	Form	990-T (2019) ATRIUM MEDICAL CENTER	31-1079309	Page 2
ĺ		Total Unrelated Business Taxable Income		
1		Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1	
	<u> </u>	Instructions)	32	
	33	Amounts paid for disallowed fringes		7.2
			*	
	34	Charitable contributions (see instructions for limitation rules)	104	
	35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line	1	0.
		34 from the sum of lines 32 and 33	36	<u>_</u>
	36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	1 <u>1</u>	
		instructions)	36	
	37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	1 000
	38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
	39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,	1 []	_
ì		/enter the smaller of zero or line 37	3,9	0.
)	Pai	rt IV Tax Computation	. 1	
΄.	40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	
_	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)	41	
	42	Proxy tax. See instructions	42	
	43	Alternative 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	
1		t V Tax and Payments	· · · · · · · · · · · · · · · · · · ·	
`	46 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
,	/ ь	Other credits (see instructions)	1	
		General business credit Attach Form 3800 (see instructions)]	
	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1.	
		Total credits. Add lines 46a through 46d	46e	
	47	Subtract line 46e from line 45		
	48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .		
	49	Total tax Add lines 47 and 48 (see instructions)		0.
	50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	51a	Payments A 2018 overpayment credited to 2019		
		2019 estimated tax payments	1 /	
		Tax deposited with Form 8868	1	
		Foreign organizations Tax paid or withheld at source (see instructions)	1	
		Backup withholding (see instructions)	1	
		Credit for small employer health insurance premiums (attach Form 8941)	1	
		Other credits, adjustments, and payments Form 2439	i	
	9	Form 4136 Other Total ▶ 51g		
	52	Total payments. Add lines 51a through 51g	52	
	53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	
	54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
	55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
/1	5.6	Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded Refunded	56	
י 'נ		tVI Statements Regarding Certain Activities and Other Information (see instruction		-
	57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		Yes No
	-	over a financial account (bank, secunties, or other) in a foreign country? If "Yes," the organization may	* 1	
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	-	
		here >		Х
	58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a forei	on trust?	X
	00	If "Yes," see instructions for other forms the organization may have to file	gir uustr	
	59	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	55	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	est of my knowledge a	and belief, it is
	Sigi	true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	·	
	Her		y the IRS discuss h the preparer sh	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 	e instructions)?X Ye	
		Print/Type preparer's name Preparer's signature Date	I PTIN	- , , , , , ,
	Paid	1 11/00/2020 Check	mployed P0126	58401
	Prep	parer Thyon a volve in a 10 h	EIN ► 34-6565	
	Use	Only Firm's address 221 E. 4TH STREET, SUITE 2900 CINCINNATI, OH 45202 Phone		
	J\$A			0-T (2019)
uY	2741 1 0			(_0,0)

Form 990-T (2019)										Page 3
Schedule A - Cost of G		ter method	d of invento				7			
1 Inventory at beginning of y						ar	6			
2 Purchases				7 Cost of	goods so	ld Subtract line				
3 Cost of labor	3			6 from lir	ne 5 Enter	here and in Part				
4a Additional section 263A c	osts									
(attach schedule)	4a			8 Do the	rules of	section 263A (v	vith re	espect to	Yes	No
b Other costs (attach schedu						or acquired for				
5 Total Add lines 1 through				to the orga	anization? .	<u> </u>		<u> </u>		
Schedule C - Rent Income	e (From Real P	roperty a	nd Persor	nal Property	Leased V	Vith Real Prope	rty)			
(see instructions)								·····		
1 Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent recei	ved or accrue	ed			_				
(a) From personal property (if the for personal property is more th more than 50%)	nan 10% but not	percenta	age of rent for	and personal property (if the for personal property exceeds is based on profit or income) 3(a) Deductions directly connected with the incolumns 2(a) and 2(b) (attach schools based on profit or income)					me	
(1)										
(2)										
(3)										
(4)										
Total		Total								
(c) Total income. Add totals of c	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on				
here and on page 1, Part I, line 6						Part I, line 6, colur	nn (B)	<u> </u>		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructio	ons)						
1 Description of del	ot-financed property			ncome from or debt-financed	3 [Deductions directly con debt-finance			le to	
	or interiocal property		1	operty		nt line depreciation ch schedule)		o) Other dedu (attach sched		
(1)					· · · · · · · · · · · · · · · · · · ·					
(2)										
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjust of or alloca debt-financed (attach sche	ble to property	4 0	Column divided olumn 5		income reportable 1 2 x column 6)	-	Allocable ded mn 6 x total o 3(a) and 3(l	f colum	
(1)				%						
(2)				%						
(3)			1	%	***					
(4)				%						
Totals				▶	Enter her Part I, lin	e and on page 1, e 7, column (A)	Enter Part	here and o	n page umn (B	1,
Total dividends-received deduct	ions included in co	olumn 8	<u></u> .	<u></u>		▶				

Schedule F – Interest, Anni	uities, Royalties	<u> </u>	pt Controlle				zations (see instruct	ions)	
Name of controlled organization	2 Employer identification numb	iei	t unrelated inco		4 Total payme	of speci	fied includ	rt of column 4 t led in the conti zation's gross ii	rolling	6 Deductions directly connected with income in column 5
(1)									-	
(2)	··································									
(3)										
(4)										
Nonexempt Controlled Organiz						10	Part of colu	ma O that is	11	Doductions directly
7 Taxable Income	8. Net unrelated in (loss) (see instruc		9 Total of payments	•		inc	Part of colu luded in the anization's g	controlling		Deductions directly nected with income in column 10
(1)		<u> </u>								
(2)									ļ	
(3)										
(4)							dd columns		<u> </u>	d columns 6 and 11
Totals	come of a Sec		;)(7), (9), o			Pa	ter here and art 1, line 8, c	olumn (A)		er here and on page 1, rt I, line 8, column (B)
1 Description of income	2 Amount of	'income	direc	Deduc ctly con ach sch	nected			Set-asides ich schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)	Enter here and									
Totals	Part I, line 9, c	olumn (A)	er Than Ad	lverti	sina Ir	ncome	(see ins	tructions)		Enter here and on page 1, Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelated business inc	es from or bu 2 min of lf a cols	t incom	ne (loss) ed trade (column umn 3) ompute	5 G from	iross income activity that ot unrelated iness income	6 Expr	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)							·			
(3)										- - · · · · · · · · · · · · · · · · ·
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here ar page 1, Pa line 10, col	rt I,							Enter here and on page 1, Part II, line 25
Schedule J- Advertising In	come (see instr	uctions)	l							
Part I Income From Peri			nsolidated	1 Bas	is					
income From Fer		eu on a oc	4	Advert	ısıng					7 Excess readership
1 Name of periodical	2 Gross advertising income	3. Direct advertising of	costs 2 m	or (los inus co ain, cor 5 thro	13) If	5	Circulation income	6 Read cos		costs (column 6 minus column 5, but not more than column 4)
(1)										;
(2)										ı
(3)										
(4)										
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)

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)					Ī	
(2)						
(3)						
(4)					<u> </u>	
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)

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	<u> </u>		

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning ___

___ , 2019, and ending _

► Go to www.irs.gov/Form9907 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

ATRIUM MEDICAL CENTER

Employer identification number

31-1079309

Unrelated Business Activity Code (see instructions) ► 621500

Describe the unrelated trade or business ► NON-PATIENT LAB SERVICES

Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 798,283.				
b	Less returns and allowances 655,007. c Balance ▶	1c	143,276.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	143,276.		143,276.
4a	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			
0	Exploited exempt activity income (Schedule I)	10			
1	Advertising income (Schedule J)	11			
2	Other income (See instructions, attach schedule)	12			
3	Total. Combine lines 3 through 12	13	143,276.		143,276.

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	37,808.
16	Repairs and maintenance	l	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	Ī.,	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans		
24	Employee benefit programs		10,229.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	372,206.
28	Total deductions. Add lines 14 through 27	28	420,243.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-276,967.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	_	
	instructions)	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-276,967.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

ATTACHMENT 1

NAME AND FEIN OF PARENT CORPORATION

PREMIER HEALTH 31-1446699

ATTACHMENT 2

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

CATERING FOOD CATERING SUPPLIES 384.

96.

PART II - LINE 27 - OTHER DEDUCTIONS

480.

ATRIIM	MEDICAL	CENTER

- -	ATTACHMENT 3
FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS	
OTHER COSTS	372,206.
DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	
PART II - LINE 27 - OTHER DEDUCTIONS	372,206.