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				Extende	ed to Ma	ay 1	7, 2021						
	Form	990-T	6	Exempt Organizat	tion Bus	ine	ss incon	ve i	ax Ket	urn	ŀ	OMB No	. 1545-0047
:				(and pro	xy tax und	er se	ction 6033(6	<b>&gt;))</b> ****	N 30LC	$\mathcal{Y}_{\mathcal{Q}}$	, I	20	119
•			For ca	llendar year 2019 or other tax year beginnin						2020	<u>.</u> . [	20	JIS
•	Depart	ment of the Treasury 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).							ŀ	Open to Pul	plic Inspection for ganzations Only
,	<del></del>			Name of organization ( Che					111011 13 1 30 1		n Emple	yer identific	ation number
	A L	Check box if address changed		Name of Organization ( Che	CK DUX II IIdilie C	nanyeu	and see manuch	0113.)			(Empl	oyees' trust ctions.)	, see
•	B Fy	empt under section	Print	Centura Health	Corpora	tior	1				8	4-133	35382
L		] 501( <b>&amp;6)3</b> )	or	Number, street, and room or suite						İ		ated busines	ss activity code
₹		408(e) 220(e)	Туре	9100 E. Mineral		•					(560 11	ispactions ,	•
٤		408A 530(a)		City or town, state or province, co	untry, and ZIP o	r foreigi	n postal code						
SOUTHWAY DATE		529(a)		Centennial, CO						ļ	54		
3	C Boo	k value of all assets		F Group exemption number (See	instructions.)	<u> </u>							
		510,479,4	95.	G Check organization type	X 501(c) cor	oration	501(0	trust (		401(a)			Other trust
				ation's unrelated trades or businesse	es. 🕨	<u> </u>	<del></del>		the only (or f				
				ee Statement 1					complete Par			-	
				ace at the end of the previous senten	ice, complete Pa	rts I an	d II, complete a S	schedule	M for each a	dditiona	i trade	or	
		iness, then complete i		oration a subsidiary in an affiliated	250112 25 2 2205	at pubai	diana controlled a	2601102			Ye	s X	l No
				tifying number of the parent corpora		11-20031	ulary controlled (	yi oup .		. – –	'`		, 110
				Andrew Gaasch				Telepho	one number	▶ 30	03-	673-8	3241
				e or Business Income		_	(A) Incom	_		penses			C) Net
	1 a	Gross receipts or sale	s	7,093,551.						_			
	b	Less returns and allov	wances	c Balan	nce , >	1c	7,093,5	551.	*				
7	2	Cost of goods sold (S	chedule	: A, line 7)		2							
707	3	Gross profit. Subtract	line 2 fr	rom line 1c		3	7,093,5	551.				7,09	93,551.
D.		Capital gain net incom	•		1	_4a				-			
>			4797, Part II, line 17) (attach Form 4797) 4b							/			<del></del>
5	C	Capital loss deduction	for trus	for trusts4c					· - /-	- 4			-
AUG				artnership or an S corporation (attach statement) 5					/				
	6	Rent income (Schedule C)         6           Unrelated debt-financed income (Schedule E)         7											
닖.	. /					8							
Z	٥	•		ies, and rents from a controlled organization (Schedule F)  8  section 501(c)(7), (9), or (17) organization (Schedule G)  9									
Z	10			ome (Schedule I)	10								
SCANNEC	11	Advertising income (S				11							
ഗ	12			ns; attach schedule)		12				_			
	13	Total. Combine lines	3 throu	igh 12		13	7,093,5					7,09	93,551.
	Par	t II Deductio	ns No	ot Taken Elsewhere (See	instructions fo	or limita	ations on deduc	ctions)					
				be directly connected with the u						<del></del>	4.		
	14	•		rectors, and trustees (Schedule K)						· · · }	14 15	3 3.	32,823.
	15	Salaries and wages						-• •		····	16		20,262.
	16 17										17		
	18	Interest (attach sche	dule) (si	ee instructions)						•	18		
	10	Taxes and licenses									19	2!	56,341.
	20	Depreciation (attach	Form 45	562) n Schedule A and elsewhere on retu impensation plans chedule I)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	b					
	21	Less depreciation cla	aimed,of	n Schedule A and elsewhere on retu	In The	٠ ١	21	а			21b		
	22	Depletion					`				22		
	23	Contributions to defe	erred co	mpensation plans	/[일] 기기	0.1	2021[9]				23		
	24	Employee benefit pro	ograms	, ,			<u>`</u>				24	69	99,150.
	25	Excess exempt exper	nses (So	chedule I)	CGF	)ĘN	J(.)T				25		
	26	Excess readership co	osts (Sc	hedule J)		.,		:		ا بي	26	2 2	01 000
	21	Other deductions (at	tach scr	nedule)			<b>b</b> ee .	يديد	cincut.	۷.	27		81,280.
	28	Total deductions A	dd lines	14 through 27					· · · ·	···- }	28		89,856.
	29			ncome before net operating loss de							29	4	03,695.
	30/	Deduction for net op	erating	loss arising in tax years beginning o	on or after Janua	ry 1, 20	SOC.	Q+ = +	omant	ا ء	30		0.
	/.	(see instructions)	avabla	ncome. Subtract line 30 from line 2	 o		see	pyat	.emerir	٠. ا	31	Δ	03,695.
(	92270			rwork Reduction Act Notice, see in	_		<u> </u>				J I		990-T (2019)
	323/07	OFEFEU LITA FL	apci	moin Heddelion Mit House, 866 III								. 0, 111	(2010;

		Centura Health Corporation	84-	1335382 Page 2
Pari	//	Total Unrelated Business Taxable Income		
32/	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	409,369.
33	Amou	nts paid for disallowed fringes	33	
34	Charit	able 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 🔄	35	409,369.
86	Deduc	rtion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 🗼 "Stmt " 🚛	36	409,369.
87	Total o	of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specif	ic deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrela	ated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
		he smaller of zero or line 37	39	0.
Part		Tax Computation	J	
40	Organ	izations 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		tax, See instructions	42	
43	Alterna	ative minimum tax (trusts only)	43	
44	Tax or	Noncompliant Facility Income. See instructions	44	
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
		Tax and Payments		
46 a	Foreig	n tax credit (corporations attach Form 1118; trusts attach Form 1116)	4 1	
		credits (see instructions)	4 1	
		al business credit. Attach Form 3800	<b>↓</b>	
		for prior year minimum tax (attach Form 8801 or 8827)	4	
е		credits Add lines 46a through 46d	46e	
47	Subtra	ct line 46e from line 45	47	0.
48		taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total t	ax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 1	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 ints A 2018 overpayment credited to 2019	50	0.
			4	
		estimated tax payments	-	
C	Farmer	posited with Form 8868 51c norganizations: Tax paid or withheld at source (see instructions) 51d	-	
		o withholding (see instructions)  516	1	
		for small employer health insurance premiums (attach Form 8941)	1 1	
	Other	credits, adjustments, and payments' Form 2439	1 1	
•	F	orm 4136 Other Total ▶ 510	1/ 1	
52		ayments. Add lines 51a through 51g	52	5,000.
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲	68	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed.	54	
55	Overpa	syment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	-55	5,000.
		he amount of line 55 you want: Credited to 2020 estimated tax 🕨 5 , 000 . Refunded 🕨	66	0.
Part	VI	Statements Regarding Certain Activities and Other Information (see instructions)		
57	•	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Yes No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here	<u> </u>		X
58	•	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
En	_	see instructions for other forms the organization may have to file		
		he amount of tax-exempt interest received or accrued during the lax year 📡 💲 Inder pensities of paylury, I declare that I have exemined this return, including accompanying schadules and statements, and to the bast of my knowle	edge and hell	lef, tris true
Sign	6	orrest and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
Here	_ l	. I #/1# ##/M/#/ # # 1/# #I/M/	-	discuss this return with
				thown below (see No
		Print/Type preparer's name Preparer's signature Date Check	ıt PTIN	1-41-00   100
Paid	ı			
	oarer	Lynn Addiscott Jone addiscott 6/13/202 self-employed		2150268
•	Only	Firm's name > Adventist Health System Sunbelt Health   Firm's EIN >		-2170012
<u> </u>	Jilly	900 Hope Way		
			<u>407-3</u>	57-2317
029711	04 07 00			Enem 990-T (2010)

. .

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	<u> </u>		
1 Inventory at beginning of year			6 Inventory at end of year			6
2 Purchases			7 Cost of goods sold S			
3 Cost of labor	1 4 1		from line 5. Enter here	e and in P	art I,	
4 a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	n 263A (w	ith respect to	Yes No
<b>b</b> Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	
5 Total, Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income	(From Real I	Property and	l Personal Property L	Leased	With Real Prope	erty)
(see instructions)						
1 Description of property						
(1)	-					
(2)						_
(3)						
(4)						
		ed or accrued			3/ n \ Deductions directly o	connected with the income in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	תמתו פ	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	1 2(b) (attach schedule)
(1)						
(2)	-					
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns		ter			(b) Total deductions. Enter here and on page 1.	•
here and on page 1, Part I, line 6, column				0.	Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	ot-Financeo	income (see	instructions)	1	3. Deductions directly conne	neted with or alineable
			2 Gross income from		to debt-finance	d property
1 Description of debt-fli	nanced property		or allocable to debt- financed property	(a) s	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)				ļ		
(4)			_			
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	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 deductions (column 6 x total of columns 3(a) and 3(b))
(1)	f		%			
(2)		·	%			
(3)			%			
(4)			%			
<del></del>				En	ter here and on page 1,	Enter here and on page 1,
				P	art I, line 7, column (A)	Part I line 7, column (B)
Totals				·	0.	0.
Total dividends-received deductions in		18				0.

Form **990-T** (2019)

Name of periodical	2 Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				,		
(2)			]			]
(3)			]			]
(4)						]
Totals (carry to Part II, line (5))	0.	0.				0.
Totale (carry to r art II, line (o))	<u> </u>				-	5 000 T :::::

Form **990-T** (2019)

Form 990-T (2019) Centura Health Corporation 84-13353

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 ) 4. Advertising gain or (loss) (col. 2 minus col. 3), if a gain, compute cols 5 through 7 7 Excess readership costs (column 6 minus column 5, but not more than column 4), 2. Gross advertising income 3. Direct 6 Readership 5. Circulation 1 Name of periodical advertising costs costs (1) (2) (3) (4) 0. 0. 0. Totals from Part I Enter here and on page 1, Part I, line 11, col. (B) Enter here and on page 1, Part I, line 11, col. (A) Enter here and 0 Totals, Part II (lines 1-5) O 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 2 Title 1 Name (1) % (2) % (3) % (4) % Total. Enter here and on page 1, Part II, line 14 ▶ 0.

Form 990-T (2019)

Form 990-T	Description of Organization's Primary Unrelated	Statement 1
	Business Activity	

Management Consulting Services & Operation of Clinically Integrated Network

To Form 990-T, Page 1

Form 990-T	Other Deductions	Statement 2
Description		Amount
Supplies Purchased Services Rent Utilities Travel Miscellaneous		24,474. 2,179,300. 20,622. 6,427. 20,200. 30,257.
Total to Form 990-T, Page 1, 1	ine 27	2,281,280.

Form 990-T	Net	Operating Loss D	Statement 3	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/19	1,859,504.	0.	1,859,504.	1,859,504.
NOL Carryov	ver Available This	1,859,504.	1,859,504.	

Form 990-T	Net	Net Operating Loss Deduction				
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year		
06/30/17 06/30/18	8,715,153. 6,245,398.	0.	8,715,153. 6,245,398.	8,715,153. 6,245,398.		
NOL Carryov	ver Available This	Year	14,960,551.	14,960,551.		

### **SCHEDULE M** (Form 990-T)

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

Entity

OMB No 1545-0047

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 501(c)(3) Organizations Only

Name	Centura Health Corporat:	ion		84-13	335382	
	Inrelated Business Activity Code (see instructions) > 62					-
c	Describe the unrelated trade or business > Operation	of	Lab			
-	t IL Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales 372,000.			= - ==-	;	<del>-</del> :
b	Less returns and allowances c Balance ▶	10	372,000.	يعيد	1	- <b>-</b>
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	372,000.		7-74-70	372,000.
4 a	Capital gain net income (attach Schedule D)	4a			j	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
c	Capital loss deduction for trusts	4c			1	
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 controlled					
-	organization (Schedule F)	В				
9	Investment income of a section 501(c)(7), (9), or (17)					
-	organization (Schedule G)	9			1	
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12		14.00		
13	Total, Combine lines 3 through 12	13	372,000.	ĺ		372,000.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	come	for limitations on de ⇒ )	ductions.) (De	ductions	
14	Compensation of officers, directors, and trustees (Schedule K)				14	167,971.
15	Salaries and wages	- · ·			15	<u> </u>
16	Salaries and wages				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)		20			
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	71,987.
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)		See Stat	ement 5	27	132,042.
28	Total deductions. Add lines 14 through 27				28	372,000.
29	Unrelated business taxable income before net operating loss dedu	ction	Subtract line 28 from line	e 13	29	0.
30	Deduction for net operating loss arising in tax years beginning on o	or after	January 1, 2018 (see		$\square$	<del>_</del>
	instructions)				30	<u> </u>
31	Unrelated business taxable income. Subtract line 30 from line 29				31	<del></del>
LHA	For Paperwork Reduction Act Notice, see instructions.			S	chedule	M (Form 990-T) 2019

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L	Ly	4	
		Page	3

Centura I	Health Co	rporation	on		84-1335	382
Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation > N/	A		
1 Inventory at beginning of year	. 1		6 Inventory at end of y	ear		6
2 Purchases	F		7 Cost of goods sold			
3 Cost of labor			from line 5 Enter he	re and in	Part I,	
4a Additional section 263A costs		•	line 2 ,			7
(attach schedule)	4a		8 Do the rules of section			Yes No
b Other costs (attach schedule)	4b		property produced o	r acquire	d for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			X
5 Total. Add lines 1 through 4b Schedule C - Rent Income (see instructions)	(From Real F	Property and	d Personal Property	Lease	ed With Real Prope	rty)
1 Description of property						
(1)	<del></del> _				<del></del>	
(2)						
(3)						
(4)						
	2 Rent receive	d or accrued				<del> </del>
(a) From personal property (if the porent for personal property is more than 50% but not more than 50%	re than	of rent for	and personal property (if the percen personal property exceeds 50% or int is based on profit or income)	tage f	3(a) Deductions directly co columns 2(a) and	nnected with the income in 2(b) (attach schedule)
(1)					<del></del>	
(2)						
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, columns	nn (A)			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated De	bt-Financed	Income (see	instructions)			
			2 Gross income from		3. Deductions directly connect to debt-financed	property
1. Description of debt-f	linanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			-			
(2)					:-	
(3)						
(4)						
4. Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-finan	adjusted basis llocable to iced property schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column θ)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%	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 (8)
Totals				•	0.	0.
Total dividends-received deductions					<b>.</b>	0.
			· · · · · · · · · · · · · · · · · · ·			Form <b>990-T</b> (2019)

Form 990-T (M)	Other Deductions	Statement 5
Description		Amount
Supplies		132,042.
Total to Schedule M, Part I	I, line 27	132,042.

### SCHEDULE M (Form 990-T)

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

Entity

OMB No 1545-0047

2019

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

Open to Public Inspection

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).

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

Name of the organization						Employer identification number 84-1335382		
	Centura Health Corporat:	LOII				04-13333	02	
( 	Inrelated Business Activity Code (see instructions)   52 Describe the unrelated trade or business Partnersh	ip_	- CHI	Operat:	ina	Investmen	nt Progra	
Part In Unrelated Trade or Business Income			(A) Income		(B) Expenses	(C) Net		
1a	Gross receipts or sales				,	- 1		
b	Less returns and allowances c Balance ▶	1c					,	
2	Cost of goods sold (Schedule A, line 7)	2			[ <u>.</u>			
3	Gross profit Subtract line 2 from line 1c	3			r			
4 a	Capital gain net income (attach Schedule D)	4a		_				
þ	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			Ļ			
С	Capital loss deduction for trusts	4c			<u> </u>	_		
5	Income (loss) from a partnership or an S corporation (attach				س ا	r		
	statement)	_5		5,674.			5,674.	
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)						İ	
	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		5,674.	<u> </u>		5,674.	
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	come	∍.)			·	ons must be	
14	Compensation of officers, directors, and trustees (Schedule K)							
15	Salaries and wages							
16	Repairs and maintenance							
17	Bad debts							
18 19	Interest (attach schedule) (see instructions)  Taxes and licenses							
20				20			-	
21	Depreciation (attach Form 4562)			-		21b	1	
22	Depletion							
23	Contributions to deferred compensation plans							
24	Employee benefit programs						-	
25	Excess exempt expenses (Schedule I)					25		
26	Excess readership costs (Schedule J)				••	26		
27	Other deductions (attach schedule)					1		
28			0.					
29							5,674.	
30	Deduction for net operating loss ansing in tax years beginning on o				•	<u>29</u>		
	instructions)					30	0.	
31	Unrelated business taxable income. Subtract line 30 from line 29					31	5,674.	
	For Paperwork Reduction Act Notice, see instructions.					Schedu	le M (Form 990-T) 2019	

Centura Health Corporation EIN: 84-1335382 Form 990-T Fiscal Year Ending June 30, 2020

# Section 1.263(a)-1(f) de minimis Safe Harbor Election

The above taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f) with respect to its unrelated business income activities.