								293930	60	06833 0
								140	()	
	Form	990-T	E	Exempt Orga				Tax Return	าั	OMB No 1545-0687
	•	•	l	(a) Ilendar year 2018 or other tax yea	nd proxy tax und			TITNT 20 201	ا ۵	2018
			<u> </u>	ZU 10						
		rtment of the Treasury al Revenue Service	•	GO TO WWW Do not enter SSN numbe	irs gov/Form990T for in rs on this form as it may				.	Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if		D Emp	loyer identification number					
		address changed		Name of organization (L	Check box if name c			,		uctions)
	ΒE	xempt under section	Print	COMMUNITY M	<u>ENTAL HEALTI</u>	H C	<u>ENTÈR, INC</u>	•	_	5-1129339
	X] 501(c ()3)		E Unrelated business activity co (See instructions)						
	Ļ	408(e) 220(e)	Туре	285 BIELBY					-	
	<u> </u>	408A 530(a)		City or town, state or pro			ın postal code		E 2 2	000
	 C Bo	529(a) ok value of all assets	L	F Group exemption number		<u> </u>			332	
	at	18,743,1	43.	G Check organization typ		oratio	n 501(c) tru	est 401(a	a) trust	Other trust
	H En			ition's unrelated trades or b		1		ribe the only (or first) u	•	
			-	ASED EMPLOYE		-		one, complete Parts I-V		
	de	scribe the first in the b	lank spa	ace at the end of the previou	us sentence, complete Pa	rts I ar	nd II, complete a Sche	dule M for each addition	nal trade	e or
		siness, then complete								
				poration a subsidiary in an		it-subs	idiary controlled grou	p? >	<u></u> ∨	es X No
				tifying number of the parent	t corporation CEO		To	ephone number	(812	3) 537-1302
				de or Business Inc			(A) Income	(B) Expense		(C) Net
	1a	Gross receipts or sale	s	2,600.			(7	(-)		1 (3,732
		Less returns and allow			c Balance	1c	2,600			
	2	Cost of goods sold (S	chedule	: A, line 7)		8,92				
	3	Gross profit Subtract			-6,32	7.		-6,327.		
		Capital gain net incom		<u>-</u> '		4a 4b				
	b			Part II, line 17) (attach Form			 			
	С 5	Capital loss deduction		sis ship or an S corporation (a)	tach statement)	4c 5				
	6	Rent income (Schedu	•	simp of an el corporation (al	tuon sutomont,	6				
	7	Unrelated debt-finance		me (Schedule E)		7				
	8	Interest, annuities, roy	alties, a	and rents from a controlled	organization (Schedule F)	8				
	9			on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9 10				
	10	Exploited exempt activ		 						
	11 12	Advertising income (S Other income (See ins		•		11				
	13	Total. Combine lines		•		13	-6,32	7.		-6,327.
				ot Taken Elsewher	e (See instructions fo					
		(Except for d								
	14	Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14	
	15	Salaries and wages			RF	CF	IVED		15	
	16 17	Repairs and mainten Bad debts	ance		1	<u> </u>	U		16	
2	18	Interest (attach sche	dule) (se	ee instructions)	MA 88212	R 0	2 2020		18	
20	19	Taxes and licenses	00.0) (0	oo moa doadno,		19				
ರಾ	20		ons (Se	e instructions for limitation	rules)	<u></u>			20	
-		Depreciation (attach	Form 45	562)		リヒ	N, UT 2			
MAR	22	•	umed or	n Schedule A and elsewher	e on return		22a		22b	
	23	Depletion							23	
SCANNED	24	Contributions to defe		mpensation plans					24	
썢	20 28	Employee benefit pro Excess exempt exper	•	chedute 1)					25	
Z	27	Excess readership co	•	•		27				
S	28	Other deductions (at	•	•					28	
ത	29	Total deductions. A							29	0.
	30			ncome before net operating					30	-6,327.
	31	-	_	loss arising in tax years be		y 1, 20	018 (see instructions)	フィ	31	6 3 2 7
	32			ncome Subtract line 31 fro					32	-6,327. Form 990-T (2018
	UE3/0	., 01-09-19 E11/A FU	. i apel	work Reduction Act Notice	, 366 manuchulla			Ĺ	7	

Form 990-	(2018) COMMUNITY MENTAL HEALTH CENTER, INC. 35-1:	129339	Page :								
Part I		-									
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	-6,327.								
34	Amounts paid for disallowed fringes	34									
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35									
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of										
	lines 33 and 34	36	-6,327.								
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,000.								
38	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	9 38	-6,327.								
Part I	V Tax Computation	, ,									
39	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)										
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 \	Tax and Payments										
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	_									
b	Other credits (see instructions)	_									
C	General business credit. Attach Form 3800	_									
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	⊣ . l									
е	Total credits. Add lines 45a through 45d	45e									
46	Subtract line 45e from line 44	46	0.								
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schoduli	e) 47									
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.								
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.								
	Payments A 2017 overpayment credited to 2018										
	2018 estimated tax payments	_									
	Tax deposited with Form 8868	<u>' </u>									
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	⊣ ∣									
	Backup withholding (see instructions)	-									
	Credit for small employer health insurance premiums (attach Form 8941)										
g	Other credits, adjustments, and payments: Form 2439										
	[] Form 4136 Other Total ▶ [50g]	⊢ ,	4 000								
51 50	Total payments. Add lines 50a through 50g	51	4,000.								
52 53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52									
54	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	Z 53	4,000.								
55	F. 11		4,000.								
Part V		7 7 1	4,000.								
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		163 100								
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign country										
	here		x								
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		$-\frac{x}{x}$								
٠.	If "Yes," see instructions for other forms the organization may have to file.										
58	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 best of my know	vledge and belief, it is	s true								
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		···								
Here	G. Une 45 - 102-14-2020 CFO	May the IRS discuss the preparer shown									
	Signature of officer Date CFO	instructions)?									
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	,								
Paid	NATHAN A. RODGERS, NATHAN A. RODGERS, self-employee	1									
Prepa	GD3	P015	58275								
Use O	TO THE COLUMN TERM		178661								
USE U	500 N. MERIDIAN ST, SUITE 200										
		317-633-	-4705								

Schedule A - Cost of Goods	Sold. Ente	r method of invent	ory v	aluation N/A		<u></u>			
1 Inventory at beginning of year	1	0.		Inventory at end of yea	r		6	(0.
2 Purchases	2		i i	Cost of goods sold Su	ine 6			_	
3 Cost of labor	3		1	from line 5. Enter here					
4 a Additional section 263A costs				line 2				8,927	7.
(attach schedule)	4a		8	Do the rules of section	with respect to		· · · · · · · · · · · · · · · · · · ·	No	
b Other costs (attach schedule) *1		8,927.	•	property produced or a	•	•			\neg
5 Total. Add lines 1 through 4b	5	8,927.	1	the organization?	7	, , , , ,			
Schedule C - Rent Income (I (see instructions)	From Real	Property and	Per		ease	d With Real Prop	erty)	
1. Description of property									
(1)									_
(2)									_
(3)	'				·				_
(4)	-								
	2 Rent recei	ved or accrued							_
(a) From personal property (if the perconal property is more to 10% but not more than 50%)	entage of than	of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directl columns 2(a) a	y conne ind 2(b)	cted with the income in (attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(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 Deb	t-Financed	Income (see I	nstru	ctions)					
			2	. Gross income from		3 Deductions directly conto debt-finan			
1 Description of debt-financed property				or allocable to debt- financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)									
(2)							\top		
(3)									_
(4)									_
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	e adjusted basis allocable to anced property ch 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 column 3(a) and 3(b))	
(1)				%		<u></u>	\neg		_
(2)				%			\top		
(3)				%			\top		_
(4)				%					_
		<u> </u>	•	_		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 and	cluded in colum	in 8					> _		0.
								Form 990-T (20	018)

SEE STATEMENT 1

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
			Exempt C	ontrolled O	rganizatio	ons					
Name of controlled organizat	identr	nployer fication mber	Net unrelated income (loss) (see instructions)			il of specified ents made	5 Part of column 4 that is included in the controlling organization's gross income		olling	6 Deductions directly connected with income in column 5	
<u>(1)</u>										·	
(2)											
(3)										**	
(4)											
Nonexempt Controlled Organi	zations		-					_			
7 Taxable Income	8 Net unrelated inco (see instruction		9 Total o	of specified payr made	nents	10 Part of column the controllingross	mn 9 that ng organi s income	is included ization's		eductions directly connected h income in column 10	
(1)											
(2)											
(3)	1										
(4)											
						Add colum Enter here and line 8, o		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals					▶			0.	<u> </u>	0.	
Schedule G - Investme	nt Income of a	Section 5	01(c)(7), (9), or (17) Org	anization					
(see inst	ructions)										
1 Desc	ription of income		İ	2 Amount of	псоте	3 Deduction		4 Set-		5 Total deductions and set-asides	
	·					(attach sched		(attach s	schedule)	(col 3 plus col 4)	
<u>(1)</u>											
(2)											
(3)											
(4)				F-4 b						Estar hara and an age 1	
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
					_						
Totals Schedule I - Exploited	Francia Antivita		Oth an	Th A	0.	- 1			_	0.	
(see instr		, income,	Other	man Au	erusin	g income					
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expe directly cor with prod of unrel business i	nnected uction ated	4 Net incon from unrelated business (co minus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrelat business inco	that ted	attribut	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											
(2)						-					
(3)											
(4)											
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, f line 10, ci	Part I,							Enter here and on page 1, Part II line 26	
Schedule J - Advertisi		instructions									
	Periodicals Rep			olidated	Basis						
1 Name of periodical	2 Gross advertising income		Direct ising costs	or (loss) (c	tising gain of 2 minus ain, compute brough 7	5 Circula income		6 Read cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)				╛						_	
				╛]	
(4)											
Totals (carry to Part II, line (5))	>	0.	0							0.	
										Form 990-T (2018)	

Form 990-T (2018) COMMUNITY MENTAL HEALTH CENTER, INC. 35-11293 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, fine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				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	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 COST OF GOODS SOLD - OTHER COSTS	STATEMENT 1
DESCRIPTION	AMOUNT
SALARIES AND BENEFITS	8,927.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	8,927.