

Form 990-T

Department of the Treasury
Internal Revenue ServiceExempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2017

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

For calendar year 2017 or other tax year beginning _____, and ending _____

► 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).

A Check box if
address changed

B Exempt under section

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

Print
or
TypeName of organization (Check box if name changed and see instructions.)
**THE BETHANY CIRCLE OF KING'S DAUGHTERS'
OF MADISON, INDIANA, INC.**

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

1373 EAST STATE ROAD 62, PO BOX 447

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

MADISON, IN 47250D Employer identification number
(Employees' trust, see
instructions)**35-0895832**E Unrelated business activity codes
(See instructions)**621990**C Book value of all assets
at end of year**277,232,984.**

F Group exemption number (See instructions.) ►

G Check organization type ► 501(c) corporation 501(c) trust 401(a) trust Other trustH Describe the organization's primary unrelated business activity. ► **SEE STATEMENT 1**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► Yes No

If "Yes," enter the name and identifying number of the parent corporation. ►

J The books are in care of ► **DAWN NUNAN, DIRECTOR OF ACCOUNTING** Telephone number ► **(812) 801-0800**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance		
2	Cost of goods sold (Schedule A, line 7)	► 1c		
3	Gross profit. Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b		
5	Income (loss) from partnerships and S corporations (attach statement)	4c		
6	Rent income (Schedule C)	5		
7	Unrelated debt-financed income (Schedule E)	6		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	7		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8		
10	Exploited exempt activity income (Schedule I)	9		
11	Advertising income (Schedule J)	10		
12	Other income (See instructions, attach schedule)	11		
13	Total. Combine lines 3 through 12	12 37,663.		37,663.
		13 37,663.		37,663.

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)

SCANNED FEB 1 2 2019

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	2,453.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	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	22a	
23	Depletion	22b	
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule)	27	
29	Total deductions. Add lines 14 through 28	28	5,382.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29	7,835.
31	Net operating loss deduction (limited to the amount on line 30)	30	29,828.
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	31	29,828.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	32	0.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	33	1,000.
		34	0.

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Part III Tax Computation

<p>35 Organizations Taxable as Corporations. See instructions for tax computation.</p> <p>Controlled group members (sections 1561 and 1563) check here ► <input type="checkbox"/> See instructions and</p> <p>a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).</p> <p>(1) <input type="text"/> (2) <input type="text"/> (3) <input type="text"/></p> <p>b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) <input type="text"/> (2) Additional 3% tax (not more than \$100,000) <input type="text"/></p> <p>c Income tax on the amount on line 34</p>	<p>► 35c 0.</p>
<p>36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from</p> <p><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)</p>	
<p>37 Proxy tax. See instructions</p>	
<p>38 Alternative minimum tax</p>	
<p>39 Tax on Non-Compliant Facility Income. See instructions</p>	
<p>40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies</p>	

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
b Other credits (see instructions)	41b		
c General business credit. Attach Form 3800	41c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e Total credits. Add lines 41a through 41d	41e		
42 Subtract line 41e from line 40	42	0.	
43 Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43		
44 Total tax. Add lines 42 and 43	44	0.	
45a Payments: A 2016 overpayment credited to 2017	45a		
b 2017 estimated tax payments	45b		
c Tax deposited with Form 8868	45c		
d Foreign organizations Tax paid or withheld at source (see instructions)	45d		
e Backup withholding (see instructions)	45e		
f Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ►	45g		
46 Total payments. Add lines 45a through 45g	46		
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► <input type="checkbox"/>	47		
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.	
50 Enter the amount of line 49 you want: Credited to 2018 estimated tax ►	50	Refunded	

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

51	<p>At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ► _____</p>	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? _____	X	X
53	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 person (other than taxpayer) is based on all information of which preparer has any knowledge.

BOARD CHAIRWOMAN

May the IRS discuss this return with the preparer shown below (see instructions)? Yes

**Paid
Preparer
Use Only**

Signature of officer

8

B
Title

Date _____ File No. _____

Section 1

YES

PTIN

Paid Preparer Use Only	Print/Type preparer's name CARRIE A. MERRILL, CPA	Preparer's signature CARRIE A. MERRILL, CPA	Date 10/11/18	Check <input type="checkbox"/> if self-employed	PTIN P00832283
	Firm's name ► BLUE & CO., LLC		Firm's EIN ► 35-1178661		
	500 N. MERIDIAN ST, SUITE 200				
	Firm's address ► INDIANAPOLIS, IN 46204			Phone no. 317-633-4705	

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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	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b 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 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		
(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) ► 0.	Enter here and on page 1, Part I, line 7, column (B) ► 0.
Total dividends-received deductions included in column 8				

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

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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)					
				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)				
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)						
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 26
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)						
Totals (carry to Part II, line (5)) ►			0.	0.		0.

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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 ►	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 (2017)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY STATEMENT 1

LAB SERVICES PROVIDED TO NON-PATIENTS; DIRECT PAYMENT FROM EMPLOYEE PURCHASE PROGRAM.

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT 2
DESCRIPTION		AMOUNT
PROGRAM SERVICE REVENUE		19,135.
OTHER INCOME		18,528.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		37,663.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
DRUGS AND SUPPLIES		2,419.
PURCHASED SERVICES		2,156.
PROFESSIONAL MEDICAL FEES		263.
EQUIPMENT LEASE/MAINTENANCE		245.
SUPPLIES		181.
OTHER		90.
OFFICE EXPENSE		28.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		5,382.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/03	8,188.	2,402.	5,786.	5,786.
12/31/04	12,082.	0.	12,082.	12,082.
12/31/05	5,110.	0.	5,110.	5,110.
12/31/06	12,376.	0.	12,376.	12,376.
12/31/07	12,738.	0.	12,738.	12,738.
12/31/08	18,133.	0.	18,133.	18,133.
12/31/09	9,216.	0.	9,216.	9,216.
12/31/11	1,071.	0.	1,071.	1,071.
12/31/12	3.	0.	3.	3.
12/31/13	10,170.	0.	10,170.	10,170.
12/31/14	6,863.	0.	6,863.	6,863.
12/31/15	8,965.	0.	8,965.	8,965.
12/31/16	5,407.	0.	5,407.	5,407.
NOL CARRYOVER AVAILABLE THIS YEAR			107,920.	107,920.