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

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)

Form **990-T** (2018)

0.

ο.

28

29

30

31

32

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

28

29

30

Form 990-1		31-056	4121	Page 2
<u>"Pärtil</u>			Υ Ι	FO F30
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	ns)	33	59,538.
34	Amounts paid for disallowed fringes	Stmt 3	34	22,546.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	82,084.	
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)		37	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	·	38	0.
Part I	Value Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	<b>&gt;</b>	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 fr	om:		
	Tax rate schedule or Schedule D (Form 1041)	<b>&gt;</b>	40	
41	Proxy tax. See instructions	<b>&gt;</b>	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See Instructions		43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \		· · · · · · · · · · · · · · · · · · ·	<u>, , , , , , , , , , , , , , , , , , , </u>	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  45a	•	à de la compansión de l	
b	Other credits (see instructions)  45b			
c	General business credit. Attach Form 3800 45c		<b> </b>	
_	Credit for prior year minimum tax (attach Form 8801 or 8827)  45d			
. е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47		ther (attach schedule)	47	<u></u>
		ITIET (BRIZER SCHEOUIE)	48	0.
48	Total tax. Add lines 46 and 47 (see instructions)			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	<u>U•</u>
50 a	Payments: A 2017 overpayment credited to 2018  2018 astronomy to a company to the			
	2018 estimated tax payments 50b			
	Tax deposited with Form 8868		-  ****	
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d	1 276		
	Backup withholding (see instructions)  50e	1,276.		
	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments: Form 2439	150		
	Form 4136	158.	<b></b> 1	1 121
51	Total payments. Add lines 50a through 50g See Statemen	it 2	51	1,434.
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	4 4 2 4
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	1,434.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded <b>&gt;</b>	55	1,434.
¿Part.\	Statements Regarding Certain Activities and Other Information (see in	structions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other aut	=		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have t			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign countries of the	ntry		لنگانات
	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 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 >\$			1600 300
0:	Under paralties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any know	to the best of my knowle vledge	dge and belief	f, it is true,
Sign			lay the IRS dis	scuss this return with
Here	KHN CFO		•	own below (see
	Signature of officer Date ( Title	ır	structions)?	X Yes No
	Print/Type preparer's name Preparer's signature Date	Check	if PTIN	
Paid	Herbert L Lemaster, Herbert L	self- employed		
Prepa	rer CPA Lemaster, CPA 11/14/1	9	P00	039882
Use C	- b Clark Caboofor Hashatt C Co	Fırm's EIN ▶	31-	-0800053
036 6	10100 Innovation Drive, Suite 400	T		·· <del>·</del>
_	Firm's address ▶ Dayton, OH 45342	Phone no.	(937)	226-0070
823711 01	09-19		F	orm <b>990-T</b> (2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory v	aluation > N/A	<u> </u>				
1 Inventory at beginning of year	1		6	Inventory at end of year	ar	<u> </u>	6		
2 Purchases	2		] 7	Cost of goods sold. S	ubtract I	ine 6	542		
3 Cost of labor	3		_	from line 5. Enter here	and in F	Part I,	1000		
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	1 263A (v	with respect to		Yes	No
<b>b</b> Other costs (attach schedule)	_4b		╛	property produced or a	acquired	for resale) apply to		[A14	
5 Total. Add lines 1 through 4b	5		<u>L</u> .	the organization?					<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	_ease		erty)		
1. Description of property						,			
(1)						<u> </u>			
(2)			-						
(3)		•	· · ·						
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ige	3(a) Deductions directly columns 2(a) a	y connected nd 2(b) (att	d with the income in ach schedule)	1
(1)									
(2)		-							
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>•</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstru	ctions)	,				
			١,	. Gross income from		<ol><li>Deductions directly con to debt-finant</li></ol>			
1. Description of debt-fir	nanced property		`	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	1	b) Other deduction (attach schedule)	
(1)									
(2)									
(3)			<u> </u>		ļ		<u> </u>		
_(4)					<u> </u>				
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-finar	adjusted basis illocable to nced property n schedule)	6	by column 5		7. Gross income reportable (column 2 x column 6)		3. Allocable deduct lumn 6 x total of co 3(a) and 3(b))	
(1)				%		<u></u>			
(2)				%					
(3)				%	1	· · · · · · · · · · · · · · · · · · ·			
(4)				%			T		
						nter here and on page 1, Part I, line 7, column (A).		ter here and on pag urt I, line 7, column	
Totals				<b>&gt;</b>		0			0.
Total dividends-received deductions in	ncluded in column	18		•			•		0.
				•			_		

			Exempt	Controlled O	rganızatı	ons				
Name of controlled organizat     r r	tion	2. Employer identification number		related income a instructions)	4. To	tal of specified ments made	ınclude	Part of column 4 that is luded in the controlling inization's gross income		6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)								-		
Nonexempt Controlled Organi	zations								<u> </u>	
7. Taxable Income	8. Net unrela	ted income (loss) structions)	9. Total	of specified payr made	nents	10. Part of colur in the controlli gross	nn 9 that i ng organiz s income	s included ration's	11. Ded with i	uctions directly connected ncome in column 10
(1)			<del></del> -							
(2)										
(3)				<del></del>						
(4)								o	-	
.,			•			Add colum Enter here and line 8, c		i, Part I,	Enter he	I columns 6 and 11 re and on page 1, Part I, ne 8, column (B)
Totals		-6 - 0**	on FO4/-\/5	n (o) '-	17\ 0=			0.		0
Schedule G - Investme	ent Income ructions)	ot a Secti	on 501(c)(7	'), (9), or ('	i/) Org	janization				
····	pription of income			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)
(1)						(				(acropiasor y
(2)			<del></del>						•	
(3)				<u> </u>			<del></del>			
(4)			-	1			+			
Totals			<b>&gt;</b>	Enter here and o Part I, line 9, col	0 .			1,1		Enter here and on page Part I, line 9, column (B)
Schedule I - Exploited (see instru	•	tivity Inco	me, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated busin income froi trade or busin	ness wi	3. Expenses city connected th production of unrelated siness income	4. Net incomfrom unrelated business (cominus columi gain, compute through	trade or lumn 2 n 3) If a n cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Expe attributa colum	ible to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				-						
(2)	1			<u> </u>						
(3)	<u> </u>						$\neg \uparrow$			
(4)	<del> </del>						_			<del></del>
(4)	Enter here and page 1, Part line 10, col (	.l, pa	er here and on age 1, Part I, ie 10, col (B)			i saben	L			Enter here and on page 1, Part II, line 26
Totals -	<u> </u>	0.	<u> </u>		<b>J</b>				bulle in	0
Schedule J - Advertisi				solidated	Basis		<del></del>			<del></del>
1. Name of periodical	adv	Gross ertising come	3. Direct advertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulat e income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						ž	-+		4 9	
(2)	1						$\neg \uparrow$			
(3)	-	+		$\dashv x : x$		(i	$\rightarrow$			
(4)										
		0.	0					_		0
Totals (carry to Part II, line (5))		<u> </u>		•1						Form <b>990-T</b> (201

# Form 990-T (2018) Dayton Osteopathic Hospital 31-05641 Partill 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.)

₹. Name of ¢eriodical		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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						1	
(2)							
(3)							
(4)					-		
Totals from Part I	•	0.	0.	E448728443		No. and the second	0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

Form 990-T	Parent	Corporation's	Name	and	Identifying	Number	Statement 1
Corporation's	Name		,				Identifying No
Kettering Adve	entist E	Healthcare					31-1051688

Form 990-T	Oth	er Credits and Pa	yments	Statement 2
Description	on			Amount
Form 8827,	 line 8c			158.
Total incl	uded on Form 990-T	, Page 2, Part V,	line 50g	158.
Form 990-T	Net	Operating Loss D	eduction	Statement 3
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
12/31/98 12/31/99 12/31/00 12/31/01 12/31/02 12/31/03 12/31/04 12/31/16 12/31/17	449,655. 436,048. 717,179. 281,944. 15,502. 11,703. 54,727. 28,069. 21,450.	214,096. 0. 0. 0. 0. 0. 0. 0.	235,559. 436,048. 717,179. 281,944. 15,502. 11,703. 54,727. 28,069. 21,450.	235,559. 436,048. 717,179. 281,944. 15,502. 11,703. 54,727. 28,069. 21,450.
	ver Available This	Year	1,802,181.	1,802,181.

# SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income for Unrelated Trade or Business

OMB	No	1545-068

ONIB 140 1343-0007

2018

Department of the Treasuryi Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning \_\_\_\_\_\_\_, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

on is a 501(c)(3).

Employer identification number

31-0564121

Dayton Osteopathic Hospital

Unrelated business activity code (see instructions) ▶ 621500

Describe the unrelated trade or business ▶ Reference lab

	bescribe the unrelated trade or business Reference	<u> </u>	,		
Pai	राष्ट्रि Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 197,427.				
b	Less returns and allowances c Balance ▶	1c	197,427.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3	197,427.	I care of the last	197,427.
4 a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)	ļ			
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	197,427.		197,427.

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)	14	
15	Salaries and wages	15	22,741.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 1,348.		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	1,348.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	6,220.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)  See Statement 4	28	107,580.
29	Total deductions. Add lines 14 through 28	29	137,889.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	59,538.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	Ä	
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	59,538.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Dayton Os	teopathi	c Hospit	al		31-0564	121
Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation 🕨 N/A			
1 Inventory at beginning of year	1		6 Inventory at end of yea	ır		6
2 Purchases	2		7 Cost of goods sold. Su	ubtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (\	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	<b>11.00</b>
5 Total. Add lines 1 through 4b	5		the organization?			X
Schedule C - Rent Income (	From Real	Property and	Personal Property L	.ease	d With Real Prope	rty)
(see instructions)		.=	<del> </del>			
1. Description of property						
(1)						
(2)						
(3)						<u> </u>
(4)						
		ed or accrued			2/2/0-4	onnected with the income in
(a) From personal property (if the pero rent for personal property is more 10% but not more than 50%)	centage of ' than	of rent for	and personal property (if the percenta; personal property exceeds 50% or if nt is based on profit or income)	ge	columns 2(a) and	2(b) (attach schedule)
(1)	_					
(2)	-					
(3)						
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	<b>&gt;</b>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	: instructions)			
			2 ~		<ol> <li>Deductions directly connet to debt-financed</li> </ol>	cted with or allocable
1 0			<ol><li>Gross income from or allocable to debt-</li></ol>	(a)	Straight line depreciation	(b) Other deductions
Description of debt-fin	anceo property		financed property		(attach schedule)	` (attach schedule)
(1)						
(2)						
(3)						
(4)						
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fins	e adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			_ %			
(4)			%			
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				ŀ	0.	0.
Total dividends-received deductions in	cluded in columi	า 8		<u> </u>	<u> </u>	0.
2		-				F 000 T (0010)

Form 990-T (M) Other	Deductions	Statement 4
Description'		Amount
Supplies and other Purchased services		91,868. 15,712.
Total to Schedule M, Part II, line 28		107,580.

#### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

Entit	:y 2
OMB No	1545-0687

Department of the Treasury

For calendar year 2018 or other tax year beginning , and ending

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Name	of the organization  Dayton Osteopathic Hospi		made public II your or	garnza	Employer identificat	
	Inrelated business activity code (see instructions) > 81290					
	escribe the unrelated trade or business Medical s	pa				
<b>Pa</b> r	t∰ Unrelated Trade or Business Income		(A) Income		(B) Expenses	(C) Net
1 a	Gross receipts or sales 21,560.			300		VISU MANAGEM
	Less returns and allowances c Balance	1c	21,560	• Ø:		
2	Cost of goods sold (Schedule A, line 7)	2	· · · · · · · · · · · · · · · · · · ·	244		THE RESIDENCE TO
3	Gross profit Subtract line 2 from line 1c	3	21,560	. 8	4.7	21,560.
4 a	Capital gain net income (attach Schedule D)	4a		200		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		55. A		
c	Capital loss deduction for trusts	4c		3/6		
5	Income (loss) from a partnership or an S corporation (attach			\$4.50 \$1.50		
	statement)	5				
6	Rent income (Schedule C)	6		1		
7	Unrelated debt-financed income (Schedule E)	7	·			
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10		i		
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12		<u> </u>		
13	Total. Combine lines 3 through 12	13	21,560			21,560.
Par	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the u				ctions.) (Except 1	for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16_	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)	,			18	F0 4F0
19	Taxes and licenses				19	52,452.
20	Charitable contributions (See instructions for limitation rules)		1 (		20	:
21	Depreciation (attach Form 4562)		21			ž Ž
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	<del></del>
25	Employee benefit programs				25	<u> </u>
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	<del> </del>
28	Other deductions (attach schedule)				28	E2 452
29	Total deductions. Add lines 14 through 28				29	52,452.
30	Unrelated business taxable income before net operating loss deduc			ine 13	30	-30,892.
31	Deduction for net operating loss arising in tax years beginning on or	r after J	anuary 1, 2018 (see		25.42428	3371 348 V 223 4 3 3 4 3 4 3 4 3 4 4 4 4 4 4 4 4 4
	instructions)				31	20 002
32	Unrelated business taxable income Subtract line 31 from line 30		*		32 Sahadu	-30,892.

Dayton Os	teopathi	c Hospit	al			31-0564	121
Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation   N/A		r	<del></del>
1 Inventory at beginning of year	1			Inventory at end of year			6
2 Purchases	2		<b>⊣</b> 7	Cost of goods sold. Su	ıbtract I	ine 6	
3 Cost of labor	3		4	from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs				line 2		_	7
(attach schedule)	4a		_  8	Do the rules of section	-		Yes No
b Other costs (attach schedule)	4b		4	property produced or a	cquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5			the organization?		111/201 15 15	X
Schedule C - Rent Income ( (see instructions)	From Real	Property and	1 Pers	sonal Property L	ease	d With Real Propei	πy)
Description of property		-					
(1)							
(2)							
(3)						*****	
(4)					•	T	<del> </del>
t- \ Trans = account account of the page		ed or accrued	and nare	onal property (if the percentage		3(a) Deductions directly co	nnected with the income in
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than	of rent for	personal	property exceeds 50% or if ed on profit or income)	<u></u>	columns 2(a) and 3	2(b) (attach schedule)
(1)							
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)			
			,	. Gross income from		Deductions directly connect to debt-financed	
Description of debt-financed property				or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
				•			
(1)	•						
(2)			$\perp$				
(3)							
(4)							
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis allocable to nced property a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		-		%			
(2)				%			
(3)				%			
(4)		***		%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totale						0.	0.
Totals  Total dividends-received deductions un	icluded in column	1 R		<b>&gt;</b> 1			0.
TOTAL GIAIGETIAS-LECEIAEA GEORGIQUE III	ioiaaea iii coibiiii	10					Form 000 T (2019)

#### SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income for Unrelated Trade or Business

Entit	:y 3
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning \_\_\_\_\_\_, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

on is a 501(c)(3).

Employer identification number

	Dayton Osteopathic Hosp:		<u>L</u>		31	<u>-05641</u>	21
L	Inrelated business activity code (see instructions)   56170	0					
	Describe the unrelated trade or business   Security						
<sub>š</sub> Pai	বাঙু Unrelated Trade or Business Income		ıl (A)	ncome	(B) Exp	enses	(C) Net
1 a	Gross receipts or sales 12,557.				4. 4. 7. 16.		
	Less returns and allowances c Balance	1c	1	.2,557.			
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3	1	2,557.	7 4 7 6		12,557.
· 4a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5					
6	Rent income (Schedule C)	6			ļ		
7	Unrelated debt-financed income (Schedule E)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Schedule F)	8					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11				10 -410 2000 C	
12	Other income (See instructions, attach schedule)	12			3000		
13	Total. Combine lines 3 through 12	13	1	2,557.			12,557.
Rai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken Elsewhere)	ons f Inrela	for limitat ited busir	ions on de ness incon	eductions.) ne.)	(Except fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					15	9,813.
16	Repairs and maintenance					16	
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)		•			18	
19	Taxes and licenses					19	
20	Charitable contributions (See instructions for limitation rules)			1 . (		20	
21	Depreciation (attach Form 4562)			21			
22	Less depreciation claimed on Schedule A and elsewhere on return			22a		22b	
23	Depletion					23	
24	Contributions to deferred compensation plans					24	0.044
25	Employee benefit programs					25	2,744.
26	Excess exempt expenses (Schedule I)					26	
27	Excess readership costs (Schedule J)					27	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

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

Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

28

29 30

instructions)

28

Dayton Os	teopathi	ic Hospit	cal		31-0564	121
Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation   N/A	,	<u> </u>	
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6
2 Purchases	2		7 Cost of goods sold. Si	ubtract line	6 Г	
3 Cost of labor	3		from line 5. Enter here	and in Part	Ι,	
4a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of section	263A (with	respect to	Yes No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		property produced or a	cquired for	resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			. Х
Schedule C - Rent Income	(From Real	Property and	d Personal Property L	eased V	Vith Real Prope	rty)
(see instructions)						
1. Description of property						
(1)					<del></del>	···
(2)						
(3)						_
(4)			•			-
	2. Rent receiv	ed or accrued			0(-10 )	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	s than	of rent for	and personal property (if the percental personal property exceeds 50% or if ont is based on profit or income)	entage ar if 3(a) Deductions directly connected with the in- columns 2(e) and 2(b) (attach schedul		
(1)	***					
(2)						
(3)						-
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	<b>&gt;</b>		Ènt	Total deductions. er here and on page 1, t I, line 6, column (B)	<b>0.</b>
Schedule E - Unrelated Det	ot-Financed	Income (see	e instructions)			
			2. Gross income from	3.	Deductions directly connect to debt-financed	
1. Description of debt-fi		or allocable to debt- financed property		ight line depreciation ttach schedule)	(b) Other deductions (attach schedule)	
(1)						
(2)						
(3)						
(4)						
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a	adjusted basis allocable to need property h schedule)	6. Column 4 divided by column 5	rep	Gross income ortable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)	1		%			
(4)	Ì		%			
					nere and on page 1, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			▶		0.	0.
Total dividends-received deductions	ncluded in column	ı 8			<b></b>	0.
		-				Earm 000 T /2019\

**Credit for Prior Year Minimum Tax - Corporations** 

OMB No. 1545-0123

Attach to the corporation's tax return.

Employer identification number

► Go to www.irs gov/Form8827 for the latest information.

Dayton Osteopathic Hospital	31-0564121		
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	<del></del>	
2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2	316.	
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3		
4 Add lines 1, 2, and 3	4	316.	
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	0.	
6 Enter the refundable minimum tax credit (see instructions)	6	158.	
7 Add lines 5 and 6	7	158.	
<b>8a</b> Enter the <b>smaller</b> of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	158.	
b Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	86	0.	
c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	8c	158.	
Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this amount to carry forward and use in future years	9	158.	