Form.	990-T	E	Exempt Organization Bus			ax Retur	n	OMB No 1545-0687
		For cal	endar year 2018 or other tax year beginning	CI 3C	, and ending	14	31/1	<b>2018</b>
	nent of the Treasury Revenue Service		Go to www.irs.gov/Form990T for in: Do not enter SSN numbers on this form as it may		ns and the latest inform		~~ ).	Open to Public Inspection for 501(c)(3) Organizations Only
A [	Check box if address changed		Name of organization ( Check box if name cl				D Emplo (Empl	oyer identification number loyees' trust, see ictions )
B Exe	empt under section	Print	Dayton Osteopathic Hosp	oita	al		3	1-0564121
	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box					ated business activity code
	408(e) 220(e)	Туре	1 Prestige Place, No. 9				(366)	)
	408A 530(a) 529(a)		City or town, state or province, country, and ZIP or Miamisburg, OH 45342		n postal code		621	500
a Book	value of all accate		F Group exemption number (See instructions.)	<b>&gt;</b>				
at er	416 . 124 . 5	48.	G Check organization type X 501(c) corp	oration	501(c) trust	4010	a) trust	Other trust
H Ente				3		the only (or first)		
		_	Terence lab	<del>-</del>		complete Parts I-V		
			ce at the end of the previous sentence, complete Pa	rts Lan				
	ness, then complete				a II, complete a concacio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-
			oration a subsidiary in an affiliated group or a parer	nt-subsi	diary controlled group?	Stmt 1▶	XY	es No .
			cifying number of the parent corporation.		oner y commonitor group			,
			DANN HOTELLING		Teleph	one number 🕨	937-	762-1629
Par			le or Business Income		(A) Income	(B) Expens		(C) Net
1a (	Gross receipts or sale	es				Solder Volume	1946	
	ess returns and allow		c Balance ▶	1c				
	Cost of goods sold (S			2	-		7. m	
	Gross profit. Subtract			3			0#4#	
	Capital gain net incon		i / i	4a	·	7000 TO		
	•	•	art II, line 17) (attach Form 4797)	4b			A COLUMN	
	Capital loss deduction		<b>H</b>	4c				
	•		ship or an S corporation (attach statement)	5				
			silp of an 3 corporation (attach statement)	6	t		- 1/W.35%	
(7)	Rent income (Schedu		na (Schadula E)	7	-			
ָּאָ, אָרָ	Jnrelated debt-finance		nd rents from a controlled organization (Schedule F)	8				
C. 3						1		
4.00			on 501(c)(7), (9), or (17) organization (Schedule G)	10				
_	Exploited exempt acti	•	•					
	Advertising income (			11			ACT CONTRACT	
$\sim$	Other income (See in			12	0.	4 32/498988 CARL Y 98/388	N. S 435,5300	
Lija LiDar	Total. Combine lines	ne Ne	gn 12 yt Taken Fisewhere (See instructions fo	l 13	tions on doductions.			<u> </u>
	(Except for	contribi	pt Taken Elsewhere (See instructions four transport of the control	d with t	he unrelated business	(ncome)		
4	0	( d.			TAL OLIV	70	14	T
<b>≤</b> 14	Compensation of on	licers, oi	rectors, and trustees (Schedule K)		o .	2020	15	·
<u>C</u> 15	Salaries and wages				JAN 2 1	2020	16	,
0 يے	ricpans and manitor	lance				<u> </u>	17	·
17	Bad debts	adula) (a	as instructional		OGDEN	i (Fr	18	
18	Interest (attach sche	eaule) (S	ee instructions)		OGDEN	<u> </u>		<del></del>
19	Taxes and licenses						19	
20		•	e instructions for limitation rules)		المدا		20	
21	Depreciation (attach				21			
22	•	aimed oi	n Schedule A and elsewhere on return		22a		22b	
23	Depletion						23	
24	Contributions to def		mpensation plans				24	
25	Employee benefit pr	_					25	<del></del>
26	Excess exempt expe	•	•				26	<del></del>
27	Excess readership c	•	•				27	<del> </del>
28	Other deductions (a						28	
29	Total deductions. A						29	0.
30			ncome before net operating loss deduction. Subtrac				30	0.
31	•	-	loss arising in tax years beginning on or after Janua	ry 1, 20	118 (see instructions)		31	
32	Unrelated business	taxable ı	ncome Subtract line 31 from line 30				32	0.
823701	01-09-19 LHA F	or Paper	work Reduction Act Notice, see instructions.					Form <b>990-T</b> (2018)

Form 990-	(2018) Dayton Osteopathic Hospital	31-05	64121	Page 2
Part l	Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see in	nstructions)	33	59,538.
34	Amounts paid for disallowed fringes	,	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruction	ons) Stmt 3	35	59,538.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum	,		
-	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,		"   -	
30	enter the smaller of zero or line 36	i	38	0.
,Part		<del></del>	30 1	
	<del></del>		1001	0.
39	Organizations 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 the amount on	line 38 from;		
	Tax rate schedule or Schedule D (Form 1041)		40	<del></del>
41	Proxy tax. See instructions	•	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
, Part			ag	
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	15a		
b	Other credits (see instructions)	15b		
C	General business credit Attach Form 3800	15c		
ď	Credit for prior year minimum tax (attach Form 8801 or 8827)	15d		
е	Total credits Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866	Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	· · · · · · · · · · · · · · · · · · ·	50a	7,5	
Ь	2018 estimated tax payments	50b		
c	Tax deposited with Form 8868	50c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		
		ioe 1,276		
f	rantini na titu	50f	7:40	
ď	Other credits, adjustments, and payments Form 2439			
•		iog -1,276		
51	Total payments. Add lines 50a through 50g See Stat		51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	•	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	•	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	Refunded	55	
(Part)		(see instructions)	. 1	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or	other authority		Yes No
55	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m.	-		7 2 3 T
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign Bank and Financial Accounts.	•		
	here	orgii dodiid y		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	feror to a foreign truct?		$-\frac{1}{x}$
37	If "Yes." see instructions for other forms the organization may have to file	sieror to, a foreign trust?		W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			
	Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of my know	ledge and belief	utus true
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has	s any knowledge		
Here	SIGNHERES 11/42020 KHN VP			cuss this return with
	Signature of officer Date KHN VP		instructions)?	
				X Yes No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN	
Paid	Herbert L Lemaster,	self- employe		020000
Prepa		02/20		039882
Use C	Only Firm's name ► Clark, Schaefer, Hackett & Co	Firm's EIN	<u> </u>	0800053
	10100 Innovation Drive, Suite 40		/ O O E S	006 0050
	Firm's address ► Dayton, OH 45342	Phone no.		226-0070
922711 01	00.40		<b>-</b> .	QQA-T (2016)

 $\mathcal{F}_{i,j} = \mathcal{F}_{i,j} = \{i, \dots, j\}$ 

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation ► N/A	<del></del>			
1 Inventory at beginning of year	1			Inventory at end of year	r		6	
2 Purchases	2		7	7 Cost of goods sold Subtract line 6				
3 Cost of labor	3			from line 5. Enter here		E .		
4a Additional section 263A costs				line 2			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	l for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?		·		<u> </u>
Schedule C - Rent Income (see instructions)	(From Real F	Property and	i Per	sonal Property L	ease	d With Real Propo	erty)	<del></del>
1. Description of property								
(1)								
(2)								
(3)								
(4)						<del>,</del>		
		ed or accrued				2/a) Dadivetiana disaetti.		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than j	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	d 2(b) (attach schedu	le)
(1)						<u></u>		
(2)								
(3)								
(4)				<u> </u>		<u> </u>		
Total	0.	Total			0.	1		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	<b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)				
	•		,	Grass income from		<ol><li>Deductions directly conn to debt-finance</li></ol>		ole
Description of debt-financed property			or allocable to debt- financed property		(a) Straight line depreciation (attach schedule)		(b) Other d (attach so	
(1)			+		-	<del></del>	<del>-</del>	
(2)	<del>-</del>		<del>/                                    </del>					
(3)			1	<del></del> · · <del> · · ·</del>		- <del></del>	<del></del>	
(4)		-	╅┈	· · · · · · · · · · · · · · · · · · ·			T	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to need property schedule)	•	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	e deductions stal of columns and 3(b))
(1)				%				
(2)			T	%			1	
(3)				%				
(4)				%				
						inter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,	
Totals				<b>&gt;</b>		0.	. L	0.
Total dividends-received deductions in	ncluded in column	8					. [	0.
	··· <del>-</del> ,						Form	990-T (2018)

Schedule F - Interest,	Annuities, Roya	lties, an	d Rents	From Co	ntrolle	d Organiza	itions	see ins	structions	)	
		-	Exempt (	Controlled O	ganızatı	ons					
Name of controlled organizati	identi	nployer fication nber	3. Net unr (loss) (see	elated income instructions)	lated income 4. Total nstructions) paym		5. Part of column included in the color organization's gross		olling	Deductions directly connected with income in column 5	
/1\	<del></del>		<u> </u>				<del>                                     </del>				
(1)							<del> </del> -				
(3)			-			<del></del>	<del>                                     </del>			·	
(4) Nonexempt Controlled Organiz	zations		1		-		l			·	
	8 Net unrelated inco	((=0+)	0 T-4-1	of annufied pays		10 Park of anti-	O th-		44 0.4		
7. Taxable Income	(see instruction		9. 10tal	of specified payn made	ienis	10 Part of colui in the controlli gross	ing organ	nization's		uctions directly connected ncome in column 10	
(1)											
(2)											
(3)					•						
(4)											
						Add colum Enter here and line 8, c		1, Part I,	Enter he	re and on page 1, Part I, ne 8, column (B)	
Totals					▶			0.		0.	
Schedule G - Investme		Section	501(c)(7	'), (9), or (1	17) Org	ganization					
1. Descr	ription of income			2. Amount of	ncome	3. Deductio directly conne (attach sched	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)											
(2)											
(3)											
(4)											
Tatala	•	-		Enter here and o Part I, line 9, col						Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited	Exempt Activity	Income	e, Other	Than Adv		g Income	<u> 2009 "</u>	v 1020.	<u>(***</u> , 2 489 <u>*</u> 2	<u> </u>	
(see instru	ictions)	,									
Description of exploited activity	2. Gross unrelated business income from trade or business	directly c with pro of unr	penses connected oduction elated s income	4. Net incom from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	<b>6.</b> Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)						,				1	
(2)								[			
(3)	_			T				1			
(4)					-	-					
	Enter here and on page 1, Part I, line 10, col (A)									Enter here and on page 1, Part II, line 26	
Totals Schedule J - Advertisir	0.	Instruction	0.	STATES OF THE	A TANK AS	ELFRA, RASI	12.60	Kamar D. XII	i (K	0.	
Part   Income From F				solidated	Basis	<del></del>					
a sace we can	<del></del>	<del></del>		<del></del>		<del></del>		ı <u>.</u>			
1 Name of periodical	2. Gross advertising income		3. Direct artising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, comput	5. Circulat income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											
(2)									]		
(3)											
(4)	,									and the state of	
Totals (carry to Part II, line (5))	•	0.	0	•						0.	
						A				Form <b>990-T</b> (2018	

823731 01-09-19

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

Rart 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.)

31-0564121

Page 5

columns 2 throug	n / on a	line-by-line basis	<u> </u>				
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	<b>•</b>	0.	0.				0.
		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)	<b>&gt;</b>	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	s Name						Identifying No
Kettering Adventist Healthcare							31-1051688

Form 990-T	Othe	er Credits and Pa	yments	Statement 2
Descriptio	n			Amount
Refund on Form 8827,	- originally filed re line 8c	eturn		-1,434. 158.
Total incl	uded on Form 990-T	, Page 2, Part V,	line 50g	-1,276.
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	449,655.	214,096.	235,559.	235,559.
12/31/99	436,048.	0.	436,048.	436,048.
12/31/00	717,179.	0.	717,179.	717,179.
12/31/01	281,944.	0.	281,944.	281,944.
12/31/02	15,502.	0.	15,502.	15,502.
12/31/03	11,703.	0.	11,703.	11,703.
12/31/04	54,727.	0.	54,727.	54,727.
12/31/16	28,069.	0.	28,069.	28,069.
12/31/17	21,450.	0.	21,450.	21,450.
	,			

# SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income for Unrelated Trade or Business

Entit	y 1
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning \_\_\_\_\_\_, and end

► 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).

is a 501(c)(3). Open to Public Inspection to 501(c)(3) Organizations Only

Employer identification number Name of the organization 31-0564121 Dayton Osteopathic Hospital Unrelated business activity code (see instructions) ► 621500 ▶ Reference lab Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 197,427. 1a Gross receipts or sales 197,427 c Balance **b** Less returns and allowances 2 Cost of goods sold (Schedule A, line 7) 197,427 197,427 3 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12 197,427. 197,427. Total. Combine lines 3 through 12 13

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) 21 1,348.	47.7	
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		
	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

Form 990-T (2018)

0.

0.

Enter here and on page 1.

Part I, line 7, column (B)

(2)

(3)

(4)

%

% %

Enter here and on page 1.

Part I, line 7, column (A)

0

Total dividends-received deductions included in column 8

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, la	ine 28	107,580.

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

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

Entit	У	2
OMB No	1545-06	87

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

► 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). Open to Public Inspection fo 50 (c)(3) Organizations Only

Employer identification number

Name of the organization Dayton Osteopathic Hospital					Employer identification number 31-0564121				
—	04.000		<del></del>		21-0	7041	<u></u>		
	7	pa							
		pa T		T					
Pai	প্রাম্ভ Unrelated Trade or Business Income		(A) Income		(B) Expenses		(C) Net		
1 a	Gross receipts or sales 21,560.		<u> </u>	, (E 1.74	C. No. 27 (1)	100		178 X 24	
	Less returns and allowances c Balance	1c	21,560.	ζ.			2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	金马然组	
2	Cost of goods sold (Schedule A, line 7)	2			{ ~ \		State 1. (1)		
3	Gross profit Subtract line 2 from line 1c	3	21,560.	1			2	1,560.	
4 a	Capital gain net income (attach Schedule D)	4a		10		<b>*</b>			
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			1000		4			
	statement)	5			1				
6	Rent income (Schedule C)	6		<u>.</u>					
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	<u> </u>						
10	Exploited exempt activity income (Schedule I)	10					ļ		
11	Advertising income (Schedule J)	11		<u> </u>					
12	Other income (See instructions, attach schedule)	12			-353		ļ <u>.</u>		
13	Total. Combine lines 3 through 12	13	21,560.				2	<u>1,560.</u>	
Pai	TII Deductions Not Taken Elsewhere (See instruction	ions fo	or limitations on de	educt	tions.) (Ex	cept f	or contribi	ùtions,	
	deductions must be directly connected with the u	ınrelat	ed business incor	ne.)					
14	Compensation of officers, directors, and trustees (Schedule K)		<u> </u>		<del> </del>	14			
15	Salaries and wages					15			
16	Repairs and maintenance					16			
17	Bad debts					17			
18	Interest (attach schedule) (see instructions)					18			
19	Taxes and licenses					19	5	2,452.	
20	Charitable contributions (See instructions for limitation rules)	•				20			
21	Depreciation (attach Form 4562)		21			<b>22</b>			
22	Less depreciation claimed on Schedule A and elsewhere on return		22a			22b	ļ		
23	Depletion					23			
24	Contributions to deferred compensation plans					24			
25	Employee benefit programs					25			
26	Excess exempt expenses (Schedule I)					26	ļ		
27	Excess readership costs (Schedule J)					27	<b></b>		
28	Other deductions (attach schedule)					28			

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

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

29

30

52,452.

-30,892.

-30,892.

instructions)

29

Form 990-T (2018)

0.

0.

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3) (4)

Totals

%

% %

%

Enter here and on page 1,

Part I, line 7, column (A)

0.

Total dividends-received deductions included in column 8

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

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

Entity	3
OMB No 1545-0	687

\_\_\_\_\_

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).

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

	Dayton Osteopathic Hospi	ıta.	L	31-05	0414	<u> </u>	
	Inrelated business activity code (see instructions)   56170	0				<del></del>	
	Describe the unrelated trade or business   Security		· · · · · · · · · · · · · · · · · · ·				
Ŗå	Particulated Trade or Business Income		(A) Income	(B) Expenses		(C) Net	
1 a	Gross receipts or sales 12,557.				X		
b	Less returns and allowances c Balance ▶	1c	12,557.	75.00	\$200E		
2	Cost of goods sold (Schedule A, line 7)	2		ST YEAR	15%		
3	Gross profit Subtract line 2 from line 1c	3	12,557.	100 Aug 1200	1 1.2	12,557.	
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		that the Asia			
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5			200	<u> </u>	
6	Rent income (Schedule C)	6					
7	Unrelated debt-financed income (Schedule E)	7_				<u> </u>	
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				<u> </u>	
12	Other income (See instructions, attach schedule)	12		100			
13	Total. Combine lines 3 through 12	13	12,557.			12,557.	
;Pái	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken Elsewhere)				cept 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	<u> </u>	
17	Rad debts				17		

18 18 Interest (attach schedule) (see instructions) 19 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 23 Depletion 23 Contributions to deferred compensation plans 24 24 2,744. Employee benefit programs 25 25 Excess exempt expenses (Schedule I) 26 26 Excess readership costs (Schedule J) 27 27 28 Other deductions (attach schedule) 28 29 29 Total deductions. Add lines 14 through 28 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 Unrelated business taxable income Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018)

0.

0.

3(a) and 3(b))

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3) (4)

Totals

2 x column 6)

Enter here and on page 1,

Part I, line 7, column (A)

0.

%

% %

%

Total dividends-received deductions included in column 8