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ŗ		· , , , , , , , ,	_	Extended to Nove							
	Form	990-T	E	Exempt Organization Bus	ine	ss Income T	ax R	eturn	L	OMB No 1545-0047	
				(and proxy tax unde	er se	ction 6033(e))			ı	00.40	
	,		Força	lendar year 2019 or other tax year beginning		, and ending	,	110	Λĺ	2019	
•				Go to www.irs.gov/Form990T for ins	structio	ons and the latest inform	ation.	UT	<i>!</i> L		
		ment of the Treasury Revenue Service	<b>▶</b>	Do not enter SSN numbers on this form as it may			1	501(c)(3). L	- OF	en to Public Inspection f 1(c)(3) Organizations Only	or /
	A	Check box if				and see instructions.)		d)		ar identification number	_
		address changed							instruct	rees' trust, see ions )	
	R Fx	empt under sector	Print	Dayton Osteopathic Hosp	oita	al		ľ	31	-0564121	
	X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box					Unrelate	d business activity code	_
		408(e) 220(e)	Туре	1 Prestige Place, No. 9					(2ee ins	tructions)	
	F	408A 530(a)		City or town, state or province, country, and ZIP or		n postal code					
	<u> </u>	529(a)		Miamisburg, OH 45342		pool ooco		6	215	00	
	C Boo	k value of all assets		F Group exemption number (See instructions.)	<u> </u>	<del>-</del>					_ /
	ate	501.177.5	92.	G Check organization type ► X 501(c) corp	oration	501(c) trust		401(a) tr	ust	Other trust	— <i>L</i>
	H Ent			· · · · · · · · · · · · · · · · · · ·	4		the only (	or first) unre			_
			-	ference lab				Parts I-V. If		han one.	
				ice at the end of the previous sentence, complete Pai	rts I an						
		iness, then complete				,				-	
				poration a subsidiary in an affiliated group or a paren	t-subs	idierV centrelled aroup?	Stmt	_1 <b>►</b> [X	Yes	- UNO	_
				tifying number of the parent corporation.	Z		•	クレー	[1]	STURY.	
				Dann Hotelling		Teleph	one numb	er > 93	7-7	62-1629	<del></del>
	Pai	Unrelated	d Trac	de or Business Income		(A) Income	(B	) Expenses		(C) Net	ブ
	معیں 1a	gross receipts or sale	es								
	b '	Less returns and allow		<b>c</b> Balance ▶	10						
	_	Cost of goods sold (S			2		REAL TO		<b>FR</b> :		<del>2</del>
j		Gross profit. Subtract			3				325	/	
Ð		Capital gain net incon			48		***	AF NY LU			_
9		. •	•	Part II, line 17) (attach Form 4797)	4b					<del> </del>	_
2		Capital loss deduction			4c		W.				_
:	-	•		ship or an S corporation (attach statement)		Ç.		_			
		Rent income (Schedu		, , , , ,	6	Receive	(	-			_
•		Unrelated debt-finance		me (Schedule E)	7		-				_
				and rents from a controlled organization (Schedule F)	8						
	9	Investment income of	f a section	on 501(c)(7), (9), or (17) organization (Schedule G)	9	6 NUV		,			_
		Exploited exempt acti			10	4					_
		Advertişing income (S	-	•	11 ,						_
		Other income (See in		•	1/2	C	<b>强烈烈</b>	IN THE			
		Total. Combine lines			13	0.					
	Pay			ot Taken Elsewhere (See instructions fo							
	~	(Deductions	must l	be directly connected with the unrelated busine	ess in	come )					
	14	Compensation of off	ficers, d	rectors, and trustees (Schedule K)					14		
	15	Salaries and wages						L	15		_
	16	Repairs and mainter	nance		_			L	16		
	17	Bad debts		/ /	$\bigcap$			L	17		_
	18	Interest (attach sche	edule) (s	ee instructions)		هد		L	18	·	
	19	Taxes and licenses		$\sim$				_	19		_
	20 `	Depreciation (attach				20				•	
	21	Less depreciation cl	aimed o	n Schedule A and elsewhere on return		21a			21b		_
	22	Depletion						<u> </u>	22		
	23	Contributions to def						L	23		
<b>=</b>	24	Employee benefit pr		/ /				L	24		_
	25	Excess exempt expe	nses (S	chedule I)				L	25		_
	26	Excess readership c	osts (So	hedule J)				L	26		
Ę,	27	Other deductions (a	ttach sc	hedule)				L	27	<del> </del>	_
3	28	Total deductions. A	dd lines	s 14 through 27				L	28	0	
<b>Š</b>	29	/		ncome before net operating loss deduction. Subtract				L	29	0	•
>	30 /	Deduction for net of	erating	loss arising in tax years beginning on or after Januar	ry 1, 20	018					
		(see instructions)						L	30	0	•
	<u>,31</u> _	Unrelated business	taxable i	ncome. Subtract line 30 from line 29					31	0	<u>•</u>
	92370	1 01-27-20 LHA F	or Pape	rwork Reduction Act Notice, see instructions.	_		Cil	ς΄	•	Form <b>990-T</b> (20	19)
				7	7		101	- \			

Form 990-T (2019) Dayton Usteopathic Hospital		31-0	1364121 Page 2
Part II Total Unrelated Business Taxable Income	- 1	1.	10 240
32 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	ŀ	2	12,342.
33 Amounts paid for disallowed fringes	•	B3	
34 Charitable contributions (see instructions for limitation rules)		β4	0.
35 Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subject line of the sum of lines 32	and 33	35	12,342.
36 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	t 2 Ta	36	12,342.
37 Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	/	87	
38 Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	4	38	1,000.
39 Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	U		<del></del>
enter the smaller of zero or line 37		39	0.
Part W Tax Computation		<del>                                      </del>	<del></del>
	<u> </u>	40	0.
40 Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		40	
41 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
Tax rate schedule or Schedule D (Form 1041)	<b>•</b>	41	<del></del>
42 Proxy tax. See instructions		42	<del></del>
43 Alternative minimum tax (trusts only)		43	
44 Tax on Noncompliant Facility Income. See instructions		44	
45 Toyal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
Part / ,Tax and Payments		<u>,                                     </u>	
46a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		╛	
b Other credits (see instructions) 46b		]	
c General business credit. Attach Form 3800	-	1	
d Credit for prior year minimum tax (attach Form 8801 or 8827)		1 1	
e Total credits. Add lines 46a through 46d		46e	
		47	0.
5 10 10 10 10 10 10 10 10 10 10 10 10 10	echadula)	48	
——————————————————————————————————————	551100010)	49	0.
49 Total tax. Add lines 47 and 48 (see instructions)		50	0.
50 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		30	
51 a Payments: A 2018 overpayment credited to 2019	_	-	
b 2019 estimated tax payments		-	
c Tax deposited with Form 8868		-	
d Foreign organizations; Tax paid or withheld at source (see instructions)		4 1	
e Backup withholding (see instructions)	042.	4 1	
f Credit for small employer health insurance premiums (attach Form 8941)		. I	
g Other credits, adjustments, and payments: Form 2439			
☐ Form 4136 ☐ Other ☐ Total ► <b>51g</b>			
52 Total payments. Add lines 51a through 51g		\$2	2,042.
53 Estimated tax penalty (see instructions). Check if Form 2220 is attached		53	
54 Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	
55 Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10	55	2,042.
Enter the amount of line 55 you want. Credited to 2020 estimated tax	α¦ឣ	56	2,042.
Part VI   Statements Regarding Certain Activities and Other Information (see instructions		1	
57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		<del></del> -	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			
			- <u>x</u>
here	ct2		$-\frac{x}{x}$
58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tru	31,		<del>                                    </del>
If "Yes," see instructions for other forms the organization may have to file.			
59 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 statements, and to the best of	f my beaut	adae and hat	of it is true
ecorrect, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge.	_		o., 10 0 do,
	-	Vay the IRS d	iscuss this return with
Here Sam Atlate   11/3/22 Finance			hown below (see
Signature of officer Date Title	<u>_</u> _ <u>!</u>	nstructions)?	X Yes No
Print/Type preparer's name Preparer's signature Date Chec	k 🔲	if PTIN	
	employed		
Preparer CPA Lemaster, CPA 11/06/20			0039882
FIEDALEI	n's EIN 🕨	31	-0800053
10100 Innovation Drive, Suite 400			
1	ne no.	(937)	226-0070
923711 01-27-20			Form <b>990-T</b> (2019)
			\ · - /

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A			
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6
2 Purchases	2		7 Cost of goods sold. S	ubtract l	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	1 263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (I	From Real F	Property and	Personal Property L	_ease	d With Real Prope	erty)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)						
_(4)					· · · · · · · · · · · · · · · · · · ·	
		d or accrued			3/a\Deductions directly o	connected with the income in
(a) From personal property (if the perc rent for personal property is more 10% but not more than 50%)	entage of than	` for rent for p	nd personal property (if the percents personal property exceeds 50% or if it is based on profit or income)	ege	columns 2(a) and	d 2(b) (attach schedule)
(1)			·			
(2)					<u> </u>	
(3)					<u> </u>	
(4)						
Total	0.	Total		0.		
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		er 🕨	-	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. Gross income from		3. Deductions directly conne to debt-finance	
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
/1)		<u> </u>	<del> </del>	<del>                                     </del>		
(1)	·			1		
(2)			· · · · · · · · · · · · · · · · · · ·	1		
(3)			<del> </del>	+		
Amount of average acquisition debt on or allocable to debt-financed	of or a	adjusted basis llocable to	6. Column 4 divided by column 5	<del></del>	7. Gross income reportable (column	8. Allocable deductions (column 6 x total of columns
property (attach schedule)		nced property i schedule)			2 x column 6)	3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
					Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)
Totals			•	•	0.	0.
Total dividends-received deductions	cluded in column	18			<b></b>	0.
	·· <u>-</u>					Form 990-T (2019)

						•	Entity	1
Form 990-T (2019) Dayton Ost	oonathi	a Moanita	.1			31-0564	121	Page :
Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valuation	N/A			121	
1 Inventory at beginning of year	1		6 Inventory at e		-		6	
2 Purchases	2		7 Cost of goods	•		88 N 183		
3 Cost of labor	3		from line 5. Ei			art I.		
4a Additional section 263A costs			line 2		-	- ,	7	
(attach schedule)	4a		8 Do the rules of	f section :	263A (w	vith respect to		Yes No
b Other costs (attach schedule)	4b		property prod	uced or ac	quired	for resale) apply to	į	
5 Total. Add lines 1 through 4b	5		the organizati					X
Schedule C - Rent Income (F	rom Real I	Property and	Personal Prop	erty Le	easec	With Real Proper	rty)	
(see instructions)								
Description of property								
1. Description of property								
(1)						·		
(2)			<del> </del>			<del></del>		
(3)								
(4)	2. Rent receive	ed or accrued				1		
/- ) From personal property (if the person			d personal property (if th	e percenter		3(a) Deductions directly co	onnected with the inc	come in
(a) From personal property (if the perce rent for personal property is more to 10% but not more than 50%)	han	i of rent for pe	rsonal property exceeds is based on profit or inco	50% or if		columns 2(a) and	2(b) (attach schedule	e) 
(1)			····					
(2)								
(3)								
(4)								
Total	0.	Total	·		0.	A. 7-4-4 d. d		
(c) Total income. Add totals of columns 2		ter			^	(b) Total deductions. Enter here and on page 1,		0
here and on page 1, Part I, line 6, column		la sama (	<del></del>		0.	Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Deb	t-Financea	income (see	nstructions)			0 D. d. abana danada aran		
			2. Gross income			3. Deductions directly conne to debt-financed	d property	8
1. Description of debt-fine	anced property		or allocable to de financed proper		(a)	Straight line depreciation (attach schedule)	(b) Other de	ductions
			, -			(attach schoolie)	(41.201.501.	iodaio,
(1)	·	_ <del></del> .			-	<u> </u>	<del> </del>	·
(1)	<u></u>							
(3)						<del></del>		
(4)							<del>                                     </del>	
4 Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divid	ded		7. Gross income	8. Allocable	deductions
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to inced property	by column 5			reportable (column 2 x column 6)	(column 6 x tota 3(a) and	al of columns
F10F1 2 V 1000	(attac	h schedule)						. "
(1)				%				
(2)				%				
(3)				%				
(4)				%			<u> </u>	

0.

0.

Enter here and on page 1, Part I, line 7, column (B).

Totals

Enter here and on page 1, Part I, line 7, column (A).

0.

Total dividends-received deductions included in column 8

Form 990-T (2019)

Form 990-1 (2019)	toonathi	a Woanita	<b>.</b> 1			31-0564	1 2 1		Page 3	
Schedule A - Cost of Good	is Sold. Enter	c Hospita	ON VA	luation N/A	·	21-0204	121			
1 Inventory at beginning of year	1	Thethod of litverit	$\overline{}$	Inventory at end of year		<del> </del>	6			
2 Purchases	2		1	Cost of goods sold. Su		ine 6	ANGE:			
3 Cost of labor	3		1	from line 5. Enter here		B				
4 a Additional section 263A costs			1	line 2	uno m 1	art,	7			
(attach schedule)	4a		í	Do the rules of section	263A (\	with respect to	<del></del> -	Yes	No	
b Other costs (attach schedule)	4b		1	property produced or a						
5 Total. Add lines 1 through 4b	5		1	the organization?						
Schedule C - Rent Income (see instructions)	(From Real	Property and			ease	d With Real Prope	rty)	<u> </u>		
Description of property						<u></u>	<del></del> -			
(1)		<del></del>				·	<del></del>			
(2)									—	
(3)										
(4)	2. Rent receiv	ed or accrued				[				
(a) From personal property (if the presonal property is mo	ercentage of re than	(b) From real an of rent for pe	ersonal p	nal property (if the percentago property exceeds 50% or if	ge 3(a) Deductions directly connected with the income in columns 2(e) and 2(b) (attach schedule)					
10% but not more than 509	6)	the rent	t is base	d on profit or income)						
(1)	<del></del>	<del> </del>		<del></del>		<u> </u>				
(2)				<del></del>		<del> </del>	-			
(3)		<del> </del>		<del></del>		<del> </del>				
(4)	0.	Total			0.				—	
<del></del>		L			<u> </u>	(b) Total deductions.				
(c) Total income. Add totals of column here and on page 1, Part I, line 6, column		iter			0.	Enter here and on page 1, Part I, line 6, column (B)			0.	
Schedule E - Unrelated De		Income (see I	ınstruc	etions)	<u> </u>	Part I, line 6, column (B)			<u> </u>	
<u> </u>	<u> </u>	income (see )	Instruc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3. Deductions directly conne	cted with or alloca	ble		
				Gross income from or allocable to debt-		to debt-financed	property			
1. Description of debt-	financed property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)			
(1)			Ì		_					
(2)								-		
(3)		· · ·								
(4)										
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	debt on or allocable to debt-financed of or allocable to		6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocabi (column 6 x t 3(a) a			
(1)				%						
(2)				%						
(3)				%						
(4)				%						
<del>-</del>						nter here and on page 1, Part I, line 7, column (A).	Enter here an Part I, line 7,			
Totals				•		0.			0.	
Total dividends-received deductions	included in colum	n 8				•	1	_	0.	

Form 990-T (2019)

orm 990-T (2019)  Dayton Ost	teonathi	c Hospita	1			31-05641	Page ;	
Schedule A - Cost of Goods	Sold. Enter	method of invento	ory va	aluation N/A		<u> </u>		
1 Inventory at beginning of year 2 Purchases 3 Cost of labor 4a Additional section 263A costs (attach schedule) b Other costs (attach schedule) 5 Total. Add lines 1 through 4b Schedule C - Rent Income ( (see instructions)  1. Description of property (1) (2)	1 2 3 4a 4b 5		6 7 8	Inventory at end of year Cost of goods sold. Su from line 5. Enter here line 2 Do the rules of section property produced or a the organization?	btract li and in P 263A (v cquired	ne 6 Part I,  with respect to for resale) apply to	Yes No X	
(3)							<del></del>	
(4)								
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	centage of	of rent for pe	rsonai	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly co columns 2(a) and 3	nnected with the income in 2(b) (attach schedule)	
(1)				<u></u>				
(2)	<u></u>							
(3)								
(4)		<u> </u>						
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		Total			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.	
Schedule E - Unrelated Deb		Income (see ii	nstru	ctions)		<u> </u>		
1. Description of debt-fit	nanced property		2	2. Gross income from or allocable to debt- financed property	(a)	Deductions directly connect to debt-financed     Straight line depreciation (attach schedule)	onnected with or allocable need property  (b) Other deductions (attach schedule)	
(4)		<del>-</del>			<del> </del>			
(1)				<del></del>				
(3)								
(4)		<del>-</del>	_					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5. Average adjusted basis of or allocable to debt-financed property (attach schedule)			6	5. 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)				%	ļ			
(4)	<u> </u>					· · · · · · · · · · · · · · · · · · ·		
						inter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)	
Totals				<b>&gt;</b>	L	0.	0.	
Total dividends-received deductions	ncluded in colum	n 8					0.	

Schedule F - Interest, F		-, - <u>- , , - , - , - , - , - , - , </u>	,		Controlled O				(000 1110	structions		
1. Name of controlled organizati	on	2. Empl identifice numb	ation		elated income instructions)		tal of specified ments made	includ	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)												
(2)						L						
(3)								<u> </u>				
(4)								<u> </u>				
Nonexempt Controlled Organiz	zations											
7. Taxable Income		related income ee instructions)	(loss)	9. Total	of specified payr made	nents	10. Part of col in the contro grou	umn 9 tha Iling orgar ss income		11. Dede with i	uctions directly connected income in column 10	
(1)												
(2)												
(3)												
(4)							J					
_						_	Enter here an	imns 5 and d on page , column (/	1, Part I, A).	Enter he	columns 6 and 11 re and on page 1, Part I, ne 8, column (B)	
Totals					· (0) (	<u> </u>	<u> </u>		0.		0.	
Schedule G - Investme (see insti		ne of a S	ection ———	501(c)(7 	), (9), or (	17) Org			<del>r</del> -	<del></del> -	1	
	ription of inco	me		_	2. Amount of	ıncome	3. Deducti directly conr (attach sche	ected	4. Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)	
(1)					ļ							
(S)								_				
(3)								_				
(4)												
Totals				•	Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)	
Schedule I - Exploited (see instru	_	Activity I	ncome	, Other	Than Adv		ng Income	**************	THE SOLUTION OF	ISA 2001 Economical	·	
Description of exploited activity	2. G	e from	directly c with pro of un	penses connected oduction eleted s income	4. Net incor from unrelated business (comminus colum gain, comput through	i trade or olumn 2 n 3). If a e cols 5	5. Gross in from activity is not unrel business inc	that ated	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)						-						
(2)												
(3)												
(4)	Enter her page 1 line 10,	e and on , Part I, col (A)	page 1	re and on I, Part I, col (B).		P 44					Enter here and on page 1, Part II, line 25	
<u>Totals</u> ▶		0.		0.							0.	
Schedule J - Advertisi			struction rted or		solidated	Basis						
1. Name of periodical		2. Gross advertising income		3. Direct ertising costs	or (loss) (o col 3) If a g cols 5 t	hrough 7	rte incon		6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							業			io.		
(1) (2) (3)							¥					
_(3)						10						
(4)						(TE	Ž.					
Totals (carry to Part II, line (5))	<u>▶</u>	0	).	0	•		_1		<u> </u>		0 . Form <b>990-T</b> (2019	

Form 990-T (2019) Dayton Osteopathic Hospital 31-05641
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.) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4. Advertising gain or (toss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7 2. Gross 3. Direct 5. Circulation 6. Readership advertising income 1. Name of periodical costs (1) (2) (3) (4) 0. 0. Totals from Part I 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 26 Totals, Part II (lines 1-5) 0. Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to unrelated business 2. Title 1. Name (1) % (2) % (3) % (4)

Form 990-T (2019)

0.

Total. Enter here and on page 1, Part II, line 14

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

Form 990-T	Net	Operating Loss D	eduction	Statement 2
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
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.
NOL Carryo	ver Available This	Year	1,566,622.	1,566,622.

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

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

Ent	ity		1
	OMP No	1545	0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 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).

Name of the organization				Employer ide		
Dayton Osteopathic Hos	spital			31-05		
Unrelated Business Activity Code (see instructions) > 621						
	<u>ce lab</u>	)				
Partil Unrelated Trade or Business Income		(A) In	come	(B) Expense	es	(C) Net
1a Gross receipts or sales 81,279.						
b Less returns and allowances c Balance	<b>▶</b> 1c	8	1 <u>,279.</u>			
2 Cost of goods sold (Schedule A, line 7)	. 2			<b>新新期</b> 和市		
3 Gross profit Subtract line 2 from line 1c	3	8	1,279.		继续	81,279.
4 a Capital gain net income (attach Schedule D)	4a					
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	. 4b			2:15	经被整	
c Capital loss deduction for trusts	4c					
5 Income (loss) from a partnership or an S corporation (attach				XXXXXX		
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)		_				
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	8	1,279.			81,279.
Partil Deductions Not Taken Elsewhere (See instr	uctions fo	or limitati	ons on de	eductions.) (De	duction	ns must be
directly connected with the unrelated business	s income	.)				
14 Compensation of officers, directors, and trustees (Schedule K)					14	
15 Salaries and wages			_		15	12,450.
16 Repairs and maintenance					16	
17 Bad debts					17	
18 Interest (attach schedule) (see instructions)					18	
19 Taxes and licenses				_	19	
20 Depreciation (attach Form 4562)			20	942	<b>ANTI</b>	
21 Less depreciation claimed on Schedule A and elsewhere on re-	tum		21a		21b	942.
22 Depletion					22	
23 Contributions to deferred compensation plans					23	
24 Employee benefit programs					24	3,535.
25 Excess exempt expenses (Schedule I)					25	
26 Excess readership costs (Schedule J)			•		26	
27 Other deductions (attach schedule)		. Se	ee Stai	tement 3	27	53,443.
28 Total deductions. Add lines 14 through 27	•				28	70,370.
29 Unrelated business taxable income before net operating loss d	leduction. S	Subtract line	28 from lin	e 13	29	10,909.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

10,909.

30

31

instructions)

Form 990-T (M)	Other Deductions	Statement 3
Description		Amount
Supplies and other Purchased services		47,497. 5,946.
Total to Schedule M, Part II, 1	ine 27	53,443.

### SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income from an Unrelated Trade or Business

Ent	ity	3	
	OMB No 1545-004	1545-0047	
	2019	<u> </u>	

Department of the Treasury Internal Revenue Service For calendar year 2019 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

Name of the organization  Dayton Osteopathic Hospital					31-0564121		
$\overline{}$	Inrelated Business Activity Code (see instructions) > 56170						
	Describe the unrelated trade or business   Security		*				
Păi	राष्ट्र Unrelated Trade or Business Income		(A) Income	(B) Expens	ies	(C) Net	
1 a	Gross receipts or sales 2,000.						
b	Less returns and allowances c Balance ▶	1c	2,000.				
2	Cost of goods sold (Schedule A, line 7)	2	<u> </u>				
3	Gross profit. Subtract line 2 from line 1c	3	2,000.	10 7 mm 50	7.5	2,000.	
4 a	Capital gain net income (attach Schedule D)	4a		D. C. C.			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			大批写		
С	Capital loss deduction for trusts	4c	_				
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5				<u></u>	
6	Rent income (Schedule C)	6		ļ			
7	Unrelated debt-financed income (Schedule E)	7		ļ			
8	Interest, annuities, royalties, and rents from a controlled		ļ				
	organization (Schedule F)	8				<del> </del>	
9	Investment income of a section 501(c)(7), (9), or (17)			1			
	organization (Schedule G)	9					
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11			of the toward		
12	Other income (See instructions, attach schedule)	12					
13	Total. Combine lines 3 through 12	13	2,000.			2,000.	
På	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	ions icom	for limitations on de e.)	eductions.) (D		s must be	
14	Compensation of officers, directors, and trustees (Schedule K)				14	4 554	
15	Salanes and wages				15	1,551.	
16	Repairs and maintenance			• •	16		
17	Bad debts				17		
18	Interest (attach schedule) (see instructions)				18		
19	Taxes and licenses		., .,		19		
20	Depreciation (attach Form 4562)		20				
21	Less depreciation claimed on Schedule A and elsewhere on return	l	<u>[ 21a ]</u>		21b		
22	Depletion				22		
23	Contributions to deferred compensation plans				23		
24	Employee benefit programs				24	449.	
25	Excess exempt expenses (Schedule I)		••		25		
26	Excess readership costs (Schedule J)				26		
27	Other deductions (attach schedule)				27		
28	Total deductions. Add lines 14 through 27				28	2,000.	
29	Unrelated business taxable income before net operating loss dedu	iction.	Subtract line 28 from lin	ne 13	. 29	0.	
30	Deduction for net operating loss arising in tax years beginning on	or afte	r January 1, 2018 (see		生物		

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

### SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

Ent	ity	4
	OMB No	1545-004

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning \_\_\_\_\_\_, and ending

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

ZUIS

Name	of the organization  Dayton Osteopathic Hosp:			Employer ide	ntificati	
	Inrelated Business Activity Code (see instructions) 52199			1 31 0.	, <del>, , , ,</del>	
	escribe the unrelated trade or business Ambulator		re			
	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales 2,303.				1785	
	Less returns and allowances c Balance	1c	2,303.			
2	Cost of goods sold (Schedule A, line 7)	2		REAL PARTY	2.6	
3	Gross profit Subtract line 2 from line 1c	3	2,303.			2,303.
	Capital gain net income (attach Schedule D)	4a			MAKE.	
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			11.1	
	Capital loss deduction for trusts	4c		REPORTED IN		
5	Income (loss) from a partnership or an S corporation (attach			TENEROUS I		
•	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)					
-	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		POTE 111		
13	Total, Combine lines 3 through 12	13	2,303.			2,303.
	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in			eductions.) (De		ons must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	244.
16	Repairs'and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1 1	25	19	
20	Depreciation (attach Form 4562)		20	75	204:7534.2	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	<u>75.</u>
22	Depletion		•		22	
23	Contributions to deferred compensation plans		••		23	
24	Employee benefit programs				24	68.
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)		· · · _ · · _ · ·		26	
27	Other deductions (attach schedule)		See Stat	ement 4	27	483.
28	Total deductions. Add lines 14 through 27				28	870.
29	Unrelated business taxable income before net operating loss dedu	ction S	Subtract line 28 from lin	e 13	29	1,433.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

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0.

,433.

Form 990-T (M)	Other Deductions	Statement 4
Description		Amount
Supplies and other Purchased services		428. 55.
Total to Schedule M, Part II, 1	ine 27	483.