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27400 NORTHWESTERN HIGHWAY

Firm's address ► SOUTHFIELD, MI 48034

Phone no. 248-352-2500

Form 990-T (2019)

923711 01-27-20

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	aluation > N/Z	A					
1 Inventory at beginning of year	1	_	6	Inventory at end of ye	ar		6			
2 Purchases	2			Cost of goods sold	Subtract I	ine 6	ĺ			
3 Cost of labor	3		_	from line 5. Enter her	e and in F	Part I,				
4 a Additional section 263A costs				line 2			_ 7 _	<u> </u>		
(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	or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5			the organization?		<u></u>		<u></u>	<u> </u>	
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Pers	sonal Property	Lease	d With Real Prop	erty			
1. Description of property										
(1)										
(2)										
(3)										
(4)							,-,-,-,-,-			
		ed or accrued				O(a) Cartistians disasti		tod with the means of		
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	centage of than	i of rent for	personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) a	y connec ind 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	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)						
			2	. Gross income from		3. Deductions directly con to debt-finance	nected ced pro	with or allocable perty		
1 Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs	
(1)										
(2)										
(3)										
(4)		-								
4 Amount of average acquisition debt on or allocable to debt-financed 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 deduct (column 6 x total of co 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%						
(4)				%	-					
						nter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column		
Totals				•	·L	0	<u>.l</u> _		0.	
Total dividends-received deductions	icluded in columi	18					>		0.	
								Form 900-T	/2010)	

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) 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 7. Excess readership 2 Gross 3. Direct 6 Readership 5 Circulation costs (column 6 minus advertising income 1. Name of periodical advertising costs ıncome costs column 5, but not more than column 4) (1) N/A(2) (3) (4) Ō. Totals from Part I 0. 0. Enter here and on Enter here and on Enter here and page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) 0 0. Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees

1. Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
_(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
•	NET INCOME
DESCRIPTION	OR (LOSS)
K-1 NPS ASSOCIATES LLC - ORDINARY BUSINESS INCOME (LOSS)	179,359.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	179,359.
FORM 990-T OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	AMOUNT
SUPPLY EXPENSE	64,914.
PURCHASED SERVICES	41,108.
ADMINISTRATIVE EXPENSES FEES	175,859.
TAX PREP FEE	4,312. 1,277.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	287,470.
FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT 3
CORPORATION'S NAME	IDENTIFYING NO
MIDMICHIGAN HEALTH .	38-2459948

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

2019

OMB No 1545-0047

ENTITY

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public iňšpection for 50 1(c)(3) Organizations Only

Employer identification number Name of the organization MIDMICHIGAN MEDICAL CENTER - MIDLAND 38-0833014 Unrelated Business Activity Code (see instructions) 713940 Describe the unrelated trade or business FITNESS CENTER COMMUNITY MEMBERSHIPS Part Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales 151,445. b Less returns and allowances c Balance ► 10 2 Cost of goods sold (Schedule A, line 7) 2 151,445. ernika kera Gross profit. Subtract line 2 from line 1c 3 151.445. ig ninerateune. 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 新教文: 1-1-20g statement) 5 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 real terms 12 Other income (See instructions; attach schedule) 12 151,445. 151,445. Total, Combine lines 3 through 12 13 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 76,656. 15 Salaries and wages 16 Repairs and maintenance 16 Bad debts 17 17 18 Interest (attach schedule) (see instructions) 18 639. 19 19 Taxes and licenses 20 Depreciation (attach Form 4562) 21b 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22 Depletion 23 23 Contributions to deferred compensation plans

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 30 from line 29

Schedule M (Form 990-T) 2019

24

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31,460.

66,031.

174,786.

-23,341.

24

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29

30

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13

Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see

instructions)

Employee benefit programs

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 27

Other deductions (attach schedule)

SEE STATEMENT 4

FORM 990-Ţ (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
INSURANCE SUPPLIES PURCHASED SERVICES UTILITIES TAX PREPARATION FEE		219. 14,656. 45,688. 5,439. 29.
TOTAL TO SCHEDULE M, PART II, L	INE 27	66,031.

Page 3

MIDMICHIGA	N MEDIC	AL CENTE	ER - MIDLAND		38-083	3014		
Schedule A - Cost of Goods	Sold. Enter	method of invei			- 			
1 Inventory at beginning of year			6 Inventory at end of yea			6		
2 Purchases	2		7 Cost of goods sold. St					
3 Cost of labor	3		from line 5. Enter here	and in P	art I,			
4a Additional section 263A costs	1.1		line 2			7	l Vaa	Ma
(attach schedule)	4a		8 Do the rules of section	-			Yes	No
b Other costs (attach schedule)	46		property produced or a	acquirea	for resale) apply to		<u> </u>	+-
5 Total Add lines 1 through 4b Schedule C - Rent Income (I	5 From Pool 5	Property and	the organization?	02000	I With Poal Prop	orty)		X
(see instructions)	roiii neai r	Toperty and	reisonal Floperty L	.caseu	i willi neal Flop	er ty)		
Description of property								
(1)		-						
_(1) _(2)						-		
(3)			<u> </u>					
_(4)		-						
	2. Rent receive	d or accrued	<u> </u>		· · · · · · · · · · · · · · · · · · ·			
(a) From personal property (if the percorrent for personal property is more to 10% but not more than 50%)	entage of	' of rent for	and personal property (if the percental personal property exceeds 50% or if nt is based on profit or income)	ge	3(a) Deductions directly columns 2(a) an			n
(1)		-						
(2)								
(3)								
(4)								
Total	_ 0.	Total		0.	<u> </u>			
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)				(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_		0.
Schedule E - Unrelated Debt	-Financed	ncome (see	instructions)					
			2. Gross income from		3. Deductions directly conr to debt-finance		or allocable	
1. Description of debt-fina	and property		or allocable to debt-	(a) s	Straight line depreciation		Other deduction	
1. Description of dest-line	alced property		financed property		(attach schedule)	`	attach schedule)	
(1)								
(2)			<u> </u>					
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or all debt-finan	adjusted basis locable to ced property schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 (colu	Allocable deduct mn 6 x total of co 3(a) and 3(b))	tions olumns
(1)			%			<u> </u>		
(2)			%					
(3)			%					
(4)			%					
					ter here and on page 1, art I, line 7, column (A).		here and on pag I, line 7, column	
Totals					0.			0.
Total dividends-received deductions and	luded in column	8						0.

Depreciation and Amortization (Including Information on Listed Property)

990-T

OMB No 1545-0172

Attachment Sequence No 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

MIDMICHIGAN MEDICAL			RM 990-T			38-0833014				
Part L Election To Expense Certain Pro	operty Under Section 179	Note: If you have any I	isted property,	complete Part	V before y	ou complete Part I				
1 Maximum amount (see instructions))				1	1,020,000.				
2 Total cost of section 179 property p	olaced in service (see ir	nstructions)			2					
3 Threshold cost of section 179 prope	erty before reduction in	n limitation			3	2,550,000.				
4 Reduction in limitation. Subtract line	3 from line 2. If zero	or less, enter -0-	ı		4					
5 Dollar limitation for tax year Subtract line 4 from	line 1 If zero or less, enter -0-	- If married filing separately, see	instructions		5					
6 (a) Description	of property	(b) Cost (busi	ness use only)	(c) Elected (ost					
										
	_									
7 Listed property Enter the amount fr	om line 29		7							
8 Total elected cost of section 179 pro	operty. Add amounts i	n column (c), lines 6 and	7		8					
9 Tentative deduction Enter the sma		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			9					
10 Carryover of disallowed deduction for	rom line 13 of your 20.	18 Form 4562			10					
11 Business income limitation Enter th	11									
12 Section 179 expense deduction Ad	12									
•	3 Carryover of disallowed deduction to 2020 Add lines 9 and 10, less line 12									
Note: Don't use Part II or Part III below			*			The state of the s				
Part II Special Depreciation Allo	wance and Other De	preciation (Don't include	de listed prope	rty.)						
14 Special depreciation allowance for c	ualified property (other	r than listed property) pl	aced in service	durina						
the tax year	lamina bi abari) (ama	triair notos proporty, pr			14					
15 Property subject to section 168(f)(1)	election				15	-				
16 Other depreciation (including ACRS					16	6,833.				
Part III MACRS Depreciation (Do		erty. See instructions)								
		Section A								
17 MACRS deductions for assets place	ed in service in tax year	rs beginning before 2019			17					
18 If you are electing to group any assets placed in	•	• •		▶ □	ورز آئر					
		During 2019 Tax Year		eral Depreciat						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction				
19a 3-year property	· "不是一个是一个									
b 5-year property						-				
c 7-year property					_					
d 10-year property										
e 15-year property	Marija 2011 - 181 1 - 127									
f 20-year property										
g 25-year property			25 yrs		S/L					
	/		27.5 yrs	MM	S/L					
h Residential rental property			27.5 yrs	MM	S/L					
	,		39 yrs	ММ	S/L					
i Nonresidential real property	,			ММ	S/L					
Section C - Asset	s Placed in Service [Ouring 2019 Tax Year U	sing the Alteri			tem				
20a Class life			T		S/L	Γ				
b 12-year			12 yrs.		S/L					
c 30-year	/		30 yrs	ММ	S/L					
d 40-year			40 yrs.	MM	S/L	-				
Part IV Summary (See instructions			1			<u></u>				
21 Listed property. Enter amount from		· <u>-</u>			21	<u> </u>				
22 Total. Add amounts from line 12, lin		s 19 and 20 in column (c	ı) and line 21		 1					
Enter here and on the appropriate lir	-				22	6,833.				
23 For assets shown above and placed	=	•	500 1130			[[4] - 1. 地區 特殊 [[4] - 2.] [4]				
portion of the basis attributable to se		your, enter the	23							

Form 4562 (2019)	MID	MICHIGA	N ME	DICA	L CE	NTER	- N	/IDLAI	MD.		38	-0833	014	Page :
	erty (Include au t, recreation, c			her vehic	les, cert	taın aırcr	aft, and	d property	used fo	or				
Notè: For any	y vehicle for wi (a) through (c	hich vou are i	sina the	standar ection B	d mileas	ge rate o	r dedu	cting lease	e expen	se, comp	olete d	only 24a,		
	- Depreciation								mits for	passeng	er auto	mobiles))	
24a Do you have evidence to	support the bu	siness/investme	ent use cl	aimed?	Y	es 🗀] No	24b If "Y	'es," ıs tl	ne evide	nce wr	rtten?	Yes [□ No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investmen use percenta	1 ,	(d) Cost or ther basis	1/60	(e) sis for depre siness/inve use only	stment	(f) Recovery period	Me	(g) thod/ rention		(h) reciation duction	Elec section	(i) cted in 179 ost
25 Special depreciation a				placed i	ın servic	e durina	the ta	x vear and	<u> </u>				 	
used more than 50% in	•		p. 5p5.1	, p.a				,, ,	-	25				
26 Property used more th			ess use											
			%											
			%											
			%											
27 Property used 50% or	less in a qualif	ied business	use:											
			%						S/L·					
			%						S/L·]	
			%						S/L·]	
28 Add amounts in colum	n (h), lınes 25	through 27 E	nter her	e and on	line 21,	page 1				28				
29 Add amounts in colum	n (i), line 26 E	nter here and	on line	7, page 1					_			29		
		•	Section	B - Infor	mation	on Use	of Veh	icles						
Complete this section for voto your employees, first an		-												
30 Total business/investmen	t miles driven di	uring the	1	a) hicle	1	b) hicle	V	(c) (d) /ehicle Vehicle		•	(e) Vehicle		(f) Vehicle	
year (don't include comm	uting miles)												<u> </u>	
31 Total commuting miles	driven during	the year												
32 Total other personal (n	oncommuting)) miles												
driven					Ĺ									
33 Total miles driven durir	ng the year.				ļ									
Add lines 30 through 3				1							ļ	-,	 	
34 Was the vehicle availal	ble for persona	al use	Yes	No	Yes	No_	Yes	No_	Yes	No	Yes	No	Yes	No
during off-duty hours?					ļ. ——							-	 	
35 Was the vehicle used p		nore												
than 5% owner or relat	•			<u> </u>	l							 		
36 Is another vehicle avail	able for perso	nal		}										
use?	0 - 4 - 0	0			L	i da Mala			. The saint 5	·	L		<u> </u>	
Answer these questions to		- Questions t										1 4		
more than 5% owners or re	•		xception	to comp	neurig a	ection B	ioi ve	ilicies use	a by an	pioyees	WIIO	aren t		
37 Do you maintain a writt	<u> </u>		obibits a	II parcon	al use o	f vehicle	e indi	iding com	mutna	by your			Yes	No
employees?	terr policy state	ement trat pr	OI IIDILS a	iii person	ia use o	i vernere	3, ii iac	ading con	iiiiutiig,	by you			103	110
38 Do you maintain a writt	ten nolicy stati	ement that or	ohibits n	ersonal i	use of v	ehicles e	excent	commutu	na hv v	our.			——	
employees? See the in														ł
39 Do you treat all use of							,.							
40 Do you provide more th	•				nformati	on from	your e	mplovees	about					
the use of the vehicles		=				•		. ,===						<u></u>
41 Do you meet the requir					nonstra	tion use?	,							
Note: If your answer to		Ŧ .						vered veh	ıcles.					
Part VI Amortization														
(a) Description	of costs	Date	(b) amorbzation begins		(C) Amortizak amount	ole		(d) Code section		(e) Amortiza period or per		A	(f) mortization or this year	
12 Amortization of costs to	hat begins dui	ing your 2019		ır										
									I					
43 Amortization of costs to	hat began bef	ore your 2019	tax yea								43			
44 Total. Add amounts n	=	-	•		report						44			