salaries and wages		n de	/					15		
16 Repairs and mainten	ance		MUL B	7 2021				16		
<ul><li>17 Bad debts</li><li>18 Interest (attach sche</li></ul>	dula) (c	ea instructions		. 2021	RS-OSC			17		
<ul><li>18 Interest (attach sche</li><li>19 Taxes and licenses</li></ul>	idule) (S	ee insudctions)	OGDI	= N				19		
20 Depreciation (attach	Form 45	562)	0001	_1 <b>V</b> , O		20				
21 Less depreciation cla	aimed o	Schedule A and elsewhere	e on return			21a		21b		<del></del> .
22 Depletion		,						22		
23 Contributions to defe	/	mpensation plans						23		<del></del>
24 Employee benefit pro		shadula IV						24	·	<del></del>
<ul><li>25 Excess exempt expe</li><li>26 Excess readership or</li></ul>								25 26		
27 Other deductions (at					SEE S	TATEMEN	T 1	27	45	999.
28 Total deductions. A								28		999.
<i>I</i>		ncome before net operating	loss deduction. Subtrac	t line 28 fro	m line 13			29	74	,548.
	erating	loss arısıng ın tax years beç	ginning on or after Janua	ary 1, 2018						
(see instructions)		Outto 11 001	b 00					30	7.4	<u>0.</u>
		ncome. Subtract line 30 fro		· · · · · · · · · · · · · · · · · · ·				31	Form <b>990-T</b>	,548 <del>,</del> (2019)

	9) ST LUKES COMMUNITY HEALTH SERVICES	76-0536234	Page
Part III	Total Unrelated Business Taxable Income		
32 Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		97,491.
<b>33</b> Amou	ints paid for disallowed fringes	33	
34 Charr	table contributions (see instructions for limitation rules)	3/4	9,649.
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	87,842.
	ction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		87,842
	fic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
• 4	ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	1 1	
11	· · · · · · · · · · · · · · · · · · ·		06 042
	the smaller of zero or line 37	39	86,842.
	Tax Computation		10 027
_	nizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	-40	18,237
41 Trust	s 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 Alterr	iative minimum tax (trusts only)	43	
441 Tax o	n Noncompliant Facility Income. See instructions	44	
1 14	Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45-	18,237
	Tax and Payments	12.5	
	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	<u> </u>	
		1	
	credits (see instructions) 46b	1	
	ral business credit. Attach Form 3800		
d Credi	t for prior year minimum tax (attach Form 8801 or 8827)		
e Total	credits. Add lines 46a through 46d	46e	
47 Subtr	act line 46e from line 45		18,237
48 Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedulg)	48	
49 Total	tax. Add lines 47 and 48 (see instructions)	49	18,237
<b>50</b> 2019	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3~	50	0
	ents: A 2018 overpayment credited to 2019 2015 1512 75,000.		
-	estimated tax payments 51b	1	
		1	
		1	
	on organizations: Tax paid or withheld at source (see instructions)	<b> </b>	
	up withholding (see instructions) 51e	<u>{</u> '	
f Credi	t for small employer health insurance premiums (attach Form 8941)  51f	<b> </b>	
g Other	credits, adjustments, and payments: Form 2439	1	
	Form 4136 Other Total ▶ 51g		
52 Total	payments. Add lines 51a through 51g		75,000
53 Estim	ated tax penalty (see instructions). Check if Form 2220 is attached	53	
54 Tax d	ue. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
	payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		56,763
	the amount of line 55 you want. Credited to 2020 estimated tax > 56,763. Refunded	56	0
Part VI	Statements Regarding Certain Activities and Other Information (see instructions)	1	
		<u> </u>	/ac N-
	y time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	<del>                                     </del>	<u>res No</u>
	a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	ļ	- 1
	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	<u> </u>	—- - <u>-</u> -
here	<u> </u>		×
58 Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	L	х
If "Ye	s," see instructions for other forms the organization may have to file.	1.	- 1
<b>59</b> Enter	the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and statements.	dge 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		
lere	May 17, 2021 7:11 AM CDT	ay the IRS discuss this re	
	Partie commerce	e preparer shown below (s structions)? X Yes	<sub>see</sub> No
1	National Landson	· F ·	NO
	41.0	f PTIN	
Paid	May 10, 2021 self- employed		
Prepare	MARK SHELTON	P01203482	
Use Onl	Frank CIN .	13-556520	7
	1225 17TH STREET, SUITE 800 '		
	·	03-382-7856	
323711 01-27-	· h · · · · · · · · · · · · · · · · · ·	Form <b>990</b>	)-T (201
EUT 11 U 1-2/-		rorm 330	· (20

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation N/A			<del></del>		
1 Inventory at beginning of year	1	•	6	Inventory at end of yea	r		6		
2 Purchases	2		7	Cost of goods sold. St	ıbtract l	ine 6	•		
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		_	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income ( (see instructions)	From Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty	·) 	
Description of property									
(1)	-								
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued				2/2/0-4			
rent for personal property is more than for p				onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	nd 2(b)	cted with the income in (attach schedule)	
(1)									
(2)									
(3)									
(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)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)		-			
			2	. Gross income from		3. Deductions directly con to debt-finance			
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)			†==			· · · · · · · · · · · · · · · · · · ·	1		
(2)									
(3)			Ī				丁		-
(4)	ř.		1						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of col 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
	•					nter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (	
Totals				<b>&gt;</b>	<u> </u>		١.		0.
Total dividends-received deductions in	ncluded in columi	18				<b>&gt;</b>	•		0.
								Form <b>990-T</b>	(2019)

•				Exempt (	Controlled O	ganızatı	ons				
1. Name of controlled organization	ion	2. Emp identific numb	ation		elated income instructions)		tal of specified ments made	includ	t of column 4 to ed in the contraction's gross i	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)	. ,										-
(4)							· · · · · · · · · · · · · · · · · · ·				
lonexempt Controlled Organi	zations							1			
7. Taxable Income	1	nrelated incom	e (loss)	O Total	of specified payr	nente	10. Part of colu	nn Q thai	is included	11 Dod	uctions directly connected
7. Taxable Income		ee instrucțions		y, iouai	made	iens	in the controll	ng organ s income	ization's	with	income in column 10
(1)	<u> </u>										
(2)											
	<del> </del>										
(3)											
(4)	l										
u <sub>n</sub>	•						Add colum Enter here and line 8,		1, Part I,	Enter he	d columns 6 and 11 we and on page 1, Part I, ine 8, column (B)
rotals									0.		0
Schedule G - Investme	nt Incon	ne of a S	ection	501/6\/7	(9) or f	17) Ora	anization			1	<del></del>
see insti		ile oi a s	ection	301(0)(7	), ( <del>3</del> ), Oi (	17, 01	garnzation				
. <u></u>	ription of incom	me	-		2. Amount of	ıncome	3. Deduction directly connected (attach scheduler)	cted	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								/			(45. 5 p. 15. 5)
(2)											1
(3)											<del></del>
				_	<del> </del>						<del>                                     </del>
(4)	<del>-</del>				Enter here and	าก กระเท	decide singularity				Enter here and on nage
				_	Part I, line 9, co						Pert I, line 9, column (B)
Totals Schedule I - Exploited	Exempt	Activity	Income	. Other	Than Adv		a Income		Service Service		<u> </u>
(see instru	-			,							
Description of exploited activity	unrelated	ross business e from business	3. Exp directly co with pro of unre business	onnected duction elated	4. Net incomfrom unrelated business (cominus colum gain, comput through	Itrade or Ilumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that led	attribut	enses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)	† · · · · · · ·										1
· · · · · · · · · · · · · · · · · · ·	-										<u> </u>
(2)	<del> </del>				<del> </del>						<del>                                      </del>
	<del> </del>			···	<del> </del>						<del> </del>
(4)			Enter her page 1, ine 10,	Part I,	140.4	<b>4</b> 1					Enter here and on page 1, Part II, line 25
Totals	<u>                                     </u>	0.1		0.						T ARE	0
Schedule J - Advertisi					19 .1 . 41	B					<del></del>
Part   Income From	Periodic	als Repo	ortea or	a Cons	solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (o col 3) If a g	tising gain ol 2 minus ain, compu trough 7			6. Read		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>				72						H TO M THE
(2)							7		Ī		
(3)									Ì		44.00
(4)					- AF 46	<b>**</b>			<b> </b>		
(7)					15.00 ST 15.00 ST		<b>76</b> ()		<del>                                     </del>	į	
			0.				1				. 0

# 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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	٠٥.	the same and	34 30 A		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.	40 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 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)		%	1
(3)		%	-
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	- 0.

Form 990-T (2019)

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FORM 990-T		OTHER	DEDUCTIONS		STATEMENT 1
DESCRIPTION			•		AMOUNT
LAB EXPENSES					45,999
TOTAL TO FORM	990-т,	PAGE 1, LINE 27			45,999
FORM 990-T	PARENT	CORPORATION'S NAM	E AND IDENTIFYING	NUMBER	STATEMENT 2
CORPORATION'S	NAME		,	• .	IDENTIFYING NO
COMMONSPIRIT	HEALTH				47-0617373

FORM 990-T	CON	TRIBUTIONS SUMMARY	Sī	PATEMENT 3
	CONTRIBUTIONS SUBJECTIONS SUBJECTIONS SUBJECTIONS			
CARRYOVER FOR TAX FOR TAX	OF PRIOR YEARS UNUS YEAR 2014 YEAR 2015			
FOR TAX	YEAR 2016 YEAR 2017 YEAR 2018	85,423 200,000		
TOTAL CARI	RYOVER RENT YEAR 10% CONTRI	BUTIONS	285,423	
	TRIBUTIONS AVAILABLE		285,423 9,649	
EXCESS 10	NTRIBUTIONS 0% CONTRIBUTIONS		275,77 <u>4</u> 0	
	ESS CONTRIBUTIONS  CONTRIBUTIONS DEDUC	TION	275,774	9,649
TOTAL CONT	TRIBUTION DEDUCTION			9,649

#### 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

ENTITY

Department of the Treasury Internal Revenue Service ► 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).

Employer identification number Name of the organization ST LUKES COMMUNITY HEALTH SERVICES 76-0536234 Unrelated Business Activity Code (see instructions) SECURITY SERVICES Describe the unrelated trade or business Part I Unrelated Trade or Business Income (B) Expenses (A) Income (C) Net 221,753. 1 a Gross receipts or sales **b** Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 221,753 Gross profit. Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 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 statement) Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 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) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) Other income (See instructions; attach schedule) 12 221,753 221,753, Total. Combine lines 3 through 12 13 Paint III 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 15 199,578. Repairs and maintenance 16 16 Bad debts 17 17 Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 Depreciation (attach Form 4562) 20 Less depreciation claimed on Schedule A and elsewhere on return 21b 21 22 22 Depletion Contributions to deferred compensation plans 23 23 24 Employee benefit programs 24 25 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) 27 199,578. 28 Total deductions. Add lines 14 through 27 28 22,175. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 30 0. 30

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

22,175.

31

Form 990-T (2019) ST LUKES COMM	INTTY HEALT	H SERVICES					76-053623	Page :
Schedule A - Cost of Good			tory v	valı	uation ▶ N/A		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
Inventory at beginning of year	1 1		T -		nventory at end of year	,		6
2 Purchases	2	•	7		Cost of goods sold. Su		ine 6	
3 Cost of labor	3		1 1		rom line 5. Enter here			•
4a Additional section 263A costs			1		ne 2		,	7
(attach schedule)	4a		1 8		o the rules of section	263A (\	with respect to	Yes No
b Other costs (attach schedule)	4b		1 -		roperty produced or a		•	
5 Total. Add lines 1 through 4b	5		1		he organization?			х
Schedule C - Rent Income	(From Real	Property and	Per	rsc	onal Property L	ease	d With Real Prope	rty)
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
<del></del>		ed or accrued					2/a \ Dadustiana directivi e	onnected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	persona	al pr	al property (if the percentag operty exceeds 50% or if on profit or income)	je		2(b) (attach schedule)
(1)								
(2)								
(3)		I						
(4)								
Total	0.	Total				0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		eter -				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Det	t-Financed	Income (see	ınstrı	uct	ions)			
				2.	Gross income from		3. Deductions directly conne to debt-financed	
1. Description of debt-fi	nanced property				r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			+					
(2)			1					
(3)			1					
(4)	_	•						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schadule)	of or a	adjusted basis allocable to inced property h 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)					%			
							nter 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 M** (Form 990-T)

Internal Revenue Service

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No	1545-0047

ENTITY

Department of the Treasury

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).

Name	of the organization ST LUKES COMMUNITY HEALTH SERVICES		Employer identification number 76-0536234				
	Inrelated Business Activity Code (see instructions) > 541900						
	• • • • • • • • • • • • • • • • • • • •	PROFE	SSIONAL SERVICE	SUPPORT REV	ENUE		
_	পাঁট্লি Unrelated Trade or Business Income		(A) Income	(B) Exp	enses	(C) Net	
1 a	Gross receipts or sales			in the second			
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Schedule A, line 7)	2		<b>美华和</b>		The state of the s	
3	Gross profit Subtract line 2 from line 1c	3		Para de la companya dela companya dela companya dela companya dela companya de la companya dela company			
4 a	Capital gain net income (attach Schedule D)	4a		性変更重要	型型性等的技		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b	·	Mary Mary	中性一种多次点		
С	Capital loss deduction for trusts	4c		18.47 TO X.C.			
5	Income (loss) from a partnership or an S corporation (attach			1000000000000000000000000000000000000	A Partie Contraction of the Cont		
	statement)	5		· ************************************			
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7					
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)		•				
	organization (Schedule G)	9				L	
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule) STMT 4	12	1,66	5. 图"复数点"	6 3. 15 °	1,665.	
13	Total. Combine lines 3 through 12	13	1,66	5.		1,665.	
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ions f come	or limitations on	deductions.)	(Deductio	ons must be	
14	Compensation of officers, directors, and trustees (Schedule K)				14		
15	Salaries and wages				15	897.	
16	Repairs and maintenance				16		
17	Bad debts .		•		17		
18	Interest (attach schedule) (see instructions)				18		
19 ຸ	Taxes and licenses .				. 19		
20	Depreciation (attach Form 4562)		20		100 213		
21	Less depreciation claimed on Schedule A and elsewhere on return	•	21a		21b		
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)		•		27		
28	Total deductions Add lines 14 through 27				28	897.	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

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

Total deductions. Add lines 14 through 27

Schedule M (Form 990-T) 2019

768.

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768.

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FORM 990-T (M) '	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
MANAGEMENT & PROFESSIONA	L SERVICE SUPPORT REVENUE	1,665.
TOTAL TO SCHEDULE M, PAR	T I, LINE 12	1,665.