	حقر ا		EX'	TENDED TO MA	AY 1	.7, 2021 🔼	. 70000			
Form	990-T	E	Exempt Orga				ˈax ̯Returr̪	1	OMB No 1545-0047	
	=			nd proxy tax und					0040	
,	=	For cal	fendar year 2019 or other tax ye.					<u>:0</u>	2019	
	tment of the Treasury al 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).							
Α	Check box if address changed		Name of organization (and see instructions.)		D Emp	loyer identification number ployees' trust, see	
<u> </u>	xempt under section	D=:=4	int SOUTH COMMUNITY INC. 31-0840585							
B E	- · · · · · · · · · · · · · · · · · · ·	Print or	Number, street, and room		V C00 II	etructione			11-0840585 lated business activity code	
	408(e) 220(e)	Туре	3095 KETTER		A, 366 II	istructions.		(See	instructions)	
	408A 530(a)		City or town, state or pro		r foreig	n postal code		1	,	
	529(a)		DAYTON, OH	45439-1921		<u> </u>		531	.120	
C Boo	ok value of all assets and of year	21	F Group exemption num		<u> </u>	501/2) +			· 🗀 👊	
u En	12,341,4		G Check organization typ		<u>poratior</u> 1) trust	Other trust	
		-	NTING TO REL				the only (or first) ui complete Parts I-V.			
	-		ice at the end of the previo		erts I an					
	siness, then complete			as comonec, complete : a		a n, complete a conceale	in tor outil dudition	iai ti auc	, 01	
/ -			oration a subsidiary in an	affiliated group or a parer	nt-subsi	diary controlled group?		Y	es X No	
/ /f "	Yes," enter the name a	and ident	tifying number of the parer	nt corporation.						
		_	DAVID MCADAM			Teleph	one number 🕨 🤉	37-	913-1895	
Pa	rt I Unrelated	d Trac	de or Business Inc	ome		(A) Income	(B) Expense	S	(C) Net	
	Gross receipts or sale			.				سرر	All Andrews	
	Less returns and allow			c Balance ►	10		100		7-14-01-17	
	Cost of goods sold (S				2			er.		
3	Gross profit. Subtract				3		2 4 1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	95.5		
	Capital gain net incon	•	art II, line 17) (attach Forn	n 4797)	4a 4b			**************************************		
,	Capital loss deduction		• •	114757)	4c		7	88 1 (1		
5	•		ship or an S corporation (a	ittach statement\.	13		10	Y####		
6	Rent income (Schedu	_			6 -					
7	Unrelated debt-finance	, ,	ne (Schedule E)	and the second	7	-			3	
8			nd rents from a controlled	,	8		9,1	20.		
9	Investment income of	f ² a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9		ì		***************************************	
10	Exploited exempt acti				10					
11	Advertising income (S				11		A 1557 SHARRAS	4375		
12	Other income (See in:		•		12	9,120.	0 1	20.		
	Total. Combine lines		ot Taken Elsewher	P (See instructions for	13		9,1	40.		
4	(Deductions	must k	pe directly connected w	ith the unrelated busin	ess inc	come)	-			
14	Compensation of off	icers, di	rectors, and trustees (Sche	edule K)				14		
15	Salaries and wages			RECEIVED	ري-		-	15-		
16	Repairs and mainter	nance	/ \ -		୍ୟ ଅ	1		16		
17	Bad debts		اي ا	MAY 2021	080-50	<u>}</u>		17		
18 -	Interest (attach sche	dule) (s	ee instructions)	· -	يالي	* }	\- <u>.</u>	18	1	
19	Taxes and licenses Depreciation (attach	Form 41	, v	OGDEN, U	T_	[20]	•	19		
20 21			1 Schedule A and elsewh <u>er</u>	re on return		21a		21b		
22	Depletion	anned di	OCHEGORIE A AND CISCWING	e unacturii		[214]		22		
23	Contributions to defe	erred co	mpensation plans					23		
24	Employee benefit pr	,	p. unaman prant					24	`	
25	Excess exempt expe		chedule I)					25		
26	Excess readership co							26		
27	Other deductions (at		•					27		
28	Total deductions. A							28	0.	
29	/		ncome before net operating	=				29	0.	
~ 30	,	erating	loss arısıng ın tax years be	ginning on or after Janua	ry 1, 20	18			_	
	(see instructions)	laure le f		om line OC				30	0.	
31	,		ncome. Subtract line 30 fro					31	Form 990-T (2019)	

		SOUTH COMMUNITY INC.	31-	<u>08405</u>	85	Page 2	
Part	IIV]	Total Unrelated Business Taxable Income					
32	Total of	funrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32			<u>0.</u>	
33	Amount	ts paid for disallowed fringes	33				
34	Charital	ble contributions (see instructions for limitation rules)	34			0.	
35	Total ur	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	35				
36	Deducti	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36				
37	Total of	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37				
		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1	.,0	00.	
39	Unrelat	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	7				
	enter th	ne smaller of zero or line 37	39			0.	
Part	IV :	Tax Computation					
40	Organiz	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40			0.	
	-	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:					
	☐ Ta	ax rate schedule or Schedule D (Form 1041)	41				
42	Proxy ta	ax. See instructions	42				
		tive minimum tax (trusts only)	43				
		Noncompliant Facility Income. See instructions	44				
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			0.	
Part		Tax and Payments					
46a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a					
	-	eredits (see instructions) 46b	1				
		I business credit. Attach Form 3800 46c					
		for prior year minimum tax (attach Form 8801 or 8827)	1				
		redits. Add lines 46a through 46d	46e				
47		ct line 46e from line 45	47			0.	
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48				
		ax. Add lines 47 and 48 (see instructions)	49			0.	
		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			0.	
		nts: A 2018 overpayment credited to 2019	30			<u> </u>	
	•						
		stimated tax payments 51b	1 1				
		posited with Form 8868 51c	1				
	-	n organizations: Tax paid or withheld at source (see instructions)	1				
		withholding (see instructions)	··				
		for small employer health insurance premiums (attach Form 8941) 51f	1 1				
g		redits, adjustments, and payments: Form 2439	1 1				
		orm 4136 Other Total ▶ [51g]					
	•	ayments. Add lines 51a through 51g	52				
		ted tax penalty (see instructions). Check if Form 2220 is attached	53			—	
	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed						
55		syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55				
56 Part		ne amount of line 55 you want. Credited to 2020 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions)	56				
L					1	<u> </u>	
	•	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		F	Yes	No t	
		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?		L		X	
	•	see instructions for other forms the organization may have to file.					
59		ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$					
Sign		nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	ge and belo	ar, it is true,			
Here			ay the IRS d	iscuss this re	eturn w	ith	
HICKE				hown below	_	, I	
			structions)?	X Yes		No	
		Print/Type preparer's name Preparer's signature Date Check	f PTIN				
Paid		HERBERT L LEMASTER, HERBERT L. self-employed			_		
Prep	arer	CPA LEMASTER, CPA 05/09/21		<u>00398</u>			
-	Only	Firm's name ► CLARK, SCHAEFER, HACKETT & CO. Firm's EIN ►	<u>31</u>	<u>-0800</u>	05:	<u>3 </u>	
	-	10100 INNOVATION DRIVE					
		Firm's address ► DAYTON, OH 45342 Phone no. 9		<u> 26-00</u>			
923711 0	01-27-20		1	Form 99 0	0-T (2019)	

Schedule A - Cost of Goods	Sold. Enter	method of inve	entory va	aluation N/A			·			
1 Inventory at beginning of year	1		6 Inventory at end of year 6							
2 Purchases	2		7	7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3			from line 5. Enter here	and in f	Part I,				
4a Additional section 263A costs				line 2						
(attach schedule)	4a		8	8 Do the rules of section 263A (with respect to Yes No						
b Other costs (attach schedule)	4b			property produced or a	acquired	I for resale) apply to				
5 Total. Add lines 1 through 4b	5			the organization?						
Schedule C - Rent Income (F	rom Real	Property and	d Pers	sonal Property L	.ease	d With Real Prope	rty)			
(see instructions)										
Description of property										
(1)	 									
(3)					_					
(4)	•									
	2. Rent receive	ed or accrued								
(a) From personal property (if the perce rent for personal property is more the 10% but not more than 50%)	ntage of nan	` of rent for	rpersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly co columns 2(a) and	onnected with the income in 2(b) (attach schedule)			
(1)										
(2)										
(3)										
(4)				<u> </u>						
Total	0.	Total			0.	1				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column ((A)	>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.			
Schedule E - Unrelated Debt	-Financed	Income (see	e ınstru	ctions)						
			2	. Gross income from		Deductions directly connected to debt-financed				
1. Description of debt-fina	nced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)							-			
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n 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)	-			%						
(2)				%						
(3)				%						
(4)				. %						
		·				inter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line /, column (B)			
Totals				>		0.	0.			
Total dividends-received deductions Inc	luded in columr	18					0.			
-							Form 990-T (2019)			

Schedule F - Interest, A	Annuitie	s, Royal	ties, an					tions	see ins	struction	ıs)
				Exempt Controlled Organizations							
Name of controlled organizat	2. Em identifi num	cation		Net urrelated income (loss) (see instructions) payments m		otal of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		rolling	6. Deductions directly connected with income in column 5	
(1) SOUTH DAYTON				İ					-	1	
(2) PRIMARY CARE	INC.	45-24	29031							<u> </u>	
(3)											· · · · · · · · · · · · · · · · · · ·
(4)				 		7					
Nonexempt Controlled Organi	zations			<u> </u>				·			<u> </u>
7. Taxable Income		ınrelated ınçon	ne /loss)	0 Total	of specified pays	mente	10. Part of colu	mn O tho	t is included	44 0-	distance describe connected
, razable income	(s	see instruction	5)	9. 10ta	made	116/115	in the controlli	ng organ	uzation's	with	rarement 1
(4)							<u>'</u>			3,	AIBMENI I
(1)					<u> </u>	120.		<u> </u>	,120.	-	9,120.
(2)				<u> </u>	. J,	120.			,120.	-	3,120.
(3)				 			1				
_(4)										 	
~	•						Add colum Enter here and line 8, c		1, Part I,	[dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)
Totals			•					q	,120.		9,120.
Schedule G - Investme	nt Incor	me of a S	Section	501/c\/7	7) (9) or (17) Or	l nanization	٠, ر	, 120.	l	5,120.
(see insti		iie oi a c	Section	301(0)(7	,, (a), or (17, 01	garnzation				
(0000							3. Deduction	ns	Γ .		5. Total deductions
1. Desc	ription of inco	ome			2. Amount of	income	directly conne	cted	4 Set-	asides schedule)	and set-asides
(1)					_		(attach sched	шө)	- `-		(col 3 plus col 4)
(1)											
(2)					 					_	
(3)											
(4)					F		FY TOLOGRAPHIC MARKET	39020 Y	RECUESTED COLUMN	4 3477007	
· · · · · · · · · · · · · · · · · · ·				-	Enter here and Part I, line 9, co	dumn (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals	<u> </u>			<u> </u>	<u> </u>	0.		14.5		%	· 0.
Schedule I - Exploited (see instru		Activity	Income	e, Other	Than Adv	ertisir/	ng Income				
Description of exploited activity	2. (unrelated incom	Gross I business ne from business	directly of with pro of unr	penses onnected oduction elated s income	4. Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	attribut	penses lable to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						-		-			•
									,		-
(2)					 						- -
(3)							`				-
(4)	page 1	re and on i, Part I, , col (A)	page 1	e and on , Part I, col (B).			I		L Line (Single Property of the Control of the Contr		Enter here and on page 1, Part II, line 25
Totals •	L	0.		0.				* ******	See as	ن ر	0.
Schedule J - Advertising			nstruction								
Part is Income From I	Periodic	als Rep	orted or	n a Cons	solidated ————	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs					6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					21322	S & C					
(2)	- -						, '		,,		
(3)	- -		_				,``				
(4)		 .	_			7. 3			_	_	
V-1			+		3 98605\$59.6 17 °	الإي راييا 	+				SAMPHONE STATE AND A CO. A. C.
Totals (carry to Part II, line (5))	•	(0.	0	•		<u> </u>		<u> </u>		0.

923731 01-27-20

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	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	on of Officers, I	Directors, and	Trustees (see in	structions)		

	1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(0)				

Form 990-T (2019)

FORM 990-T	SCHEDULE F - DEDUCTIONS DIRECTLY CONNECTED			STATEMENT 1
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
UTILITIES - SUBTOTAL -	- 1	9,120.	9,120.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN	11	•	9,120.