For calendar year 2019 or other tax year beginning JUL 1, 2019

EXEMPTED TO MAY 17, 2021 29393692062372

Exempt Organization Business Income Tax Return Lomb No. 1545-0047

(and proxy tax under section 6032/2)

► 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).

, and ending JUN

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Uhrelated 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 STATEMENT 1

SEE STATEMENT 3

2019.05092 COMMUNITY FIRST PHARMACY

3617 T11

37.272.

230,488.

695,915.

-303,856.

-303,856.

Form **990-T** (2019)

24

25

26

27

28

29

31

0

2019

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

DEmployer identification number

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

24

25

26

27

28

29

30

Internal Revenue Service

d	Credit	for prior year minimum tax (attach Form 8801 or 8827)	46d						
е	Total	credits. Add lines 46a through 46d					16e		
47	Subtra	ct line 46e from line 45					47		0.
48	Other t	axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	8866	Other	(attach schedul	le)	48		
49	Total t	ax Add lines 47 and 48 (see instructions)				Г	49		0.
50	2019 r	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3					50		0.
51 a	Payme	ints: A 2018 overpayment credited to 2019	51a						
b	2019 6	stimated tax payments	51b						
C	: Tax de	posited with Form 8868	51c						
d	<b>f</b> Foreigi	n organizations: Tax paid or withheld at source (see instructions)	51d						
е	Backu	o withholding (see instructions)	51e						
f	Credit	for small employer health insurance premiums (attach Form 8941)	51f						
g	Other o	credits, adjustments, and payments: Form 2439							
	F	orm 4136 Other Total ▶	► 51g						
52	Total	payments. Add lines 51a through 51g					52		
53	Estima	ted tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲					53		
54	Tax dı	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			)	▶	54		
55	•	ayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid			1	▶	55		
56		he amount of line 55 you want; Credited to 2020 estimated tax			funded	<b>&gt;</b>	56		
Par		Statements Regarding Certain Activities and Other Informa							,
57	-	time during the 2019 calendar year, did the organization have an interest in or a signature		-				Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-					ł	
	FinCE	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign co	ountry					
	here							_	Х
58	-	the tax year, did the organization receive a distribution from, or was it the grantor of, or tr	ansferor to	o, a fore	ign trust?			<u> </u>	Х
		"see instructions for other forms the organization may have to file.							
59		he amount of tax-exempt interest received or accrued during the tax year  \$							
Sign		Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules an orrect, and <u>comp</u> ete. Declaration of preparer (other than taxpayer) is based on all information of which pre	nd statemen eparer has ar	ts, and to ny knowle	the best of my dge	knowle	dge and belief	i, it is true,	
Here		5/1/M2) x and				May t	he IRS discus	s this return	with
icic	<b>^</b>	Signature of officer Date CFO					eparer shown		¬ " .
			D-4-	1	Observe	<b>-</b>	ctions)?	Yes	. No
			Date		Check	J if	PTIN		
Paid		CPA ANNAMARIE REILLY, Junamane fully, CPA	4-28-2	021	self- employ	ed	D004	31897	ı
	parer	F. NOW CDAC C ADVICODE LID			I			<u>23563</u>	
Use	Only	Firm's name ► MCM CPAS & ADVISORS LLP  201 EAST FIFTH STREET, SUITE	2100		Firm's EIN		2/-1	<u> </u>	0
		Firm's address > CINCINNATI, OH 45202	2100		Dhona no	<b>/</b> E	13) 5	70 17	17
100744	01-27-2				Phone no.	(3			_
1231 11	01-27-2	5					Forn	n <b>990-T</b>	(2019)
604	428	758005 3617.TAX4 2019.05092 COMMUNI	יק עיף	RST	рнарм	ים מי	, ,	8617	ר11
50.	-20	,50005 501/.1PM4 2015.05072 COMMONI		1	Limu	~ 1 C J		, , , , , , , , , , , , , , , , , , , ,	
_	_								

Schedule A - Cost of Good	<b>s Sold.</b> Enter	method of invent	tory v	aluation > N/A				<del></del>
1` Inventory at beginning of year	1	0.	6	Inventory at end of year	ır		6	0
2 Purchases	nases 2 7 Cost of goods sold. Subtract line 6				ine 6			
3 Cost of labor	3		]	from line 5. Enter here	and in I	Part I,	_	
4a Additional section 263A costs			1	line 2			7	2,076,195
(attach schedule)	4a		8	Do the rules of section	263A (	with respect to		Yes No
b Other costs (attach schedule) *	* 4b 2	,076,195.	1	property produced or a	acquired	for resale) apply to		<u> </u>
5 Total Add lines 1 through 4b	5 2	,076,195.	1	the organization?	•	, , , , ,		
Schedule C - Rent Income	(From Real	Property and	Pe	rsonal Property	Leas	ed With Real Pro	per	ty)
(see instructions)								
1. Description of property								
(1)	<u></u>					·		
(2)								
(3)								,
(4)								<del></del>
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a	y conne nd 2(b)	ected with the income in (attach schedule)
(1)								
(2)								<del></del>
(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)	<b>&gt;</b>	0
Schedule E - Unrelated Del		Income (see	nstru	ctions)		<u> </u>		<u>_</u>
			2	Gross income from		Deductions directly cor to debt-finance	nected 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)				,			+	
(2)							$\top$	
(3)								
(4)							$\top$	
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)	€	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)				%				1
(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)
Totals				•		0		0
Total dividends-received deductions in	ncluded in column	ı 8				Ť	1	0

\*\* SEE STATEMENT 5

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Schedule F - Interest,				Controlled O				<u>. (3</u> ee ii is	Tuction	s)
1. Name of controlled organiza	identii	nployer fication nber		elated income instructions)	<b>4</b> Tota	4 Total of specified payments made		rt of column 4 led in the contration's gross	rolling	6 Deductions directly connected with income in column 5
(1)							-		-	···
<u>(1)</u> <u>(2)</u>	-								_	·····
(3)							╁┈	<del></del> -	-	
(4)							<del>                                     </del>		_	
Nonexempt Controlled Organ	ızatıons	•			-		<u> </u>			
7. Taxable Income	8. Net unrelated inco (see instruction		9 Total o	of specified payr made	nents	10. Part of colu in the controll gros	mn 9 tha ing orgai s income	nization's	11. Dec	ductions directly connected income in column 10
(1)	*					<del></del>			<del></del> .	
(2)					•					
(3)										
(4)				<del>'11.3</del>						
						Add colui Enter here and line 8,		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, tine 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme	ent income of a tructions)	Section	501(c)(7	7), (9), or	(17) Or	ganization	1			
	cription of income			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)		<del>-</del> , <u></u>			t		,			(60. 6 p.66 60. 1)
(2)										
(3)										
(4)										
				Enter here and o Part I, line 9, co	on page 1, lumn (A)					Enter here and on page 1 Part I, line 9, column (B)
Totals			▶		0.					0.
Schedule I - Exploited (see instri	-	y Income	, Other	Than Ad	vertisi	ng Incom	<del>)</del>			
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expe directly cor with prod of unrela business (	nnected uction ated	4. Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 13) If a cols 5	5. Gross inco from activity is not unrela business inco	that ted	6 Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(1) (2) (3) (4)		1								
(3)		1								
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Part I,						-	Enter here and on page 1, Part II, line 25
Schedule J - Advertisi		I Instructions		<u> </u>	•					] 0.
	Periodicals Rep			solidated	Basis	, <u></u>				
1. Name of periodical	2. Gross advertising income	3. advert	Direct	4. Adverti or (loss) (co col 3) If a ga cols 5 th	I 2 minus in, computi	5. Circula income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				7						
(3)	1			7						
(2) (3) (4)									$\neg \neg$	
Totals (carry to Part II, line (5))	<b>•</b>	0.	0							0.
( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (		1		<u>- 1</u>		1	_	<u></u>		Form <b>990-T</b> (2019)

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## 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 )

1. 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 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)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	▶	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)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T		OTHER DEDUC'	rions	STATEMENT	1
DESCRIPTION				AMOUNT	
PROFESSIONAL ADMINISTRATIO				50,10 111,60	
OCCUPANCY FEE	<b>S</b> S			23,16	61.
SUPPLIES INSURANCE				19,95 3,55	
OTHER EXPENSE	<b>ES</b>			4,13	
TRANSPORTATIO	ON			17,98	80.
TOTAL TO FORM	M 990-T, PAGE 1,	LINE 27		230,48	88.
FORM 990-T	PARENT CORPORAT	TION'S NAME AND	IDENTIFYING NUMBER	STATEMENT	2
CORPORATION'S	S NAME			IDENTIFYING N	40 
CORPORATION 2					
	<del></del>			31-1158045	
COMMUNITY FIR	RST SOLUTIONS	OPERATING LOSS	DEDUCTION	31-1158045 STATEMENT	3
COMMUNITY FIR	RST SOLUTIONS	OPERATING LOSS  LOSS PREVIOUSLY APPLIED	DEDUCTION  LOSS REMAINING		
COMMUNITY FIR FORM 990-T TAX YEAR L	RST SOLUTIONS  NET	LOSS PREVIOUSLY	LOSS	STATEMENT AVAILABLE	3
FORM 990-T TAX YEAR L 06/30/19	NET LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	STATEMENT  AVAILABLE THIS YEAR	3
FORM 990-T  TAX YEAR L 06/30/19  NOL CARRYOVER	NET  LOSS SUSTAINED  96,575.  R AVAILABLE THIS	LOSS PREVIOUSLY APPLIED	LOSS REMAINING 96,575.	STATEMENT  AVAILABLE THIS YEAR  96,575	3
FORM 990-T  TAX YEAR L 06/30/19  NOL CARRYOVER  FORM 990-T	NET  LOSS SUSTAINED  96,575.  R AVAILABLE THIS	LOSS PREVIOUSLY APPLIED  0. YEAR	LOSS REMAINING 96,575.	STATEMENT  AVAILABLE THIS YEAR  96,575	3
FORM 990-T  TAX YEAR L 06/30/19  NOL CARRYOVER  FORM 990-T	NET  LOSS SUSTAINED  96,575. R AVAILABLE THIS	LOSS PREVIOUSLY APPLIED  0.  YEAR  OPERATING LOSS LOSS PREVIOUSLY	LOSS REMAINING 96,575. 96,575.  DEDUCTION  LOSS	STATEMENT  AVAILABLE THIS YEAR  96,575  96,575  STATEMENT  AVAILABLE	3

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 5
DESCRIPTION		AMOUNT
DRUGS COST OF SALES		2,076,195.
TOTAL TO FORM 990-T,	SCHEDULE A, LINE 4B	2,076,195.