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Form **990-T**

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

OMB No 1545-0047

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

## 2019

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://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

POSTMARK DATE MAY 14 2021

<b>A</b> <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)	<b>D</b> Employer identification number (Employees' trust, see instructions)
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		<b>NORTH CAROLINA BAPTIST HOSPITAL</b>	<b>56-0552787</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>MEDICAL CENTER BLVD</b>	<b>E</b> Unrelated business activity code (See instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>WINSTON-SALEM, NC 27157</b>	<b>62</b>
<b>C</b> Book value of all assets at end of year <b>2,292,609,329.</b>		<b>F</b> Group exemption number (See instructions.)	
		<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

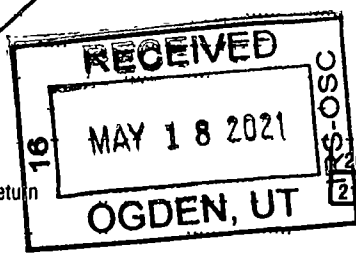
**H** Enter the number of the organization's unrelated trades or businesses. 3 Describe the only (or first) unrelated trade or business here **MEDICAL & RESEARCH LABORATORIES**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **ERIN KOEWING** Telephone number **336 716 4445**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>5,585,135.</u>			
b	Less returns and allowances			
	c Balance <b>A</b>	1c		
		2		
2	Cost of goods sold (Schedule A, line 7)	3		5,585,135.
3	Gross profit. Subtract line 2 from line 1c	4a		
4a	Capital gain net income (attach Schedule D)	4b		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4c		
c	Capital loss deduction for trusts	5		
5	Income (loss) from a partnership or an S corporation (attach statement)	6		
6	Rent income (Schedule C)	7		
7	Unrelated debt-financed income (Schedule E)	8		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	9		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	10		
10	Exploited exempt activity income (Schedule I)	11		
11	Advertising income (Schedule J)	12		
12	Other income (See instructions; attach schedule)	13		
13	<b>Total.</b> Combine lines 3 through 12			5,585,135.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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	429,319.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	96,429.
20	Depreciation (attach Form 4562)	20	205,463.
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	
22	Depletion	21b	205,463.
23	Contributions to deferred compensation plans	22	
24	Employee benefit programs	23	
25	Excess exempt expenses (Schedule I)	24	108,508.
26	Excess readership costs (Schedule J)	25	
27	Other deductions (attach schedule)	26	
28	<b>Total deductions.</b> Add lines 14 through 27	27	777,733.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	28	1,617,452.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	29	3,967,683.
31	Unrelated business taxable income. Subtract line 30 from line 29	30	0.
		31	3,967,683.



SEE STATEMENT 1

SCANNED AUG 09 2021

Part III Total Unrelated Business Taxable Income

Table with 2 columns: Description and Amount. Rows include: 32 Total of unrelated business taxable income... 33 Amounts paid for disallowed fringes... 34 Charitable contributions... 35 Total unrelated business taxable income before pre-2018 NOLs... 36 Deduction for net operating loss... 37 Total of unrelated business taxable income before specific deduction... 38 Specific deduction... 39 Unrelated business taxable income.

Part IV Tax Computation

Table with 2 columns: Description and Amount. Rows include: 40 Organizations Taxable as Corporations... 41 Trusts Taxable at Trust Rates... 42 Proxy tax... 43 Alternative minimum tax... 44 Tax on Noncompliant Facility Income... 45 Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies.

Part V Tax and Payments

Table with 2 columns: Description and Amount. Rows include: 46a Foreign tax credit... 46b Other credits... 46c General business credit... 46d Credit for prior year minimum tax... 46e Total credits... 47 Subtract line 46e from line 45... 48 Other taxes... 49 Total tax... 50 2019 net 965 tax liability paid... 51a Payments: A 2018 overpayment credited to 2019... 51b 2019 estimated tax payments... 51c Tax deposited with Form 8868... 51d Foreign organizations... 51e Backup withholding... 51f Credit for small employer health insurance premiums... 51g Other credits, adjustments, and payments... 52 Total payments... 53 Estimated tax penalty... 54 Tax due... 55 Overpayment... 56 Enter the amount of line 55 you want credited to 2020 estimated tax.

Part VI Statements Regarding Certain Activities and Other Information

Table with 2 columns: Question and Yes/No. Rows include: 57 At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account... 58 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?... 59 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here

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.

Signature of officer: [Signature] Date: 05/14/21 Title: EVP-CFO May the IRS discuss this return with the preparer shown below (see instructions)? Yes [X] No

Table with 4 columns: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no. Rows include: SHAWN M HUTCHINSON, Shawn Hutchison, 5/5/21, KPMG LLP, 13-5565207, 300 NORTH GREENE STREET, SUITE 400, GREENSBORO, NC 27401, 336-275-3394

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

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					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
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	0.	Total
		0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **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)

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			0.	0.
Total dividends-received deductions included in column 8				0.

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	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
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	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
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)

Totals 0. 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

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)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

Totals 0. 0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

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 (column 2 minus column 3) If a gain, compute cols 5 through 7	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)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 25

Totals 0. 0. 0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**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)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**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)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
MISC SUPPLIES & EXPENSES		97,967.
PURCHASED SERVICES		679,766.
TOTAL TO FORM 990-T, PAGE 1, LINE 27		777,733.

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
50% CASH ONLY	N/A	1,056,022.
TOTAL TO FORM 990-T, PAGE 2, LINE 34		1,056,022.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 3

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT  
 QUALIFIED CONTRIBUTIONS SUBJECT TO 25% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS  
 FOR TAX YEAR 2014 20,758  
 FOR TAX YEAR 2015 23,671  
 FOR TAX YEAR 2016  
 FOR TAX YEAR 2017 1,168,215  
 FOR TAX YEAR 2018 1,364,336

TOTAL CARRYOVER 2,576,980  
 TOTAL CURRENT YEAR 10% CONTRIBUTIONS 1,056,022

TOTAL CONTRIBUTIONS AVAILABLE 3,633,002  
 TAXABLE INCOME LIMITATION AS ADJUSTED 396,668

EXCESS CONTRIBUTIONS 3,236,334  
 EXCESS 100% CONTRIBUTIONS 0  
 TOTAL EXCESS CONTRIBUTIONS 3,236,334

ALLOWABLE CONTRIBUTIONS DEDUCTION 396,668

TOTAL CONTRIBUTION DEDUCTION 396,668

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

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

ENTITY 2

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019, and ending JUN 30, 2020

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▶ 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 the organization **NORTH CAROLINA BAPTIST HOSPITAL** Employer identification number **56-0552787**

Unrelated Business Activity Code (see instructions) ▶ 52  
Describe the unrelated trade or business ▶ VERGER II, LLC

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales				
<b>b</b> Less returns and allowances	<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)		<b>2</b>		
<b>3</b> Gross profit Subtract line 2 from line 1c		<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)		<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		<b>4b</b>		
<b>c</b> Capital loss deduction for trusts		<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)		<b>5</b> 225,736.		225,736.
<b>6</b> Rent income (Schedule C)		<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)		<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)		<b>10</b>		
<b>11</b> Advertising income (Schedule J)		<b>11</b>		
<b>12</b> Other income (See instructions, attach schedule)		<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12		<b>13</b> 225,736.		225,736.

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>		
<b>15</b> Salaries and wages		<b>15</b>		
<b>16</b> Repairs and maintenance		<b>16</b>		
<b>17</b> Bad debts		<b>17</b>		
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>		
<b>19</b> Taxes and licenses		<b>19</b>		15,292.
<b>20</b> Depreciation (attach Form 4562)		<b>20</b>		
<b>21</b> Less depreciation claimed on Schedule A and elsewhere on return		<b>21a</b>		<b>21b</b>
<b>22</b> Depletion		<b>22</b>		
<b>23</b> Contributions to deferred compensation plans		<b>23</b>		
<b>24</b> Employee benefit programs		<b>24</b>		
<b>25</b> Excess exempt expenses (Schedule I)		<b>25</b>		
<b>26</b> Excess readership costs (Schedule J)		<b>26</b>		
<b>27</b> Other deductions (attach schedule)	SEE STATEMENT 4	<b>27</b>		126,493.
<b>28 Total deductions.</b> Add lines 14 through 27		<b>28</b>		141,785.
<b>29</b> Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13		<b>29</b>		83,951.
<b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	STMT 5	<b>30</b>		83,951.
<b>31</b> Unrelated business taxable income Subtract line 30 from line 29		<b>31</b>		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019



FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
ACCOUNTING FEES		2,500.
OIL & GAS DEPLETION		123,993.
TOTAL TO SCHEDULE M, PART II, LINE 27		126,493.

SCHEDULE M	NET OPERATING LOSS DEDUCTION			STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	491,116.		491,116.	491,116.
NOL CARRYOVER AVAILABLE THIS YEAR			491,116.	491,116.

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

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

ENTITY 4

OMB No 1545-0047

**2019**

For calendar year 2019 or other tax year beginning JUL 1, 2019 and ending JUN 30, 2020

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://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 the organization **NORTH CAROLINA BAPTIST HOSPITAL** Employer identification number **56-0552787**

Unrelated Business Activity Code (see instructions) ▶ 72

Describe the unrelated trade or business ▶ **FOOD SERVICE**

<b>Part I Unrelated Trade or Business Income</b>		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>120,318.</u>			
b	Less returns and allowances			
c	Balance ▶	120,318.		
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit Subtract line 2 from line 1c	120,318.		120,318.
4 a	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	<b>Total.</b> Combine lines 3 through 12	120,318.		120,318.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (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	53,783.
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	6,094.	20	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	
22	Depletion		21b	6,094.
23	Contributions to deferred compensation plans		22	
24	Employee benefit programs		23	
25	Excess exempt expenses (Schedule I)		24	14,631.
26	Excess readership costs (Schedule J)		25	
27	Other deductions (attach schedule)	SEE STATEMENT 6	26	
28	<b>Total deductions.</b> Add lines 14 through 27		27	71,595.
29	Unrelated business taxable income before net operating loss deduction Subtract line 28 from line 13		28	146,103.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		29	-25,785.
31	Unrelated business taxable income Subtract line 30 from line 29	STMT 7	30	0.
			31	-25,785.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
PURCHASED SERVICES		1,405.
SUPPLIES & OTHER EXPENSES		70,190.
TOTAL TO SCHEDULE M, PART II, LINE 27		71,595.

SCHEDULE M	NET OPERATING LOSS DEDUCTION			STATEMENT 7
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19	38,713.		38,713.	38,713.
NOL CARRYOVER AVAILABLE THIS YEAR			38,713.	38,713.

NORTH CAROLINA BAPTIST HOSPITAL

56-0552787

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 8 rows and 4 columns. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4a Additional section 263A costs, 4b Other costs, 5 Total, 6 Inventory at end of year, 7 Cost of goods sold, 8 Do the rules of section 263A apply to the organization? (Yes/No columns)

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

Table with 3 main sections: 1. Description of property (rows 1-4), 2. Rent received or accrued (columns a and b), 3(a) Deductions directly connected with the income, and (b) Total deductions. Totals are shown as 0.

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

Table with 8 columns: 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, (b) Other deductions, 4. Amount of average acquisition debt, 5. Average adjusted basis, 6. Column 4 divided by column 5, 7. Gross income reportable, 8. Allocable deductions. Totals are shown as 0.