

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

2019

For calendar year 2019 or other tax year beginning 7/1, 2019, and ending 6/30, 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).

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

- A Check box if address changed
B Exempt under section
501(C)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization () Check box if name changed and see instructions
CHADDOCK ATTACHMENT AND TRAUMA SERVICES
Number, street, and room or suite no. If a P O box, see instructions
205 S 24TH STREET
City or town, state or province, country, and ZIP or foreign postal code
QUINCY, IL 62301

D Employer identification number (Employees' trust, see instructions)
37-0661191
E Unrelated business activity code (See instructions)
900999

C Book value of all assets at end of year
F Group exemption number (See instructions.)
G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

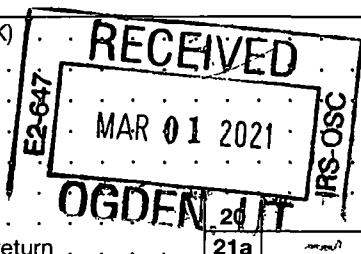
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of KRISTEN PATTON Telephone number 217-222-0034

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include 1a Gross receipts or sales, 1c Balance, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 4b Net gain (loss), 5 Income (loss) from a partnership or an S corporation, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from a controlled organization, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total. Combine lines 3 through 12.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

Table with 2 columns: Description, Amount. Rows include 14 Compensation of officers, directors, and trustees, 15 Salaries and wages, 16 Repairs and maintenance, 17 Bad debts, 18 Interest (attach schedule) (see instructions), 19 Taxes and licenses, 20 Depreciation (attach Form 4562), 21 Less depreciation claimed on Schedule A and elsewhere on return, 22 Depletion, 23 Contributions to deferred compensation plans, 24 Employee benefit programs, 25 Excess exempt expenses (Schedule I), 26 Excess readership costs (Schedule J), 27 Other deductions (attach schedule), 28 Total deductions. Add lines 14 through 27, 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13, 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions), 31 Unrelated business taxable income. Subtract line 30 from line 29.



CANNED NOV 15 2021

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Lines 32-39. Total amount 4571.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Lines 40-45. Total amount 960.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Lines 46a-56. Total amount 960.

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Questions 57-59.

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. Signature of officer: [Signature], Date: 2/10/21, Title: DIRECTOR, FINANCE.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.