2939305303735 0

Form	990-T	E	empt Organization (and proxy tax		siness Income der section 6033(rn	ОМВ	No 1545-0687		
		For cale	ndar year 2018 or other tax year begin	ning _	04/01 , 2018, and end	ng 03/31	2019	2	⋒1 Я		
Depar	tment of the Treasury		► Go to www.irs.gov/Form990	T for i	nstructions and the latest	information.		<u>~</u>	<u> </u>		
Intem	al Revenue Service	▶ Do	not enter SSN numbers on this form	as ıt m	ay be made public if your org	anization is a 501(c)(3)	Open to F 501(c)(3)	Public Inspection for Organizations Only		
A [2	Check box if address changed		Name of organization (Check b	ox if na	me changed and see instruction	ıs)			cation number ee instructions)		
	empt under section	l <u>.</u>	COMMONWEALTH HEALTH	FRE	E CLINIC, INC.		1				
X	501(C 2 3)	Print or	Number, street, and room or suite no	lf a P O	box, see instructions			292739			
<u> </u>	408(e) 220(e) Type							E Unrelated business activity code (See instructions)			
	408A530(a)		800 PARK STREET		TID as foreign a satel as de						
	529(a) ok value of all assets	1	City or town, state or province, countr BOWLING GREEN, KY 4	•	• .		NONE				
	end of year	F 650	<u> </u>				NONE				
	517.335		up exemption number (See instruct eck organization type X 501			trust	401(a)	truct	Other trust		
H E			inization's unrelated trades or busine	•	· · · · · · · · · · · · · · · · · · · 			y (or first) u			
	ade or business her	•		مادم		complete Parts I	-				
			end of the previous sentence, co	molete		•			accombo trio		
	ade or business, the		•								
			corporation a subsidiary in an affil	ated o	roup or a parent-subsidiary	controlled group?			Yes X No		
			identifying number of the parent co	_	on >			_			
J Ti	ne books are in care	e of ▶JE	ENNY GREENWELL		Telephor	ne number > 27	0-745	-1500			
Par	t I Unrelated	Trade o	or Business Income		(A) Income	(B) Exper	ses		(C) Net		
1 a	Gross receipts or s	sales									
þ	Less returns and allowa	nces	c Balance ▶	1c							
2	Cost of goods sol	d (Sched	ule A, line 7)	2							
3			2 from line 1c	3							
4 a	Capital gain net in	ncome (a	ttach Schedule D)	4a		<u>-</u>					
b			Part II, line 17) (attach Form 4797)	4b							
С	Capital loss dedu	ction for t	rusts	4c							
5			r an S corporation (attach statement)	5				1			
6				6				1			
7			come (Schedule E)	7							
8			ents from a controlled organization (Schedule F)					+			
9			1(c)(7), (9), or (17) organization (Schedule G)	9				+			
10			ncome (Schedule I)	10				 -			
11 12			tions, attach schedule)	12				+			
13			ough 12		0.			 			
	Deduction	ns Not	Taken Elsewhere (See insti	ructio	ons for limitations on o	leductions) (I	Except	for contri	outions.		
	doduction		he directly connected with t	ha	rolated business inco	, ma \			· · · · · · · · · · · · · · · · ·		
14	Compensation of	officers,	directors, and trustees (Schedule K)		DEC	NEW YEAR	14				
15							15				
16	Repairs and maint	tenance			<u>6</u>		ည္တ 16				
17	Bad debts				IŠIF.EB	1.9 2020.	0 17				
18	1-1 /		(·		1 1	£.	ý. <u>18</u>				
19	Taxes and licenses	s	See instructions)		····· OGDI		<u></u>				
20		•	•			<u>-!\.\.\.\.</u>	20				
21			4562)				_				
22	•		on Schedule A and elsewhere on re				22b	1			
23			• • • • • • • • • • • • • • • • • • • •					1			
24			compensation plans						 .		
25							_	 			
26			Schedule I)					 			
27			chedule J)								
28 29			chedule)					<u> </u>			
29 30			s 14 through 28					+			
31			g loss arising in tax years beginnir								
32		•	e income Subtract line 31 from line	_	• • •	, .	· · ·				
			lotice, see instructions.		<u> </u>	<u></u> .	1 32	For	m 990-T (2018)		

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Form	990-T (2018)			1	Page 2
Par	t III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	ınstructions)	33	_		
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			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)				
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,	-			
30	enter the smaller of zero or line 36	38			0.
Par	Tax Computation	1 30		-	
-	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
39 40		133			
40		40			
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	$\overline{}$			
41	Proxy tax See instructions				
42	Alternative minimum tax (trusts only)- · · · · · · · · · · · · · · · · · · ·				
43	Tax on Noncompliant Facility Income. See instructions		-		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			
	t V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	- I			
	Other credits (see instructions)	1			
	General business credit Attach Form 3800 (see instructions)	1 1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 1			
е	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	-			
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	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			
50 a	Payments A 2017 overpayment credited to 2018	1			
b	2018 estimated tax payments				
	Tax deposited with Form 8868]]			
	Foreign organizations Tax paid or withheld at source (see instructions)				
	Backup withholding (see instructions)]			
	Credit for small employer health insurance premiums (attach Form 8941) 50f]			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 50g				
51	Total payments Add lines 50a through 50g	51			
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	55			
Par	Statements Regarding Certain Activities and Other Information (see instruction	s)			
56	At any time during the 2018 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	ay have	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		
	here >				Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	ign trust?	<u>, </u>		Х
	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 penury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my	knowledge a	nd beli	ef, it is
Sigr	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	Ab - "	OC dissi	the	otu-
Her		•	RS discuss preparer sho		
			ns)? X Yes		No
-	Print/Type preparer's name Preparer's signature Date Check		PTIN		
Paid	JESSICA FREEMAN NIALTA TOORAN (PA 21/2) Self-e	mployed	P0126	145	7
Prep	arer Firm's name ▶ BKD, LLP		44-0160	260	
Use	Only Firm's address > 3102 WEST END AVENUE, SUITE 1050, NASHVILLE, TN 37203-1301 Phone	<u> </u>	5.988.3		
	[The state of the			ΛТ	

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Schedule A - Cost of Goods Sold. E	nter method	d of inventory valua	tion	•					
1 Inventory at beginning of year . 1					ar	6			
2 Purchases 2					ld Subtract line				
3 Cost of labor		6 f	rom	line 5 En	ter here and in	ļ			
4a Additional section 263A costs		Part	I, line	2		7			
(attach schedule) 4a					section 263A (w	ith r	espect to	Yes	No
b Other costs (attach schedule) . 4b					or acquired for		·		
5 Total Add lines 1 through 4b . 5					· · · · · · · · · · · · · · · · · · ·				x
Schedule C - Rent Income (From Real	Property a	nd Personal Prop	perty	Leased V	ith Real Proper	tv)			
(see instructions)	. ,	•			•	•			
Description of property									
(1)						-			
(2)		•							
(3)		_			**			•	
(4)					•				
	eived or accrue	ed							
(a) From personal property (if the percentage of rent			mnerty	/f the	3(a) Deductions di	rectly c	onnected with t	he inco	ome
for personal property is more than 10% but not	percenta	(b) From real and personal property (if the percentage of rent for personal property exceeds				in columns 2(a) and 2(b) (attach			<i>,</i> ,,,,,
more than 50%)	50% or	if the rent is based on p	profit or	income)					
(1)							•		
(2)		•							
(3)									
(4)									
Total	Total								
(c) Total income Add totals of columns 2(a) and 2	(b) Enter				(b) Total deduction		i		
here and on page 1, Part I, line 6, column (A)					Enter here and on Part I, line 6, colun				
Schedule E - Unrelated Debt-Financed		e instructions)							
	,	2 Gross income from	n or	3 C	eductions directly con			e to	
1 Description of debt-financed property		allocable to debt-finar		(a) Straigh	debt-finance		erty (b) Other deduc	rtions	
		property			ch schedule)	,	(attach sched		
(1)	•								
(2)									
(3)									
(4)									
4 Amount of average 5 Average ad	usted basis	6 Column					Allocable ded	. ct.ooo	
acquisition debt on or of or alloc allocable to debt-financed debt-finance		4 divided			ncome reportable		ımn 6 x total o		
property (attach schedule) (attach sch		by column 5		(column	2 x column 6)		3(a) and 3(b))	
(1)			%						
(2)			%						
(3)			%						
(4)			%				· · · · · ·		
-		<u> </u>		Enter here	e and on page 1,		er here and or		
				Part I, lin-	e 7, column (A)	Par	t I, line 7, colu	ımn (E	3)
Totals									
Total dividends-received deductions included in									

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Page 4

Schedule F—Interest, Anni	uities, Royalties			ontrolled Or			iuons (see	e instruction	ons)	
Name of controlled organization	2 Employer identification numb	er 3	Net unre	lated income instructions)	4. Total	of specifi ents made	ed included	of column 4 t I in the contr ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)										
(2)					ļ	_				ļ
(3)									_	
(4)										L
Nonexempt Controlled Organiz	zations					T				
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specifical payments made		ınclı	Part of column ided in the co nization's gros	ntrolling		Deductions directly nnected with income in column 10
(1)										
(2)				_						
(3)										
(4)										-
Totals	ncome of a Sec	tion 501	(c)(7),	(9), or (17		Ente Par	d columns 5 ar here and on t I, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1 Description of income	2. Amount of	income		3 Deduction directly contact (attach sci	nnected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)	-									
(2)										
(3)										
(4) Totals ▶	Enter here and Part I, line 9, c									Enter here and on page 1 Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity In	come, Ot	her Th	an Advert	ising Ir	come	(see instru	ictions)		
1. Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expe direct connecte producti unrelati business	itly ed with ion of ited	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thr	ted trade (column lumn 3) ompute	from IS no	oss income activity that t unrelated ess income	6 Expe attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)								-		
(3)				1						
(4)				1						
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, I line 10, c	Part I,			<u> </u>				Enter here and on page 1, Part II, line 26
Totals		uotions)		1						<u>l. </u>
			`oneol	idated Ba	eie					
Part I Income From Per	logicals Report	ed on a C	<u>JONSOI</u>	4. Adver						7 Excess readership
1 Name of periodical	2 Gross advertising income	3 Dire advertisin		gain or (los 2 minus o a gain, co cols 5 thre	ol 3) If impute	ı	irculation ncome	6 Read cos		costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										_
(4)										
Totals (carry to Part II, line (5))										
				<u> </u>						Form 990-T (2018

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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)					ļ <u>.</u>	
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)					<u> </u>	

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			

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