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Form 990-T	=>	cempt Organization					Ketur	n	OMB N	lo 1545-0047
rollii OOO I	l	(and proxy tax					191	7	മ	@40
	For cale	ndar year 2019 or other tax year begin						°	4	U 19
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									
A Check box if	, P 00			ne changed and se			13 4 30 1(0			cation number
address changed	į					•		(Empl	oyees' trust, se	e Instructions)
B Exempt under section	Ī	MEMORIAL HOSPITAL O	F SO	UTH BEND,	INC					
X 501(C (Q3_)	Print	Number, street, and room or suite no	lf a P O	box, see instruction	ns			35-0	868132	
408(e) 220(e)	Type									ss activity code
408A 530(a)	1,750	615 N. MICHIGAN STR	EET					(See ii	nstructions)	
529(a)		City or town, state or province, count	•	ZIP or foreign postal	code					
C Book value of all assets at end of year		SOUTH BEND, IN 4660	1					56		
-		up exemption number (See instruc	<u>-</u>					,		
		eck organization type 🕨 🕺 50		·	50)1(c) trust		401(a)	trust	Other trust
	•	inization's unrelated trades or busine	esses	▶ <u>1</u>	_		Describe	the only	y (or first) ui	nrelated
trade or business he		* **			•	•				describe the
•		end of the previous sentence, co	mplete	Parts I and II, co	mplete	a Schedule	M for eac	h additio	nal	
trade or business, th										
• • •		corporation a subsidiary in an affi	•	•		ary controlle	d group?	Jċ-		Yes No
		identifying number of the parent co EFFREY COSTELLO	orporati	on ▶ ATCH		hone numb	<u> </u>	15 1-617	<u>-3549</u>	10/10
		or Business Income		(A) Incor			B) Expens			(C) Net
1a Gross receipts or			Τ-	(A) IIICO	110	'	D) Expens	303	+	1
b Less returns and allow		c Balance	1c	184	1,82	8.				
		ule A, line 7)	<u> </u>		•			$\overline{}$	+	
•	•	2 from line 1c	-	184	1,82	8.	$\overline{}$		+	184,828.
		attach Schedule D)	4a		•				1	· · · · · · · · · · · · · · · · · · ·
		Part II, line 17) (attach Form 4797)	4b							
		trusts	4c						RECE	IVED
		r an S corporation (attach statement)				/		î —		
	-				$\overline{}$			181		
•		come (Schedule E)	7		/				NOV 2	3 2020
		ents from a controlled organization (Schedule F							1	(C
•		1(c)(7), (9), or (17) organization (Schedule G	1						CDE	
	_	ncome (Schedule I)								IN, UI
		ule J)	11							
	•	ctions, attach schedule)	1,2							
13 Total. Combine li	nes 3 thr	ough 12	13	184	1,82	8.				184,828.
Part II Deductio	ns Not	Taken Elsewhere (See jøst	ructio	ns for limitati	ons c	n deduct	ions.) (E	Deducti	ons must	t be directly
connecte	d with th	he unrelated business incon	ne.)							
•		directors, and trustees (Schedule K								
15 Salaries and wag	es	<i></i>						. 15		46,005.
16 Repairs and mair	ntenance	. /						. 16		14,635.
		<i></i>								
18 Interest (attach s	chedule)	(see instructions),						. 18		
		/						. 19	\bot	6,103.
		4562)							-	
		on Schedule A and elsewhere on r						21b	<u> </u>	
		compensation plans								10 070
		s								12,279.
		Schedule I)								
		ichedule J)							_	2 500
/		schedule)								2,500.
		es 14 through 27.								81,522.
,		ole income before net operating								103,306.
		ig loss arising in tax years beginni								102 206
		e income Subtract line 30 from line	e 29 .				<u></u>	. 31		103,306.
For Paperwork Reduc	uon ACI I	Notice, see instructions.							For	m 990-T (2019)

V 19-7.5F

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Form	990-T (2019) MEMORIAL HOSPITAL OF SOUTH BEND, INC	33-0000132	Pa	ge ∠
Par	Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
		32 3	.03,30)6.
33	Amounts paid for disallowed fringes	32 33		
34	Charitable contributions (see instructions for limitation rules) ATCH. 4	84	10,3	31.
	Character Contributions (see institutions of infinite contributions).			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract lipe		92,9	75
	34 from the sum of lines 32 and 33	35	32,3	<i>,</i> , , .
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	instructions)	36		
37		37	92,9	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,0	00.
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37	T		
	enter the smaller of zero or line 37	39	91,9	75.
Par	Tax Computation	1.		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21).	140	19,3	15.
		 		
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)			
42	Proxy tax. See instructions	42		
43	Afternative minimum tax (trusts only), ,	43		
44	Tax on Noncompliant Facility Income. See instructions	44		
45	Total_Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	19,3	15.
Par	t V Tax and Payments	<u> </u>		
46a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
	Other credits (see instructions)]		
c	General business credit Atlach Form 3800 (see instructions)	1		
٦	General business credit Attach Form 3800 (see instructions)	1 .1		
•	Total credits. Add lines 46a through 46d	460		
		47	19,3	15.
47	Subtract line 46e from line 45			
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)		19,3	15
49	Total tax. Add lines 47 and 48 (see instructions)	49	19,3	15.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		
51 a	Payments A 2018 overpayment credited to 2019	↓'		
		1		
C	Tax deposited with Form 8868]		
d	Foreign organizations Tax paid or withheld at source (see instructions)] [
	Backup withholding (see instructions)]		
	Credit for small employer health insurance premiums (attach Form 8941)	1 !		
	Other credits, adjustments, and payments Form 2439	1		
	Form 4136 Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g	5\$	24,0	00.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached.	58		
53		54		_
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		4,6	25
55	• •		- 3,0	05.
<u>56</u>	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ 4 , 712. Refunded ▶			
Pa	TVI Statements Regarding Certain Activities and Other Information (see instruction		T	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature of		Yes	No
	over a financial account (bank, secunities, or other) in a foreign country? If "Yes," the organization of			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country		
	here >		[]:	Χ
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
50				
<u>59</u>	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 my knowledge	and belief	l, it r
Q:	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Sig		ay the IRS discuss		
Hei		th the preparer si		
			88	No
Paid	Print/Type preparer's name Preparer's signature Date Cher			
_	JACOB ZEHNDER /// // 11/12/2020 self-	employed P015	64049	,
D.c.				
	parer Firm's name ERNST & YOUNG U.S. ILP	s EIN ► 34-656 le no 312-879-	5596	

Form 990-T (2019)											Page 3
Schedule A - Cost of G	oods Sold. Er	ter method	d of invento								
1 Inventory at beginning of y	/ear . 1			6 Invento	ory at	end of yea	ar	. 6			
2 Purchases	Purchases						ld. Subtract lin				
3 Cost of labor	3			6 from	line	5 Enter	here and in Pa	rt			
4a Additional section 263A co	osts			I, line 2	٠. :			. 7			
(attach schedule)	4a]				section 263A		espect to	Yes	No
b Other costs (attach schedu	ile) . 4b			propert	у р	produced	or acquired f	for resa	le) apply		
5 Total. Add lines 1 through				to the	organ	ization?	<u> </u>				Х
Schedule C - Rent Income	e (From Real P	roperty a	nd Persor	nal Prope	rty L	eased W	Vith Real Prop	erty)			
(see instructions)											
1. Description of property											
(1)											
(2)											
(3)	•										
(4)											
	2. Rent recei	ved or accru	ed	•							
(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 percentage of rent for pe			age of rent for	personal prop	erty e	exceeds		directly connected with the income 2(a) and 2(b) (attach schedule)			ome
(1)			· · · · · · · · · · · · · · · · · · ·		•						
(2)						·					
(3)											
(4)							- · · · - · ·				
Total		Total		-							
(c) Total income. Add totals of chere and on page 1, Part I, line 6	• • • •	•		•			(b) Total deduc Enter here and Part I, line 6, co	on page			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruction	ons)							
1. Description of del	ot-financed property			ble to debt-financed cronerty (a) Str		3. Deductions directly connected debt-financed pro			erty		
			pr			(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
(1)								1			
(2)					\top						
(3)		•									
(4)					\neg			1			
4. Amount of average 5 Average adjusted basis acquisition debt on or of or allocable to 6. allocable to debt-financed property 4			4 (Column divided column 5		7 Gross income reportable (column 2 x column 6) 8. Allocable dedu (column 6 x total of 3(a) and 3(b)			of colum		
(1)					%			l			
(2)					%						
(3)					%						
(4)					%						
Totals						Enter here Part I, lin	e and on page 1, e 7, column (A)	Ente Par	er here and o t I, line 7, col	n page umn (B	1, 3)
Total dividends-received deduct	ions included in co	olumn 8	<u></u> .	<u></u>			. .				

Form **990-T** (2019)

Schedule F – Interest, Ann	uities, Royaltie				ntrolled Or			ations (se	ee instruct	ions)		
1 Name of controlled organization	2. Employer identification numl		3. Net	unrela	ted income structions)	4. Total	of specifi ents made	ed include			connecto	actions directly ed with income column 5
(1)												
(2)												
(3)						ļ						
(4)						<u> </u>					L	
Nonexempt Controlled Organi	zations											
7. Taxable Income	8. Net unrelated in (loss) (see instruction)				otal of specific syments made		Incl	Part of colum uded in the c nization's gro	ontrolling			ions directly ith income in in 10
(1)								_			-	
(2)											<u>-</u>	
(3)												
(4)			1									
Totals		ction 5	 01(c))(7), ((9), or (17	▶ ') Orga	Ent Pai	d columns 5 er here and o t I, line 8, col	n page 1, umn (A)	En	ter here an	is 6 and 11 id on page 1, column (B)
1. Description of income	2. Amount o	f income			3. Deductions directly connected (attach schedule)			4. Set-asides (attach schedule)			5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)	Enter here and											
Totals ▶ Schedule I-Exploited Exc		come,			4. Net incom	ne (loss)	come	(see instr	uctions)			e 9, column (B)
1. Description of exploited activity	2. Gross unrelated business income from trade or business	dı conne prodi uni	rectly ected w uction related ess inco	from unrelated trade or business (column 3) If a gain, compute ded cole 5 through 7 business income		attributa	6 Expenses attributable to column 5		expenses umn 6 minus mn 5, but not nore than olumn 4)			
(1)							_					
(2)												
(3)												
(4)												
Totals	Enter here and on page 1, Part I, line 10, col (A)		iere and 1, Part 0, col (il,	-				•		0	ter here and in page 1, rt II, line 25
Schedule J- Advertising Ir	ncome (see instr	uctions)										
Part I Income From Per	iodicals Repor	ted on a	a Coi	nsoli	dated Bas	sis						
Name of penodical	2. Gross advertising income	1	Direct ising co	osts	4. Advertigation or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If mpute	ı	irculation ncome	6. Read cos		cost minus not	cess readership ts (column 6 column 5, but t more than olumn 4)
(4)	 								 	_		<u> </u>
(1)	 								 			
(2)									-		+	
(3)									 		+	
(4)		<u> </u>		\dashv					+		+-	
Totals (carry to Part II, line (5))												

Form **990-T** (2019)

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.)

4 Advertising again or (loss) (column 6 costs)

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 26		
Totals, Part II (lines 1-5)								
Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)								
-				3 Percent of				

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

Form **990-T** (2019)

ATTACHMENT 3

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PREP FEES

2,500.

PART II - LINE 27 - OTHER DEDUCTIONS

2,500.

ATTACHMENT	4	-

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD	184,828. 0. 81,522. 0.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 10,331.
CHARITABLE CONTRIBUTION	10,581.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	10,331.

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, 2019

LINE 20, CHARITABLE DEDUCTION

	AMOUNT	AMOUNT		
Year	GENERATED	UTILIZED/EXPIRED	CARRYFORWARD	
12/31/2013	692,872	692,872	-	Expired \$605,899
12/31/2014	1,074,199	1,074,199	-	Expired \$1,063,618
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	
12/31/2019	184,425	10,331	174,094	
	4,024,211	1,777,402	2,246,809	