2018.05030 EPISCOPAL RETIREMENT HOME 77841802

Form 990-T		<u>31-055</u>	<u> 4071</u>	Page 2
Part II	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35		
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34		26	
		36	1,000.	
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	137		
	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,			^
_	enter the smaller of zero or line 36		38	0.
Part I			T T	
	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax See instructions	>	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part V	Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a			
	Other credits (see instructions) 45b			
	General business credit Attach Form 3800 45c		1	
-	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		1	
	Total credits. Add lines 45a through 45d		45e	
	Subtract line 45e from line 44		46	0.
		tach schedule)	47	
	Total tax Add lines 46 and 47 (see instructions)	tach schedule)	48	0.
	·			0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018		49	<u></u>
			-	
	2018 estimated tax payments		-	
	Tax deposited with Form 8868		-	
	Foreign organizations. Tax paid or withheld at source (see instructions)		4	
	Backup withholding (see instructions) 50e		4	
f	Credit for small employer health insurance premiums (attach Form 8941)		4	
9	Other credits, adjustments, and paymentsForm 2439 SIQ			
	Form 4136 X Other 42. Total 50g	42.	↓ 、│	
51	Total payments Add lines 50a through 50g SEE STATEMENT 2	2	\$1	42.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	<u>Ş</u> Ş,▶	54	42.
		ndedS6>	55	42.
Part V	Statements Regarding Certain Activities and Other Information (see instruct	ions)	•	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	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 >			X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	an trust?		x
	If "Yes," see instructions for other forms the organization may have to file	3		
	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the bit	ast of my knowle	dge and belief	, it is true,
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	_		
Here	De Stand 1/21/2020 CFO		-	cuss this return with
	Signature of officer Date Title		ie preparer sho istructions)? [X Yes No
				Z <u>1</u> 169 140
			if PTIN	
Paid	WAREN O CRIM 20120	elf- employed	200	260205
Prepa	er b DCM HC LLD	F		368385
Use O		Firm's EIN 🕨	42-	0714325
	6 S PATTERSON BLVD	0	27 22	0 0001
		Phone no 9		8-0201
823711 01-0	99-19		F	orm 990-T (2018)

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory v	aluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases	2	7 Cost of goods sold Subtr			ubtract I	line 6		<u> </u>	
3 Cost of labor	3		from line 5 Enter here and in Part I,			Part I,	_		
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	with respect to		Yes	No	
 Other costs (attach schedule) 	4b		property produced or acquired for resale) apply to					المنا	l;
5 Total Add lines 1 through 4b	5			the organization?		· -			<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prop	erty) 	
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 more 10% but not more than 50%)	e than	of rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) as	conne nd 2(b)	cted with the income in (attach schedule))
(1)	·								
(2)									
(3)									
(4)									
Total	0.	Total			0.	1			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)					
			Ι,	2 Gross income from		3 Deductions directly con to debt-finance			
1 Description of debt-fit	nanced property		1	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)						-	1		
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			1	%	<u> </u>		1		
(2)				%			1		·
(3)				%					
(4)			1	%					
		<u>-</u>	•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals						0	.		0.
Total dividends-received deductions in	ncluded in column	n 8				<u> </u>	1		0.

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)										
				ontrolled O						
1 Name of controlled organizat	identi	nployer fication mber	3 Net unrei (loss) (see i	lated income nstructions)	e 4 Total of specified payments made 5 Part of column 4 th included in the control organization's gross in		rolling	6 Deductions directly connected with income in column 5		
(1)									- +	
(1)	-				-					<u>. </u>
(2)		-		_					- 	
(3)		·								
(4) Nonexempt Controlled Organi				-						
	1					48.0			44 5	
7 Taxable Income	8 Net unrelated inco- (see instruction		9 lotalo	f specified payr made	nents	10 Part of column the controlling gross	nn 9 that ng organi s income	is included ization s		eductions directly connected h income in column 10
(1)		-"	٠							
(2)			•							
(3)						-				
(4)										
		<u> </u>				Add colum Enter here and line 8, c		1, Part I, -		dd columns 6 and 11 here and on page 1, Part I, line 8, column (8)
Totals								0.		0.
Schedule G - Investme	nt Income of a	Section 5	01(c)(7)	(9) or (17) Ora	anization				<u> </u>
(see instr		Coolidii Ji	- · (U)(1)	, (0), 01 (, J.g					
	ription of income			2 Amount of	income	3 Deduction directly conne (attach sched	cted	4 Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)								•		
(2)										
(3)										
(4)			1		····					
				Enter here and						Enter here and on page 1,
				Part I, line 9, co	umn (A)					Part I, line 9, column (B)
Totals			▶	•	0.					0.
Schedule I - Exploited (see instru	•	Income,	Other	Than Adv	ertisin	g Income		-		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exper directly coni with produ of unrela business in	nected ction ted	4 Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributi cotur	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)			İ							
(3)		-							**	
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, co	arti, I(B)				<u>.</u>			Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisir	O.	 Dotriction=\	0.						-	0.
	Periodicals Rep			olidated	Basis				<u> </u>	
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Advert or (loss) (co col 3) if a ga cols 5 th	ol 2 minus iin, compute	5 Circulat income		6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						1				
(2)			_	7						1 1
(3)				1						1
(4)				1						1 1
V.1				 	·					<u> </u>
Totals (carry to Part II, line (5))	•	0.	0.							0 . Form 990-T (2018)

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)

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)
<u>(1)</u>							
(2)			<u></u>				
(3)							
(4)							
Totals from Part I	▶	0.	0.	,			0.
		Enter here and on page 1, Pert I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		ı	•	Enter here and on page 1, Part II, line 27
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	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 (2018)

FORM 990-T	DESCRIPTION	OF ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT 1		
BUSINESS ACTIVITY							

AMOUNTS PAID FOR DISALLOWED FRINGES

TO FORM 990-T, PAGE 1

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
TAXES PAID WITH ORIGINAL FILING	42.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	42.