2022
0
-
MAY
SCANNED

				EX	TENDED TO M	AY 1	7, 2021	•							
	Form	990-T	E	xempt Orga				ax Retu	rn l	OMB No 1545-0047					
		••••		" (a	nd proxy tax und	er se	ction 6033(e))	7,000							
			<i>2</i> 019												
			7 0 00	lendar year 2019 or other tax yea			ons and the latest inform		020	2013					
	Departr	ment of the Treasury Revenue Service	•	Do not enter SSN numbe	(3)	Open to Public Inspection for 501(c)(3) Organizations Only									
	A			Name of organization (`	loyer identification number									
	A L.	Check box if address changed		Maine of organization ([_ (Emp	oloyees' trust, see uctions)									
			Print		6-4233500										
		empt under section 501(c)(3 のか		elated business activity code											
			or Type	Number, street, and roon			nstructions			instructions)					
	<u> </u>	408(e) 220(e)	220(e) 3201 ARCH SIREE1, NO. 420												
	<u></u>	408A530(a)	L 24	.120											
	بيا	529(a)	to of all seasons												
	C Book	nd of year			Other trust										
		9,990,122. G Check organization type XX 501(c) corporation 501(c) trust 401(a) trust													
	H Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first) unrelated														
	trad	le or business here 🕨	► <u>LE?</u>	ASE SPACE TO	DREXEL UNI	VER:	SITY If only one,	complete Parts	I-V If mor	e than one,					
	des	cribe the first in the bl	ank spa	ice at the end of the previo	us sentence, complete Pa	arts I an	d II, complete a Schedule	M for each addi	tional tradi	e or					
		iness, then complete f													
V						nt-subs	idiary controlled group?	STMT 1▶	• X Y	es No					
-	During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 1 X Yes No If "Yes," enter the name and identifying number of the parent corporation														
ĺ	1 The	books are in care of)	COMPTROLLER'	S OFFICE		Telepho	one number 🕨	215-	895-1442					
_	Par	t In Unrelated	Trac	de or Business Inc	ome		(A) Income	(B) Exper	ises	(C) Net					
	1 a	Gross receipts or sale:	s				·	,	٠,						
	b I	Less returns and allow	vances		c Balance	1c		, i-'							
	2	Cost of goods sold (S	chedule	A. line 7)	•	2		• /	,						
		Gross profit Subtract		•		3		1/1.	١.						
		Capital gain net incom				4a			. 1						
		, -	•	art II, line 17) (attach Forn	- ,										
		Capital loss deduction			•	-									
		•		ship or an S corporation (a		-									
		Rent income (Schedul		ship of an o corporation (a	<u>'</u>										
		Unrelated debt-finance	•	na /Schadula E\		<u> </u>									
				nd rents from a controlled											
				on 501(c)(7), (9), or (17) o											
		Exploited exempt activ													
			•	, ,		11				-					
		Advertising income (S		•		-		· · · - · · ·	-						
		Other income (See ins		•		12	0.			 					
	13 Par	Total. Combine lines		ot Taken Elsewher	10 15-2 mark salvana (13		L		<u> </u>					
	Pai			be directly connected w											
						1622 111				1					
	14	•	cers, di	rectors, and trustees (Sche	edule (K)				14	<u></u>					
	15	Salaries and wages							15						
	16	Repairs and maintena	ance	/	•				16						
	17	Bad debts							17						
"	18	Interest (attach schee	dule) (s	ee instructions)	DEC	EI	VED		18						
7707	19	Taxes and licenses							19						
>	20	Depreciation (attach	Form 45	562)	ر اور		2071 521a								
⊣	21	Less depreciation cla	ımed oı	562) n Schedule A and elsewher	e on return	14			21b						
	22	Depletion					HS		22						
₹	23	Contributions to defe	rred co	mpensation plans	007	- A			23						
≥	24	Employee benefit pro	grams		UGL	ルト	,UT		24						
)	25	Excess exempt exper	ises (Şe	hedule I)	0517	1			25						
Ū	26	Excess readership co			ונייט	こし			26						
SCANNED	27	Other deductions (att		·					27						
7	28	Total deductions, Ad			28	0.									
ق	29			ncome before net operating	29	0.									
S	30			loss arising in tax years be											
		(see instructions)	y 1	your bu	a a cit of arter barren	. , .,	· · -		30	0.					
	31	, ,	axable ii	ncome Subtract line 30 fro	31	0.									
				work Reduction Act Notice					1 01	Form 990-T (2019)					
	923/01	01-21-20 LITA FU	apci	Itoudotton Act Notice	,, occ manuchona	_	١.,	7		10.111 200 1 (2019)					

Form 99	Q-T (2019)			ES, IN	<u>C.</u>		4	6-4233	3500 _P	age 2
Part	HI .	Total Unrelated Business Taxal	ole Income							
32	Total of	unrelated business taxable income computed	from all unrelated trades or b	usinesses (s	ee instructions)	32	:		0.
33	Amount	ts paid for disallowed fringes					_33			
34	Charital	ole contributions (see instructions for limitatio	34	<u>: </u>		0.				
35	Total ur	related business taxable income before pre 20	35							
36	Deducti	on for net operating loss arising in tax years b	eginning before January 1, 20	018 (see instr	uctions)		36			
37	Total of	unrelated business taxable income before spe	cific deduction. Subtract line	36 from line	35	_	37 . رح			
38		deduction (Generally \$1,000, but see line 38				8	38		1,00	0.
39	•	ed business taxable income Subtract line 38	. ,	eater than line	37.					
11 "		e smaller of zero or line 37			. ,		39	.		0.
		Tax Computation								
40		eations Taxable as Corporations Multiply line	39 by 21% (0.21)			<u> </u>	- 40			0.
41	•	Taxable at Trust Rates See instructions for ta	, , ,	n the amount	on line 39 from	m				
		ax rate schedule or Schedule D (Form	•				- 41	7		
42		ax See instructions	,				42			
43	•	tive minimum tax (trusts only)				_	43			
. 44		Noncompliant Facility Income See instruction	nns				44			
111		Add lines 42, 43, and 44 to line 40 or 41, which					45			0.
		Tax and Payments				***************************************	. 1 70			<u> </u>
		tax credit (corporations attach Form 1118, tru	ests attach Form 1116)		46a					
to a		redits (see instructions)	ists attach i of in 1110)		46b		_	•		
0		business credit Attach Form 3800			46c		-			
4		or prior year minimum tax (attach Form 8801)	or 8827)		46d	····	\dashv			
		redits Add lines 46a through 46d	01 0027)		400		46			
		t line 46e from line 45					466			0.
47			Form 8611 Form 8697	,	۰۰۰۰ ــــــ ۲	Nebos	47			<u>.</u>
48			ruiii 0011 [1 ruiii 009/		0000 0	Ther (ettach schedule				_
49		x Add lines 47 and 48 (see instructions)	nee OCC D. Don't H. column (IA	l 0			49			0.
50		et 965 tax liability paid from Form 965-A or For	rm 965-8, Part II, column (K),	, line 3	ایدا		50			<u> </u>
	-	nts. A 2018 overpayment credited to 2019			51a					
		stimated tax payments			51b		-			
	-	osited with Form 8868	/		51c		⊣			
	_	organizations. Tax paid or withheld at source	(see instructions)		51d		-			
		withholding (see instructions)	/		51e					
		or small employer health insurance premiums			51f					
9		, , , , , , , , , , , , , , , , , , , ,	orm 2439							
			ther	_ Total	► 51g					
52	-	ayments. Add lines 51a through 51g	2000 11 1 1 5 5	_			52	_		
53		ed tax penalty (see instructions) Check if Forn	· · · · · · · · · · · · · · · · · · ·	ال		_	53			
54		If line 52 is less than the total of lines 49, 50					54			
55	•	yment If line 52 is larger than the total of line		nt overpaid			55			
56		ne amount of line 55 you want. Credited to 202		lada sasa	lina i	Refunded	<u> 56</u>	<u> </u>		
Part		Statements Regarding Certain				·				
57	•	ime during the 2019 calendar year, did the org		•		•			Yes	No
		inancial account (bank, securities, or other) in		-	-					
	FinCEN	Form 114, Report of Foreign Bank and Finance	ial Accounts If "Yes," enter the	e name of the	foreign count	ry			\vdash	
	here	—							-	X
58	-	the tax year, did the organization receive a dist	· -	rantor of, or t	ransferor to, a	foreign trust?				X
		see instructions for other forms the organizat	•							
59	$\overline{}$	e amount of tax-exempt interest received or a	Anna Carlotte Committee Co					: Tr. 2000		
Sign	Ur	nder penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than	this return including accompanying taxpayer) is based on all information	g schedules and on of which prep	statements, and arer has any knov	to the best of my knov wledge	iledge an	d belief, it is tru	18,	
Here	. 1.	Hele of Bours				NT AND	May the	IRS discuss the	s return wit	h
пеге	·	7	5/13/21	TREASU	JRER			arer shown belo		
		Signature of officer	Date	Title			instruction	ons)? XY	es	No
		Print/Type preparer's name	Preparer's signature		Date	Check	if P	TIN		
Paid	i		0 22 200 -	1.,	02/04/000	self- employe				
Pre	oarer	ERIC M. MCNEIL	Em m Mer		03/01/202			P00460		
	Only	Firm's name ► PRICEWATERHO				Firm's EIN	<u> </u>	<u>13-400</u>	8324	
	-		T STREET, SUI	TE 180	U					
		Firm's address ► PHILADELPH	IA, PA 19103			Phone no	<u> 267</u>	<u>-330-3</u>		
923711	01-27-20							Form 9	9 0-T (2	(019

Schedule A - Cost of Good	s Sold. Enter me	thad of invento	ory valuation N/A							
1 Inventory at beginning of year	1		6 Inventory at end of year			6	·			
2 Purchases	2		7 Cost of goods sold St		ne 6					
3 Cost of labor	3		from line 5. Enter here and in Part I,							
4a Additional section 263A costs			line 2			7				
(attach schedule)	4a		8 Do the rules of section 263A (with respect to							
b Other costs (attach schedule)	4b		property produced or a							
5 Total Add lines 1 through 4b	5		the organization?		те по пред пред по					
Schedule C - Rent Income (see instructions)	(From Real Pro	perty and I	Personal Property L	.eased	With Real Prop	erty)				
1 Description of property										
(1)										
(2)										
(3)										
(4)				•						
	2 Rent received or				0/->5					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for per	d personal property (if the percenta- sonal property exceeds 50% or if is based on profit or income)	ge	3(a) Deductions directly columns 2(a) a	r connected wi nd 2(b) (attach	h the income in schedule)			
(1)										
(2)										
(3)										
(4)										
Total	0 • Tol	tal		0.						
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•		_	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	. ▶		0.		
Schedule E - Unrelated Det	ot-Financed Inc	come (see in	nstructions)							
			2 Gross income from		3 Deductions directly conto debt-finance		allocable			
1 Description of debt-fi	nanced property		or allocable to debt- financed property (a)		Straight line depreciation		Other deductions			
					(attach schedule)	(a)	tach schedule)	.•		
(1)					(attach schedula)	(a	tach schedule)			
(1)					(attach schedule)	(a)	tach schedule)			
(2)					(attach schedule)	(a)	tach schedule)			
(2)					(attach schedule)	(al	tach schedule)			
(2)	5 Average adju of or alloce debt-financed (attach sch	able to I property	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 A	llocable deduction (3(e) and 3(b))	ions		
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or alloca debt-financed	able to I property			7 Gross income reportable (column	8 A	llocable deduction 6 x total of col	ions		
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or alloca debt-financed	able to I property	by column 5		7 Gross income reportable (column	8 A	llocable deduction 6 x total of col	ions		
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	of or alloca debt-financed	able to I property	by column 5		7 Gross income reportable (column	8 A	llocable deduction 6 x total of col	ions		
(2) (3) (4) 4. Amount of everage acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	of or alloca debt-financed	able to I property	by column 5 %		7 Gross income reportable (column	8 A	llocable deduction 6 x total of col	ions		
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2)	of or alloca debt-financed	able to I property	% by column 5	En	7 Gross income reportable (column	8 A (colum	llocable deduction 6 x total of col	ions lumns		
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3) (4)	of or alloca debt-financed	able to I property	% by column 5	En	7 Gross income reportable (column 2 x column 6)	8 A (colum	llocable deduction 6 x total of col 3(e) and 3(b))	e 1 B)		
(2) (3) (4) 4. Amount of everage acquisition debt on or allocable to debt-financed property (attach schedule) (1) (2) (3)	of or alloce debt-financed (attach sch	able to I property	% by column 5	En	7 Gross income reportable (column 2 x column 6)	8 A (colum	llocable deduction 6 x total of col 3(e) and 3(b))	ions lumns		

Form 990-T (2019) 11TH S	TREET	FAMI	LY HEA	LTH.S	SERVICE	ES, 1	NC.		46-42	33500	Page 4	
Schedule F - Interest, F	Annuities	s, Royal						tions	see in:	structions	s)	
Name of controlled organization .	ion ,	2. Em identifi num	ployer ication				otal of specified 5		5 Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)								 			······································	
(2)												
(3)		,						 				
(4)								 				
Nonexempt Controlled Organia	zations							<u> </u>		!		
7 Taxable Income	8. Net ur	nrelated incon		9 Total	of specified payr made	nents	10 Part of colu in the controll gross	mn 9 tha ing organ s income	nization's		uctions directly connected income in column 10	
							,					
(1)											·	
_(2)												
(3)												
(4)					-							
-					•		Add colur Enter here and line 8		1, Part I,	Enter he	f columns 6 and 11 re and on page 1 Part I ine 8, column (8)	
Totals			•						0.		0.	
Schedule G - Investme	nt Incon	ne of a S	Section 5	01/c)/7	1 (9) or (17) Or	ranization		<u> </u>	<u> </u>	<u></u>	
(see instr		le oi a c	Section C	01(0)(7), (3), Oi (17) Οι	gariization					
	ription of incor	me			2 Amount of	ıncome	3 Deduction directly connected (attach scheo	cted	4 Set-	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)									1			
(2)						-		-			· · · · · · · · · · · · · · · · · · ·	
(3)					······································						 	
(4)			•					······································			 	
			•		Enter here and o Part 1, line 9, co			Justi	<u>I</u>		Enter here and on page 1, Part I, line 9, column (B)	
Totals Schedule I - Exploited		Activity	Income,	▶ Other	Than Adv	0. ertisir	4644.41.	A A A	lye side	The second	0.	
. (see instru	ictions)			1					 			
1. Description of exploited activity			ousiness with production of unrelated		4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		is not uprelated att		attribut	penses able to mn 5	. 7 Excess exempt - expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)												
(3)									1			
(4)												
	Enter here page 1, line 10, d	Part I, col (A)	Enter here page 1, I line 10, ci	Parti ol(B)							Enter here and on page 1, Part II, line 25	
Totals Schedule J - Advertisin	a lace	0.	mat	<u> </u>	EVER LANGES ALLS	CANAL A	1667 (17 A C)	ALC: NA	FAR BEAR	大阪の公舗を	0.,	
Part Income From I			nstructions	<u> </u>	olidatad	Basis.					·····	
<u>ृह्यत्त्र्</u> income From I			ortea on	a Cons		Basis						
1 Name of periodical		2 Gross advertising income		Direct ising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput rough 7	le income		6 Read	15	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							**					
(2)							Š.			(A)	14.97	
(3)											anni (Alkirasi	
(4)						NUK.	*			12		
					1					15	A CENTRAL PROPERTY OF THE PARTY	
Totals (carry to Part II, line (5))	. •	(0.	0	.		1				0.	
					•						Form 990-T (2019)	

Form 990-T (2019) 11TH STREET FAMILY HEALTH SERVICES, INC. 46-4233500

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) (cof 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.	7	٠,	1-, A		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)		• .*	م آ		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	4 Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total Enter her	e and on page 1, Part II, line 14			0.

Form 990-T (2019)

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	1
CORPORATION'S NAME								NO
DREXEL UNIVER	SITY						23-1352630	