4					_ [0] [	)				
Form <b>1990-T</b>	E	Exempt Organization Bus			ax Return	<i>ا</i> لم	OMB No 1545-0687			
		(and proxy tax und			20 201		2018			
	Forca	lendar year 2018 or other tax year beginning OCT 1,  Go to www.irs gov/Form990T for i				<u>.</u>	ZU 10			
Department of the Treasury Internal Revenue Service		Go to www.irs gov/rorm9901 for i Do not enter SSN numbers on this form as it ma				.	Open to Public Inspection for 501(c)(3) Organizations Only			
A Check box if	† <u> </u>	Name of organization ( Check box if name	D Emplo	oyer identification number oyees' trust, see						
address changed		instructions)								
<b>B</b> Exempt under section	Print	DEACONESS HOSPITAL, IN	_			_	5-0593390			
X 501(c 1)3 )	Type	Number, street, and room or suite no. If a P.O. bo	x, see II	nstructions.			ated business activity code astructions )			
408(e) 220(e)		600 MARY STREET				-				
408A530(a)		City or town, state or province, country, and ZIP (EVANSVILLE, IN 47747)	or toreig	n postal code		621	500			
C Book value of all assets at end of year	.1	F Group exemption number (See instructions )	<b></b>			1				
1,654,034,1	.03.	G Check organization type ► X 501(c) con	poratio	n 501(c) trust	401(a	) trust	Other trust			
	_	tion's unrelated trades or businesses	6		the only (or first) ur					
		BORATORY SALES			, complete Parts I-V.					
	•	ice at the end of the previous sentence, complete P	arts I an	id II, complete a Schedule	M for each addition	al trade	or			
business, then complete		-v. oration a subsidiary in an affiliated group or a pare	nt-cube	idiary controlled group?	STMT 1►	X Ye	s No			
		tifying number of the parent corporation	111-3003	idially controlled group.			3 NO			
J The books are in care of		CHERYL A. WATHEN		Teleph	one number 🕨 8	312-4	450-3296			
Part I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expense	s	(C) Net			
1a Gross receipts or sal	es	12,882,214.			·					
<b>b</b> Less returns and allo		8,936,890. c Balance	10	3,945,324.						
2 Cost of goods sold (		•	2	3,388,885. 556,439.			556,439.			
<ul><li>3 Gross profit. Subtrac</li><li>4a Capital gain net incoi</li></ul>			3 4à	330,433.			330,433.			
· -	•	art II, line 17) (attach Form 4797)	4b							
c Capital loss deductio			4c							
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5							
6 Rent income (Sched	ule C)		6			ļ				
7 Unrelated debt-finan		•	7				<del></del>			
	•	nd rents from a controlled organization (Schedule F) on 501(c)(7), (9), or (17) organization (Schedule G								
10 Exploited exempt act			10			t				
11 Advertising income (	•	•	11							
12 Other income (See in	struction	s; attach schedule)	12							
13 Total. Combine line			13	556,439.	<u> </u>		<u>556,439.</u>			
		ot Taken Elsewhere (See instructions futions, deductions must be directly connected		•	income )					
					income j	141				
<ul><li>14 Compensation of of</li><li>15 Salaries and wages</li></ul>	iicers, ui	rectors, and trustees (Schedule K)	EI/	/ED		14				
16 Repairs and mainter	nance			()		16				
17 Bad debts		MAR	022	2020		17				
18 Interest (attach sch	edule) (s	ee instructions)		18		18				
19 Taxes and licenses		OGD	FN	UTSEE STAT		19	- FF F44			
			- 17	· · · · · · · · · · · · · · · · · · ·	EMENT 2	20	55,544.			
<ul><li>21 Depreciation (attach</li><li>22 Less depreciation cl</li></ul>		162) I Schedule A and elsewhere on return		21 22a		22b				
23 Depletion	umicu Ul	Concount of and eigemilete ou letain		[ 428 ]		23				
24 Contributions to det	erred co	mpensation plans				24				
25 Employee benefit pr						25				
26 Excess exempt expe		hedule I)				26				
27 Excess readership of	•	•				27				
28 Other deductions (a		•			ad	28	EE			
29 Total deductions. A		-	at line Of	0 from line 19	28		55,544. 500,895.			
		ncome before net operating loss deduction. Subtrail oss arising in tax years beginning on or after Janua				30 31	500,055.			
·	-	oss arising in tax years beginning on or after samulation.	اع، ب	, 10 (000 mon actions)	21	32	500,895.			
		work Reduction Act Notice, see instructions		- · · · · · · · · · · · · · · · · · · ·		<del>_                                    </del>	Form <b>990-T</b> (2018)			
	•			<del> </del>	- G-l'	Ø	•			

Form 990-T	(2018) DEACONESS HOSPITAL, INC.	35-0593390	Page 2
Part II			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	509,464.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	<del></del>
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		<del></del>
00	Sans 22 and 24	36	509,464.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	38 35	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	···· 20  <del>4 -</del>	1,000.
30	enter the emplier of zero or line 20	39 30	508,464.
Part I	✓ Tax Computation		500,303.
39	Organizations Texable as Corporations. Multiply line 38 by 21% (0.21)	39	106,777.
	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	· **	200,777
40	Tax rate schedule or Schedule D (Form 1041)	<b>~</b> H.H	
44	Branch Con and and and		
	After Aller at the Art Area 13	· • <del>• • • • • • • • • • • • • • • • • •</del>	
42	Alternative minimum tax (trusts only)	• • • • • • • • • • • • • • • • • • • •	···- <u></u> -
	Tax on Noncompliant Facility Income. See instructions	100	106,777.
Part V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  Tax and Payments	<del></del>	100,777.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	<del></del>	
	Other credits (see instructions)		
	General business credit Attach Form 3800		
_			
		<del></del>	
	Total credits. Add lines 45a through 45d Subtract line 45e from line 44	45e	106,777.
46		ttach schedule) 47	100,777.
47		19 48	106,777.
48	Total tax. Add lines 46 and 47 (see Instructions)	· 77 <del>1</del> 7 -	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	16,553.	<u> </u>
		88,447.	
	· · · · · · · · · · · · · · · · · · ·	<del>30,447.</del>	
	Tax deposited with Form 8868		
	Foreign organizations: Tax paid or withheld at source (see Instructions)	<del></del>	
	Backup withholding (see instructions) 50e	<del></del> ,	
	Credit for small employer health insurance premiums (attach Form 8941)		
9	Other credits, adjustments, and payments: Form 2439  Form 4136  Other  Total		
		<del></del>	125 000
	Total payments. Add lines 50a through 50g	51/	135,000.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached   X	52 53	103.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		28,120.
1085	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid  Enter the amount of line 54 you want: Credited to 2019 estimated tax   28, 120. Reference 1.1.		
Part V			0.
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
30	over a financial account (bank, securibes, or other) in a foreign country? If "Yes," the organization may have to file		705 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	here		x
57	During the tax year, did the organization receive a distribution from, or was if the grantor of, or transferor to, a fore	ion trust?	$-\frac{x}{x}$
ar	If "Yes," see instructions for other forms the organization may have to file.	·9·· · · · · · · · · · · · · · · · · ·	<del>                                     </del>
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$		
	Under nenative of perkey. I declare that I have examined this return, including accompanying schedules and statements, and to the t	est of my knowledge and belief,	it is true,
Sign	correct, and complete. Date ation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	SS	
Here	2.17. LO HEALTH SYSTEM	May the IRS disc the preparer show	uss this return with
	Signature of officer Date Thie	instructions)?	
	Print/Type preparer's name Preparer's signature Date	Check If PTIN	
Paid		self- employed	
Prepa	and salver it (on	, ,	832283
Use C	TI STILL CO TIC		1178661
USU C	500 N. MERIDIAN ST, SUITE 200		
	Firm's address ► INDIANAPOLIS, IN 46204	Phone no 317-63	3-4705
823711 01			rm 990-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	aluation > N/A	-			<del> </del>	
1 Inventory at beginning of year	1	0.		Inventory at end of year	r		6		0.
2 Purchases	2		7	Cost of goods sold. Su	btract 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	3,388,8	<u>85.</u>
(attach schedule)	4a	_		Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule) *		388,885.		property produced or a	cquired	for resale) apply to			لـــــا
5 Total. Add lines 1 through 4b		388,885.		the organization?					<u> </u>
Schedule C - Rent Income ( (see instructions)	(From Real I	Property and	Per	sonal Property L	ease	d With Real Prope	erty)		
1. Description of property									
(1)									
(2)					_				
(3)									
(4)									
	2. Rent receive	ed or accrued		,		2/a) Dadustians duseth.		ted with the meems in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	` of rent for pe	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	је		on page 1, olumn (8) 0 .  a directly connected with or allocable o debt-financed property  reciation (b) Other deductions			
(1)									
(2)									
(3)									
Total	0.	Total			0.	],, <b>-</b> ,,,,,,			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	<b>.</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	nstru	ictions)					
			, ا	Gross income from					
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions		
(1)		-		-			1		
(2)									
(3)		<u> </u>							
(4)								·	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis llocable to need property schedule)	•	5. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(	8 Allocable deduction of a total of column 6 x total of column 3(a) and 3(b))	
(1)				%	-				
(2)				%					
(3)				%					
(4)				<u> %</u>					
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (E	
Totals				▶		0 .			0.
Total dividends-received deductions in	ncluded in column	8					. [		0.
								Form <b>990-T</b>	(2018)

\*\* SEE STATEMENT 3

Schedule F - Interest,	Annuities, Roy	aities, an					tions	(see ins	structio	ns)		
			Exempt	Controlled C	rganizatio	ons				-		
Name of controlled organizat	ıde	Employer ntification number	3 Net unr (loss) (see	elated income instructions)	4 Total	al of specified nents made	include	t of column 4 ed in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5		
(1)												
			<del>                                     </del>		<del>                                     </del>					<del>-</del>		
(2)			<del>                                     </del>		<u> </u>				+			
(3)			+		1					-		
(4)			·		<u> </u>							
Nonexempt Controlled Organi			T		. 1	40 5			1 44 5			
7. Taxable Income	8. Net unrelated in (see instruct		9. Total	of specified pay made	ments	10. Part of column the controlling gross	mn 9 that ing organ s income	is included ization's		leductions directly connected th income in column 10		
(1)												
(2)												
(3)												
(4)						<u> </u>	•		<b></b>			
_(7/	1		·			Add colun Enter here and line 8, c		1, Part I,	l	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)		
Totalo								0.		0.		
Totals Schedule G - Investme	nt Income of	Soction	501(a)/7	(1) (0) or (	17) Oro	anization			1			
(see inst		a Section	30 I (C)(7	), ( <del>9</del> ), or (	ir) Org	jariizatiori						
(See illst	ructions)			T		3. Deductio				5 Total deductions		
1 Desc	ription of income			2. Amount of	income	directly conne	cted	4 Set-	asides schedule)	and set-asides		
				ļ		(attach sched	lule)	- (attaon t		(col 3 plus col 4)		
(1)				-		-						
(2)				ļ								
(3)	<u>.</u>			ļ								
(4)									<del></del>			
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)		
Totals			•		0.					0.		
Schedule I - Exploited	=	ty Incom	e, Other	Than Ad	vertisin	g Income						
(see instr	uctions)											
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of un	xpenses connected oduction related ss income	4 Net incor from unrelate business (cominus cotum gain, comput through	d trade or olumn 2 in 3) If a le cots 5	5. Gross inco from activity to is not unrelate business inco	that led	attribut	penses table to mn 5			
(1)												
(2)		<del></del>		<u> </u>								
(3)		<del></del>								- · <del>-</del> · -		
(4)		+										
	Enter here and on page 1, Part I, line 10, col (A)	page line 10	are and on 1, Part I, 1, col (B)							Enter here and on page 1, Part II, line 26		
Totals	0		0.	<u> </u>				_		0.		
Schedule J - Advertisi					5							
Part I Income From	Periodicals Re	:porteα o 	n a Cons	solidated	Basis 							
1 Name of periodical	2 Gros advertisi income	ng an	3 Direct vertising costs	or (loss) (o	tising gain of 2 minus gain, comput hrough 7	5 Circulate		6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)												
(2)										7		
(3)										1		
(4)										1		
\71	<del></del>	<del></del>				+				1		
Totals (carry to Part II, line (5))	<b>•</b>	0.	0							0.		

## Form 990-T (2018) DEACONESS HOSPITAL, INC. 35-05933 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 )

Name of periodical			2 Gross advertising	3 Direct	4. Advertising gain or (loss) (col. 2 minus	5 Circulation	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more
••	, Name of periodical		income	advertising costs	col 3) If a gain, compute cols 5 through 7	income	Cosis	than column 4)
(1)			-		7			
(2)								
(3)								
(4)								
Totals from P	art I	▶	0.	0.			-	0.
	-		Enter here and on page 1, Part 1, 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	l (lines 1-5)	▶	0.	0.				0.

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

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

Form 990-T (2018)

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT	1
CORPORATION'S	S NAME						IDENTIFYING	NO
DEACONESS HEA	ALTH SYST	TEM, INC					35-1532889	

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	2
QUALIFIED CO	ONTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF FOR TAX YES FOR TAX YES FOR TAX YES FOR TAX YES	EAR 2014 812,277 EAR 2015 1,106,151 EAR 2016 980,995		•	
TOTAL CARRYO	OVER NT YEAR 10% CONTRIBUTIONS	4,913,354		
	IBUTIONS AVAILABLE OME LIMITATION AS ADJUSTED	4,913,354 55,544	-	
EXCESS 100%	CONTRIBUTIONS CONTRIBUTIONS S CONTRIBUTIONS	4,857,810 0 4,857,810		
ALLOWABLE CO	ONTRIBUTIONS DEDUCTION		- 55,	544
TOTAL CONTR	IBUTION DEDUCTION		55,	544

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	S STATEMENT 3
DESCRIPTION		AMOUNT
LABORATORY COSTS		3,388,885.
TOTAL TO FORM 990-	r, schedule A, line 4B	3,388,885.

Name of the organization

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

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30,

22a

Employer identification number

Department of the Treasury Internal Revenue Service (99)

► 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).

OMB No 1545-0687

ENTITY

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

1421110	DEACONESS HOSPITAL, INC.	35-0593	35-0593390		
	Inrelated business activity code (see instructions)   51821	0			
	Describe the unrelated trade or business   BILLING S	ERV	ICES		
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
2 3 4a b	Gross receipts or sales Less returns and allowances Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	1c 2 3 4a 4b	2,910,794. 2,939,093. -28,299.		-28,299.
5 5	Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement)  Part more (Schodulo C)	- 4c - 5 - 6			
6 7	Rent income (Schedule C) Unrelated debt-financed income (Schedule E)	7		<del></del>	
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)		· ·		
10	organization (Schedule G)  Exploited exempt activity income (Schedule I)	9 10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13_	-28,299.		-28,299.
Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken to the connected with the connected with the undertaken to the connected with the c				ot for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				4
15	Salaries and wages			<u> </u>	15
16	Repairs and maintenance			<u>_1</u>	16
17	Bad debts			<u>  1</u>	7
18	Interest (attach schedule) (see instructions)			1	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Charitable contributions (See instructions for limitation rules)

Less depreciation claimed on Schedule A and elsewhere on return

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

Schedule M (Form 990-T) 2018

-28,

0.

299.

-28,299.

19

20

22b

23

24 25

26

27

28

29

30

31

32

instructions)

Taxes and licenses

Depreciation (attach Form 4562)

Employee benefit programs

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

19

20

21

22

23 24

25

26

27

28

29

30

Page 3

DEACONESS	HOSPITA	L, INC.		35-05	<u>93390</u>	<u> </u>		
Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation					
1 Inventory at beginning of year	1		6 Inventory at end of yea	r	6	·		
2 Purchases	2		7 Cost of goods sold. Su	btract line 6				
3 Cost of labor	3		from line 5 Enter here	and in 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>b</b> Other costs (attach schedule)	4b		property produced or a	cquired for resale) apply to				
5 Total Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (	From Real	Property and	l Personal Property L	eased With Real Pro	perty)	-		
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)						<u> </u>		
		ed or accrued		2(a) Doductions direct	athy connects	ed with the income in		
rent for personal property is more than of rent for			and personal property (if the percentag personal property exceeds 50% or if nt is based on profit or income)	ge columns 2(a	3(a) Deductions directly connected with the income in columns 2(e) and 2(b) (attach schedule)			
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2	2(a) and 2(b) En	iter		(b) Total deductions Enter here and on page 1				
here and on page 1, Part I, line 6, column		<b>•</b>		Part I, line 6, column (B)	<u> </u>	0		
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2 Gross income from	3 Deductions directly of to debt-fine	connected wit anced proper			
1 Description of debt-fin	anced property		or altocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)					$\perp$			
(2)								
(3)								
(4)						_		
<ol> <li>Amount of average acquisition debt on α allocable to debt-financed property (attach schedule)</li> </ol>	debt on or allocable to debt-financed of or allocable		6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8. Allocable deductions olumn 6 x total of columns 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%					
(4)			%					
				Enter here and on page 1, Part I, line 7, column (A)		nter here and on page 1, art I, line 7, column (B)		
Totals			•		0.	0		
Total dividends-received deductions in	cluded in columi	n 8			▶	0		

Form 990-T (2018)

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

For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

Employer identification number

35-0593390

Department of the Treasury Internal Revenue Service (99) Name of the organization

► 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

OMB No 1545-0687

ENTITY

	DEACONESS HOSPITAL, INC.	<u> 35-0593</u>	35-0593390		
	Inrelated business activity code (see instructions)   44611				
	escribe the unrelated trade or business   PHARMACY	SALE	<u>S</u>		- · <b>r</b>
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 45,407.				
b	Less returns and allowances c Balance ▶	1c	45,407.		
2	Cost of goods sold (Schedule A, line 7)	2	44,351.		
3	Gross profit Subtract line 2 from line 1c	3	1,056.		1,056.
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	<u>.</u>		
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)	1 1			
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10		<u> </u>	
11.	Advertising income (Schedule J)	11			<u> </u>
12	Other income (See instructions, attach schedule)	12			1 1 1 1 1
13	Total. Combine lines 3 through 12	13	1,056.		1,056.
Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken Elsewhere)	ons fo	r limitations on ded ed business income	e.) 	<del></del>
14	Compensation of officers, directors, and trustees (Schedule K)			1.	
15	Salaries and wages			1:	
16	Repairs and maintenance			10	-
17	Bad debts			1	
18	Interest (attach schedule) (see instructions)			10	
19	Taxes and licenses		,	19	
20	Charitable contributions (See instructions for limitation rules)		1 (	20	0
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22	2b   "

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

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Other deductions (attach schedule)

Employee benefit programs

Schedule M (Form 990-T) 2018

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Depletion

instructions)

1. Description of property

(1) (2)

35-0593390 DEACONESS HOSPITAL, INC.

Sc	hedule A - Cost of Goods	Sold. Enter meth	od of inventory v	valuation 🕨			
1	Inventory at beginning of year	1	6	Inventory at end of year	6		
2	Purchases	2	7	Cost of goods sold Subtract line 6			
3	Cost of labor	3		from line 5 Enter here and in Part I,			
4 a	Additional section 263A costs			line 2		 	
	(attach schedule)	48	8	Do the rules of section 263A (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?			
Scl	hedule C - Rent Income (F	rom Real Prop	erty and Per	sonal Property Leased With Real Pr	operty)		

(see instructions)

(3)					
(4)		·			
	2 Rent receiv	ved or accrued	-		
	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for persona	sonal property (if the percentage al property exceeds 50% or if sed on profit or income)	3(a) Deductions directly connected columns 2(a) and 2(b) (attack)	with the income in ch schedule)
(1)					
(2)			·		
(3)					
(4)					
Total	0.	Total	0.		
	tal income Add totals of columns 2(a) and 2(b) End on page 1, Part I, line 6, column (A)	nter	0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

		2 Grass income from	3 Deductions directly connected with or allocable to debt-financed property			
1 Description of debt-fir	nanced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)						
(2)		<u> </u>				
(3)						
(4)						
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 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)		%				
			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	ncluded in column 8	-	<b>•</b>	0		

Form 990-T (2018)

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

For calendar year 2018 or other tax year beginning  $\underline{OCT~1,~2018}$  , and ending  $\underline{SEP~30}$  ,  $\phantom{0}2019$ 

▶ 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) 2018

OMB No 1545-0687

3

ENTITY

501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service (99)

Employer identification number Name of the organization 35-0593390 DEACONESS HOSPITAL, 722320 Unrelated business activity code (see instructions) ► DIETARY SERVICES Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 37.082. 1 a Gross receipts or sales 37,082. c Balance b Less returns and allowances 29,665. Cost of goods sold (Schedule A, line 7) 2 2 7,417. 7.417. 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) 4h c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach 5 statement) Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 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 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12 7.417. 7,417. Total, Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 14 15 15 Salaries and wages 16 16 Repairs and maintenance

17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 Charitable contributions (See instructions for limitation rules) 20 20 Depreciation (attach Form 4562) 21 21 22a 22h 22 Less depreciation claimed on Schedule A and elsewhere on return 23 23 Contributions to deferred compensation plans 24 24 25 25 Employee benefit programs 26 Excess exempt expenses (Schedule I) 26 27 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 28 Ō. 29 Total deductions. Add lines 14 through 28 29 7.417. 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 31 instructions) 417 Unrelated business taxable income Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Page 3

DEACONESS	HOSPITA	L, INC.			35-059	3390	,	·
Schedule A - Cost of Goods	S Sold. Enter	method of invei						
1 Inventory at beginning of year	1		6 Inventory at end of year		_	6	<del> </del>	
2 Purchases	2		7 Cost of goods sold. Subtract line 6					
3 Cost of labor				from line 5. Enter here and in Part I,				
4a Additional section 263A costs			line 2		Į.	7	T v	T
(attach schedule)	4a		8 Do the rules of section 263A (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?		LWC D. I D.		ļ	<u> </u>
Schedule C - Rent Income (	(From Real	Property and	d Personal Property L	ease	a with Real Prop	erty)		
(see instructions)		<del></del>						
1. Description of property								
(1)								
(2)								
(3)				-				
(4)								
		ed or accrued			2/a \ Deductions directly	connected with th	e income in	
rent for personal property is more than			and personal property (if the percentag personal property exceeds 50% or if ant is based on profit or income)				edule)	
(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		ter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	_		0.
Schedule E - Unrelated Deb		Income (see	e instructions)	<u> </u>	Part I, line o, column (b)			
		000)	, mondonomo,		3. Deductions directly conf		cable	
			2 Gross income from or allocable to debt-		to debt-financ	<del></del>		
1 Description of debt-fire	nanced property		financed property	(a)	Straight line depreciation (attach schedule)		r deduction n schedule)	
(1)			+			<del>                                     </del>		
(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-fine	edjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deduct x total of co ı) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)		and on pag 7, column (	
Totals					0			0.
Total decidends received deductions or		- 0		Щ		+		<del>~</del>

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

For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30,

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) Name of the organization

► 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

DEACONESS HOSPITAL, 35-0593390 561499 Unrelated business activity code (see instructions) ► CALL CENTER SERVICES Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 23,051. 1 a Gross receipts or sales 23,051. b Less returns and allowances c Balance 30,827. Cost of goods sold (Schedule A, line 7) 2 2 -7,776. -7.776. 3 Gross profit Subtract line 2 from line 1c 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) Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 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 Advertising income (Schedule J) 11 11 12 12 Other income (See instructions, attach schedule) 776. Total. Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 15 Salaries and wages 16 16 Repairs and maintenance 17 17 Bad debts 18 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 22a 22b Less depreciation claimed on Schedule A and elsewhere on return 22 23 23 Depletion 24 Contributions to deferred compensation plans 24 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 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

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instructions)

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Form 000 T (2018)						Page	
Form 990-T (2018)  DEACONESS	HOSPITA	AL, INC.			35-059		
Schedule A - Cost of Goods	Sold. Enter	method of invent	tory valuation			•	
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 l	ine 6	MAGE CONTRACTOR	
3 Cost of labor	3		from line 5 Enter here	and in F	Part I,	456	
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	2 3	
5 Total Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income	From Real	Property and	Personal Property L	.ease	d With Real Prop	erty)	
(see instructions)							
1. 2	_						
Description of property							
(1)							
(2)							
(3)							
(4)					· · · · · · · · · · · · · · · · · · ·		
		red or accrued			2(a) Deductions directly	connected with the income in	
rent for personal property is more than			and personal property (if the percentage expensional property exceeds 50% or if this based on profit or income)			nd 2(b) (attach schedule)	
(1)							
(2)						<u></u>	
(3)					- "	-	
(4)		<u> </u>					
Total	0.	Total	·····	0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>•</b> 0.	
Schedule E - Unrelated Det		Income (see	instructions)	<u> </u>	Parti, inte e, column (b)	<u> </u>	
Concude L Cinciated Dec	or i manoca	moonie (see	Instructions)		3. Deductions directly con-	nected with or allocable	
			2. Gross income from		to debt-finance		
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
					<b>,</b> ,		
(1)							
	<u> </u>	<del></del>		<u> </u>			
(2)							
(4)			<del></del>	ļ <u> —</u>			
<u> </u>			C Column Adminded	1	7 Gross income	8 Allocable deductions	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to anced property h schedule)	6 Column 4 divided by column 5		reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					nter here and on page 1, Part I, tine 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	

0.

0.

Totals

Total dividends-received deductions included in column 8

## Unrelated Business Taxable Income for Unrelated Trade or Business

u Trade of Business

2018

Employer identification number

35-0593390

ENTITY

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

OMB No 1545-0687

5

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

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

DEACONESS HOSPITAL, INC.

Unrelated business activity code (see instructions) 

561000

Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 575.				
b	Less returns and allowances c Balance	1c	575.		
2	Cost of goods sold (Schedule A, line 7)	2	479.		
3	Gross profit Subtract line 2 from line 1c	3	96.		96.
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		<u> </u>	
5	Income (loss) from a partnership or an S corporation (attach				
	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	İ		
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	96.		96.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	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	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	•
29	Total deductions. Add lines 14 through 28	29	<u>0.</u>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	96.
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	96.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

5 Page 3

DEACONESS	HOSPITA	AL, INC.			35-0593	390		
Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory valuation					
1 Inventory at beginning of year	Inventory at beginning of year 1				Ļ	6		
2 Purchases	2		7 Cost of goods sold S					
3 Cost of labor	3		from line 5 Enter here	and in	Part I,			
4a Additional section 263A costs			line 2		L	7		
(attach schedule)	4a		8 Do the rules of section	1 263A (	with respect to	Yes No		
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5		the organization?	_				
Schedule C - Rent Income	(From Real	Property and	d Personal Property I	_ease	d With Real Prope	erty)		
(see instructions)			,					
1. Description of property								
(1)								
(2)								
(3)								
(4)					<del></del>			
		ed or accrued			3(a) Deductions directly o	onnected with the income in		
rent for personal property is more than of rent for per			and personal property (if the percents personal property exceeds 50% or if ant is based on profit or income)	age		2(b) (attach schedule)		
(1)								
(2)								
(3)		<u></u>						
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns		nter		_	(b) Total deductions.  Enter here and on page 1.			
here and on page 1, Part I, line 6, column		<u>.                                     </u>		0.	Part I, line 6, column (8)	<u> </u>		
Schedule E - Unrelated Det	ot-Financed	income (see	e instructions)	т. —	0.5.1.1.1.1	and a december of the control of the		
			2. Gross income from		3 Deductions directly conne to debt-finance			
1 Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions (attach schedule)		
					(attach schedule)	(attach schaddla)		
(1)			<del></del>	<del> </del>				
(1) (2)		<del></del>	· <del> </del>	+-				
(3)				+-				
(4)								
4 Amount of average acquisition	5 Average	adjusted basis	6. Column 4 divided		7. Gross income	8. Allocable deductions		
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to inced property h schedule)	by column 5		reportable (column 2 x column 6)	(column 6 x total of columns 3(a) and 3(b))		
(1)			%					
(2)			%					
(3)			%	<u> </u>				
(4)	<u></u>		%_	<u> </u>				
					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	ncluded in columi	n 8	·		<u> </u>	0.		