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Comparison of the Technic Person of the T	_	990-T	Ex	cempt Organization					rn	OMB No	0 1545-0687
Description of the Trainers Internal Review Serving Control (1) and the Control (1) a	Form	330-1	_						1402	മ	<b>∆</b> 40
Note   Decided to the process of t			For cale						20 1 9	<u> </u>	910
Exempt under section			► n.	_					(0)(2)	Open to Pul	blic Inspection for
Summar stranger   Conference	_		<b>₽</b> 00								
First   Color   Colo	۲ (			, (		civangua and out i		-,	(Empl	oyees' trust, see	instructions)
First   Color   Colo	_B Exe	empt under section	{	COMMONWEALTH HEALTH	FOU	NDATION, IN	c.				
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at end of year  13, 237, 978. G Check organization hype X X 501(c) corporation  1501(c) trust  401(a) trust  Other trust  H Enter the number of the organization's unrelated trades or businesses P 1  Describe the only (or first) unrelated trade or business here of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts I and III, complete a Schedule M for each additional trade or business. Then complete Parts I and III, complete a Schedule M for each additional trade or business. Then complete Parts I and III, complete a Schedule M for each additional trade or business. Then complete Parts I and III, complete a Schedule M for each additional trade or business. Then complete Parts I and III, complete a Schedule M for each additional trade or business. The complete Parts I and III, complete a Schedule M for each additional trade or business. Income  II "Yes," enter the name and identifying number of the perent corporation in a subsidiary in an affiliated group or a parent-subsidiary controlled group? \ Yes X No III "Yes," enter the name and identifying number of the perent corporation in the III Telephone number \( 270 - 745 - 1500 \)  If "Yes," and the trade or Business Income  (A) Income  (B) Expenses  (C) Net  I Telephone number \( 270 - 745 - 1500 \)  If a Gross recepts or sales  b tass returns and interview.  (C) Set of goods sold (Schedule A, Ine 7)				City or town, state or province, country	y, and Z	IP or foreign postal co	ode		1		
13,237,878,   G Check organization by proprietion   S01(c) trust   401(a) trust   Other trust				BOWLING GREEN, KY 4	2101				NONE		
If Enter the number of the organizators unrelated trades or businesses ▶ 1 Describe the only (or first) unrelated trade or business here ▶ ATCH 1 from the blank space at the end of the previous sentence, complete Parts I vid floor the trade or business, the morphete Parts III vid floor the trade or business, the morphete Parts III vid floor the trade or business, the morphete Parts III vid floor the trade or business, the morphete Parts III vid floor the trade or business, the morphete Parts III vid floor the trade or business floor in the trade or bu	at e	end of year	F Gro	up exemption number (See instruct	ions)	<u> </u>					i
trade or business here ▶ ATCH 1 If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete a Schedule M for each additional trade or business, then complete Parts III.  I During the tax year, was the corporation a subsidiary in an affiliated group or a pair-subsidiary controlled group? ▶ Yes ▼ No If Yes, Enter the name and identifying number of the parent corporation ▶ Telephone number ▶ 270-745-1500    The books are in care of ▶JENNY GREENNELL Telephone number ▶ 270-745-1500   The books are in care of ▶JENNY GREENNELL Telephone number ▶ 270-745-1500   Telephone number ▶ 270-		13,237,878.	<b>G</b> Che	ck organization type 🕨 🛛 🗓 501	(c) co	rporation	501(c	trust	401(a)	trust	Other trust
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 IIIIV  I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  I Part II Unrelated Trade or Business Income  I Telephone number ▶ 270−745−1500  Part II Unrelated Trade or Business Income  I Telephone number ▶ 270−745−1500  Part II Unrelated Trade or Business Income  I Gill Income  I Telephone number ▶ 270−745−1500  C Cost of goods sold (Schedule A, line 7),  I Cost of goods sold (Schedule A, line 7),	H E	nter the number of	the orga	nization's unrelated trades or busine	esses	<b>▶</b> 1		Describ	e the only	/ (or first) un	related
During the tax year, was the corporation a substitiary in an affiliated group or a parent-subsidiary controlled group?	tra	ade or business her	e ▶ <u>A</u> '	rch 1		If o	nly one,	complete Parts	1-V If mor	e than one, o	describe the
In During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  If "Yes," enter the name and identifying number of the parent corporation  If "Yes," enter the name and identifying number of the parent corporation  If "Yes," enter the name and identifying number of the parent corporation  If "Yes," enter the name and identifying number of the parent corporation  If "Yes," enter the name and identifying number of the parent corporation  If "Yes," enter the name and identifying number > 270-745-1500  Part II Unrelated Trade or Business Income  (A) Income  (B) Expenses  (C) Net  If (A) Income  (B) Expenses  (C) Net  If (B) Expenses	fır	st in the blank spa	ce at the	end of the previous sentence, coi	mplete	Parts I and II, com	plete a S	chedule M for e	ach additio	nal	
If "Yes," enter the name and identifying number of the parent corporation											T 1,,T
The books are in care of ▶JENNY GREENWELL Telephone number ▶ 270-745-1500		=					bsidiary o	controlled group	'. <i>.</i>	▶ ∟_	JYes LX No
Part   Unrelated Trade or Business Income   (A) Income   (B) Expenses   (C) Net					rporation				70 745	1500	
1 a Gross receipts or sales b Less returns and allowances c Balance c Balance b Less returns and allowances c Goods sold (Schedule A. line 7). 2 Cost of goods sold (Schedule A. line 7). 3 Gross profit Subtract line 2 from line 1c. 3 3 4 Capital gain net income (lattach Schedule D). 4 a Capital gain net income (attach Schedule D). 4 b Net gain (loss) (Form 4787, Part III, line 17) (attach Form 4797), 4 b Capital loss deduction for trusts c Capital Capital c Capital c Capital Capital c Capital c Capital Capital c Cap						Γ' -					
b Less returns and allowences closed (Schedule A, line 7), 2 2 3 Gross profit Subtract line 2 from line 1c		-		or Business income	T	(A) Income	<del></del> -	(B) Expe	nses	+	C) Net
2 Cost of goods sold (Schedule A, line 7). 3 Gross profit Subtract line 2 from line 1 c	_	•									
3 Gross profit Subtract line 2 from line 1c 3 4 Capital gain net income (attach Schedule D) 4 4 4 4 5 Net gain (loss) (Form 4797) and II, line 17) (attach Form 4797) 4 5 Net gain (loss) (Form 4797) and II, line 17) (attach Form 4797) 4 5 Net gain (loss) (Form 4797) and II, line 17) (attach Form 4797) 4 5 Net gain (loss) from a partnership or an Scorporation (attach statement) 5 Net come (schedule C) 6 Net income (schedule C) 7 Net line (loss) from a partnership or an Scorporation (attach statement) 5 Net line (loss) from a partnership or an Scorporation (attach statement) 5 Net line (loss) from a partnership or an Scorporation (attach statement) 5 Net line (loss) from a partnership or an Scorporation (attach statement) 6 Net line (loss) from a partnership or an Scorporation (attach statement) 7 Net line (loss) from a partnership or an Scorporation (attach statement) 8 Net line (loss) from a li										+	
As Capital gain net income (attach Schedule D)  b Net gain (loss) (Form 4787, Part II, line 17) (attach Form 4797).  c Capital loss deduction for trusts.  former (loss) from a partnership or an Sexporesion (intech statement).  former (loss) from a partnership or an Sexporesion (intech statement).  former (loss) from a partnership or an Sexporesion (intech statement).  former (loss) from a partnership or an Sexporesion (intech statement).  former (loss) from a partnership or an Sexporesion (intech statement).  former (loss) from a partnership or an Sexporesion (intech statement).  formerst, annutes, repaires, and rents from a controlled organization (Schedule F).  formerst, annutes, repaires, and rents from a controlled organization (Schedule F).  formerst, annutes, repaires, and rents from a controlled organization (Schedule F).  formerst, annutes, repaires, and rents from a controlled organization (Schedule F).  formerst, annutes, repaires, and rents from a controlled organization (Schedule F).  formerst, annutes, repaires, and rents from a controlled organization (Schedule F).  formerst, annutes, repaires, and rents from a controlled organization (Schedule F).  formerst, annutes, repaires, and rents from a controlled organization (Schedule F).  formerst, annutes, repaires, and rents from a controlled organization (Schedule F).  formerst, annutes, repaires, and rents from a controlled organization of the controlled organization organization organization organization organization organization organization organization organi		-	•							+	<del></del>
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c Capital loss deduction for trusts  income (loss) from a partnership or an 5 corporation (attach statement). 5  Rent income (Schedule C). 7  Unrelated debt-financed income (Schedule E). 7  Unrelated debt-financed income (Schedule E). 7  Interest, annutes, royaltes, and reins from a controlled organization (Schedule F). 8  Interest, annutes, royaltes, and reins from a controlled organization (Schedule F). 9  Investment income of a section 501(c)(7), (8), or (17) organization (Schedule F). 9  Investment income of a section 501(c)(7), (8), or (17) organization (Schedule F). 10  Exploited exempt activity income (Schedule I). 10  Advertising income (Schedule J). 11  Total. Combrine lines 3 through 12. 113  Compensation of officers, directors, and trustees (Schedule K). 14  Interest (attach schedule) (see instructions)  Interest (attach Form 4552). 20  Depletion 23  Depletion 23  Depletion 24  Contributions to deferred compensation plans 25  Employee benefit programs 25  Excess exempl expenses (Schedule I). 27  Excess readership costs (Schedule I). 27  Other deductions (Attach schedule) 28  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Our Form 990-T (2018)									_		
5 income (loss) from a partnership or an S corporation (attach statement) . 6 Rent income (Schedule C) . 6 I   6 II   7 II   FEB 2 1 2000   7 II   7 III   FEB 2 1 2000   7 III   7	-	- , , ,		• • • • • • • • • • • • • • • • • • • •				DECIE	VED	<del></del>	
6 Rent income (Schedule C) 6							<del>-                                    </del>	170	<u> </u>	-101	
Tunrelated debt-financed income (Schedule E)  Interest, annuties, royaties, and rents from a controlled organization (Schedule E)  Interest, annuties, royaties, and rents from a controlled organization (Schedule E)  Interest, annuties, royaties, and rents from a controlled organization (Schedule E)  Interest income of a section 501(c)/7, (9), or (17) organization (Schedule D)  Children (Schedule J)  Advertising income (Schedule J)  Other income (Schedule J)  Other income (Schedule J)  Total. Combine lines 3 through 12.  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)  Compensation of officers, directors, and trustees (Schedule K).  It Compensation of officers, directors, and trustees (Schedule K).  It Balares and wages  It Salares and wages  It Salares and maintenance  It Bad debts,  It reases and licenses  It Depreciation (attach schedule) (see instructions),  It Balares and licenses  It Depreciation (attach Form 4562),  Depreciation (attach Form 4562),  Depreciation (attach Form 4562),  Depreciation claimed on Schedule A and elsewhere on return  Depreciation (attach Form 4562),  Depreciation (attach Form 4562),  Employee benefit programs  Contributions to deferred compensation plans  Employee benefit programs  Depreciation (attach schedule),  Total deductions (Attach Schedule J),  Total deductions (Attach Schedule J),  Other deductions (Attach Schedule J),  Other deductions Add lines 14 through 28,  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13, and the subtract line 21 from line 30.  Form 990-T (2018)			•				in.			<del>  (7)  </del>	
Interest, annulutes, royalties, and rents from a controlled organization (Schedule F)  Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)  Exploited exempt activity income (Schedule I)  Advertising income (Schedule J)  Other income (See instructions, attach schedule)  Total Combine lines 3 through 12.  Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)  Compensation of officers, directors, and trustees (Schedule K).  Salaries and wages  Repairs and maintenance  Bad debts.  Interest (attach schedule) (see instructions).  Interest (attach schedule) (see instructions).  Bad debts.  Interest (attach schedule) (see instructions).  Depreciation (attach Form 4562).  Depreciation (attach Form 4562).  Less depreciation claimed on Schedule A and elsewhere on return  Depreciation (attach Form 4562).  Employee benefit programs  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule J).  Total deductions Add lines 14 through 28.  Other deductions Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 30 • • • • • • • • • • • • • • • • • •			-				k *	FEB 2	<u>t 2020</u>	1: : :	
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10 Exploited exempt activity income (Schedule I)		· · ·		- ·			1	CODE	N LIT		
11 Advertising income (Schedule J)				- · ·			ļ		, , ,		
12 Other income (See instructions, attach schedule)	11	•	•		11						
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)  14 Compensation of officers, directors, and trustees (Schedule K).	12	=			12						
deductions must be directly connected with the unrelated business income )  14 Compensation of officers, directors, and trustees (Schedule K)	13	Total. Combine lin	nes 3 thr	ough 12	13		0.	_			
Compensation of officers, directors, and trustees (Schedule K).  14 15 Salaries and wages.  16 Repairs and maintenance.  17 Bad debts,  18 Interest (attach schedule) (see instructions),  19 Taxes and licenses  19 Charitable contributions (See instructions for limitation rules).  20 Charitable contributions (See instructions for limitation rules).  21 Depreciation (attach Form 4562).  22 Less depreciation claimed on Schedule A and elsewhere on return.  22 Depletion.  23 Contributions to deferred compensation plans.  24 Employee benefit programs.  25 Employee benefit programs.  26 Excess exempt expenses (Schedule I).  27 Excess readership costs (Schedule J).  28 Other deductions (attach schedule)  29 Total deductions Add lines 14 through 28.  30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  31 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 31 from line 30  5 Form 990-T (2018).	Par	t    Deduction	ns Not	Taken Elsewhere (See insti	ructio	ns for limitation	ns on c	leductions)	(Except	for contrib	utions,
Salaries and wages		deduction	s must	be directly connected with t	he ur	related busine	ss inco	me)			
Repairs and maintenance	14	Compensation of	officers,	directors, and trustees (Schedule K)					14		
17 Bad debts	15	Salaries and wage	es						15		
Interest (attach schedule) (see instructions).  Interest (attach schedule) (se	16	Repairs and main	tenance						16		
Taxes and licenses	17	Bad debts							17		
Charitable contributions (See instructions for limitation rules)	18	·	•							<del> </del>	
Depreciation (attach Form 4562).  Less depreciation claimed on Schedule A and elsewhere on return  Depletion.  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I).  Cother deductions (attach schedule)  Total deductions (attach schedule)  Total deductions Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Unrelated business taxable income Subtract line 31 from line 30.  For Paperwork Reduction Act Notice, see instructions.											
Less depreciation claimed on Schedule A and elsewhere on return									20	+	
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27 Excess readership costs (Schedule J)									- 1		
Other deductions (attach schedule)											
Total deductions Add lines 14 through 28.  Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).  Unrelated business taxable income Subtract line 31 from line 30.  Tor Paperwork Reduction Act Notice, see instructions.									- 1		
Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions).  Unrelated business taxable income Subtract line 31 from line 30.  For Paperwork Reduction Act Notice, see instructions.									· ·	<del></del>	
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)				•							
32 Unrelated business taxable income Subtract line 31 from line 30				· -							
For Paperwork Reduction Act Notice, see instructions.			•	• • •	-	=					
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Form	990-T (2	· · · · · · · · · · · · · · · · · · ·				Page 2
Par	rt III	Total Unrelated Business Taxable Income				
33	Total	of unrelated business taxable income computed from all unrelated trades or businesses (see				
	ınstruc	tions)	33			
34	Amoun	ts paid for disallowed fringes	34			
35	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instruc	tions).	35			
36		of unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
		33 and 34	36			
37	Specifi	deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37			—
38	•	ted business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36.	<u> </u>			
-		ne smaller of zero or line 36	38			0.
Par		Tax Computation	- 00			
39		zations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax on				
70		bunt on line 38 from Tax rate schedule or Schedule D (Form 1041)	40			
4.4			41			
41		ax. See instructions	42			
42		tive minimum tax (trusts only)	<del>                                     </del>			
43		Noncompliant Facility Income. See instructions	-			
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	<del></del>		
	t V	Tax and Payments	r			
		tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a				
		redits (see instructions)				
C	Genera	I business credit Attach Form 3800 (see instructions)				
		or prior year minimum tax (attach Form 8801 or 8827)	ا ۔ ا			
		redits Add lines 45a through 45d				
46		t line 45e from line 44	46			
47		xes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).				
48		xx. Add lines 46 and 47 (see instructions)	48			0.
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			
		nts A 2017 overpayment credited to 2018				
		stimated tax payments · · · · · · · · · · · · · · · · · · ·				
		osited with Form 8868				
		organizations Tax paid or withheld at source (see instructions)				
	-	withholding (see instructions)				
f	Credit f	or small employer health insurance premiums (attach Form 8941)	.			
g	Other c	redits, adjustments, and payments Form 2439				
	F	orm 4136 Other Total ▶ 50g				
51	Total p	ayments Add lines 50a through 50g	51			
52	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached,	52			
53	Tax du	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpa	yment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid ▶	54			
55	Enter th	e amount of line 54 you want   Credited to 2019 estimated tax  Refunded	55			
Par	t VI	Statements Regarding Certain Activities and Other Information (see instructions	3)			
56	-	time during the 2018 calendar year, did the organization have an interest in or a signature or		-	Yes	No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may	•			
	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	gn trust	? <sup> </sup>		X
	If "Yes,"	see instructions for other forms the organization may have to file				
58		ne amount of tax-exempt interest received or accrued during the tax year 🕨 \$			İ	<u> </u>
	l to	nder penalties of pegury, I declare that I have examined this return, including accompanying schedules and statements, and to the b ie, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of m	y knowledge	and beli	ief, it is
Sigr	۱ ا	a mall market	y the	IRS discuss	this r	return
Her	~	ONALD G. SOWELL MAN DELECTION OF A 1 A 20 PEVP - CFO with	h the	preparer sh	nown_t	
	s	,	instruction	ons)? X Ye	s	No
Dela		Pront/Type preparer's name Preparer's signature Date Check	ıf 🔲	PTIN		
Paid		JESSICA FREEMAN Ulmica Freeman, CA 2/12/2020 self-e	mployed	P012		
·	arer Only	Firm's name ▶ BKD, LLP	EIN ▶	44-016		
	Jilly	Firm's address > 3102 WEST END AVENUE, SUITE 1050, NASHVILLE, TN 37203-1301 Phone	no 61	5.988.3		
JSA				Form 99	30-T	(2018)

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Form 990-T (2018)									Page 3
Schedule A - Cost of Go	ods Sold. E	nter metho	d of inventor	y valuation	<b></b>				
1 Inventory at beginning of ye	ear . 1		(	6 Inventory	at end of yea	ar	6		
2 Purchases	2	<u> </u>	:	7 Cost of	goods so	ld. Subtract line			
3 Cost of labor	3			6 from	line 5 En	ter here and in			
4a Additional section 263A co	sts			Part I, line	2		7		
(attach schedule)	4a		+	B Do the	rules of	section 263A (w	ith respect	to Yes	No
<b>b</b> Other costs (attach schedu	le) . <mark>4b</mark>					or acquired for			
5 Total Add lines 1 through				to the orga	anization?.	<u> </u>	<i>.</i>		X
Schedule C - Rent Income	(From Real F	roperty a	nd Persona	al Property	Leased V	Vith Real Proper	ty)		
(see instructions)									
Description of property									
(1)									
(2)								********	
(3)									
(4)									
***************************************	2. Rent rece	ved or accru	ed						
(a) From personal property (if the p			rom real and p			3(a) Deductions di			
for personal property is more that more than 50%)	an 10% but not		age of rent for print and the form			ın columns 2(a	a) and 2(b) (atta	ch schedule)	
mate than 50 %;		1 30%0	T II the fell lo bi	abou on pront of					
(1)									
(2)									
(3)						l 			
(4)									
Total		Total				(b) Total deduction	ne		
(c) Total income. Add totals of co						Enter here and on			
here and on page 1, Part I, line 6,						Part I, line 6, colun	nn (B) 🕨		
Schedule E - Unrelated De	bt-Financed I	ncome (se	ee instruction	ns)					
				come from or	3 0	Deductions directly con debt-finance		illocable to	
1 Description of deb	t-financed property			debt-financed perty	(a) Straigh	it line depreciation		r deductions	
***************************************			proj		(atta	ch schedule)	(attach	schedule)	
(1)									
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or	<ol> <li>Average adjusted of or allocated and adjusted and allocated an</li></ol>		6 C	olumn	7 (*****	anno mandable	8 Allocab	le deductions	s
allocable to debt-financed	debt-financed		1	vided		ncome reportable 1 2 x column 6)	(column 6 x		nns
property (attach schedule)	(attach sch	edule)	by co	lumn 5			3(a) a	and 3(b))	
(1)			<u> </u>	%					
(2)			1	%					
(3)			ļ	%					
(4)				%			<del></del>		
						e and on page 1, e 7, column (A)	Enter here	and on page 7, column (I	
					'	57, Widinii (A)	i aiti, mic	., ააფიი (1	٠,
				_	I				

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Total dividends-received deductions included in column 8 . . . . . . . . .

Schedule F—Interest, Ann				ontrolled Or						
Name of controlled organization	2 Employer identification numb	per		elated income e instructions)	1	of specified ents made	included	of column 4 to I in the contri Ion's gross in	olling	6. Deductions directly connected with income in column 5
)							_			_
)					_					
3)					1		<u> </u>			
)					<u> </u>		<u> </u>			<u> </u>
onexempt Controlled Organia						40 P	irt of column	O that is	1 4	1 Deductions directly
7 Taxable Income	8 Net unrelated ii (loss) (see instruc		9	Total of specific payments made		includ	led in the co zation's gros	ntrolling		nnected with income in column 10
)										
			-							
						-				
						Δαα	columns 5 a	and 10	Α.	dd columns 6 and 11
otals		 ction 50	01(c)(7)		▶ ') Orga	Part	here and on I, line 8, colu	mn (A)		ter here and on page 1, int I, line 8, column (D)
1 Description of income	2 Amount of	-		3 Dedu directly co (attach sc	ctions nnected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
)										
							-			
	Enter here and									Enter here and on page 1
otals	Part I, line 9, c	olumn (A)								Part I, line 9, column (B)
chedule I-Exploited Exe	empt Activity in	come,	Otner i	nan Advert	ising ir	icome (	see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dıı conne produ unr	ectly ected with uction of related ss income	4 Net inconfrom unrelated or business 2 minus confragain, cools 5 thr	ted trade (column lumn 3) ompute	from a	5 Gross income from activity that is not unrelated business income		enses able to nn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
)	<u> </u>								*********	
)										
)										
)										
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, 0, col (B)							Enter here and on page 1, Part II, line 26
otals										
chedule J-Advertising In				lidated De	_!_					-
Part I Income From Per	logicais Report	ea on a	a Consc	olidated Ba	SIS	· · · · · ·		Γ		
1 Name of periodical	2 Gross advertising income		Direct sing costs	4 Adver gain or (lo: 2 minus c a gain, co cols 5 thr	ss) (col ol 3) If mpute		culation come	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
)			-	1						
)				7						
)										
)										
tals (carry to Part II, line (5))	l					<u> </u>				
	<del></del> ,									Form 990-T (2018)

## COMMONWEALTH HEALTH FOUNDATION, INC. 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 ▶				-		
	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)		%	
)		%	
otal Enter here and on page 1, Part II, line 14			

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## ATTACHMENT 1

## ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE ORGANIZATION DID NOT HAVE ANY UNRELATED BUSINESS ACTIVITIES DURING THE YEAR.