Deduction on real operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Unrelated business taxable income Subtract line 31 from line 30

B23701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Unrelated; business taxable income before net operating loss deduction. Subtract line 29 from line 13

Form 990-T (2018)

2 364 965.

3,854,591.

-466,233.

-466,233

27

28

29

30

SEE STATEMENT 1

27

28

29

30

Excess readership costs (Schedule J)

Total deductions Add lines 14 through 28

Other deductions (attach schedule)

Form 990-			41-072	9979	Page 2
Part	III Total Unrelated Business Taxable Income	_			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instructi	ons)	33	-466,233.
34	Amounts paid for disallowed fringes			34	492,000.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)	STMT 3	35	25,767.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the su	um of			
	lines 33 and 34			36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	36.			
	enter the smaller of zero or line 36	•		38	0.
Part	Vi Tax Computation				-
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)			39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	on line 38	from:		
	Tax rate schedule or Schedule D (Form 1041)		•	40	
41	Proxy tax See instructions		•	41	
42	Alternative minimum tax (trusts only)		•	42	
43	Tax on Noncompliant Facility Income See Instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
	Tax and Payments	***		<u> </u>	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
4Ja b	Other credits (see instructions)	45b			
	General business credit. Attach Form 3800	45c			
ن د	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
d	Total credits Add lines 45a through 45d	430		45e	
e 46	Subtract line 45e from line 44			46	0.
46 47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 889	66 🗀	Other (attach schedule)		<u>.</u>
47	Total tax Add lines 46 and 47 (see instructions)	00	Office (attach schedule)	48	0.
48	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
49	Payments. A 2017 overpayment credited to 2018	50a		43	
	2018 estimated tax payments	50b			
	• •	50c			
	Tax deposited with Form 8868	50d			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50e			
	Backup withholding (see instructions)			⊣:	
	Credit for small employer health insurance premiums (attach Form 8941)	50f	···		
g	Other credits, adjustments, and payments: Form 2439 X Form 4136 19,129. X Other 1,451. Total	50-	20,580	,	
-4	10/11/4/100	ENT 2	20,300		20,580.
	Total payments. And thies son through sog	10141 2		51 52	20,300.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached		_	T I	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	20,580.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		Defunded		20,580.
55 (Dart))	Enter the amount of line 54 you want Credited to 2019 estimated tax Statements Regarding Certain Activities and Other Information	n (coo	Refunded Instructions)	55	20,300.
				-	Von No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	ioreign cc	outility		x
	here BERMUDA		a a fararan truat?	_ -	— " x
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansieror ti	o, a foreign trust?		
50	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year	tomonto an	d to the best of my know	dedge and belief	it is true
Sign	Under penalties of perjury, declare that I have examined this return, including accompanying schedules and stat correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	has any kn	owledge	neage and benefit	it is true,
Here	CHIEF FINAL	NOTAL (DEET CER	-	uss this return with
11010	Signature of officer Date Title	NCIAL (DFFICER	instructions)?	·
			01-11		K Yes No
	Print/Type preparer's name Preparer's signature Dat	te	Check	ıf PTIN	
Paid	1 9/9 // 12A	1.1	self- employe		7603
Prepa	rer LAWRENCE H. MOHR, CPA Janes H. M. CPA .	<u> </u>	<u> </u>	P0044	
Use C	nly Firm's name ► BAKER TILLY VIRCHOW KRAUSE, LLP		Firm's EIN	39-0	0859910
	225 S 6TH ST #2300		Ohara sa	612 076 4	=00
	Firm's address MINNEAPOLIS, MN 55402	-	Phone no	612.876.4	
823711 01	09-19			Fo	rm 990-T (2018)

Form 990-T (2018) DBA NORTH MEMORIAL HEALTH

Schedule A - Cost of Goods Sc	old. Enter	method of invent	tory v	aluation N/A				
1 Inventory at beginning of year	1	6 Inventory at end of year					6	
2 Purchases	2		7	Cost of goods sold Su	ibtract I	ine 6	87	
3 Cost of labor	3		from line 5. Enter here and in Part I,					
4 a Additional section 263A costs				line 2	7			
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule)	4b]	property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b	5 _]	the organization?				
Schedule C - Rent Income (Fro (see instructions)	m Real	Property and	Per	sonal Property L	ease	d With Real Prop	erty)	
1 Description of property								
(1)		<u> </u>						
(2)			***			,	,	
(3)								
(4)								
2	Rent receive	ed or accrued						
(a) From personal property (if the percentage rent for personal property is more than 10% but not more than 50%)	e of	of rent for p	ersonal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with the nd 2(b) (attach sched	income in ule)
(1)								
(2)	 -							
(3)								
(4)								
Total	0.	Total		<u></u>	0.			
(c) Total income Add totals of columns 2(a) 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)	<u> </u>	0.
Schedule E - Unrelated Debt-F	inanced	Income (see	ınstru	ctions)		 		
			2	Gross income from		3 Deductions directly conr to debt-financ		ble
1 Description of debt-financed	i property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other of (attach s	deductions chedule)
(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 illocable to nced property i schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column 6 x t	e deductions otal of columns ind 3(b))
(1)			<u> </u>	%				
(2)		_	İ	%				
(3)		-		%				
(4)				%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,	
Totals				▶		0	•	0.
Total dividends-received deductions include	ed in column	18		•			•	0.

NORTH MEMORIAL HEALTH CARE Form 990-T (2018) DBA NORTH MEMORIAL HEALTH 41-0729979 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2 Employer 4 Total of specified 6 Deductions directly 3 Net unrelated income 5. Part of column 4 that is Name of controlled organization included in the controlling organization's gross income connected with income in column 5 (loss) (see instructions) payments made (1) (2) (3) Nonexempt Controlled Organizations 8. Net unrelated income (loss) 10. Part of column 9 that is included in the controlling organization's gross income 7 Taxable Income 9 Total of specified payments 11 Deductions directly connected (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (B) line 8, column (A) 0. 0 **Totals** Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3 Deductions Total deductions Set-asides 1 Description of income 2 Amount of income directly connected and set-aside (attach schedule) (col 3 plus col 4) (1) (2)(3) (4) Enter here and on page Part I tine 9, column (A) Enter here and on page 1, Part I, line 9, column (R) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) Excess exempt 3 Expenses 2 Gross from unrelated trade or 6 Expenses expenses (column directly connected 1. Description of unrelated business business (column 2 from activity that is not unrelated with production attributable to 6 minus column 5. income from minus column 3) If a exploited activity column 5 but not more than of unrelated gain, compute cols 5 trade or business business income business income column 4) through 7 (1) (2) (3) (4)Enter here and on page 1, Part I, Enter here and on Enter here and page 1, Part I, on page 1, Part II, line 26 line 10, col (A) line 10, col (B)

Schedule J - Advertising Income	
Rartile Income From Periodicals	Reported on a Consolidated Basis

0.

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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0.

Totals

orm 990-T (2018) DBA NORTH MEMORIAL HEALTH

OLU 330-1 (5018) DRY NOKIH WEW	OKIAL REALIR				41-0723373	
Pantill Income From Period Columns 2 through 7 on			ate Basis (For ea	ich periodical liste	d in Part II, fill in	
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)						
otals from Part I	0.	0.				0.
fotals, Part II (lines 1-5)	Enter here and on page 1, Part I, tine 11, col (A)	Enter here and on page 1, Part I, line 11, cot (B)				Enter here and on page 1, Part II, line 27
	4 4 44					

	77 4			_		
Schedule	K - Compens	ation of Officers.	Directors, a	and 11	rustees (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 (2018)

FORM 990-T		OTHER DEDUCTI	ONS	STATEMENT 1
DESCRIPTION	4			TRUOMA
SUPPLIES	_			864,580
PURCHASED S	SERVICES			468,017
MISCELLANEC	OUS			1,032,368
TOTAL TO FO	DRM 990-T, PAGE 1,	LINE 28		2,364,965
FORM 990-T	ОТНІ	ER CREDITS AND PA	YMENTS	STATEMENT 2
DESCRIPTION	1			AMOUNT
FORM 8827,	LINE 8C			1,451
TOTAL INCLU	JDED ON FORM 990-T	, PAGE 2, PART V,	LINE 50G	1,451.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 3
		LOSS		
TAX YEAR	LOSS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	1,990,929.	146,124.	1,844,805.	1,844,805.
12/31/13	3,261,397.	0.	3,261,397.	3,261,397.
12/31/15	932,227.	0.	932,227.	932,227.
12/31/16	72,943.	0.	72,943.	72,943.
12/31/17	289,008.	0.	289,008.	289,008.

6,400,380.

6,400,380.

NOL CARRYOVER AVAILABLE THIS YEAR