

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

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

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

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section

Print or Type

MEMORIAL HOSPITAL OF SOUTH BEND, INC

35-0868132

- 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Number, street, and room or suite no If a P O box, see instructions

E Unrelated business activity code (See instructions)

615 N. MICHIGAN STREET

561499

City or town, state or province, country, and ZIP or foreign postal code

SOUTH BEND, IN 46601

C Book value of all assets at end of year

F Group exemption number (See instructions)

538,957,796

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

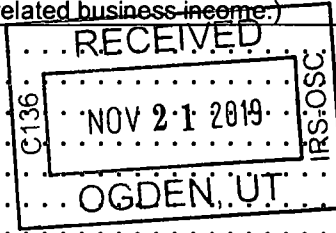
H Enter the number of the organization's unrelated trades or businesses 5 Describe the only (or first) unrelated trade or business here BIOMEDICAL SERVICES

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of JEFFREY COSTELLO Telephone number 574-647-3549

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, Salaries and wages, Repairs and maintenance, etc.



SCANNED DEC 18 2019

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

Handwritten marks: GIB, 10

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows include Total of unrelated business taxable income (95,334), Amounts paid for disallowed fringes, Deduction for net operating loss, and Unrelated business taxable income (94,334).

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include Organizations Taxable as Corporations (19,810), Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, Tax on Noncompliant Facility Income, and Total (19,810).

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 45e from line 44, Other taxes, Total tax, 2018 net 965 tax liability, Payments (Total 34,000), Estimated tax penalty, Tax due, Overpayment (14,190), and Refunded (14,190).

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Line number, Description, and Yes/No columns. Rows include questions about foreign accounts, foreign trusts, and tax-exempt interest.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge

Sign Here

JEFFREY COSTELLO [Signature] 11/7/19 CFO
Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Table with 3 columns: Field, Value, and Field. Fields include Print/Type preparer's name (JACOB ZEHLDER), Preparer's signature, Date (11/05/2019), Firm's name (ERNST & YOUNG U.S. LLP), Firm's address (155 N. WACKER DRIVE, 20 FLOOR, CHICAGO, IL 60606), and Firm's EIN (34-6565596).

Schedule A - Cost of Goods Sold. Enter method of inventory 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 from line 5. Enter here and in Part I, line 2. | 7 | |
| 3 | Cost of labor | 3 | | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| 4a | Additional section 263A costs (attach schedule) | 4a | | | | | X |
| 4b | Other costs (attach schedule) | 4b | | | | | |
| 5 | Total. Add lines 1 through 4b | 5 | | | | | |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

| | | |
|---|---|---|
| 1. Description of property | | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2. Rent received or accrued | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A). | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B). |

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

| | | | | |
|--|--|---|---|--|
| 1 Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3 Deductions directly connected with or allocable to debt-financed property | |
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (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) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Total dividends-received deductions included in column 8 | | | | |

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 4. Total of specified payments made, 5. Part of column 4 that is included in the controlling organization's gross income, 6. Deductions directly connected with income in column 5.

Nonexempt Controlled Organizations

Table with 5 columns: 7. Taxable Income, 8. Net unrelated income (loss), 9. Total of specified payments made, 10. Part of column 9 that is included in the controlling organization's gross income, 11. Deductions directly connected with income in column 10. Includes a Totals row with instructions for adding columns.

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected (attach schedule), 4. Set-asides (attach schedule), 5. Total deductions and set-asides (col 3 plus col 4). Includes a Totals row with instructions.

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income from trade or business, 3. Expenses directly connected with production of unrelated business income, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). Includes a Totals row with instructions.

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss) (col 2 minus col 3), 5. Circulation income, 6. Readership costs, 7. Excess readership costs (column 6 minus column 5, but not more than column 4). Includes a Totals row with instructions.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross 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 ▶ | | | | | | |
| | 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) ▶ | | | | | | |

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

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

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

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

OMB No 1545-0087

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20____.

▶ 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

Department of the Treasury
Internal Revenue Service

Name of organization

MEMORIAL HOSPITAL OF SOUTH BEND, INC

Employer identification number

35-0868132

Unrelated business activity code (see instructions) ▶ 561499

Describe the unrelated trade or business ▶ MEDICAL STAFFING

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|---|------------|--------------|---------|
| 1 a | Gross receipts or sales <u>95,042.</u> | | | |
| b | Less returns and allowances <u> </u> c Balance ▶ | 1 c | 95,042. | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit Subtract line 2 from line 1 c | 3 | 95,042. | 95,042. |
| 4 a | Capital gain net income (attach Schedule D) | 4 a | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4 b | | |
| c | Capital loss deduction for trusts | 4 c | | |
| 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) 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 | 95,042. | 95,042. |

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 | | 79,350. |
| 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 | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22 a | | |
| 23 | Depletion | 23 | | |
| 24 | Contributions to deferred compensation plans | 24 | | |
| 25 | Employee benefit programs | 25 | | 21,179. |
| 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 | | 100,529. |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | 30 | | -5,487. |
| 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 | | -5,487. |

For Paperwork Reduction Act Notice, see Instructions.

Schedule M (Form 990-T) 2018

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

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

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20____.

Department of the Treasury
Internal Revenue Service

▶ 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

Name of organization **MEMORIAL HOSPITAL OF SOUTH BEND, INC** Employer identification number **35-0868132**

Unrelated business activity code (see instructions) ▶ **561499**

Describe the unrelated trade or business ▶ **MEDICAL STERILIZATION**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|--------|------------------|--------------|------------------|
| 1a Gross receipts or sales | 6,551. | | | |
| b Less returns and allowances | | | | |
| c Balance ▶ | | 1c 6,551. | | |
| 2 Cost of goods sold (Schedule A, line 7) | | 2 | | |
| 3 Gross profit Subtract line 2 from line 1c | | 3 6,551. | | 3 6,551. |
| 4a 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 | | |
| 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) 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 6,551. | | 13 6,551. |

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 | | 20 655. |
| 21 Depreciation (attach Form 4562) | 21 | | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b | | |
| 23 Depletion | | 23 | | |
| 24 Contributions to deferred compensation plans | | 24 | | |
| 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 | | 29 655. |
| 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | | 30 | | 30 5,896. |
| 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 | | 32 5,896. |

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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

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

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20____.

▶ 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

Department of the Treasury
Internal Revenue Service

Name of organization **MEMORIAL HOSPITAL OF SOUTH BEND, INC** Employer identification number **35-0868132**

Unrelated business activity code (see instructions) ▶ **561499**

Describe the unrelated trade or business ▶ **AEP CURTAILMENT**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|---|----------------|----------------|----------------|
| 1a | Gross receipts or sales 45,760. | | | |
| b | Less returns and allowances c Balance ▶ | 1c | | |
| | | 45,760. | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 45,760. | 45,760. |
| 4a | 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 | | |
| 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) 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 | 45,760. | 45,760. |

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 | | 4,576. |
| 21 | Depreciation (attach Form 4562) | 21 | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return | 22a | | |
| 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 | | 4,576. |
| 30 | Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | 30 | | 41,184. |
| 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 | | 41,184. |

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

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

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

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20__

Department of the Treasury
Internal Revenue Service

▶ 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

| | |
|---|---|
| Name of organization MEMORIAL HOSPITAL OF SOUTH BEND, INC | Employer identification number 35-0868132 |
|---|---|

Unrelated business activity code (see instructions) ▶ **532000**

Describe the unrelated trade or business ▶ **BIRTHDAY PARTY RENTALS**

| Part I Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|--|---------|-------------------|--------------|---------|
| 1a Gross receipts or sales | 10,461. | | | |
| b Less returns and allowances | | | | |
| c Balance ▶ | | 1c 10,461. | | |
| 2 Cost of goods sold (Schedule A, line 7) | | | | |
| 3 Gross profit Subtract line 2 from line 1c | | 10,461. | | 10,461. |
| 4a Capital gain net income (attach Schedule D) | | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | | | | |
| c Capital loss deduction for trusts | | | | |
| 5 Income (loss) from a partnership or an S corporation (attach statement) | | | | |
| 6 Rent income (Schedule C) | | | | |
| 7 Unrelated debt-financed income (Schedule E) | | | | |
| 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | | | | |
| 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | | | | |
| 10 Exploited exempt activity income (Schedule I) | | | | |
| 11 Advertising income (Schedule J) | | | | |
| 12 Other income (See instructions, attach schedule) | | | | |
| 13 Total. Combine lines 3 through 12 | | 10,461. | | 10,461. |

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 | 1,014. |
| 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 | 902. |
| 21 Depreciation (attach Form 4562) | 21 | | |
| 22 Less depreciation claimed on Schedule A and elsewhere on return | 22a | 22b | |
| 23 Depletion | | 23 | |
| 24 Contributions to deferred compensation plans | | 24 | |
| 25 Employee benefit programs | | 25 | 271. |
| 26 Excess exempt expenses (Schedule I) | | 26 | |
| 27 Excess readership costs (Schedule J) | | 27 | |
| 28 Other deductions (attach schedule) | | 28 | 154. |
| 29 Total deductions. Add lines 14 through 28 | | 29 | 2,341. |
| 30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 | | 30 | 8,120. |
| 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 | 8,120. |

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

MEMORIAL HOSPITAL OF SOUTH BEND, INC

35-0868132

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

BEACON HEALTH SYSTEM, INC 45-3864076

SCHEDULE M - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES

154.

PART II - LINE 28 - OTHER DEDUCTIONS

154.

Memorial Hospital of South Bend, Inc.

EIN. 35-0868132

STATEMENT ATTACHED TO AND MADE PART OF EXEMPT
ORGANIZATION BUSINESS INCOME TAX RETURN
FORM 990 - T
FOR THE YEAR ENDED DECEMBER 31, 2018

LINE 20, CHARITABLE DEDUCTION

| <u>Year</u> | <u>AMOUNT GENERATED</u> | <u>AMOUNT UTILIZED/EXPIRED</u> | <u>CARRYFORWARD</u> | |
|-------------|-----------------------------|------------------------------------|---------------------|-------------------|
| 12/31/2013 | 692,872 | 692,872 | - | Expired \$605,899 |
| 12/31/2014 | 1,074,199 | - | 1,074,199 | |
| 12/31/2015 | 689,779 | - | 689,779 | |
| 12/31/2016 | 523,547 | - | 523,547 | |
| 12/31/2017 | 569,760 | - | 569,760 | |
| 12/31/2018 | 289,629 | - | 289,629 | |
| | <u>3,839,786</u> | <u>692,872</u> | <u>3,146,914</u> | |