Form 990-T	E	Exempt Organization Bus	sine	ss Income 1	ax Re	turr	ı	OMB No 1545-0047
		(and proxy tax und	er se	ection 6033(e))	IGI	7	ı	2019
	For cal	lendar year 2019 or other tax year beginning		, and ending	7/1		_	ZU 19
Department of the Treasury Internal Revenue Service	▶	■ Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				D1(c)(3)	.	Open to Public Inspection for 50 1(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c		DEmplo (Empl	oyer identification number oyees' trust, see ctions)			
B Exempt under section	Print	HOLY ROSARY HEALTHCARE	<u> </u>				8	1-0231792
X 501(c) 3)	or	Number, street, and room or suite no. If a P.O. box		nstructions.			E Unrela	ated business activity code
408(e) 220(e)	Туре	2600 WILSON STREET	,				(3661)	istructions)
408A 530(a)	}	City or town, state or province, country, and ZIP o	r foreig	n postal code			1	
529(a)	<u>l</u>	MILES CITY, MT 59301					621	500
C Book value of all assets at end of year		F Group exemption number (See instructions.)		0928		T ::2		
at end of year 51, 428, 4	82.	G Check organization type ► X 501(c) corp			<u> </u>	401(a)		Other trust
trade or business here	-	ation's unrelated trades or businesses.	4		the only (or			4b
		ice at the end of the previous sentence, complete Pa	rte Lan	. If only one,				
business, then complete	· · · · · · · · · · · · · · · · · · ·		וואו מוו	iu ii, complete a Schedul	E IVI IUI GACII	auuiuui	rai ti aut	: 01
		poration a subsidiary in an affiliated group or a parer	nt-subs	idiary controlled group?	STMT	2 🕨	X Ye	s No
		tifying number of the parent corporation.	515	$\tilde{\lambda}$		579		•
J The books are in care of		<u> </u>		Teleph	one number			813-5543
Part I Unrelate	d Trac	de or Business Income		(A) Income	(B) E	xpense	s	(C) Net
1a Gross receipts or sale	es	46,644.						
b Less returns and allow	wances	29,343. c Balance	1c	17,301.				
2 Cost of goods sold (S	Schedule	A, line 7)	2				\angle	
3 Gross profit. Subtract			3	17,301.	<u> </u>	_/_		17,301.
4a Capital gain net incon	•	•	48					
		art II, line 17) (attach Form 4797)	4b					
c Capital loss deduction 5 Income (loss) from a		sis ship or an S corporation (attach statement)	4c 5	·				
6 Rent income (Schedu	•	ship of an 3 corporation (attach statement)	6		<u> </u>			
7 Unrelated debt-finance		ne (Schedule F)	7					
_		and rents from a controlled organization (Schedule F)	8					
	-	on 501(c)(7), (9), or (17) organization (Schedule G)	9/					
10 Exploited exempt acti			10					
11 Advertising income (Schedule	e J)	11					
12 Other income (See in			12	15.001		,		45 224
13 Total, Combine lines			13	17,301.	<u> </u>			17,301.
		ot Taken Elsewhere (See instructions for the directly connected with the unrelated busing the directly connected the directly the directly connected with the unrelated busing the directly connected the directly the di						
		rectors, and trustees (Schedule K)		S. C. Carlotte and C. Carlotte	IL ARIA	-	14	
15 Salaries and wages	·			RECE	I A PP P	ואַר	15	5,042.
Repairs and mainter	папсе			BE NOV &	3 2020	Ö	16	
TI DAU UEUIS				B 1404 6	<i>3) </i>	RS-08C	17	
18 Interest (attach sche	edule) (s	ee instructions)		OGDE	N UT	- 12	18	
19 Taxes and licenses							19	
Depreciation (attach Less depreciation cl		7 '		20		55.		55.
	aimed oi	n Schedule A and elsewhere on return		21a			21b 22	
22 Depletion 23 Contributions to def	orrod co	moencation plans					23	
24 Employee benefit pr		inpensation plans					24	853.
25 Excess exempt expe	-	chedule I)					25	
26 Excess readership c							26	
27 Other deductions (a				SEE STAT	EMENT	1	27	18,339.
28 Total deductions. A	dd lines	14 through 27					28	24,289.
29 Unrelated business	taxable ı	ncome before net operating loss deduction. Subtrac	t line 2	8 from line 13			29	-6,988.
30 Deduction for net or	perating	loss arısıng ın tax years beginning on or after Janua	ry 1, 20	018				
(see instructions)			Λ.	. 1.4		ì	30	0.
		ncome. Subtract line 30 from line 29	<u> </u>	art l			31	-6,988.
923701 01-27-20 LHA F	or Papei	rwork Reduction Act Notice, see instructions.	1	1	1 //			Form 990-T (2019)

	90-T (2019) HOLY ROSARY HEALTHCARE		81-02	231792 _{Page} 2
Part	HIII Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesse	es (see instructions)	32	0.
	Amounts paid for disallowed fringes	ort	33	
34	Charitable contributions (see instructions for limitation rules)	^Л 'sтмт 6	34	0.
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Sub	troof line 24 from the cum of fines 32 and 31	" 	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		36	0.
	Total of unrelated business taxable income before specific deduction, Subtract line 36 from		37	
			38	1,000.
	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than		·· ~~	1,000.
			39	0.
	enter the smaller of zero or line 37 t IV Tax Computation		1 35 1	
40	Oversitations Tayable on Compositions Multiply time 20 by 0407 (0.04)		T an I	0.
	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on the am		40	
41			ابرا	
40	Barra Arra One Instance Home		 	
	Proxy tax. See instructions		42	
	Alternative minimum tax (trusts only)		43	
44	Tax on Noncompliant Facility Income. See instructions		44	
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	<u> </u>	45	0.
Part				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a	_	
	Other credits (see instructions) General business credit. Attach Form 3800 Credit for prior year minimum tax (attach Form 8801 or 8827)	. 46b	_	
-	General business credit. Attach Form 3800	. 46c	_	
	ordant for prior your minimum tax familiary control orday	46d		
е	Total credits. Add lines 46a through 46d		46e	
	Subtract line 46e from line 45		47	0.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 F	orm 8866 Other (attach scheduli	e) 48	
49	Total tax. Add lines 47 and 48 (see instructions)		49	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.		. 50	0.
51 a	Payments: A 2018 overpayment credited to 2019	51a		
	2019 estimated tax payments		7	
	Tax deposited with Form 8868		7	
	Foreign organizations: Tax paid or withheld at source (see instructions)		7	
	Backup withholding (see instructions)	51e	7	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f	7	
	Other credits, adjustments, and payments: Form 2439		7	
	Form 4136 X Other 169. Total	al/16x 516 169).[
52	Total payments. Add lines 51a through 51g SEE	STATEMENT 3	\$2	169.
	Eshmated tax penalty (see instructions). Check if Form 2220 is attached	0	53	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	
	Overpayment, If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaints	ıd	55	169.
	Enter the amount of line 55 you want: Credited to 2020 estimated tax	Refunded	1 66	169.
Part			11 00 1	
	At any time during the 2019 calendar year, did the organization have an interest in or a signa			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	•		100 140
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of	•		
	here	n the foreign country		x
		or transferor to a fersion tructo		-
	During the tax year, did the organization receive a distribution from, or was it the grantor of,	or transferor to, a foreign trust?		··
	If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\Bigs \$\$\$			
	Under penaltiles of perjury, I declare that I have examined this return, including accompanying schedul	ules and statements, and to the heat of our l	equipodes and bot	lot it in true
Sign	I comed and complete Deployation of acceptant father than towns and in based on all information of white	ch preparer has any knowledge.		er, it to une,
Here		INANCE & CFO		uss this return with
,,,,,	Signature of officer Date Title	TNANCE & CFU	the preparer show	
			Instructions)?	Yes No
	Print/Type preparer's name Preparer's signature	Date Check	if PTIN	
Paid	d	self- employe	;O	
Prep	parer			
Use	Only Firm's name	Firm's EIN	<u> </u>	
	Firm's address -	Phone no.		
923711 (01-27-20		For	m 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation N/A				······································
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6	
2 Purchases	2		7	Cost of goods sold. Su	btract l	ine 6		
3 Cost of labor	3		7	from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs		•	1	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule)	4b		7	property produced or a	cquirec	for resale) apply to		
5 Total. Add lines 1 through 4b	5		7	the organization?				
Schedule C - Rent Income	(From Real	Property an	d Per	sonal Property	Leas	ed With Real Pro	pert	у)
(see instructions)								
1. Description of property								
(1)		· · · · · · · · · · · · · · · · · · ·	•					
(2)								
(3)								
(4)								
		ed or accrued				3(a)Deductions directl	v conno	stad with the became in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	columns 2(a) a	nd 2(b)	(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		iter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstruc	ctions)				
			2	Gross income from		3. Deductions directly conto debt-finan	nnected ced pro	with or allocable perty
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)							\top	
(2)	*-							
(3)								
(4)							1	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e 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)			7	%				-
(2)			1	%				
(3)			1	%			1	
(4)			1	%			1	
						nter 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 in	icluded in columi	1 8		- 1			<u> </u>	0.
							-	Form 990-T (2019)

· · · · · · · · · · · · · · · · · · ·				Exempt (Controlled O	ganızatıc	ons				
1. Name of controlled organizat	ion	2. Em Identifi num	oloyer cation ber	3. Net unr (loss) (see	elated income instructions)	4. Tota paym	l of specified ents made	Include	t of column 4 t ed in the contr ation's gross ii	olling	6. Deductions directly connected with Income In column 5
(1)				<u> </u>							
(2)											
(3)											
(4)											
Nonexempt Controlled Organia	zations			•							-
7. Taxable Income		related incon e instructions		9. Total	of specified payr made	nents	10. Part of colu- in the controll gross	mn 9 thai Ing organ s income	uzation's	11, Dec with	ductions directly connecte income in column 10
(1)											
(2)											
(3)				1							
(4)											
							Add colur Enter here and line 8,		1, Part I, A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
^{rotals} Schedule G - Investme	nt Incon	ne of a	Section	n 501(c)(7) (9) or	(17) Or	nanization	·	0.		0
see instr		ile UI a	Section	11 30 1(0)(<i>i</i> j, (9j, 0i	(17) 019	gamzatioi	•			
1. Desc	ription of incon	ne			2. Amount of	ıncome	3. Deduction directly connection (attach scheduler)	ected	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
3.7_					Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B
Totals				•		0.					0
Schedule I - Exploited	Exempt	Activity	Incon	ne, Othe	r Than Ad		ng Incom	е		• •	<u></u>
(see instru 1. Description of exploited activity	2. Gr unrelated t income trade or b	ousiness from	directly with pi of ur	xpenses connected roduction nrelated ss income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross Inco from activity Is not unrela business inco	that ted	6. Exp attribute colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)		<u>-</u>									
(3)		-			T						
(4)	Enter here page 1, line 10, c	Parti, col(A)	page	ere and on 1, Part I,), col (B)							Enter here and on page 1, Part II, line 25
Totals • Advanta		0.		0.							0
Schedule J - Advertisi Part I Income From					calidated	Pacia	.				· · · · · · · · · · · · · · · · · · ·
Part I Income From	Periodica	ais ne p	ortea (on a Con	isolidated	Dasis					
1. Name of periodical		2. Gross advertising income	ad	3. Direct vertising costs	or (loss) (co		5. Circula income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_			•	1				······································
(2)					7						
(3)					-						
(4)			-	 	_						
							†				
Totals (carry to Part II, line (5))			0.	0							0

Part II	Income From Periodicals Repor	ted on a Separa	i te Basis (For ea	ch periodical listed	I in Part II, fill in
	columns 2 through 7 on a line-by-line basis	.)			
		1 7	4		

(1)						1
			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)	.,,	ee yn wtg.∺	7	Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.	I Touchood (k		0.

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		•	0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
SYSTEM ALLOCATION PROFESSIONAL FEES PURCHASED SERVICES SITE COSTS SUPPLIES		6,716. 597. 1,453. 5,375. 4,198.
TOTAL TO FORM 990-T, PAGE 1, LIN	IE 27	18,339.

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	2
CORPORATION'S NAME						IDENTIFYING	NO	
SISTERS OF CH	ARITY O	F LEAVENWORTH	HEALT	H			23-7379161	

FORM 990-T	OTHER	CREDITS	AND	PAYMENTS	STATEMENT	3
DESCRIPTION					AMOUNT	
FORM 8827, LINE 5C					10	69.
TOTAL INCLUDED ON FORM	990-T, 1	PAGE 2, 1	PART	V, LINE 51G	16	69.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
05/31/00	324,095.	0.	324,095.	324,095.
05/31/01	199,954.	0.	199,954.	199,954.
05/31/02	53,648.	0.	53,648.	53,648.
12/31/02	109,674.	0.	109,674.	109,674.
12/31/03	295,836.	0.	295,836.	295,836.
12/31/04	133,691.	0.	133,691.	133,691.
12/31/05	42,952.	0.	42,952.	42,952.
12/31/06	49,631.	0.	49,631.	49,631.
12/31/07	26,668.	0.	26,668.	26,668.
12/31/08	7,782.	0.	7,782.	7,782.
12/31/09	1,271.	0.	1,271.	1,271.
12/31/10	6,231.	0.	6,231.	6,231.
12/31/11	3,941.	0.	3,941.	3,941.
12/31/12	15,951.	0.	15,951.	15,951.
12/31/15	192.	0.	192.	192.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	1,271,517.	1,271,517.

FORM 990-T	CONTRIBUTIONS	STATEMENT 5
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS	N/A	107,910.
TOTAL TO FORM 990-T, PAGE 2,	LINE 34	107,910.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	6
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT			
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 22,365 YEAR 2015 25,285 YEAR 2016 14,315 YEAR 2017 14,383 YEAR 2018 12,843		٠	
TOTAL CARF	YOVER ENT YEAR 10% CONTRIBUTIONS	89,191 107,910		
	RIBUTIONS AVAILABLE ICOME LIMITATION AS ADJUSTED	197,101		
EXCESS 100	TRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS	197,101 0 197,101		
ALLOWABLE	CONTRIBUTIONS DEDUCTION			C
TOTAL CONT	RIBUTION DEDUCTION			0

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

- 1	ì	
	OMB N	1545-0047

ENTITY

MB No 1545-004

2019

for calendar year 2019 or other tax year beginning and ending

	tment of the Treasury al Revenue Service	:)(3).	Open to Public Inspection for 501(c)(3) Organizations Only					
Name	of the organization		ion number 92					
	Inrelated Business	HOLY ROSARY HEALTHCARE Activity Code (see instructions) 81230	0					
		ted trade or business LAUNDRY S	ERV	ICES				
Pa	rt I Unrelated	Trade or Business Income		(A) Incom	е	(B) Expens	es	(C) Net
1a	Gross receipts or	sales 125.				•		
b	Less returns and alle	owances c Balance ▶	1c		125.			
2	Cost of goods sol	d (Schedule A, line 7)	2	··-·				
3	Gross profit. Subt	ract line 2 from line 1c	3		125.			125.
4a	Capital gain net in	come (attach Schedule D)	4a					
b	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduc	ction for trusts	4c					
5	Income (loss) from	n a partnership or an S corporation (attach			l			
	statement)		5					
6	Rent income (Sch	edule C)	6					
7		anced income (Schedule E)	7	·		 		
8	Interest, annuities	, royalties, and rents from a controlled						
	organization (Scho	edule F)	8				,	
9	Investment incom	e of a section 501(c)(7), (9), or (17)						
	organization (Scho	•	9					
10	Exploited exempt	activity income (Schedule I)	10					
11	Advertising incom	e (Schedule J)	11					
12	Other income (See	e instructions; attach schedule)	12		405	· · · · · · · · · · · · · · · · · · ·		105
<u>13</u>	Total. Combine lir	nes 3 through 12	13		125.	<u></u>		125.
	directly co	ns Not Taken Elsewhere (See instruct innected with the unrelated business in			on ded	uctions.) (De		ons must be
14	•	officers, directors, and trustees (Schedule K)					15	
15 16	Salaries and wage Repairs and main						16	
17	Bad debts	teriance					17	
18		chedule) (see instructions)					18	
19	Taxes and license	, ,					19	50.
20	Depreciation (atta			20	ì		1.5	
21		claimed on Schedule A and elsewhere on return	,	212		 	21b	
22	Depletion	Claimed on Ochedule A and elsewhere of Tetah	•	[2]	*-!		22	
23	•	deferred compensation plans					23	
24	Employee benefit	, ,					24	
25		programs (penses (Schedule I)					25	
	•	•					26	
27	26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) SEE STATEM						27	119.
28		. Add lines 14 through 27					28	169.
29		s taxable income before net operating loss dedi	iction	Subtract line 28	from line	13	29	-44.
30		operating loss arising in tax years beginning on				.5	123	
50	Deduction for flet	operating loss ansing in tax years beginning on	or arter	Junuary 1, 2010	. (36 <u>6</u>		 	

LHA For Paperwork Reduction Act Notice, see instructions.

31 Unrelated business taxable income Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
LAUNDRY SERVICE SYSTEM ALLOCATION		100. 19.
TOTAL TO SCHEDULE M, PART II,	LINE 27	119.

, 000 T (d040)						ENTITY	
Form 990-T (2019) HOLY ROSA	RY HEAL	THCARE			81-023	1792	Page 3
Schedule A - Cost of Good			tory valuation N/A	A .	<u> </u>		
1 Inventory at beginning of year	1 1		6 Inventory at end of ye			6	
2 Purchases	2		7 Cost of goods sold. S		ine 6		
3 Cost of labor	3		from line 5. Enter here				
4a Additional section 263A costs			line 2		,	7	
(attach schedule)	4a		8 Do the rules of section	n 263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?	•	,,		X
Schedule C - Rent Income	(From Real	Property and	Personal Property	Leas	ed With Real Pro	perty)	'
(see instructions)	•		• •			,	
1. Description of property							
(1)	 						
(2)							
(3)	•						
(4)							
	2. Rent receiv	ed 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 p	and personal property (if the percentage personal property exceeds 50% or if at its based on profit or income)			y connected with the and 2(b) (attach schedu	income in ule)
(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)	•	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)				
Description of debt-financed property			2. Gross income from		to debt-finan	connected with or allocable nanced property	
			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other do (attach sc	
(1)							
(2)				1			
(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 n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	deductions tal of columns d 3(b))

Form 990-T (2019)

0.

0.

Enter here and on page 1,

Part I, line 7, column (B).

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

0.

(1)

(2)

(3)

(4)

Totals

%

%

%

%

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENT	ITY	2
	OMB No	1545-0047

		For calendar year 2019 or other tax year beginning		, and ending			ZU 19
	ment of the Treasury	► Go to www.irs.gov/Form990T fo	r instru	uctions and the latest in	formation.		Open to Public Inspection for
Interna	I Revenue Service	(3).	501(c)(3) Organizations Only				
Name	of the organization		ion number				
		HOLY ROSARY HEALTHCARE	^		81-02	31/	94
		Activity Code (see instructions) 56100 ed trade or business ADMINISTR		TE CEDUTCEC			
	Describe the unrelate	ed trade or business ADMINISTR	ATIV	/E SERVICES			
Pai	t I Unrelated	Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or s	sales 18,167.					
ь	Less returns and allo	wances c Balance ▶	1c	18,167.			
2	Cost of goods sold	d (Schedule A, line 7)	2				
3	Gross profit Subtr	act line 2 from line 1c	3	18,167.			18,167.
4 a	Capital gain net inc	come (attach Schedule D)	4a				
b	Net gain (loss) (For	m 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduc	tion for trusts	4c				
5	Income (loss) from	a partnership or an S corporation (attach		ļ			
	statement)		5				
6	Rent income (Sche	edule C)	6				
7	Unrelated debt-fina	anced income (Schedule E)	7				
8	Interest, annuities,	royalties, and rents from a controlled					
	organization (Sche	dule F)	8				
9	Investment income	e of a section 501(c)(7), (9), or (17)					
	organization (Sche	dule G)	9				
10	Explorted exempt	activity income (Schedule I)	10				
11	Advertising income	e (Schedule J)	11				
12	Other income (See	instructions, attach schedule)	12				
13	Total. Combine lin	es 3 through 12	13	18,167.			18,167.
Pai		s Not Taken Elsewhere (See instructions nected with the unrelated business in			ductions.) (De	ducti	ons must be
14	Compensation of o	officers, directors, and trustees (Schedule K)			· · · · ·	14	
15	Salaries and wage					15	21,285.
16	Repairs and maint					16	
17	Bad debts					17	
18		hedule) (see instructions)				18	
19	Taxes and licenses	• • • • • • • • • • • • • • • • • • • •				19	
20	Depreciation (attac			20			
21	•	claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion					22	
23	•	eferred compensation plans				23	
24	Employee benefit	•				24	4,402.
25		penses (Schedule I)				25	
26	•	costs (Schedule J)				26	
27	Other deductions			SEE STATE	EMENT 8	27	4,732.
28		Add lines 14 through 27				28	30,419.
29		s taxable income before net operating loss dedu	iction.	Subtract line 28 from line	: 13	29	-12,252.
30		operating loss arising in tax years beginning on o			-		
	instructions)				STMT 9	30	0.
31	•	s taxable income Subtract line 30 from line 29				31	-12,252.
		leduction Act Notice, see instructions.			S		le M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 8
DESCRIPTION		AMOUNT
SYSTEM ALLOCATION		4,732.
TOTAL TO SCHEDULE M, PART II,	LINE 27	4,732.

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 9
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18	3,912.		3,912.	3,912.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	3,912.	3,912.

•	_	_	_		_		
					Pag	е	3
?							_

HOLY ROSARY HEALTHCARE Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A 1 Inventory at beginning of year 1 6 Inventory at end of year 6 Purchases 2 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7	_ '						FULLI	4
Schedule A - Cost of Goods Sold. Enter method of inventory valuation N / A	Form 990-T (2019) HOLY ROSA	RY HEAL	THCARE			81-0233	1792	Page 3
1 Inventory at beginning of year 2 Purchases 7 Cost of goods sold. Subtract line 6 form line 5. Enter here and in Part I, line 2 foot of goods sold. Subtract line 6 form line 5. Enter here and in Part I, line 2 foot of goods sold. Subtract line 6 form line 5. Enter here and in Part I, line 2 foot line of goods sold. Subtract line 6 form line 5. Enter here and in Part I, line 2 foot line of goods sold. Subtract line 6 form line 5. Enter here and in Part I, line 2 foot line of goods sold. Subtract line 6 form line 5. Enter here and in Part I, line 6, column (a) foot line or goods sold. Subtract line 6 form line 5. Enter here and in Part I, line 6, column (a) foot line or sales and page 1, Part I, line 6, column (b) form real and personal property (if the personal property if the personal property (if the personal proper				ntory valuation N/A		<u> </u>		
2 Purchases 3 Cost of labor 4 Additional section 263A costs (attach schedule) 5 Other costs (attach schedule) 5 Total. Additional structions) 5 Total. Additional structions 1. Description of property (1) (2) (3) (4) 2. Rent received or accound (4) 2. Rent received or accound (4) (4) (5) From personal property in the percentage of rent for personal property is more than for rent for personal property is more than for the personal property is more than sold. (1) (2) (3) (4) (4) (4) (5) Total (4) (6) Total (5) Total (6) Total (6) Total (7) Total							6	
3 Cost of labor 4 a Additional section 263A costs (attach schedule) 4 b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Total 1b 6 Total 1b 7				⊣ ' '		line 6		
4 Additional section 263A costs (attach schedule) 4 b				⊣				
(attach schedule) 4a 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to property produced or acquired for resale) apply to the costs (attach schedule) 5 Totals Add lines 1 through 4b 5 the organization? 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 acquired (a) From parsonal property (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (1) (2) (3) (4) (4) (5) 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) (6) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (a) Schedule E - Unrelated Debt-Financed Income (see instructions) 7. Description of debt-financed property (1) (2) (3) (4) (4) 7. Description of debt-financed property (b) From real and personal property exceeds 50% or if the rent is based on profit or income) (b) Total of the rent is based on profit or income) (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1. Part I, line 6, column (a) Schedule E - Unrelated Debt-Financed Income (see instructions) 7. Description of debt-financed property (a) Straight the agreement of cataches broading increasing control of the debt of the profit of the rent income from cataches to debt-financed property (attach schedule) (b) Total of the rent income from cataches to debt-financed property (attach schedule) (c) Total income and on page 1, Part I, line 6, column (a) Straight the agreement of cataches broading income from cataches to debt-financed property (attach schedule) (b) Total of the rent income from cataches to debt-financed property (attach schedule) (c) Total of the rent income from cataches to debt-financed property (attach schedule) (b) Total of the						[7	
b Other costs (attach schedule) 5 Total. Add lines 1 through 4b 6 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 4b 6 Total. Add lines 1 through 4b 7 Total. Add lines 1 through 4b 7 Total. Add lines 1 through 4b 7 Total. Add lines 1 through 4	· - · · · · · · · · · · · · · · · · · · ·	42		ł ·	263A (with respect to	···	Yes No
S Total. Add lines 1 through 4b S Chedule 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 accound (a) From personal property (if this person	·				,	•	ŀ	-
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(2) (3) (4) 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) Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross Income from or allocable to debt-financed property 1. Description of debt-financed property (3) (4) (4) 4. Amount of average acquisition debt or allocable to or allocable to or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 7. Gross Income reportable (column 6 x total of 3(a) and 3t total of 3((1)			·····			•	
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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 6 x total or 3(a) and 3(t) 3(a) and 3(t) 3(a) and 3(t) 3(a) and 3(t) 3(a) 3(a) 3(a) 3(a) 3(a) 3(a) 3(a) 3(a								
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(2)	debt on or allocable to debt-financed	of or a debt-fina	allocable to inced property	by column 5 reportable (column		(column 6 x tot	al of columns	
(2) % (3) % (4) % Enter here and on page 1,	(1)			%			1	
(3) % (4) % Enter here and on page 1, Enter				%		······································		
(4) % Enter here and on page 1, Enter here and on page 1,				%				
Enter here and on page 1, Enter here and on				%				
I I								
Totals D.	Totals			•		0.	.1	0.
Total dividends-received deductions included in column 8		cluded in colum	n 8	•				0.
	. 4.4. 41.144.145 1446.1444 4446.141111111111111111111111		••				Form	990-T (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No	1545-0047

ENTITY

2010

3

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning _____, and ending

▶ 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

Name of the organization HOLY ROSARY HEAL	Employer identification number 81 - 0231792			
Unrelated Business Activity Code (see instructions)				
Describe the unrelated trade or business AM	BULANCE SUP	PLY		
Part I Unrelated Trade or Business Incom	e	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 3,497.		· · · · · · · · · · · · · · · · · · ·		
·	Balance 1c	3,497.		
2 Cost of goods sold (Schedule A, line 7)	2	3,147.	4	
3 Gross profit. Subtract line 2 from line 1c	3	350.		350.
4a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Fo				<u> </u>
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	*** **		
8 Interest, annuities, royalties, and rents from a contro	illed			
organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17)				
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			
13 Total. Combine lines 3 through 12	13	350.		350.
Part II Deductions Not Taken Elsewhere (S directly connected with the unrelated	business income.)		· · · · · · · · · · · · · · · · · · ·	ions must be
14 Compensation of officers, directors, and trustees (So	chedule K)		14	
15 Salaries and wages			15	
16 Repairs and maintenance			16	
17 Bad debts			17	!
18 Interest (attach schedule) (see instructions)	•		18	
19 Taxes and licenses		1 1	19	
20 Depreciation (attach Form 4562)		20		
21 Less depreciation claimed on Schedule A and elsew	nere on return	21a	21b	
22 Depletion			22	
23 Contributions to deferred compensation plans			23	
24 Employee benefit programs				
25 Excess exempt expenses (Schedule I)	Excess exempt expenses (Schedule I)		25	l

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

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

Schedule M (Form 990-T) 2019

26

27

28

29

30

STMT 11

SEE STATEMENT 10

26

27

28

29

580.

580.

0.

-230.

-230.

FORM 990-T (M)	990-T (M) OTHER DEDUCTIONS		10
DESCRIPTION		AMOUNT	
SYSTEM ALLOCATION		58	80.
TOTAL TO SCHEDULE M, PART	II, LINE 27	58	10.

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT	11
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	205.		205.	20	5.
NOL CARRYO	VER AVAILABLE THIS	YEAR	205.	20	5.

Page 3

HOLY ROSARY HEAL	THCARE		8	1-0231	.792
Schedule A - Cost of Goods Sold. Enter	method of invent	tory valuation N/A			
1 Inventory at beginning of year 1		6 Inventory at end of yea	r		6
2 Purchases 2	3,147.	7 Cost of goods sold. St	btract line 6	Γ	
3 Cost of labor 3		from line 5. Enter here	and in Part I,	<u> </u>	
4a Additional section 263A costs		line 2			7 3,147.
(attach schedule) 4a		8 Do the rules of section	263A (with respect t	。	Yes No
b Other costs (attach schedule) 4b		property produced or a	cquired for resale) a	pply to	
5 Total. Add lines 1 through 4b 5	3,147.				X
Schedule C - Rent Income (From Real	Property and	Personal Property	Leased With F	Real Prop	erty)
(see instructions)					
1. Description of property					
(1)		· · · · · · · · · · · · · · · · · · ·			
(2)					
(3)			 		
(4)			<u> </u>		
-,	red or accrued		3(a)Dedu	ctions directly c	connected with the income in
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if is based on profit or income)	ige Ca/	olumns 2(a) and	2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total 0.	Total		0.		
(c) Total income. Add totals of columns 2(a) and 2(b). En	iter		(b) Total de		_
here and on page 1, Part I, line 6, column (A)	<u> </u>		O . Part I, line 6, c	olumn (B)	<u> </u>
Schedule E - Unrelated Debt-Financeo	income (see	nstructions)	9 5 4 4		
		2. Gross income from	3. Deduction	is directly conne to debt-financed	ected with or allocable d property
1. Description of debt-financed property		or allocable to debt- financed property	(a) Straight line de		(b) Other deductions
		, , ,	(attach sche	uule)	(attach schedule)
/4\		· · · · · · · · · · · · · · · · · · ·			
(2)					
(3)					
(4)					
······································	adjusted basis	6. Column 4 divided	7. Gross inco)mo	8. Allocable deductions
debt on or allocable to debt-financed of or a property (attach schedule) debt-fina	allocable to inced property in schedule)	by column 5	reportable (co 2 x column	lumn	(column 6 x total of columns 3(a) and 3(b))
(1)		%			
(2)	• • • •	%			
(3)		%			
(4)		%			
			Enter here and or Part I, line 7, colo		Enter here and on page 1, Part I, line 7, column (B).
Totals				0.	0.
Total dividends-received deductions included in column	n 8				0.

4562

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

(Including Information on Listed Property) 990-T

► Attach to your tax return.

,,,,,

2019

Attachment Sequence No 179

Identifying number Name(s) shown on return Business or activity to which this form relates 81-0231792 HOLY ROSARY HEALTHCARE FORM 990-T PAGE 1 Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1,020,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,550,000. 3 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 7 Listed property. Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 ▶ 13 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 the tax year 15 15 Property subject to section 168(f)(1) election 55. 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (g) Depreciation deduction (a) Classification of property (business/investment use only - see instructions) 19a 3-year property 5-year property b 7-year property d 10-year property 15-year property е 20-year property 25 yrs S/L 25-year property g 27.5 yrs MM S/L 1 h Residential rental property 27.5 <u>yrs</u> ММ S/L MM S/L 39 yrs i Nonresidential real property ММ Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L 12-year b MM S/L 30 yrs 30-year C 40-year 40 yrs MM S/L d Part IV Summary (See instructions) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 55. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs

81-0231792 Page 2 HOLY ROSARY HEALTHCARE Form 4562 (2019) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? J No 24b If "Yes," is the evidence written? Yes Yes J No (c) (e) (f) (g) (h) (d) (a) Type of property Date Elected Business Basis for depreciation Recovery Depreciation Cost or Method/ placed in section 179 investment (business/investment (list vehicles first) other basis period Convention deduction use percentage cost service 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % 27 Proporty used 50% or less in a qualified business use S/L % % S/L S/L % 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) **(f)** (a) (c) (d) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about

the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

P	art VI Amortization					
	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during your	2019 tax year				
43	3 Amortization of costs that began before your 2019 tax year					
44	Total. Add amounts in column (f) See the inst	44				

916252 12-12-19

Form 8827

(Rev May 2020) Department of the Treasury Internal Revenue Service

Credit for Prior Year Minimum Tax - Corporations

➤ Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

OMB No 1545-0123

2019

Name	Employer id	lentification number
HOLY ROSARY HEALTHCARE	81-0	231792
1 Minimum tax credit carryforward from 2018 Enter the amount from line 9 of the 2018 Form 8827 STMT 12	1	169.
2 Enter the corporation's 2019 regular income tax liability minus allowable tax credits (see instructions)	2	
3 Enter the refundable minimum tax credit (see instructions)	3	169.
4 Add lines 2 and 3	4	169.
5a Enter the smaller of line 1 or line 4. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	5a	169.
b Current year minimum tax credit. Enter the smaller of line 1 or line 2 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986		
ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 3, go to line 5c. Otherwise, skip line 5c.	5b	<u>.</u>
c Subtract line 5b from line 5a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part III, line 20c (or the applicable line of your return)	5c	169.
6 Minimum tax credit carryforward. Subtract line 5a from line 1. Keep a record of this amount to carry	1	
forward and use in future years	6	

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8827 (Rev 5-2020)

	PRIC	OR YEAR MINIMUM TAX	K CREDIT	STATEMENT	12
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR	
12/31/17 12/31/18	339.	0. 170.	339. -170.	339. -170.	•
AVAILABLE F	OR CREDIT	-	169.	169.	•