

Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))
For calendar year 2020 or other tax year beginning 01-01-2020 and ending 12-31-2020
▶ **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).**

OMB No. 1545-0047

2020

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

A

☐ Check box if address changed.

B

Exempt under section

☒ 501(c3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Print or Type

Name of organization (☐ Check box if name changed and see instructions.)
HARRISONBURG COMMUNITY HEALTH CENTER

Number, street, and room or suite no. If a P.O. box, see instructions.
P O BOX 308

City or town, state or province, and ZIP or foreign postal code
HARRISONBURG, VA 22803

C Book value of all assets at end of year ▶ 7,996,634

D

Employer identification number
02-0813294

E

Group exemption number
(see instructions)

F

☐ Check box if an amended return.

G Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entity

H Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐

J Enter the number of attached Schedules A (Form 990-T) ▶ 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? . . . ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation ▶

L The books are in care of ▶ BETH MOSELEY
1380 LITTLE SORRELL DRIVE SUITE 10
HARRISONBURG, VA 22801
Telephone number ▶ (540) 433-4913

Part I

Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-12,857
2	Reserved	2	
3	Add lines 1 and 2	3	-12,857
4	Charitable contributions (see instructions for limitation rules)	4	0
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-12,857
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-12,857
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

Part II

Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) ▶	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	2	
3	Proxy tax. See instructions ▶	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11291J

Form **990-T** (2020)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		0
3 Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach statement)	3		
4 Total tax. Add lines 2 and 3 (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter the tax amount here	4		0
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0
6a Payments: A 2019 overpayment credited to 2020	6a		
b 2020 estimated tax payments. Check if section 643(g) election applies ☐	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total ▶	6g		
7 Total payments. Add lines 6a through 6g	7		
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed ▶	9		
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid ▶	10		
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶	Yes	No
2 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.		No
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
4a Did the organization change its method of accounting? (see instructions)		No
4b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also provide any other additional information. See instructions.

Sign Here	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 belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	BETH MOSELEY Signature of officer	2021-10-26 Date	CHIEF FINANCIAL OFFICER Title	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No	
Paid Preparer Use Only	Print/Type preparer's name EDWARD T YODER CPA	Preparer's signature	Date 2021-10-26	Check ☒ if self-employed	PTIN P00239134
	Firm's name ▶ PBMARES LLP			Firm's EIN ▶ 54-0737372	
	Firm's address ▶ 558 SOUTH MAIN STREET HARRISONBURG, VA 22801			Phone no. (540) 434-5975	

TY 2020 AdjBssAllcblDebtFincdPropSch**Name:** HARRISONBURG COMMUNITY HEALTH CENTER**EIN:** 02-0813294

Property line number from Schedule A	Property description	Adjusted basis amount	Percent allocable to debt-financed income	Adjusted basis allocable to debt-financed property (Adjusted basis multiplied by Allocable percent)
A	AVERAGE ADJUSTED BASIS AL LOCABLE TO DEBT-FINANCED PROPERTY	3,050,361	100.000 %	3,050,361

TY 2020 AvgAcquisDebtFincdPropSch**Name:** HARRISONBURG COMMUNITY HEALTH CENTER**EIN:** 02-0813294

Property line number from Schedule A	Monthly average of acquisition indebtedness	Percent allocable to debt-financed income	Average acquisition debt on or allocable to debt-financed property (Monthly average multiplied by Allocable percent)
A	2,007,542	100.000 %	2,007,542

TY 2020 DebtFinancedExpenseSchedule

Name: HARRISONBURG COMMUNITY HEALTH CENTER

EIN: 02-0813294

Expenses Directly Connected with Debt-Financed Income

Property line number from Schedule A	Expense Descriptions	Expense Amounts	Property Total	Percent allocable to debt- financed income	Expenses directly connected allocable to debt-financed income (Total multiplied by Allocable percent)
A	INTEREST EXPENSE	12,377	46,043		
	MANAGEMENT	7,801			
	INSURANCE	839			
	UTILITIES	6,177			
	TRASH	681			
	CLEANING SERVICE	6,122			
	PROPERTY TAXES	2,551			
	LAWN MAINTENANCE	2,232			
	ALARM SERVICE	138			
	MAINTENANCE AND REPAIRS	1,710			
	DEPRECIATION	5,415			

**Total expenses directly connected
allocable to debt-financed
income: 46,043**

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

OMB No. 1545-0047

2020

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

▶ 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).

A Name of the organization
HARRISONBURG COMMUNITY HEALTH CENTER

B Employer identification number
02-0813294

C Unrelated business activity code (see instructions) ▶ 531120

D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ DEBT-FINANCED RENTAL REAL ESTATE

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance ▶	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross Profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6	0	0
7	Unrelated debt-financed income (Part V)	7	17,444	30,301
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	0	0
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	0	0
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11	0	0
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	17,444	30,301
				-12,857

Part II	Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income		
1	Compensation of officers, directors, and trustees (Part X)	1	0
2	Salaries and wages	2	
3	Repairs and maintenance	3	
4	Bad debts	4	
5	Interest (attach statement) (see instructions)	5	
6	Taxes and licenses	6	
7	Depreciation (attach Form 4562) (see instructions)	7	
8	Less depreciation claimed in Part III and elsewhere on return	8a	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	0
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	0
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	-12,857
17	Deduction for net operating loss (see instructions)	17	0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	-12,857

Part III Cost of Goods Sold Enter method of inventory valuation ►

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		☐ Yes ☐ No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	☐				
B	☐				
C	☐				
D	☐				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	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)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) . ► 0				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ► 0				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	☐ 1380 LITTLE SORRELL D MECHANICSVILLE, VA 23111				
B	☐				
C	☐				
D	☐				
2	Gross income from or allocable to debt-financed property	A	B	C	D
		26,507			
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)	0			
b	Other deductions (attach statement)	46,043			
c	Total deductions (add lines 3a and 3b, columns A through D)	46,043			
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	2,007,542			
5	Average adjusted basis of or allocable to debt-financed property (attach statement)	3,050,361			
6	Divide line 4 by line 5	65.810 %			
7	Gross income reportable. Multiply line 2 by line 6	17,444			
8	Total gross income. (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ► 17,444				
9	Allocable deductions. Multiply line 3c by line 6	30,301			
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ► 30,301				
11	Total dividends-received deductions included in line 10 ► 0				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals ▶			0	0

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals ▶		0		0

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) . . .	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

D ☐

Enter amounts for each periodical listed above in the corresponding column.

a Add columns A through D. Enter here and on Part I, line 11, column (A) 0

a Add columns A through D. Enter here and on Part I, line 11, column (B) **0**

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .

a Add line 8, columns A through D. Enter the greater of the columns total or zero here and on Part II, line 13 . . . ► 0

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)			
(2)			
(3)			
(4)			

Total. Enter here and on Part II, line 1										0
---	--	--	--	--	--	--	--	--	--	---

[illegible]