		_			•	•			
000	4.			•		•	8800	. e	3 43 27
385	5					•	2939	· 3 (09310220
\	/ر	7							
`	e	000 T			•		D - 1		0
	Form	990-T	Ŀ	Exempt Organization Bus	sine	ess income i			0
	•			(and proxy tax und			_ 190	ๆ	2018
			For cal	lendar year 2018 or other tax year beginning $\overline{ ext{OCT}}$ $\overline{ ext{1}}$,				<u>9</u>	ZU 10
	Depar	tment of the Treasury		► Go to www irs gov/Form990T for in				-	Open to Public Inspection for
	Intern	at Revenue Service	_	Do not enter SSN numbers on this form as it may			ation is a 501(c)(3)		50 I(c)(3) Organizations Only
	ΑL	Check box if		Name of organization (Check box if name c				D Empl (Emp	loyer identification number loyees trust see
		address changed		WOMAN'S HOSPITAL FOUND				instru	actions)
	B E	xempt upder section	Print	D/B/A WOMAN'S HEALTH F	OUN	IDATION			2-0652905
	X] 501(d)) [3)	or	Number, street, and room or suite no. If a P O box	k, see i	instructions			lated business activity code instructions)
		408(e) 220(e)	Туре	P. O. BOX 95009				(000)	,
		408A 530(a)		City or town, state or province, country, and ZIP o	r forei	gn postal code		1	
		529(a)		BATON ROUGE, LA 70895				621	500
	C Bo	ok value of all assets		F Group exemption number (See instructions)	<u> </u>				
	ale	848,940,5	12.	G Check organization type ► X 501(c) corp	oratio	n 501(c) trust	401(a)	trust	Other trust
				tion's unrelated trades or businesses '	5		the only (or first) un		
				EE STATEMENT 1			complete Parts I-V		
				ce at the end of the previous sentence, complete Pa	rts I a				•
		siness, then complete				na n, complete a concadic	, 101 0001 00011011	uuu.	0 01
		`		poration a subsidiary in an affiliated group or a parer	at-euh	sidiary controlled group?	•	Ye	es X No
				tifying number of the parent corporation	11 300.	sidiary controlled group.			23 [21] 140
				APRIL F. CHAISSON		Telenh	one number 🕨 2	25-	924-8107
				de or Business Income		(A) Income	(B) Expenses		(C) Net
		Gross receipts or sale		18,195,610.	ı	(.,,	(=, =:		(6)
		Less returns and allow		c Balance	1 c	18,195,610.			
		Cost of goods sold (S			10	10,155,010.			
		- ,		•	3	18,195,610.			18,195,610.
	3	Gross profit. Subtract			4a	10,155,010.			10,100,010.
		Capital gain net incom	•	•	4a 4b				
				art II, line 17) (attach Form 4797)	4c	+			 /
		Capital loss deduction		ship or an S corporation (attach statement)	5	33,212.	STMT 2		33,212.
		Rent income (Schedul	•	ship or an 3 corporation (attach statement)	6	33,212.	SIMI Z		33,212.
		•	,	on (Cabadala E)	7				
	_	Unrelated debt-finance		` ,					
		•		nd rents from a controlled organization (Schedule F)	8	-			
				on 501(c)(7), (9), or (17) organization (Schedule G)	_				
		Exploited exempt activ	•	`	10				
		Advertising income (S		•	11				
		Other income (See ins		•	12	10 220 022			10 220 022
		Total Combine lines	3 throu	gh 12			/		18,228,822.
	Ра	Tt II Deduction	ns NC	ot Taken Elsewhere (See instructions fourtions, deductions must be directly connected	r limit	ations on deductions)	Income \		
					J WILLI				
	14	Compensation of offi	cers, du	rectors, and trustees to the balls ()	1	RECEIVED	\ _1	14	1 005 630
	15				۱/		1801	15	1,025,632.
	16	Repairs and maintena	ance	1.5 Mg 19 10 19	XA	10000	n 191	16	101 200
	17	Bad debts		AUS IT	級	AUG 1 8 2021	300	17	191,300.
	18	Interest (attach sche	dule) (se	ee instruction \$3	10	/		18	
	19	Taxes and licenses		OGUL	(OGDEN, L		19	
-	20	Charitable contribution	ons (See	e instructions for limitation rules)	\mathcal{X}	The second secon	1	20	
202	21	Depreciation (attach	Form 45	562)	7	21	65,377.		(
	22	Less depreciation cla	imed or	ee instructions for limitation entes) 662) 1 Schedule A and elsewhere on return		222	 	22b	65,377.
<u>-</u>							!	23	
8	24	Contributions to defe		mpensation plans				24	405 055
₹	25	Employee benefit pro	-					25	195,966.
MAY	26	Excess exempt exper						26	
	97	Evenes readership as	oto /Col	hodulo I)				(97	I

SEE STATEMENT 3

17,034,221. 18,512,496. -283,674.

Other deductions (attach schedule)

SEE STA

Total deductions Add lines 14 through 28

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 instructions) Unrelated business taxable income Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form 990-T (2018)

1
2
1
2
1
2

Form 990-T (2018) D/B/A WOMAN'S HEALTH FOUNDATION	72-0652	2905 Page 2
Part Jif Total Unrelated Business Taxable Income		
33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instruction	ons)	33 179,083.
34 Amounts paid for disallowed fringes	1	34
35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	STMT 4	35 179,083.
36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		T
lines 33 and 34		3,6
37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	·	37 1,000.
38 Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	*	
enter the smaller of zero or line 36		38 0.
Part IV Tax Computation		
39 Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	•	39 0.
40 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 fi	rom	
Tax rate schedule or Schedule D (Form 1041)	▶	40
1ax rate schedule or Schedule D (Form 1041) 41 Proxy tax See instructions 42 Alternative minimum tax (trusts only) 43 Tax on Noncompliant Facility Income See instructions	▶	41
42 Alternative minimum tax (trusts only)	·	42
43 Tax on Noncompliant Facility Income See instructions	<u> </u>	43
44 Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	ļ -	44 0.
Part X 1 1 Tax and Payments		··· · · · · · · · · · · · · · · · · ·
45a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
b Other credits (see instructions)		
c General business credit. Attach Form 3800		ľ
d Credit for prior year minimum tax (attach Form 8801 or 8827)		
e Total credits Add lines 45a through 45d		4\$e
46 Subtract line 45e from line 44	-	46 0.
	ther (attach schedule)	47
48 Total tax Add lines 46 and 47 (see instructions)	trici (attacii scrieddie)	48 0.
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	-	49 0.
50 a Payments. A 2017 overpayment credited to 2018	321,297.	* 0.
b 2018 estimated tax payments 50b	321,257.	
c Tax deposited with Form 8868		
d Foreign organizations Tax paid or withheld at source (see instructions) 50d	-	
e Backup withholding (see instructions) 50e		
f Credit for small employer health insurance premiums (attach Form 8941)		
g Other credits, adjustments, and payments Form 2439		
Form 4136 Other Total > 50g		
51 Total payments Add lines 50a through 50g		321,297.
52 Estimated tax penalty (see instructions) Check if Form 2220 is attached	-	do 321,237.
53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	_	53 .
54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	mil	34 321,297.
55 Enter the amount of line 54 you want. Credited to 2019 estimated tax	Potundo d TX	\$5 321,297.
Part VI Statements Regarding Certain Activities and Other Information (see in	Refunded	321,297.
56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other au		Voc. No.
		Yes No
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have		
FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign cou	intry	- <u>x</u> -
here	- (
57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to,	a foreign trust?	X
If "Yes," see instructions for other forms the organization may have to file		
58 Enter the amount of tax-exempt interest received or accrued during the tax year >\$	ad to the best of my keeple	odes and halist it is true
Sign Under penalties of perjury. I declare that I have examined this return including accompanying schedules and statements are correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any kn	owledge	euge and belief, it is true
	May	the IRS discuss this return with
Stanature of officer Dates Title		oreparer shown below (see
		ructions)? X Yes No
Print/Type preparer's name Preparer's signature Date	Check If	PTIN
Paid PRINCE PRIN	self- employed	D01400017
Preparer BRANDON LAGARDE BRANDON LAGARDE		P01428217
Use Only Firm's name ► POSTLETHWAITE & NETTERVILLE	Firm's EIN ▶	72-1202445
8550 UNITED PLAZA BLVD, SUITE 1001		
Firm's address ► BATON ROUGE, LA 70809	Phone no (2	225)922-4600
823711 01-09-19		Form 990-T (2018)

Schedule A - Cost of Good	ls Sold. Enter	method of invei	ntory 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 S		ine 6							
3 Cost of labor	st of labor 3 from line 5 Enter here					re and in Part I,						
4a Additional section 263A costs						7						
(attach schedule)						\						
b Other costs (attach schedule)	4b	-	property produced or	•	•		 					
5 Total Add lines 1 through 4b	5		the organization?		ro. rodulo, apply to		-					
Schedule C - Rent Income		Property an		Leas	ed With Real Pro	nert	······································					
(see instructions)	(*				ou man mount re	pert	,					
1 Description of property	-			_								
(1)	 -											
(2)												
(3)			-	•								
(4)												
	2 Rent receiv	ed or accrued										
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	` 'of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)		3(a)Deductions directly columns 2(a) at		sted with the income in attach schedule)					
(1)												
(2)												
(3)												
(4)							 					
Total	0.	Tolal	 	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 Del	<u> </u>	I Income (see	instructions)		Trust i, into 0, colonia (b)							
			1		3 Deductions directly con	nected	with or allocable					
			2 Gross income from		to debt-financ		d property					
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)						
					(,	(attach scheddie)						
(1)												
(2)			<u> </u>			+						
(3)						-						
(4)			 									
4 Amount of average acquisition	5 Average	adjusted basis	6 Column 4 divided		7 Cenn ing	+	O Allegable de de de ce					
debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(0	8 Allocable deductions column 6 x total of columns 3(a) and 3(b))					
(1)			%									
(2)			%			1						
(3)	· · · ·		%									
(4)			%			†	·					
					nter here and on page 1 Part I line 7 column (A)		nter here and on page 1 Part I, line 7 column (B)					
Totals			•		0		0.					
Total dividends-received deductions in	icluded in column	8			>		0.					
							Form 000-T /2018)					

Form 990-T (2018) D/B/A WOMAN'S HEALTH FOUNDATION

Schedule F - Interest, A	Timulatie	s, nuya	icies, d	-	Controlled O			auur	is (see ins	ruction	15)
1 Name of controlled organizati	on	n 2 Emplo identificat number		3 Net uni	elated income e instructions)	4 Total	at of specified nents made	5. Part of column 4 that included in the controlli organization's gross inco		olling	6 Deductions directly connected with income in column 5
(1)									•		
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	ations										
7 Taxable Income		nretated incor se instruction		9. Total	of specified payr made	nents	10. Part of coluin the controllingross				eductions directly connected h income in column 10
(1)										•	
(2)											
(3)								•			
(4)											
			·				Add colun Enter here and line 8 c		1 Part I,		dd columns 6 and 11 here and on page 1, Parl I, line 8, column (B)
Totals						<u> </u>			0.		0.
Schedule G - Investme (see instr		ne of a	Sectio	n 501(c)(7), (9), or	(17) Or	ganization	1			
1 Descr	ption of incor	me			2 Amount of	income	3 Deductio directly conne (attach sched	cted	4. Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and o Part I, line 9 co	lumn (A)					Enter here and on page 1 Part I line 9 column (B)
Totals				<u> </u>	l	0.					. 0.
Schedule I - Exploited (see instru		Activity	Incon	ne, Othe	r Than Ad	lvertisi	ng Income	; 			
Description of exploited activity	2 Gr unrelated l income trade or b	business from	directly with pi of ur	openses connected roduction irelated ss income	4 Net incom from unrelated business (co minus columi gain compute through	lrade or lumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Explattributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						ļ					
(2)											
(3)											
(4)											
	Enter here page 1 line 10 d	Part I col (A)	page	ere and on 1 Part I I, col (B)		,					Enter here and on page 1 Part II line 26
Totals		0.		0.							0.
Schedule J - Advertisir Part I Income From F					solidated	Basis					
			<u> </u>		4. Advert	ising oc:o	I	r			7 Excess readership
1. Name of periodical		2 Gross advertising income	adv	3 Direct vertising costs	or (loss) (co col 3) If a ga cols 5 th	ol 2 minus sin, computi	5 Circulat income	ion	6 Reade costs		costs (column 6 minus column 5 but not more than column 4)
(1)						:			_		
(2)	- -				\dashv		<u> </u>			_	1
(3)					-		·				
V.1	+		_		+		+				
Totals (carry to Part II, line (5))	>	***	0.	0			<u> </u>				0 . Form 990-T (2018
											101111000-1 (2018

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 periodi	cal	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)							<u></u>
(2)							
(3)				•			
(4)							
Totals from Part I	▶	0.	0.		 		0.
• •		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)	▶	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)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

THE REFERENCE LAB, INCLUDING THE CANCER DETECTION LABORATORY, IS WOMAN'S HOSPITAL'S PRIMARY UNRELATED BUSINESS ACTIVITY. THE REFERENCE LAB PROVIDES LAB SERVICES FOR AREA DOCTORS, CLINICS, AND HOSPITALS. OTHER UNRELATED BUSINESS ACTIVITIES INCLUDED SERVICES TO THE PUBLIC FOR CHILDCARE, PHARMACY, PRINTING, RETAIL, AND OUTSIDE CATERING.

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
CESCRIPTION	NET INCOME OR (LOSS)
PREMIER HEALTHCARE ALLIANCE UBTI - ORDINARY BUSINESS INCOME (LOSS)	33,212.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	33,212.
	4
FORM 990-T OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	AMOUNT
ADMINISTRATIVE & GENERAL BUILDING OPERATIONS CAFETERIA CONTRACTUAL OBLIGATIONS HOUSEKEEPING HUMAN RESOURCES ' INTEREST/AMORTIZATION LAB SUPPLIES LAUNDRY MATERIALS MANAGEMENT OTHER PHYSICIAN SERVICES PURCHASED SERVICES UTILITIES	637,886. 59,354. 7,802. 9,858,236. 45,245. 38,329. 211,744. 5,655,816. 991. 95,381. 44,343. 299,192. 72,268. 7,634.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	17,034,221.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR		
09/30/18	355,619.	0.	355,619.	355,619.		
NOL CARRYO	VER AVAILABLE THIS	YEAR	355,619.	355,619.		

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

2018

OMB No 1545-0687

ENTITY

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)

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

Name of the organization

WOMAN'S HOSPITAL FOUNDATION D/B/A WOMAN'S HEALTH FOUNDATION

Employer identification number 72-0652905

Unrelated business activity code (see instructions) ► 446110

Describe the unrelated trade or business ► RETAIL PHARMACY AND MM OUTSIDE SALES

Part I Unrelated Trade or Business Income (A) Income (B) Expenses

Pa	tl Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales Less returns and allowances 2,335,526. c Balance ▶	1c	2,335,526.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	2,335,526.		2,335,526.
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			
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	2,335,526.	· ·	2,335,526.

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	479,805.
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	22,805.		
22	Less depreciation claimed on Schedule A and elsewhere on return	2	2a		22b	22,805.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	91,316.
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)	SEE	S	TATEMENT 5	28	3,132,859.
29	Total deductions. Add lines 14 through 28				29	3,726,785.
30	Unrelated business taxable income before net operating loss deduction. Subtract	rom line 13	30	-1,391,259.		
31	Deduction for net operating loss arising in tax years beginning on or after January	1, 20	18	(see		
	instructions)				31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	-1,391,259.

LHA For Paperwork Reduction Act Notice, see instructions

D/B/A WOM	AN'S HE	ALTH FOU	NDATION		72-0652	2905		age (
Schedule A - Cost of Good				Ą			-	
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		
'2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6			
3 Cost of labor	3		from line 5 Enter her	e and in I	Part I,			
4 a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	n 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?					Х
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	perty)		
1 Description of property								
(1)				_				
(2)								
(3)		-						
(4)								
	2 Rent receiv	ed or accrued			0(1)			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	and personal properly (if the percen personal property exceeds 50% or nt is based on profit or income)				ile)	n		
(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		nter -		0.	(b) Total deductions Enter here and on page 1, Part I line 6 column (B)	•		0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructions)					
		·	2 Gross income from		3 Deductions directly conn to debt-finance		ble	
1 Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other di (attach sc		s
(1)				 				
(2)								-
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average adjusted bar of or allocable to debt-financed propert (attach schedule)		allocable to inced properly	by column 5 reportabl		7 Gross income reportable (column 2 x column 6)	8 Allocable (column 6 x lo 3(a) an	tal of col	ons umns
(1)			%					
(2)			%					
(3)			%					
(4)			%	T				
					nter here and on page 1, Part I line 7, column (A)	Enter here and Part I line 7		
			_	1	0	İ		0

0.

Total dividends-received deductions included in column 8

FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 5
DESCRIPTION			AMOUNT
MATERIALS MANAGEMENT UTILITIES HOUSEKEEPING BUILDING OPERATIONS CAFETERIA HUMAN RESOURCES OTHER INTEREST/AMORTIZATION ADMINISTRATIVE & GENERAL LAB SUPPLIES			2,504. 2,743. 4,627. 6,070. 7,176. 9,279. 60,415. 265,212. 766,833. 2,008,000.
TOTAL TO SCHEDULE M, PART II,	LINE 28		3,132,859.

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

2018

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

D/B/A WOMAN'S HEALTH FOUNDATION

Unrelated business activity code (see instructions)

541900

WOMAN'S HOSPITAL FOUNDATION

Employer identification number 72-0652905

► PRINTING Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (C) Net (B) Expenses 1a Gross receipts or sales 735,036 b Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 3 735,036 735,036. Gross profit Subtract line 2 from line 1c 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 40 Income (loss) from a partnership or an S corporation (attach 5 6 Rent income (Schedule C) Unrelated debt financed income (Schedule E) 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 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 735,036. 735,036. 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	Salaries and wages	15	284,706.
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, 338.		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	21,338.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	54,491.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 6	28	201,893.
29	Total deductions. Add lines 14 through 28	29	562,428.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	172,608.
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	172,608.

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Form 990-T (2018) WOMAN'S H D/B/A WOM	LAN'S HE	ALTH FOUN	IDA'	rion		72-065	290 !	5	Page
Schedule A - Cost of Good	ls Sold. Enter	method of inven	tory \	valuation ► N/A	7				
1 Inventory at beginning of year	1_1_		6	Inventory at end of year	ar		6		
2 Purchases	2] 7	Cost of goods sold S	ubtract I	ine 6		·	
3 Cost of labor	3]	from line 5. Enter here	and in l	Part I,			
4 a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Ye	s No
b Other costs (attach schedule)	4b			property produced or	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		1	the organization?					X
Schedule C - Rent Income	(From Real	Property and	l Pe	rsonal Property	Leas	ed With Real Pro	perty	<u>/)</u>	
(see instructions)	_			1					
1 Description of property		•				-			
(1)									
(2)									
(3)									
(4)									
	2 Rent receiv	ed or accrued				0/-15			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` 'of rent for p	ersonal	sonal property (if the percent property exceeds 50% or if sed on profit or income)	age	3(a) Deductions directly columns 2(a) an	connected (a)	ted with the incom	e in
(1)									
(2)									
_(3)				·					
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns		ter				(b) Total deductions Enter here and on page 1			
here and on page 1, Part I, line 6, columi		<u> </u>			0.	Part I line 6 column (B)			0.
Schedule E - Unrelated Del	ot-Financed	I Income (see	ınstru	ictions)					
			2	Gross income from		3 Deductions directly con- to debt-finance			
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deducti (attach schedul	
(1)									
(2)									
(3)									
(4)	·-·	R							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property ischedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable dedu olumn 6 x total of 3(a) and 3(b)	columns

Form 990-T (2018)

0.

0.

Enter here and on page 1 Part I line 7 column (B)

(1)

(2)

(3)

(4)

Totals

%

%

%

%

Total dividends-received deductions included in column 8

Enter here and on page 1 Part I, line 7 column (A)

0.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
HUMAN RESOURCES BUILDING OPERATIONS BUSINESS & TECH EXPENSE HOUSEKEEPING OTHER LAB SUPPLIES		8,661. 13,012. 13,325. 16,784. 19,442. 130,669.
TOTAL TO SCHEDULE M, PART II, L	INE 28	201,893.

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,

Employer identification number

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

3

ENTITY

D/B/A WOMAN'S HEALTH FOUNDATION Unrelated business activity code (see instructions) ▶ 812900 ▶ OTHER PERSONAL CARE SERVICES Describe the unrelated trade or business

WOMAN'S HOSPITAL FOUNDATION

72-0652905

	Describe the unrelated trade or business	0011	THE CHILD DIRV	СПО	
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 3, 296, 166.		٧		f
b	Less returns and allowances c Balance ▶	1c	3,296,166.		
2	Cost of goods sold (Schedule A, line 7)	2			ļ
3	Gross profit Subtract line 2 from line 1c	3	3,296,166.		3,296,166.
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			
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	3,296,166.		3,296,166.
			**		

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)			ı	14	
15	Salaries and wages				15	1,238,949.
16	Repairs and maintenance				16	•
17	Bad debts				17	11,361.
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)			1	20	
21	Depreciation (attach Form 4562)	21	1	172,846.		
22	Less depreciation claimed on Schedule A and elsewhere on return	222	а		22b	172,846.
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	236,918.
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	-
28	Other deductions (attach schedule)	EE :	S'	PATEMENT 7	28	2,422,891.
29	Total deductions Add lines 14 through 28				29	4,082,965.
30	Unrelated business taxable income before net operating loss deduction. Subtract I	ine 29	fro	om line 13	30	-786,799.
31	Deduction for net operating loss arising in tax years beginning on or after January	1, 2018	8 (s	see		
	instructions)				31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	-786,799.
						14 /F 000 TI 0040

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Form 990-T (2018) WOMAN'S H D/B/A WOM	AN'S HEA	ALTH FOUN	'AC	TION		72-0652	2905	Page
Schedule A - Cost of Good	s Sold. Enter	method of invent	ory v	valuation ► N/A				
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold Subtract line 6			ine 6		
3 Cost of labor	3		1	from line 5 Enter here	and in F	Part I,	ŀ	
4 a Additional section 263A costs		-	1	line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b		1	property produced or a	acquired	for resale) apply to	Γ	
5 Total Add lines 1 through 4b	5		1	the organization?		,,		X
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pe	rsonal Property	Leas	ed With Real Prop	perty)	
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent receive	ed or accrued				3(a)Deductions directly	and the same	
rent for personal property is more than of rent for personal property is more than			nd personal property (if the percentage ersonal property exceeds 50% or if t is based on profit or income)				3 2(b) (attach schedule	
(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 Del		I Income (see	nstru	uctions)		<u> </u>	,	
	<u></u>		Ĭ	2 Gross income from		3 Deductions directly conn to debt-finance	ected with or allocabled property	e
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dec (altach scho	
(1)		_						
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)		6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable of (column 6 × total 3(a) and	l of columns
(1)				%				
(2)		•		%				
(3)			1	%				
(4)	<u> </u>		$\overline{}$	0/2	Ì		1	

0.

0.

Enter here and on page 1 Part I, line 7 column (B)

Totals

Part I line 7 column (A)

0

Total dividends-received deductions included in column 8

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 7
DESCRIPTION		AMOUNT
UTILITIES HOUSEKEEPING MATERIALS MANAGEMENT CONTRACTUAL OBLIGATIONS HUMAN RESOURCES BUILDING OPERATIONS OTHER INTEREST/AMORTIZATION PURCHASED SERVICES LAB SUPPLIES ADMINISTRATIVE & GENERAL WELLNESS CENTER		1,715. 2,893. 17,362. 22,233. 45,251. 147,914. 163,788. 209,756. 304,574. 364,810. 431,325. 711,270.
TOTAL TO SCHEDULE M, PART II, I	LINE 28	2,422,891.

3

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

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)

WOMAN'S HOSPITAL FOUNDATION

501(c)(3) Organizations Only

D/B/A WOMAN'S HEALTH FOUNDATION 72-0652905 Unrelated business activity code (see instructions) > 531390 ▶ RENT FROM NONEXEMPT CONTROLLED ORGANIZATION Describe the unrelated trade or business Part I Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 1a Gross receipts or sales **b** Less returns and allowances c Balance ▶ Cost of goods sold (Schedule A, line 7) 2 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) c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled 84,962. 78,487. 6,475. organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) Other income (See instructions, attach schedule) 12 84,962. 78,487. Total. Combine lines 3 through 12 13

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	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	6,475.
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	6,475.

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