|                            |  |  |  |                   |                            | 29393                    | 06006835                     |  |  |  |  |
|----------------------------|--|--|--|-------------------|----------------------------|--------------------------|------------------------------|--|--|--|--|
|                            | _  |  |  |                   |                            | 190                      | 4                            |  |  |  |  |
|                            | 990-T  |  | vemnt Organization Rus   | eina              | sé Income T                | ay Return                | OMB No 1545-0687             |  |  |  |  |
|                            | aa0- I   | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) |  |                   |                            |                          |                              |  |  |  |  |
| σ                          | •  | For ca   | lendar year 2018 or other tax year beginning OCT 1,  |                   |                            | P 30, 2019               | <b> </b>                     |  |  |  |  |
| D                          |  |  | Go to www irs gov/Form990T for instructions and the latest information.  Open to Public Inspection for   |                   |                            |                          |                              |  |  |  |  |
|                            | tment of the Treasury<br>at Revenue Service        | •  | Do not enter SSN numbers on this form as it ma   | y be ma           | de public if your organiz  |                          | 501(c)(3) Organizations Only |  |  |  |  |
| A [                        | Check box if address changed                       |  | Name of organization ( Check box if name changed and see instructions.)  D Employer identification number (Employees' trust, see instructions) |                   |                            |                          |                              |  |  |  |  |
| <b>B</b> Ex                | xempt under section                                | Print  | DEACONESS CLINIC, INC  | 26-3083364        |                            |                          |                              |  |  |  |  |
| X                          | 501( <b>c§3</b> )<br>408(e) 220(e)                 | or<br>Type   | Or Number, street, and room or suite no. If a P.O. box, see instructions  E Unrelated business activity code (See instructions)                |                   |                            |                          |                              |  |  |  |  |
| <u></u>                    | 408(e)220(e)                                       |  | City or town, state or province, country, and ZIP or foreign postal code   |                   |                            |                          |                              |  |  |  |  |
|                            | ] 529(a)   |  | EVANSVILLE, IN 47747   | J                 |                            | 8                        | 312930                       |  |  |  |  |
| C Boo                      | ok value of all assets                             |  | F Group exemption number (See instructions )   | <b>&gt;</b>       | ·                          |                          |                              |  |  |  |  |
|                            | 30,464,2   | 80.  | G Check organization type X 501(c) col   | poratio           | n 501(c) trust             | 401(a) tr                | <del></del>                  |  |  |  |  |
| H EII                      | ter the number of the                              | organiza   | tion's unrelated trades of businesses  |                   | Describe                   | the only (or first) unre |                              |  |  |  |  |
|                            |  |  | EE STATEMENT 1   | arta I ar         |                            | complete Parts I-V. If   | •                            |  |  |  |  |
|                            | scribe the first in the b<br>siness, then complete |  | ce at the end of the previous sentence, complete P   | arts i ar         | id ii, complete a Schedule | IN TOT EACH ADDITIONAL   | trade or                     |  |  |  |  |
|                            |  |  | oration a subsidiary in an affiliated group or a pare  | nt-subs           | idiary controlled group?   | <b></b>                  | Yes X No                     |  |  |  |  |
|                            |  |  | tifying number of the parent corporation   |                   | g g p                      |                          |                              |  |  |  |  |
| J Th                       | e books are in care of                             | <b>&gt;</b> 1  | RICHARD PERRY  |                   | Teleph                     | one number 🕨 81          | 2-450-2370                   |  |  |  |  |
| Pa                         | rt i Unrelate                                      | d Trac   | te or Business Income  | 1                 | (A) Income                 | (B) Expenses             | (C) Net                      |  |  |  |  |
|                            | Gross receipts or sale                             |  |  |                   |                            |                          |                              |  |  |  |  |
|                            | Less returns and allow                             |  | c Balance  | 1c                |                            | <del></del>              |                              |  |  |  |  |
| 2                          | Cost of goods sold (S                              |  | •  | 2                 |                            | <u> </u>                 |                              |  |  |  |  |
| 3                          | Gross profit Subtract<br>Capital gain net incon    |  |  | 3<br>4a           |                            |                          |                              |  |  |  |  |
|                            |  |  | art II, line 17) (attach Form 4797)  | 4b                |                            |                          |                              |  |  |  |  |
|                            | Capital loss deduction                             |  |  | 4c                |                            | <u> </u>                 |                              |  |  |  |  |
| 5                          | •  |  | ship or an S corporation (attach statement)  | 5                 |                            |                          |                              |  |  |  |  |
| 6                          | Rent income (Schedu                                | le C)  |  | 6_                |                            |                          |                              |  |  |  |  |
| 7                          | Unrelated debt-finance                             | ed incoi   | ne (Schedule E)  | 7                 |                            |                          |                              |  |  |  |  |
| 8                          |  |  | nd rents from a controlled organization (Schedule F)   | $\overline{}$     |                            |                          |                              |  |  |  |  |
| 9                          |  |  | on 501(c)(7), (9), or (17) organization (Schedule G  |                   |                            |                          |                              |  |  |  |  |
| 10                         | Exploited exempt acti                              | -  | ,  | 10                | <u> </u>                   | <u></u>                  |                              |  |  |  |  |
| 11                         | Advertising income (S                              |  | •  | 11                |                            |                          |                              |  |  |  |  |
| 12<br>13                   | Other income (See in:<br>Total. Combine lines      |  |  | 12                | 0.                         | <u> </u>                 |                              |  |  |  |  |
|                            |  |  | ot Taken Elsewhere (See instructions t   |                   |                            | <u> </u>                 |                              |  |  |  |  |
| L                          | (Except for  | contrib  | utions, deductions must be directly connecte   | d with            | the unrelated business     | income)                  |                              |  |  |  |  |
| 14                         | Compensation of off                                | icers, di  | rectors, and trustees (Schedule K)   |                   |                            |                          | 14                           |  |  |  |  |
| 15                         | Salaries and wages                                 |  |  | RF                | CEIVED                     | ,  -                     | 15                           |  |  |  |  |
| 16                         | Repairs and mainter                                | ance   | l, f   |                   | OFIVED                     | 1. ⊦                     | 16                           |  |  |  |  |
| 17                         | Bad debts  |  | ee instructions)   | MΛ                | R 0 2 2020                 | ! ` <b>`</b>             | 17                           |  |  |  |  |
| 18<br><del></del>          | Interest (attach sche                              | dule) (s   | ee instructions)   | in Wi             | V & ZUZU   O               | <del> -</del>            | 18                           |  |  |  |  |
|                            | Taxes and licenses                                 | one (Se  | e instructions for limitation rules)   |                   |                            | <u> </u>                 | 19 20                        |  |  |  |  |
| <b>€</b> 20<br><b>€</b> 21 | Depreciation (attach                               | •  | 562)   | <u> </u>          | DEN, UE1                   | <u> </u>                 | /                            |  |  |  |  |
| <b>→</b> 22                |  |  | n Schedule A and elsewhere on return   |                   | 22a                        |                          | 22b                          |  |  |  |  |
|                            | Depletion  |  |  |                   | (200)                      |                          | 23                           |  |  |  |  |
| \$24                       | Contributions to defe                              | erred co   | mpensation plans   |                   |                            |                          | 24                           |  |  |  |  |
| 25                         | Employee benefit pro                               | ograms   |  |                   |                            |                          | 25                           |  |  |  |  |
| 26                         | Excess exempt expe                                 | nses (S  | chedule I)   |                   |                            | L                        | 26                           |  |  |  |  |
| <b>Z</b> 27                | Excess readership co                               | •  | •  |                   |                            | -                        | 27                           |  |  |  |  |
| <b>₹</b> 28                | Other deductions (at                               |  | -  |                   |                            |                          | 278                          |  |  |  |  |
| SGAMMED, MAR               | Total deductions A                                 |  |  | -4 lus - <b>^</b> | O from line 10             | -                        | 29 0.<br>30 0.               |  |  |  |  |
|                            |  |  | ncome before net operating loss deduction. Subtra  |                   |                            | F                        | 30 0.<br>31                  |  |  |  |  |
| 31                         | Dennetion for tiet ob                              | rer a tilliy   | loss arising in tax years beginning on or after Janu   | ury i,∠l          | o io (acc illatructions)   | L                        | M. 1                         |  |  |  |  |



0. Form **990-T** (2018)

32 Unrelated business taxable income Subtract line 31 from line 30
823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

| Form 990- | (2018) DEACONESS CLINIC, INC   | 26-3083364                         | Page 2                                |  |  |  |  |  |
|-----------|--|------------------------------------|---------------------------------------|--|--|--|--|--|
| Part I    | II Total Unrelated Business Taxable Income   |                                    |                                       |  |  |  |  |  |
| 33        | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   | 33                                 | 0.                                    |  |  |  |  |  |
| 34        | Amounts paid for disallowed fringes  | 34                                 |                                       |  |  |  |  |  |
| 35        | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  | 85                                 |                                       |  |  |  |  |  |
| 36        | Total of unrelated business taxable income before specific deduction. Subtract fine 35 from the sum of   |                                    |                                       |  |  |  |  |  |
|           | lines 33 and 34  | 38                                 |                                       |  |  |  |  |  |
| 37        | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  | 38 3                               | 1,000.                                |  |  |  |  |  |
| 38        | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,  |                                    |                                       |  |  |  |  |  |
| •••       | enter the smaller of zero or line 36   | 1                                  | 0.                                    |  |  |  |  |  |
| Part I    |  | 1. 3                               |                                       |  |  |  |  |  |
| 39        | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)  | ▶ 39                               | 0.                                    |  |  |  |  |  |
| 40        | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:   |                                    |                                       |  |  |  |  |  |
|           | Tax rate schedule or Schedule D (Form 1041)  | ▶ 40                               |                                       |  |  |  |  |  |
| 41        | Proxy tax. See instructions  |                                    |                                       |  |  |  |  |  |
| 42        | Alternative minimum tax (trusts only)  | 45                                 |                                       |  |  |  |  |  |
| 43        | Tax on Noncompliant Facility Income. See instructions  | 43                                 |                                       |  |  |  |  |  |
| 44        | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  | 1 2 1                              | 0.                                    |  |  |  |  |  |
| Part \    |  | 777                                |                                       |  |  |  |  |  |
|           | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a  |                                    |                                       |  |  |  |  |  |
| b         | Other credits (see instructions) 46b   | <del></del>                        |                                       |  |  |  |  |  |
| c         | General business credit. Attach Form 3800 45c  |                                    |                                       |  |  |  |  |  |
| đ         | Credit for prior year minimum tax (attach Form 8801 or 8827)   |                                    |                                       |  |  |  |  |  |
| _         | Total credits Add lines 45a through 45d  | 45e                                |                                       |  |  |  |  |  |
| 46        | Subtract line 45e from line 44   | 46                                 | 0.                                    |  |  |  |  |  |
| 47        |  | tach schedule) 4                   |                                       |  |  |  |  |  |
| 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                                 | 0.                                    |  |  |  |  |  |
| 50 a      | Payments: A 2017 overpayment credited to 2018  |                                    |                                       |  |  |  |  |  |
|           | 2018 estimated tax payments  | 3,000.                             |                                       |  |  |  |  |  |
|           | Tax deposited with Form 8868   | 37000                              |                                       |  |  |  |  |  |
|           | Foreign organizations: Tax paid or withheld at source (see instructions) 504   |                                    |                                       |  |  |  |  |  |
|           | Backup withholding (see instructions)  50e   |                                    |                                       |  |  |  |  |  |
| 1         | Credit for small employer health insurance premiums (attach Form 8941)   | <del></del>                        |                                       |  |  |  |  |  |
| α         | Other credits, adjustments, and payments: Form 2439  |                                    |                                       |  |  |  |  |  |
| •         | ☐ Form 4136 ☐ Other ☐ Total ► 500  |                                    |                                       |  |  |  |  |  |
| 51        | Total payments. Add lines 50a through 50g  | 5,1                                | 3,000.                                |  |  |  |  |  |
| 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  | <b>▶</b> 53                        | · · · · · · · · · · · · · · · · · · · |  |  |  |  |  |
| 54        | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  | 54                                 | 3,000.                                |  |  |  |  |  |
| 55        | Enter the amount of line Educational Condited to 0040 estimated to the   | nded \$5                           | 3,000.                                |  |  |  |  |  |
| Part V    |  | ions)                              |                                       |  |  |  |  |  |
| 56        | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority  |                                    | Yes No                                |  |  |  |  |  |
|           | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may 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   | an trust?                          | X                                     |  |  |  |  |  |
|           | 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  |                                    |                                       |  |  |  |  |  |
| 0.        | Under penalitios of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the becorrect, and complete College in the perpurer (other than laxpayer) is based on all information of which preparer has any knowledge | est of my knowledge and belief, it | is true,                              |  |  |  |  |  |
| Sign      | 11/1/19/04 10/1/2  | May the IRS discus                 |                                       |  |  |  |  |  |
| Here      | VICE PRESIDENT   | the preparer shows                 |                                       |  |  |  |  |  |
|           | Signature of Officer Que / Title   | instructions)?                     | Yes No                                |  |  |  |  |  |
|           |  | heck if PTIN                       |                                       |  |  |  |  |  |
| Paid      | CARRIE A. MERRILL, CARRIE A. MERRILL,  | elf- employed                      |                                       |  |  |  |  |  |
| Prepa     | rer CPA   CPA   - SA \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \   | P008                               | 32283                                 |  |  |  |  |  |
| Use O     | nly Firm's name ▶BLUB & CO., LLC   |                                    | 178661                                |  |  |  |  |  |
|           | 500 N. MERIDIAN ST, SUITE 200  |                                    |                                       |  |  |  |  |  |
|           | Firm's address INDIANAPOLIS, IN 46204  | Phone no. 317-633                  | -4705                                 |  |  |  |  |  |

| Schedule A - Cost of Goods   | Sold. Enter          | method of inven  | tory va                    | aluation > N/A   |          | _  |           |  |             |
|--|----------------------|--|----------------------------|--|----------|--|-----------|--|-------------|
| 1 Inventory at beginning of year 1   |                      |  | 6 Inventory at end of year |  |          |  | 6         |  |             |
| 2 Purchases  | 2                    | 7 Cost of goods sold. S  |                            |  |          | ine 6  |           | Ì  |             |
| 3 Cost of labor  | 3                    | from line 5. Enter here and in Part I,                         |                            |  |          |  |           |  |             |
| 4a Additional section 263A costs   |                      |  | 1                          | line 2   |          |  | 7         |  |             |
| (attach schedule)  | 4a                   |  | 8                          | Do the rules of section  | 263A (v  | with respect to  |           | Yes  | No          |
| b Other costs (attach schedule)  | 4b                   |  |                            | property produced or a   | cquired  | for resale) apply to   |           |  | 1           |
| 5 Total Add lines 1 through 4b   | 5                    |  |                            | the organization?  |          |  |           |  |             |
| Schedule C - Rent Income (I  | rom Real I           | Property and   | Pers                       | sonal Property L   | ease     | d With Real Prop   | erty)     |  |             |
| (see instructions)   |                      |  |                            | <del></del>  |          |  |           |  |             |
| 1 Description of property  |                      |  |                            |  |          |  |           |  |             |
| (1)  |                      |  |                            |  |          |  |           |  |             |
| (2)  |                      |  |                            |  |          |  |           |  |             |
| (3)  |                      |  |                            |  |          |  |           |  |             |
| (4)  |                      |  |                            |  |          |  |           |  |             |
|  | 2. Rent receive      | ed or accrued  |                            |  |          |  |           |  |             |
| (a) From personal property (if the percorent for personal property is more to 10% but not more than 50%) | entage of<br>han     | ` of rent for p  | ersonal                    | onal property (if the percentag<br>property exceeds 50% or if<br>ed on profit or income) | ge       | 3(a) Deductions directly columns 2(a) a  | nd 2(b) ( | ited with the income in<br>attach schedule)                      |             |
| (1)  | -                    |  |                            |  |          |  |           |  |             |
| (2)  | •                    |  |                            | ·  |          |  |           |  |             |
| (3)  |                      |  |                            |  |          |  |           |  |             |
| (4)  |                      |  | -                          |  |          |  |           |  |             |
| Total  | 0.                   | Total  |                            |  | 0.       |  |           |  |             |
| (c) Total income. Add totals of columns 2<br>here and on page 1, Part I, line 6, column                  | (A)                  | <b>•</b>   |                            |  | 0.       | (b) Total deductions.<br>Enter here and on page 1,<br>Part I, line 6, column (8) | <b>.</b>  |  | 0.          |
| Schedule E - Unrelated Deb   | t-Financed           | Income (see  | ınstru                     | ctions)  |          |  |           |  |             |
|  |                      |  | ١,                         |  |          | 3 Deductions directly conto debt-finance   |           |  |             |
| •  |                      |  | 2                          | Gross income from<br>or allocable to debt-   | (8)      | Straight line depreciation   | 1         | (b) Other deduction  | s           |
| 1 Description of debt-fine   | ancea property       |  |                            | financed property  | ``       | (attach schedule)  |           | (attach schedule)  |             |
| (1)  |                      |  | +                          |  |          |  | +         |  |             |
| (2)  |                      |  | <u> </u>                   |  |          |  |           |  |             |
| (3)  |                      |  |                            |  |          |  | 1         |  |             |
| (4)  |                      |  |                            |  |          |  |           |  |             |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)         | of or a<br>debt-fina | adjusted basis<br>illocable to<br>nced property<br>n schedule) | 6                          | Column 4 divided<br>by column 5  |          | 7. Gross income reportable (column 2 x column 6)                                 |           | 8. Allocable deduct<br>(column 6 x total of co<br>3(a) and 3(b)) |             |
| (1)  |                      |  |                            | %  |          | -  |           |  |             |
| (2)  |                      |  | 1 -                        | %  |          | (  |           |  |             |
| (3)  |                      |  |                            | %  |          |  |           |  |             |
| (4)  |                      |  |                            | %  | <u> </u> |  |           |  |             |
|  |                      |  |                            |  |          | nter here and on page 1,<br>Part I, line 7, column (A)                           |           | Enter here and on pag<br>Part I, line 7, column (                |             |
| Totals   |                      |  |                            | _  |          | 0  |           |  | 0.          |
| Total dividends-received deductions inc  | cluded in column     | 18   |                            |  | L        |  |           |  | 0.          |
| LATER MILITAGRES LONGIACO GERROTIONS HIS   | COIGIIII             |  |                            |  |          |  |           |  | <del></del> |

(

|  |   |                                    | Exempt (   | Controlled O  | rganizatio   | ons   |  |                             |          |   |  |
|--|---|------------------------------------|--|---|--|---|--|-----------------------------|----------|---|--|
| 1 Name of controlled organizate            | on <b>2</b>   | Employer<br>entification<br>number | 3 Net unr<br>(loss) (see   | elated income<br>instructions)  | 4. Tota  | al of specified<br>nents made                                   | 5 Part of column 4 that is included in the controlling organization's gross income |                             | olling   | 6 Deductions directly<br>connected with income<br>in column 5                               |  |
| (1)  |   |                                    |  |   |  |   |  | -                           |          |   |  |
| (2)  |   |                                    |  |   |  |   |  |                             |          |   |  |
| (3)  |   |                                    |  |   |  |   |  |                             |          | ,   |  |
| (4)  |   |                                    |  |   |  | •   |  |                             |          |   |  |
| Nonexempt Controlled Organiz               | ations  |                                    |  |   |  |   |  |                             |          | -   |  |
| 7 Taxable Income                           | 8. Net unrelated (<br>(see instru                                 |                                    | 9. Total   | of specified payr<br>made   | nents  | 10. Part of colu<br>in the controll<br>gross                    | mn 9 that is<br>ing organiza<br>s income   | s included<br>ation's       |          | uctions directly connected income in column 10  |  |
| (1)  |   |                                    |  |   |  |   |  |                             |          |   |  |
| (2)  |   |                                    |  |   |  |   |  |                             |          |   |  |
| (3)  |   |                                    |  |   |  |   |  | I                           |          |   |  |
| (4)  |   |                                    |  |   |  |   |  |                             |          |   |  |
|  |   |                                    |  |   |  | Enter here and  | nns 5 and 1<br>I on page 1,<br>column (A)  | , Part I,                   | Enter he | d columns 6 and 11<br>re and on page 1, Part I,<br>ine 8, column (B)                        |  |
| <sup>Totals</sup><br>Schedule G - Investme | nt Income of  | a Section                          | n 501(c)(7   | () (9) or (   | 17) Ord  | anization   | <u> </u>   | 0.                          |          | 0   |  |
| schedule G - investmet<br>(see instr       |   | a Section                          | 501(6)(7   | <i>j</i> , ( <i>3</i> ), Ui (   | .,, 019  | juinzativii   |  |                             |          |   |  |
| 1 Descr                                    | ription of income   |                                    |  | 2 Amount of   | ıncome   | 3 Deduction<br>directly connections<br>(attach schedule)        | ected  | 4 Set-a<br>(attach se       |          | 5 Total deductions<br>and set-asides<br>(col 3 plus col 4)                                  |  |
| (1)  | •   |                                    |  |   |  |   |  |                             |          |   |  |
| (2)  | -   |                                    |  |   |  | •   |  |                             |          |   |  |
| (3)  |   |                                    |  |   |  |   |  |                             |          |   |  |
| (4)  |   |                                    |  |   |  |   |  |                             |          |   |  |
|  |   |                                    |  | Enter here and<br>Part I, line 9, co  |  |   |  |                             |          | Enter here and on page<br>Part I, line 9, column (B)  |  |
| <b>Totals</b>                              |   |                                    | •  |   | 0.   |   |  |                             |          | 0   |  |
| Schedule I - Exploited I                   | •   | rity Incon                         | ne, Other  | Than Adv  | ertisin  | g Income  |  |                             |          |   |  |
| 1 Description of exploited activity        | 2 Gross<br>unrelated business<br>income from<br>trade or business | directi<br>with<br>of              | Expenses<br>ly connected<br>production<br>unrelated<br>less income | 4 Net incon<br>from unrelated<br>business (co<br>minus colum<br>gain, comput<br>through | d trade or<br>olumn 2<br>n 3) If a<br>e cols 5       | 5 Gross inco<br>from activity<br>is not unrela<br>business inco | that<br>ted  | 6 Exp<br>attribute<br>colum | able to  | 7. Excess exempt<br>expenses (column<br>6 minus column 5,<br>but not more than<br>column 4) |  |
| (1)  |   |                                    |  | İ   |  |   |  | -                           |          |   |  |
| (2)  |   |                                    |  |   |  |   |  |                             |          |   |  |
| (3)  |   |                                    |  |   |  |   |  |                             |          |   |  |
| (4)  |   |                                    |  |   |  |   |  |                             |          |   |  |
|  | Enter here and on<br>page 1, Part I,<br>line 10, col (A)          | pag<br>line                        | here and on<br>le 1, Part I,<br>10, col (B)                        |   |  |   |  |                             |          | Enter here and<br>on page 1,<br>Part II, line 26  |  |
| Totals ►<br>Schedule J - Advertisir        |   | O.                                 | 0.   | L   |  |   |  |                             |          | 0   |  |
| Part I Income From F                       |   |                                    |  | solidated   | Basis  |   |  |                             |          |   |  |
| 1. Name of periodical                      | 2 Gro<br>advertis<br>incom  | sing                               | 3. Direct dvertising costs   | or (loss) (c<br>col 3) If a g   | tising gain<br>of 2 minus<br>ain, comput<br>hrough 7 | 5. Circula<br>e income  |  | 6. Reade<br>costs           |          | 7 Excess readership costs (column 6 minus column 5, but not more than column 4)             |  |
| (1)  |   |                                    |  |   |  |   |  |                             |          |   |  |
| (2)  |   |                                    |  | _]  |  |   |  |                             |          |   |  |
| (3)  |   |                                    |  |   |  |   |  |                             |          |   |  |
| (4)  |   |                                    |  |   |  |   |  |                             |          |   |  |
|  |   |                                    |  |   |  |   |  |                             |          | _   |  |
| Totals (carry to Part II, line (5))        |   | 0.                                 | 0  |   |  | 1   |  |                             |          | 0   |  |
|  | · · · · ·   |                                    |  |   |  |   |  |                             |          | Form 990-T (201   |  |

## Form 990-T (2018) DEACONESS CLINIC, INC 26-30833 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<br>advertising<br>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          | 0.   | 0.   |   |                      |                    | 0.   |
|                             | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (8) |   |                      |                    | Enter here and<br>on page 1,<br>Part II, line 27                                 |
| Totals, Part II (lines 1-5) | <b>▶</b> 0.  | ο.   |   |                      | •                  | 0  |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name  | 2. Title | 3 Percent of<br>time devoted to<br>business | 4 Compensation attributable to unrelated business |
|--|----------|---|---|
| (1)  |          | %   |   |
| (2)  |          | %   |   |
| (3)  |          | %   |   |
| (4)  |          | %   |   |
| Total Enter here and on page 1, Part II, line 14 |          | <u> </u>                                    | 0.  |

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

THERE WERE NO UNRELATED BUSINESS ACTIVITED TO REPORT FOR FYE 9.30.19.

TO FORM 990-T, PAGE 1