

Form 990-T

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No 1545-0087

2017

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

Department of the Treasury  
Internal Revenue ServiceA ☐ Check box if address changedName of organization ( ☐ Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section

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

Print or Type

RIDGEVIEW MEDICAL CENTER

31-1667875

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

500 SOUTH MAPLE STREET

E Unrelated business activity codes (See instructions)

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

WACONIA, MN 55387-1791

621610 621500

C Book value of all assets at end of year

264,740,280.

F Group exemption number (See instructions.)

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H 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 GORDON GABLENZ

Telephone number 952-442-2191

## Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

1a	Gross receipts or sales	6,729,813.			
b	Less returns and allowances	3,425,971.	c Balance	1c	3,303,842.
2	Cost of goods sold (Schedule A, line 7)			2	1,017,531.
3	Gross profit. Subtract line 2 from line 1c			3	2,286,311.
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			4c	
5	Income (loss) from partnerships and S corporations (attach statement)			5	
6	Rent income (Schedule C)			6	
7	Unrelated debt-financed income (Schedule E)			7	
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. 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	2,286,311.

## 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	901,160.
16	Repairs and maintenance		16	1,929.
17	Bad debts		17	
18	Interest (attach schedule)		18	
19	Taxes and licenses		19	18.
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)	216,460.	21	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	
23	Depletion		22b	216,460.
24	Contributions to deferred compensation plans		23	
25	Employee benefit programs		24	
26	Excess exempt expenses (Schedule I)		25	256,022.
27	Excess readership costs (Schedule J)		26	
28	Other deductions (attach schedule)		27	
29	Total deductions. Add lines 14 through 28		28	1,056,179.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		29	2,431,768.
31	Net operating loss deduction (limited to the amount on line 30)		30	-145,457.
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		31	
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		32	-145,457.
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	-145,457.

SEE STATEMENT 2



**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶ LOWER OF COST OR MARKET**

1	Inventory at beginning of year	1	329,301.	6	Inventory at end of year	6	317,218.
2	Purchases	2	1,005,448.	7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	1,017,531.
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a	Additional section 263A costs (attach schedule)	4a					X
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5	1,334,749.				

**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			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
			0.	0.
Total dividends-received deductions included in column 8				0.

Form 990-T (2017)



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

**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>			<b>0.</b>

Form 990-T (2017)

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

SALE OF DURABLE MEDICAL EQUIPMENT &amp; MRI REVENUES

O FORM 990-T, PAGE 1

ORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
-----------	------------------	-------------

DESCRIPTION	AMOUNT
POSTAGE	63,388.
TELEPHONE	341.
FEES AND SUBSCRIPTIONS	91,763.
SUPPLIES	33,534.
EDUCATION AND MEETINGS	403.
TRAVEL	541.
OCCUPANCY	171,508.
INSURANCE	6,565.
PROFESSIONAL SERVICES	107,990.
MISCELLANEOUS	21,090.
ADMINISTRATIVE EXPENSES	559,056.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,056,179.