\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Form 990-T.	E	Exempt Organization Bus (and proxy tax und			ax Return	•	OMB No 1545-0687
زن		For ca	lendar year 2017 or other tax year beginning	,	, and ending		. [2017
	Department of the Treasury Internal Revenue Service	l ▶	Go to www irs gov/Form990T for ir Do not enter SSN numbers on this form as it may		ns and the latest inform		_	Open to Public Inspection for 501(c)(3) Organizations Only
5107	Check box if address changed		Name of organization (Check box if name of	changed	and see instructions.)		(Emp	oyer identification number loyees' trust see ctions)
7	B Exempt under section	Print	THEDACARE MEDICAL CENT	ER -	BERLIN, IN	IC.	3	9-0806359
.7	X 501(c)(3 3	or	Number, street, and room or suite no. If a P O bo			•		ated business activity codes
-1	408(e)220(e)	Туре	225 MEMORIAL DR				,555	nationina j
盟	408A530(a) 529(a)		City or town, state or province, country, and ZIP of BERLIN, WI 54923	or foreign	n postal code		446	110
a	Book value of all assets at end of year		F Group exemption number (See instructions.)	>	· · · · · · · · · · · · · · · · · · ·			
E	38,359,7	80.	G Check organization type ► X 501(c) cor	poration	501(c) trust	401(a)) trust	Other trust
13	H Describe the organization	n's prim	ary unrelated business activity PHARMAC	'Y				
13			oration a subsidiary in an affiliated group or a parei	nt cubcid	diary controlled group?	▶ [Ye	s X No
Ų			tifying number of the parent corporation					
V			KRISTEN COGSWELL			one number > 9		
l	···		de or Business Income		(A) Income	(B) Expenses		(C) Net
	1a Gross receipts or sale		872,121.		070 101	Take 1		
	b Less returns and allow		c Balance	1c	872,121.		-CEG . ,	
	2 Cost of goods sold (S			2	144,752.	27: - 43 " - 54. B		144 750
	3 Gross profit Subtract			3	144,/52.	· "我做什么		144,752.
	4a Capital gain net incon		art II, line 17) (attach Form 4797)	4a		The second of the second		
	b Net gain (loss) (Formc Capital loss deduction			4b 4c		31 47 % S.		
	•		ips and S corporations (attach statement)	5		SHAME TO ST.		
	6 Rent income (Schedu		po and o corporations (attach statement)	6		14. 32.00 (34.11.20.11	23 76 24	<u> </u>
	7 Unrelated debt-finance	•	ne (Schedule E)	7				
			and rents from controlled organizations (Sch. F)	8				
	,		on 501(c)(7), (9), or (17) organization (Schedule G)	9				
	10 Exploited exempt acti			10				
	11 Advertising income (S	Schedule	: J)	11				
	12 Other income (See in:	struction	s, attach schedule)	12		भा निर्माण हो और वेशा	7 mg/	
	13 Total. Combine lines			13	144,752.			144,752.
l	Part II Deductio	ons No	ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected	or limita d with th	tions on deductions) ne unrelated business	income)		
	14 Compensation of off	icers, di	rectors, and trustees (Schedule K)				14	
•	15 Salaries and wages				RECE	IVED	15	142,881.
•	16 Repairs and mainten	ance	_			2018	16	
	17 Bad debts				[NOV 1 5	9 2018 6	17	
	18 Interest (attach sche	dule)			8	S	18	
	19 Taxes and licenses	(C-	a contract and for the state of the A		OCDE	<u></u>	19	<u></u>
			e instructions for limitation rules)		OGDE	V, U I	20	-
	Depreciation (attach Less depreciation cla		•		21		$\overline{}$	
	23 Depletion	allileu ui	n Schedule A and elsewhere on return		22a		22b	
	24 Contributions to defe	erred co	mnensation olans				23	··-
	25 Employee benefit pro		mponsation plans				25	42,618.
	26 Excess exempt expe		chedule I)				26	12,010.
	27 Excess readership co		•				27	-
۲ :			•				28	
	29 Total deductions A		·				29	185,499.
;			ncome before net operating loss deduction. Subtrac	t line 29	from line 13		30	-40,747.
3			(limited to the amount on line 30)		SEE STAT	EMENT 1	31	
;	Unrelated businéss t	axable ır	ncome before specific deduction. Subtract line 31 fr	om line	30		32	-40,747.
			\$1,000, but see line 33 instructions for exceptions				33	1,000.
3		taxable	income Subtract line 33 from line 32. If line 33 is	greater t	than line 32, enter the sn	naller of zero or		
-	line 32						34	-40,747.

Form 990-T	(2017) THEDACARE MEDICAL CENTER - BERLIN, INC. 39-08	06359	Page 2
Part I	Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.	xé .	
	Controlled group members (sections 1561 and 1563) check here See instructions and	l°	×
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).	1, 31	
•	(1) \$ (2) \$ (3) \$		
h	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)		
U	(2) Additional 3% tax (not more than \$100,000)		
_		 	0.
	Income tax on the amount on line 34	35c	
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from		
	Tax rate schedule or Schedule D (Form 1041)	36	
37	Proxy tax See instructions	37	
38	Alternative minimum tax	38	
	Tax on Non-Compliant Facility Income See instructions	39	
	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.
Part I			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
	Other credits (see instructions)		
C	General business credit. Attach Form 3800		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	0.
43	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	43	
44	Total tax Add lines 42 and 43	44	0.
45 a	Payments. A 2016 overpayment credited to 2017		
b	2017 estimated tax payments 45b	7. 1	
С	Tax deposited with Form 8868 45c	7'	
d	Foreign organizations: Tax paid or withheld at source (see instructions) 45d	⊣'	
	Backup withholding (see instructions) 45e	7.	
	Credit for small employer health insurance premiums (Attach Form 8941) 45f	╡・	
	Other credits and payments. Form 2439	┦	
y	Form 4136 Other Total 45g		
46	Total payments. Add lines 45a through 45g	46	
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47	
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		0.
	•	48	0.
	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Enter the amount of line 40 you want: Credited to 2019 estimated to your property of lines 40 your wants (credited to 2019 estimated to your property of lines 40 your wants (credited to 2019 estimated to your property of lines 40 your wants (credited to 2019 estimated to your property of lines 40 your wants (credited to 2019 estimated to your property of lines 40 your wants).	49	<u></u>
	Enter the amount of line 49 you want: Credited to 2018 ectimated tax Statements Regarding Certain Activities and Other Information (see instructions)	- 50	
	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority		Ty. In.
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file		Yes No
	Fincen Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country		
	here		X
50			$-\frac{\lambda}{x}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		- A
	If YES, see instructions for other forms the organization may have to file		N 1 1 1 1 1 1 1 1 1
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$	ladas and balad A	
Sign	Under penalties of perjury I declare that I have examined this return including accompanying schedules and statements, and to the best of my know correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	leage and belief, it	is true
Here	M// T/ 4 - 14/9/24/8 > 000 5 000	May the IRS discus	ss this return with
	Connetize of officer	the preparer shown	
		 	Yes No
	Print/Type preparer's name Preparer's signature Date Check	if PTIN	
Paid	TERRI REXRODE CPA, TERRI REXRODE CPA, self-employe	I	
Prepa			96513
Use O	nly Firm's name ► WIPFLI LLP Firm's EIN	<u>► 39-0</u>	758449
	PO BOX 12237		
	Firm's address ► GREEN BAY, WI 54307-2237 Phone no	920.662	
		Forr	n 990-T (2017)

Schedule A - Cost of Goods Sold. Enter	method of invent	ory va	luation > N/A		· · · · · · · · · · · · · · · · · · ·			
1 Inventory at beginning of year 1	0.	6	Inventory at end of year	r		6		0.
2 Purchases 2	727,369.	7	Cost of goods sold Su	ibtract 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	727,3	69.
(attach schedule) 4a		8	Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule) 4b]	property produced or a	cquired	for resale) apply to		,	
5 Total Add lines 1 through 4b 5	727,369.		the organization?					X
Schedule C - Rent Income (From Real	Property and	Pers	onal Property L	ease	d With Real Prop	erty)		
(see instructions)								
1 Description of property								
(1)					······································		 -	
(2)								
(3)								
(4)								
	ed or accrued				0/010-4-4			
 (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) 	of rent for pe	ersonal p	nal property (if the percentag iroperty exceeds 50% or if d on profit or income)	je	3(a) Deductions directly columns 2(a) an			
(1)					·		·	
(2)								
(3)								
(4)					·			
Total 0.	Total			0.				
(c) Total income Add totals of columns 2(a) and 2(b). En	ter		•		(b) Total deductions Enter here and on page 1,			
here and on page 1, Part I, line 6, column (A)				0.	Part I line 6, column (B)	_		0.
Schedule E - Unrelated Debt-Financed	Income (see	nstruc	tions)		.			
		2	Gross income from		3 Deductions directly conr to debt-finance			
1 Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation		(b) Other deduction	s
			manosa property		(attach schedule)]	(attach schedule)	
(1)							 	
(2)		_						
(3)					. -	+		
(4)						+		
	adjusted basis	6	Column 4 divided		7 Gross income	+	Allocable deducts	ons
debt on or allocable to debt-financed of or a property (attach schedule) debt-fina	allocable to nced property h schedule)		by column 5		reportable (column 2 x column 6)	(column 6 x total of col 3(a) and 3(b))	
(1)	· · · · · · · · · · · · · · · · · · ·	-						
(2)		-	<u>%</u> %			+		
(3)		<u> </u>	% %					
(4)						+		
<u> </u>						+-		
					nter here and on page 1, lart filine 7, column (A)		inter here and on page Part I, line 7 column (
Totals					0			0.
Total dividends-received deductions included in column	ı 8		- 1		•			0.

1 Name of controlled organization 2 Employer referrible (chemited state of manufactors) (loss) (see instructions) (1) (2) (3) (4) (4) (4) (4) (4) (4) (4) (5) (4) (5) (6) (6) (6) (6) (6) (6) (6) (6) (6) (6
3 4) 4) 5) 6) 6) 6) 6) 6) 6) 6) 7) 7) 6) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8) 8)
2) 3) 4) Onexempt Controlled Organizations 7 Taxable Income 8 Net urrelated income (loss) ((see instructions) 9 Total of specified payments made 10 Part of column 9 that is included in the controlling organizations with income with income gross income 11) 2) 3) 4) Add columns 5 and 10 Enter here and on page 1 Part I line 8 column (A) Include Gross and 10 Enter here and on page 1 Part I line 8 column (A) 10 Description of income 2 Amount of income 2 Amount of income 3 Deductions directly connected (attach schedule) 11) 22) 33 41 Enter here and on page 1 Part I line 9 column (A) Enter here and on page 1 Part I line 9 column (B) (see instructions) 4 Set-aarides (attach schedule) 11 Description of exploited Exempt Activity Income, Other Than Advertising Income 1 Description of exploited Exempt Activity Income, Other Than Advertising Income 1 Description of exploited Exempt Activity Income, Other Than Advertising Income 1 Description of exploited Exempt Activity Income, Other Than Advertising Income 1 Description of exploited Exempt Activity Income, Other Than Advertising Income 5 Cross runnelisted bisiness income limits of orium schimn (B) If a gain company color is not unrelated in the controlled payments with income (Income Income Incom
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page 1 Part I, page 1, Part I
line 10, col (A) line 10 col (B)
Schedule J - Advertising Income (see instructions)
Schedule J - Advertising Income (see instructions)
Part 1 Income From Periodicals Reported on a Consolidated Basis 2 Gross advertising income 3 Direct advertising costs 3 Direct advertising costs 3 Direct advertising costs 5 Circulation 6 Readership costs 6 Cost
Schedule J - Advertising Income (see instructions) Part 13 Income From Periodicals Reported on a Consolidated Basis 1 Name of periodical 2 Gross advertising costs 3 Direct advertising costs 4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute costs 5 Circulation income 6 Readership costs 7 E costs 6 Costs 6 Costs 7 E co
Part Income From Periodicals Reported on a Consolidated Basis Income From Periodicals Reported on a Consolidated Basis Income From Periodical 2 Gross advertising costs 3 Direct advertising costs 4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute costs 5 Circulation income 6 Readership costs column the costs 6 Readership costs 7 Readership costs
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Part Income From Periodicals Reported on a Consolidated Basis Income From Periodicals Reported on a Consolidated Basis Income From Periodical 2 Gross advertising advertising costs 3 Direct advertising costs 4 Advertising gain or (loss) (col 2 minus col 3) If a gain compute cols 5 through 7 Circulation income 6 Readership costs Column content Costs Costs Column content Costs

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Form 990-T (2017) THEDACARE					INC.				<u>0806359</u>	<u> </u>	age
Partill Income From Perio			a Separ	ate Basis (F	or eac	h perio	dical listed	I in Pa	rt II, fill in	,	
1 Name of periodical	² Gross advertising income	3	Direct sing costs	4 Advertising ga or (loss) (col 2 mi col 3) If a gain, con cols 5 through	nus npute		culation	6	Readership costs	7 Excess readers costs (column 6 mi column 5 but not m than column 4)	nus
(1)		-								······	
(2)	j	,								,	
(3))				
(4)				,							
Totals from Part I	. 0.		0.	300	tien.	de la	ALL THE				0.
	Enter here and on page 1 Part I line 11, col (A)	~ page	ere and on 1 Part I col (B)							Enter here and on page 1 Part II line 27	
Totals, Part II (lines 1-5)	0.		0.		1000			1837 2			0.
Schedule K - Compensation	n of Officers, D	Directo	ors, and	Trustees (s	see ins	tructio	ns)				
1 Name				2 Title			3 Percer time devoti busines	ed to		ensation attributable elated business	
(1)		,						%			
(2)							_	%		· ·	
(3)			,					%		4	
(4)								%			

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0.

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

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/06	47,147.	47,147.	0.	0.
09/30/13	27,760.	27,760.	0.	0.
09/30/14	170,160.	104,221.	65,939.	65,939.
12/31/16	141,772.	0.	141,772.	141,772.
NOL CARRYO	VER AVAILABLE THIS	YEAR	207,711.	207,711.