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n	990	-Ţ

Exempt Organization Business Income Tax Return

nd prox	y tax	und	er section	6033(e))	אווד	7.0	loc
or beginning	TITT.	1	2019		.TIIN	311	ຼັວັດ

1	OMB No	1545-004
?	00	140

Department of the Treasury	/
Internal Revenue Service	▶ Do not e

► Go to www.irs.gov/Form990T for instructions and the latest information. enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

address changed
B Exempt under section
X 501(c () 3)

Check box if

Print _MARY'S MEDICAL CENTER D Employer Identification number (Employees' trust, see

220(e) 408(e) 1408A [7530(a)

Number, street, and room or suite no. If a P.O. box, see instructions. Type 407 E 3RD ST

41-0695604 E Unrelated business activity code (See instructions.)

1529<u>(a)</u>

City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55805

C Book value of all assets F Group exemption number (See instructions.) at end of year 1, 283, 053, 326. G Check organization type ► X 501(c) corporation

Name of organization (Check box if name changed and see instructions.)

401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. trade or business here

Describe the only (or first) unrelated . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or

(C) Net

business, then complete Parts III-V.

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? STMT 1► X Yes If "Yes," enter the name and identifying number of the parent corporation. ►SSE 20-0360007

Telephone number ► 218-786-4000

14

15

24

25

26 27

28

29

30

31

(B) Expenses

The books are in care of ▶ KEVIN BOREN Part I Unrelated Trade or Business Income 1 a Gross receipts or sales c Balance b Less returns and allowances 2. Cost of goods sold (Schedule A, line 7) 3 Gross profit, Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts

Income (loss) from a partnership or an S corporation (attach statement)

Rent income (Schedule C)

Unrelated debt-financed income (Schedule E)

Interest, annuities, royalties, and rents from a controlled organization (Schedule F)

Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

Exploited exempt activity income (Schedule I)

Advertising income (Schedule J)

Other income (See instructions, attach schedule) Total. Combine lines 3 through 12

9 10 11 12

(A) Income

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) 15 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (seginstructions) 19 Taxes and licenses

Less depreciation claimed on Schedule A and elsewhere on return

RECEIVED

2

3

4a

4b

4c

5 6

7

8

17 18 19 OGDEN, UT 21<u>b</u> 22 23

22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule)

Depreciation (attach Form 4562)

20

21

30

28 Total deductions. Add lines 14 through 27

29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 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 30 from line 29 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)

0.

0.

0.

0.



Form 990	ът <i>(α</i> ∱19)	ST. MARY'S MEDICAL	CENTER					41	-0695	604	Page 2
Part		Total Unrelated Business Taxal									
	/	unrelated business taxable income computed		or businesses (se	ee instruct	ions)		32			0.
		s paid for disallowed fringes		•		•		33			
34	Charital	le contributions (see instructions for limitation	on rules)					34			0.
35	Total ur	related business taxable income before pre-20	018 NOLs and specific dec	duction. Subtract	line 34 from	the sum of lines 32 a	nd 33	35			
36	Deducti	on for net operating loss arising in tax years t	eginning before January	1, 2018 (see instr	uctions)			36			
37	Total of	unrelated business taxable income before spi	ecific deduction, Subtract	line 36 from line	35	•	<i>.,</i>	37			
38	Specific	deduction (Generally \$1,000, but see line 38	instructions for exception	s)		~	ζ.,	/38		1,00	00.
39		ed business taxable income. Subtract line 3	8 from line 37. If line 38 is	s greater than line	37,						
 -		e smaller of zero or line 37	· · · · · · · · · · · · · · · · · · ·					39			0.
Part		ax Computation	~ 00 b 04 m (0 04) ~ `					1 40			0.
40	-	ations Taxable as Corporations. Multiply lin			! 00) f=====		40			<u> </u>
41		axable at Trust Rates. See instructions for t	•	ax on the amount	on line 35	rom:		44			
40		x rate schedule or Schedule D (Form	1 1041)					41			
	-	x. See instructions						43			
43 44		ive minimum tax (trusts only) Noncompliant Facility Income, See instruction		•		•	•	44			
45		dd lines 42, 43, and 44 to line 40 or 41, which			••• ••• •		•	45			0.
		ax and Payments	icver applies			24,24 <u>-44</u>		1 70	<u> </u>		
		tax credit (corporations attach Form 1118; tra	usts attach Form 1116)		46a	Ι				•	
•	-	edits (see instructions)	,		46b			1			
c		business credit. Attach Form 3800			46c			1			
ď		or prior year minimum tax (attach Form 8801	or 8827)		46d			1			
e		edits. Add lines 46a through 46d	,	•	-			46e			
47	Subtrac	t line 46e from line 45						47			0.
48	Other ta	xes. Check if from: Form 4255	Form 8611 Form	3697 🔲 Form	8866	Other (attach so	hedule)	48			
49	Total ta	x. Add lines 47 and 48 (see instructions) 🗻			:		л	49			0.
50	2019 no	t 965 tax liability paid from Form 965-A or Fo	rm 965-B, Part II, columr	(k), line 3				50			0.
51 a	Paymer	ts A 2018 overpayment credited to 2019		7.14	51a			4			
b	2019 es	timated tax payments		(QY)	_51b	46,	<u> 100.</u>	4			
C	Tax dep	osited with Form 8868			51c			4			
d	Foreign	organizations: Tax paid or withheld at source	(see instructions)		51d			4			
е	Backup	withholding (see instructions)			51e			4			
f	Credit f	or small employer health insurance premiums	(attach Form 8941)		. 511			4			
g	_	= = = = = = = = = = = = = = = = = = = =	orm 2439								
			ther	Total	► <u>51g</u>			┤ —_┤		c 10	20
52	-	syments. Add lines 51a through 51g						-52	4	6,10	<u>, , , , , , , , , , , , , , , , , , , </u>
53		ed tax penalty (see instructions). Check if For		<u>.</u> .				53		-	
54		. If line 52 is less than the total of lines 49, 50				10		54	<u> </u>	6,10	<u> </u>
55		ment. If line 52 is larger than the total of line		nount overpaid		, ,		55 56		$\frac{6,1}{6,1}$	
Part		e amount of line 55 you want; Credited to 20 Statements Regarding Certain		ner Informa	tion (se	Refunded		1 30		0,1	30.
57		ime during the 2019 calendar year, did the or								Yes	No
3,	•	nancial account (bank, securities, or other) in	-	_						1	
		Form 114, Report of Foreign Bank and Finance									
	here	>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · ·					X
58		he tax year, did the organization receive a dis	tribution from, or was it t	ne grantor of, or t	ransferor	to, a foreign trust	?	-			X
-	_	see instructions for other forms the organiza				,	•		•		
59	-	e amount of tax-exempt interest received or a	*	r ▶ \$							
		der penalties of perjury, I declare that I have examined	this return, including accompa	nying schedules and	statements	, and to the best of m	y knowle	dge and b	oelief, it is trui	9,	
Sign	00	(other than	n taxpayer) is based on all infor	VICE	PŘESI	DENT,	L	lov the IR	S discuss this	return w	ıth
Here		New D. B.	05/11/2021	FINAN	CE			-	shown belo		'''
		Signature of officer	Date	Title			in	structions	s)? Y	8	No
		Print/Type preparer's name	Preparer's signature		Date	Check		if PTI	N		
Paid	l					self- en	ployed	1			
	arer		<u> </u>			l <u>,</u>					
-	Only	Firm's name ▶		<u> </u>		Firm's	EIN ▶				
	•										
		Firm's address				Phone	по.			00 T	
923711	01-27-20								Form 9	9U-1/	ン(119)

Page 3

Schedule A - Cost of Goods Sold	Enter metho	d of inventory v	valuation N/A		<u></u>		
1 Inventory at beginning of year 1	ı T		Inventory at end of year	ar		6	
2 Purchases 2	2	7	Cost of goods sold. S	ubtract l	line 6		
3 Cost of labor 3	3		from line 5. Enter here				
4 a Additional section 263A costs			line 2			7	
(attach schedule) 4	a	8	Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule) 41	b		property produced or a	•	•		
5 Total Add lines 1 through 4b 5	1		the organization?	·	, , , ,		
Schedule C - Rent Income (From (see instructions)	Real Prope	erty and Per	sonal Property L	ease	d With Real Prop	erty)	
1. Description of property							
(1)							
(2)		-					
(3)		_					
(4)							
	ent received or acci	rued			<u> </u>		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b	of rent for persona	sonal property (if the percenta I property exceeds 50% or if sed on profit or Income)	ge	3(a) Deductions directly columns 2(a) an	connected nd 2(b) (atta	d with the income in ach schedule)
(1)							
(2)							
(3)							
(4)							
Total	O Total			0.			
(c) Total income. Add totals of columns 2(a) and here and on page 1, Part I, line 6, column (A)	2(b). Enter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	-	0.
Schedule E - Unrelated Debt-Fina	inced Incor	ne (see instru	uctions)				
			Gross income from or allocable to debt-		3. Deductions directly conr to debt-finance	ed proper	ty
Description of debt-financed pro	pperty		financed property	(a)	Straight line depreciation (attach schedule)	'	b) Other deductions (attach schedule)
(1)		- 					
(2)							
(3)			•	 		_	·
(4)		· · · · · · · · · · · · · · · · · · ·		 		 	
	Average adjusted of or allocable to debt-financed prop (attach schedul	to perty	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(co	3. Allocable deductions lumn 6 x total of columns 3(a) and 3(b))
(1)		- 	%	 		+	
(2)		- -	%	 		+	
(3)				╁		+	
(4)				 		+	
				 -	ntor have and on acces t	-	lor have and or page 1
					nter here and on page 1, Part I, line 7, column (A)		ter here and on page 1, art I, line 7, column (B)
Totals			•		0 .	.	0.
Total dividends-received deductions included in	n column 8				•	.	0.

				Exempt 0	Controlled O	ganızatı	ons			tructions	
1. Name of controlled organization	on	2. Em Identifi num	cation		elated income instructions)	4. Tota payn	al of specified nents made	includ	t of column 4 ed in the contr ation's gross i	olling	6, Deductions directly connected with income in cotumn 5
(1)				<u> </u>				 		-	
(2)				İ							
(3)			•								
(4)				1						Î	
Nonexempt Controlled Organiz	ations	-		*							
7. Taxable Income	8. Net uni (se	related income e instruction	ne (loss) s)	9. Total	of specified payn made	nents	10 Part of colu in the controll gross	mn 9 tha ing organ s income	iization's	11. Ded with	uctions directly connected income in column 10
(1)				<u> </u>		İ			***		
(2)				1		j					
(3)											
(4)						f					
Totals				•			Add colur Enter here and line 8, a		1, Part I,	Enter he	d columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
Schedule G - Investmer		e of a	Section	501(c)(7), (9), or (17) Org	anization				
,	iption of incom	18			2. Amount of	income	3. Deduction directly connectation (attach scheduler)	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)							· · · · ·				
(2)											
(3)		·				İ					1
(4)						Ì					
					Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Totals				•		0.					0
Schedule I - Exploited I	-	Activity	Incom	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gr unrelated b income trade or bi	ousiness from	directly of with proof un	penses connected oduction related is income	4. Net incomfrom unrelated business (cominus columigain, compute through	trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela business inco	that ted	6 . Exp attribut colui	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)						$\neg \neg$					
(3)							'		I		
(4)				-		<u>_</u>					
<u> </u>	Enter here page 1, l line 10, c	Part I, ol (A)	page	ere and on 1, Part I, , col (B)		•			•	-	Enter here and on page 1, Part II, line 25
Totals		0.		0.	L						0
Schedule J - Advertisin Part I Income From F					solidated	Basis					
	. .		Τ.			.0.55 65:-			<u> </u>		7. Excess readership
1. Name of periodical		2. Gross advertising income	adv	3. Direct rertising costs	or (loss) (cost of 3) If a ga	ain, compute	5. Circula income		6, Read		costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											-
(3)											
(4)					1						P
Totals (carry to Part II, line (5))	•		0.	0	.						0 Form 990-T (201

Form 990-T (2019) ST. MARY'S MEDICAL CENTER 41-06956 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 (toss) (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)	Î						
Totals from Part I	▶	. 0.	0.			7	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 26
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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	ER STATEMENT		
CORPORATION'	S NAME						IDENTIFYING		
ESSENTIA HEA	LTH						20-0360007		

Ī	FORM 990T	PART II - LINE 34	4 - CHARITABLE	CONTRIBUTIONS

CHARITABLE CONTRIBUTIONS CARRIED OVER

YEAR GENERATED	CREDIT GENERATED	ALLOWABLE CREDIT	PRIOR YEAR UTILIZED	CURRENT YEAR UTILIZED	CARRYOVER	DATE OF EXPIRATION
6/30/2018	22,752	_	-	-	22,752	EXPIRES 6/30/2023
6/30/2019	23,000	-	-	-	23,000	EXPIRES 6/30/2024
6/30/2020	27,500	_	-	_	27,500	EXPIRES 6/30/2025
TOTAL	73,252	-			73,252	<u> </u>

General Business Credit

OMB No 1545-0895

Attachment Sequence No

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

Go to www.irs.gov/Form3800 for instructions and the latest information.
 You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Identifying number

ST. M	ARY'S MEDICAL CENTER	41-069	35604
Part	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TM (See instructions and complete Part(s) III before Parts I and II.)	T)	
1	General business credit from line 2 of all Parts III with box A checked	1	129,441
2	Passive activity credits from line 2 of all Parts III with box B checked	 	0
3	Enter the applicable passive activity credits allowed for 2019. See instructions	3	0
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	743,499
5	Carryback of general business credit from 2020. Enter the amount from line 2 of Part III with box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	872,940
	Allowable Credit		<u> </u>
7	Regular tax before credits		•
	 Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44 Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return	7	
8	Alternative minimum tax Individuals. Enter the amount from Form 6251, line 11 Corporations. Enter -0- Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54.	8	
9	Add lines 7 and 8	9	0
10a	Foreign tax credit	ļ. l	
b	Certain allowable credits (see instructions)	⊣ '	
c	Add lines 10a and 10b	10c	0
·	7.00 miles for and for the first fir		
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	0
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000. See instructions)		
14	Tentative minimum tax Individuals Enter the amount from Form 6251, line 9 Corporations. Enter -0		
15	Enter the greater of line 13 or line 14	15	. 0
16	Subtract line 15 from line 11. If zero or less, enter -0	16	0
17	Enter the smaller of line 6 or line 16	17	0
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,		

or reorganization

Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and

Individuals. Schedule 3 (Form 1040 or 1040-SR), line 6, or Form 1040-NR, line 51.
Corporations. Form 1120, Schedule J, Part I, line 5c.

36, see instructions) as indicated below or on the applicable line of your return

Estates and trusts Form 1041, Schedule G, line 2b.

FORM 3800 - Part I, Line 4 GENERAL BUSINESS CREDIT CARRYFORWARD:

TYPE OF CREDIT: Employer-Provided Childcare Facilities and Services

WAS THE TOTAL CARRYFORWARD AMOUNT CHANGED FROM THE ORIGINALLY REPORTED AMOUNT? No

YEAR GENERATED	AMOUNT GENERATED	AMOUNT ALLOWED	AMOUNT REMAINING	DATE OF EXPIRATION
6/30/2013	117,049	34,158	82,891	EXPIRES 6/30/2033
2012 Amended:	-	41,289	41,602	EXPIRES 6/30/2032
6/30/2014	124,173	28,808	136,967	EXPIRES 6/30/2034
6/30/2015	122,853	24,090	235,730	EXPIRES 6/30/2035
6/30/2016	119,761	14,076	341,415	EXPIRES 6/30/2036
6/30/2017	133,101	8,354	466,162	EXPIRES 6/30/2037
6/30/2018	134,250	_	600,412	EXPIRES 6/30/2038
6/30/2019	143,087	-	743,499	EXPIRES 6/30/2039
6/30/2020	129,441		872,940	EXPIRES 6/30/2040
TOTAL	1,023,715	150,775	872,940	_