2019
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SCANNED

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		Ex	empt Organization			Tax Retur	'n [OMB No 1545-0687
rorm 1 →	990-T				der section 6033		1 0	0047
Ì	Impai of the Transmis	For cale	ndar year 2017 or other tax year beg Go to www irs.gov/Form99				0 <u>+ °</u>	_ 201/
	tment of the Treasury Revenue Service	▶ Do	not enter SSN numbers on this form					Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (Check	box if na	ime changed and see instruction	ons)		yer identification number yees' trust, see instructions)
			COLUMN TO TO TO TO TO TO	>=>1===	ID TUG		(Emplo	yees man, see mandenons ;
	501(C (3)	Print	Number, street, and room or suite no				50_11	131002
	408(e) 220(e)	or	Number, street, and foom or strice no	Harc	box, see instructions	·		ated business activity codes
	408A 530(a)	libbe	1046 RIDGE AVE SW					structions)
	529(a)]	City or town, state or province, coun	try, and	ZIP or foreign postal code			
	ok value of all assets and of year		ATLANTA, GA 30315-				90009	9
			up exemption number (See instru				г	
			ck organization type X 50		prporation 5010	(c) trust	401(a)	trust Other trust
		 -	rimary unrelated business activity corporation a subsidiary in an aff					Yes X No
			identifying number of the parent of			controlled group.		res No
			CLAUDIO AZZARITI, CFO			one number > 40	4-564-	7009
Pai	tl Unrelated	Trade o	or Business Income		(A) Income	(B) Expen	ses	(C) Net
1 a	Gross receipts or	sales						
b	Less returns and allowa		c Balance I					
2	-		ule A, line 7)			- 1		
3 4 a			2 from line 1c					
b			Part II, line 17) (attach Form 4797)					
c			rusts					,
5			os and S corporations (attach statement		-216,041.	ATCH 2		-216,041.
6	Rent income (Sch	edule C)		6				
7	Unrelated debt-fir	nanced in	come (Schedule E)	7				
8			its from controlled organizations (Schedule F					
9			1(c)(7), (9), or (17) organization (Schedule C	·				
10 11		•	ncome (Schedule I)	_		•		
12			tions, attach schedule)		468.	ATCH 3		468.
13			ough 12		-215,573.			-215,573.
Par			Taken Elsewhere (See ins		ons for limitations on	deductions) (E	xcept fo	or contributions,
	deduction	s must	be directly connected with	the u	nrelated business inc	ome)		
14	Compensation of	officers,	directors, and trustees (Schedule +	· · · ·	;;		. 14	
15	Salaries and wage	es	RECE	:IVE	<u>ပ.</u> -တူ			
16 17	Repairs and main	tenance						
18	Interest (attach so	chedule)		0 58		. 		
19	Taxes and licenses	s	0)		A L			
20	Charitable contrib	outions (S	ee instructions for limitation lies	N.	UT.		. 20	
21	Depreciation (atta	ch Form	4562)		21			
22			on Schedule A and elsewhere on				22b	·
23								
24			compensation plans					
25 26			Schedule 1)					
20 27			Schedule I)					
28			chedule)					
29			s 14 through 28					
30			le income before net operating					-215,573.
31			on (limited to the amount on line 3					
32			e income before specific deduction					-215,573.
33			ally \$1,000, but see line 33 instru					1,000.
34			ole income Subtract line 33 f		=			-2·15,573.
	cinci the smaller (71 ZEIU UT	line 32		 	<u> </u>	34	413,313.

Par	t III Tax Computation				
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group				
	members (sections 1561 and 1563) check here ▶ See instructions and				
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)				
	(1) \$ (2) \$ (3) \$				
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$				
	(2) Additional 3% tax (not more than \$100,000)				
С		35c			
36	Trusts Taxable at Trust Rates See instructions for tax computation Income tax on		-		
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)	36			
37	Proxy tax See instructions	37			
38	Alternative minimum tax	38			
39	Tax on Non-Compliant Facility Income. See instructions	39			
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40			
Par	t IV Tax and Payments				
41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 41a				
	Other credits (see instructions)				
	General business credit Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
		41e			
42	Subtract line 41e from line 40	42			
43	Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule) .	43			
44	Total tax. Add lines 42 and 43	44			0.
45 a	Payments A 2016 overpayment credited to 2017				
	2017 estimated tax payments				
	Tax deposited with Form 8868				
	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)	1			
	Credit for small employer health insurance premiums (Attach Form 8941)	1			
	Other credits and payments Form 2439				
Ū	Form 4136 Other Total ▶ 45g				
46	Total payments. Add lines 45a through 45g	46			
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	47			
48	Tax due If line 46 is less than the total of lines 44 and 47, enter amount owed	48			
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49			
50	·	50	****		
Par					
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or		authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may			\dashv	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the f				
	here >	J	1	.	x ~
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?	,		Х
	If YES, see instructions for other forms the organization may have to file	,iii adat	• • • • • •		
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties of penjury, I declare that I have examined this return including accompanying schedules and statements and to the be	est of my	knowledge a	ind beli	ief, it is
Sign	true, correct, and complete Operation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				
Here	May May May		RS discuss		
		instruction	oreparer sho	م الم	No
	Puntifice piecare's name Preparer's signature Date		PTIN		1 140
Paid	KRYSTAL K CREACH	if لـــــا nployed	P0124	1819	8
Prep	arer Firm's name BKD, LLP		4-01602		-
Use	Only Firm's address > 910 E ST LOUIS #200/PO BOX 1190, SPRINGFIELD, MO 65806-2523 Phone		17 865-		1
	Friote	110 1	Form 99		

b Other costs (attach schedule) . 4b	Form 990-T (2017)								Page 3
2 Purchases	Schedule A - Cost of Go	oods Sold. Er	nter method	d of invent	 				
3 Cost of labor	1 Inventory at beginning of y	/ear . 1			6 Inventory	at end of year	ar	. 6	
Part .line 2 Total additional section 263A costs (attach schedule) 4a b b Other costs (attach schedule) 4b b Other costs (attach schedule) 5 Total Add lines 1 through 4b 5 b cost Add lines 1 through 4b 5 cost Add lines 1 through 4b cost Add lines 1 throug	2 Purchases				7 Cost of	goods so	old Subtract line		
(attach schedule)	3 Cost of labor	3			6 from	line 5 En	iter here and in		
b Other costs (attach schedule) 1	4a Additional section 263A co	osts			Part I, line	2		. 7	
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) 10	(attach schedule)	4a							No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) Description of property (a) 2 Rent received or accrued (b) From personal property (if the percentage of rent for personal property (if the property of the percentage of rent for personal property (if the property of the percentage of rent for personal property (if the property of the percentage of rent for personal property (if the property of the percentage of rent for personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) 1) 2) 3) 4) Total (b) Total deductions Enter here and on page 1, Part I, line 6, column (a)) Total (b) Total deductions Enter here and on page 1, Part I, line 6, column (b)) Total (column 2 (a) and 2(b) (attach schedule) (b) Total deductions Enter here and on page 1, Part I, line 6, column (column a lineable to debt-financed property (a) Straight line depresation (a) Straight line depresation (a) Straight line depresation (a) Other deductions (attach schedule) (b) Other deductions (a) Straight line depresation (a) Other deductions (a) and 3(b) (b) other deductions (column 6 x total addicable to debt-financed property (attach schedule) (b) Other deductions (column 6 x total addicable to debt-financed property (attach schedule) (column 2 x column 6) Enter here and on page 1, Part I, line 7, column (B) Enter here and on page 1, Part I, line 7, column (B)	b Other costs (attach schedu	ıle) . 4b			property	produced	or acquired fo	or resale) apply	
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2) 3) 4) 2 Rent received or accrued (a) From personal property (if the percentage of rent for personal property (from personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) 1) 2) 3) 4) 5) 6) 1 Total 6) 2 Total income Add totals of columns 2(a) and 2(b) Enterers and on page 1, Part I, line 6, column (A)	1 Description of property								
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2) 3) 4) 4) (b) Total deductions enter earn and on page 1, Part I, line 6, column (A)		age of rent fo	r personal property	y exceeds	in columns 2(a) and 2(b) (attach schedule				
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(b) Total deductions leter and on page 1, Part I, line 6, column (A)	Total		Total						
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acquisition debt of the debt-financed property (attach schedule) 10 11 12 13 14 15 17 17 18 18 19 19 10 10 10 10 10 10 10 10		5 Average adju	sted basis						
allocative to dept-limatices property (attach schedule) (attach schedule) by column 5 (column 2 x column 6) 3(a) and 3(b)) (2) % (3) % (4) Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)		î .		1					
1) % 2) % 3) % 4) ** Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) otals				1		(colum	n 2 x column 6)		
2) % 3) % 4) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)	· · · · · · · · · · · · · · · · · · ·	(%				
8) % #I) % Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)								//	
Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (A) Part I, line 7, column (B)							- ::		
Enter here and on page 1, Part I, line 7, column (A) Column (A) Enter here and on page 1, Part I, line 7, column (B)								· · · · · · · · · · · · · · · · · · ·	
otals	· <i>I</i>			L	70	Enter her	e and on page 1	Enter here and on page	ne 1
					▶		<u> </u>		

Form **990-T** (2017)

		Exem	pt Controlled	Organizat	ions				T -
1 Name of controlled organization	2 Employer identification numb	<i>i</i>	et unrelated incor s) (see instruction		I of speci ients mad	fied included	of column 4 th I in the contro tion's gross in	olling	6 Deductions directly connected with incom in column 5
1)									
2)									
3)					_				
4)			.						
Nonexempt Controlled Organiz	zations								
7 Taxable Income	8 Net unrelated in (loss) (see instruc		9 Total of s payments		inc	Part of column luded in the co anization's gros	ntrolling		1 Deductions directly inected with income in column 10
1)	=					_			
2)									
3)									
4)									
Fotals			;)(7), (9), or	▶ (17) Orga	Pa	ter here and on ort I, line 8, colu	mn (A)		ter here and on page 1, rt f, line 8, column (B)
1 Description of income	2 Amount of	fincome	direct	Deductions ly connected th schedule)			et-asides schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)	
1)									
2)							``		<u> </u>
3)									<u> </u>
4)	Enter here and	-							Enter here and on page
otals ► Schedule I - Exploited Exe	empt Activity In	come, Oth	er Than Adv	vertising l	ncome	e (see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expensi directly connected production unrelated business inc	with from use or busing a final fragger of the frag	income (loss) nrelated trade iness (column is column 3) ain, compute 5 through 7	5 G from is n	ross income activity that ot unrelated ness income	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
1)					 				
2)									
3)					1		,		
4)	-		 						
otals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Par line 10, col	rt I,		-				Enter here and on page 1, Part II, line 26
Schedule J - Advertising In	come (see instr	uctions)							
Part I Income From Peri	iodicals Report	ed on a Co	nsolidated	Basis					
1 Name of periodical	2 Gross advertising income	2 Gross 3 Direct advertising advertising cost		dvertising or (loss) (col us col 3) If n, compute 5 through 7	o) (col 5 Circulation income spute				7 Excess readership costs (column 6 minus column 5, but not more than column 4)
1)					1				
2)							 		┪
3)	-						-		
)							-		┥
.,	 				+				
otals (carry to Part II, line (5))						·			Form 990-T (201)
									Fulli 330-1 (201

	1 /																
Part II	Income	From	Periodio	cals R	eported	on a	Separate	Basis	(For	each	periodical	listed	ın P	art II,	fill i	n co	lumns
	2 throu	ah 7 o	n a line-b	ov-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▶						
	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 27
Totals, Part II (lines 1-5) ▶						

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			

Form **990-T** (2017)

ATTA	CHM	ENT	2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

SUNCREST HOME HEALTH - SOUTHSIDE, LLC

INCOME (LOSS) FROM PARTNERSHIPS

-216,041.

-216,041.

ATTACHMENT 3

PART I - LINE 12 - OTHER INCOME	•
AMOUNTS PAID FOR DISALLOWED FRINGES	468.
PART I - LINE 12 - OTHER INCOME	 468.