	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	1,160	,558.		_					
	Pa	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)										
3. Julius 8. J	15	Salaries and wages	laries and wages									
	16	Repairs and maintenance		Ñ								
٠.	17	Bad debts Bad MAY	MAY 2 2 2020									
=	18	Interest (attach schedule) (see instructions)		S								
	19	Taxes and licenses OGD	EN	TT 4	}							
	20	Charitable contributions (See instructions for limitation rules)	LIY,									
	21	Depreciation (attach Form 4562)			21	18,3	(
3 2.	22	Less depreciation claimed on Schedule A and elsewhere on return	22a									
M Received	23	Depletion										
8:	24	Contributions to deferred compensation plans										
0	25	Employee benefit programs										
	26	Excess exempt expenses (Schedule I)										
	27	Excess readership costs (Schedule J)										
	28	Other deductions (attach schedule)		SEI	STAT	TEMENT	:					
	29	Total deductions. Add lines 14 through 28					۰					
	30	Unrelated business taxable income before net operating loss deduction. Subtra	act line 20) from linc 10	i							
	31	Deduction for net operating loss arising in tax years beginning on or after Jani										

Form 990-T		Exempt Organization Bu				ax Retur	<u>n</u>	OMB No 1545-0687
ę.		(and proxy tax und				N 30, 20	900	2010
•	For ca	alendar year 2018 or other tax year beginning JUL 1			nding JUI		<u> </u>	ZU 10
Department of the Treasury Internal Revenue Service	>	► Go to www.irs.gov/Form990T for i ► Do not enter SSN numbers on this form as it ma						Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (change	d and see instru	uctions.)		(Emp	loyer identification number ployees' trust, see uctions)
B Exempt under section	Print	CENTRACARE HEALTH SYST	EM					1-1813221
X 501(c)(03)	or	Number, street, and room or suite no. If a P.O. be			lated business activity code instructions)			
408(e)220(e	Туре	1406 6TH AVENUE NORTH					_ `	
408A530(a 529(a))	City or town, state or province, country, and ZIP ST. CLOUD, MN 56303	or foreiq	gn postal code			621	.500
C Book value of all assets		F Group exemption number (See instructions.)			·			
516,087,	917.	G Check organization type ► X 501(c) co	rporatio	n 50	1(c) trust	401(a) trust	Other trust
H Enter the number of the	organiza	ation's unrolated trades or businesses. 🕨 🔃	1		Describe t	the only (or first) u	nrelated	
		BRATORY SERVICES				complete Parts I-V		
doscribe the first in the	blank opa	ace at the end of the provious sentence, complete $oldsymbol{ ext{P}}$	arts I ar	nd II, complete	a Schedule	M for each additio	nal trado	; or
business, then complet								
• •	-	poration a subsidiary in an affiliated group or a pare	ent-subs	idiary controlle	d group?	•	Y₁	os 🗶 No
		atifying number of the parent corporation.			Talaaba		2 2 0	251-2700
Part I Unrelate	d Trac	MICHAEL BLAIR de or Business Income		(A) Inco		(B) Expense		(C) Net
1a Gross receipts or sa		1,160,558.	T	(^)	J	(D) Expense	-	(0) 1100
b Less returns and all		c Balance	1c	1,160,	.558.			
2 Cost of goods sold			2		, , , , , ,			i i
3 Gross profit. Subtra			3	1,160,	,558.	,		1,160,558.
4a Capital gain net inco			4a					
b Net gain (loss) (Fore	n 4797, P	Part II, line 17) (attach Form 4797)	4b					
c Capital loss deduction	on for tru	sts	4c					
5 Income (loss) from	a partners	ship or an S corporation (attach statement)	5					
6 Rent income (Sched	ule C)		6					
7 Unrelated debt-finar		· · · · · · · · · · · · · · · · · · ·	7	1				
		and rents from a controlled organization (Schedule F)						
		on 501(c)(7), (9), or (17) organization (Schedule G		<u> </u>		-		
10 Exploited exempt ac	-	•	10	 		 	—	
11 Advertising income	•	•	11					
12 Other income (See i		•	13	1,160,	558			1,160,558.
Part II Deduction	ons No	ot Taken Elsewhere (See instructions f						1,100,5501
(Except for	contribu	utions, deductions must be directly connecte	d with	the unrelated	business i	ncome.)		
14 Compensation of o	ficers, di	rectors, and trustees (Schedule K)	-1/				14	
15 Salaries and wages		RECE	=IV	Enai			15	241,757.
16 Repairs and mainte	nance	5		NO.			16	28,590.
17 Bad debts		see instructions) MAY 2	2 20	20			17	
18 Interest (attach sch	edule) (s						18	12.22
19 Taxes and licenses		OGDE	ΞN.	UT =			19	42,022.
	•	e instructions for limitation rules)	300000		1	10 202	20	
21 Depreciation (attac		•			21	18,302.		10 202
	iaimed oi	n Schedule A and elsewhere on return		L	22a		22b	18,302.
23 Depletion	forrad oa	managestion plans					23	
24 Contributions to de25 Employee benefit p		mpensauvii pians					25	76,957.
26 Excess exempt exp		chedule I)					26	
27 Excess readership	•	•					27	
28 Other deductions (a	•	•		SEE	STAT	EMENT 1,	28	420,578.
29 Total deductions.		•				28	28 29	828,206.
		ncome before net operating loss deduction. Subtrac	et line 2:	0 from linc 10		_	30	332,352.
31 Deduction for net o	perating l	loss arising in tax years beginning on or after Janua	ary 1, 20)18 (see instruc	ctions)	0 1	31	<u> </u>
		ncome. Subtract line 31 from line 30				31	32	332,352.
823701 01-09-19 LHA F	or Paper	rwork Reduction Act Notice, see instructions.					l	Form 990-T (2018)

Part	III] T	otal Unrelated Business Ta	xable Income						
33		f unrelated business taxable income co		usinesses (see instr	uctions)		33	53	2,520.
34		nts paid for disallowed fringes		•	•		34		
35	Deduct	tion for net operating loss arising in tax	years beginning before January 1, 20	18 (see instructions) STM	Т 2	35	3	6,043.
36	Total o	of unrelated business taxable income be	fore specific deduction. Subtract line 3	35 from the sum of					
	lines 3	3 and 34					36	49	6,477.
37	Specifi	ic deduction (Generally \$1,000, but see	line 37 instructions for exceptions)			38	37	<u> </u>	1,000.
38	Unrela	ted business taxable income. Subtrac	t line 37 from line 36. If line 37 is gre	ater than line 36,			1 1		
		he smaller of zero or line 36				<u> 39</u>	38	49	<u>5,477.</u>
Part	IV T	ax Computation					<u></u>		
39	Organi	izations Taxable as Corporations. Mul	tiply line 38 by 21% (0.21)			Vo►	39	10	4,050.
40		Taxable at Trust Rates. See instructio	·	the amount on line	38 from;		- -	-	
) (Form 1041)			•	40	<u> </u>	
41		tax. See instructions					4)	 	
42		ative minimum tax (trusts only)					42	 	
43		Noncompliant Facility Income. See in				Y	<u> 48</u>	1 1 0	4 050
Dord V		Add lines 41, 42, and 43 to line 39 or 40), whichever applies	.		<u> </u>	3 4	1 10	4,050.
Part V		ax and Payments	440-4	l le.			т-	Ι	
	-	n tax credit (corporations attach Form 1	118; trusts attach Form 1116)	45a			┨		
b		credits (see instructions)		45b			-		
C .		al business credit. Attach Form 3800	- 0004 0007\	45c 45d			┥		
d		for prior year minimum tax (attach Forn	11 880 1 01 8827)	450	<u> </u>		 	-	
		redits. Add lines 45a through 45d					45e	10	4,050.
46		taxes. Check if from: Form 4255	Form 9611	Form 8866	Other (attack		46	1	4,030.
47		ax. Add lines 46 and 47 (see instruction			Other (attac			10	4,050.
48 49		et 965 tax liability paid from Form 965-	•	lina 2		٦	49	+	0.
		ents: A 2017 overpayment credited to 2		, 50a	1		1 49		
	-	estimated tax payments	010	51h 30b		,000	┨		
		posited with Form 8868		7,01 300		,,000	7		
		n organizations: Tax paid or withheld at	source (see instructions)	50d			┪		
e	_	o withholding (see instructions)	Source (See manuellons)	50e			┪		
f	•	for small employer health insurance pre	mums (attach Form 8941)	501			┪		
		credits, adjustments, and payments:	Form 2439	T T	<u> </u>		1		
•		orm 4136	Other	Total ▶ 50g				:	
51		payments. Add lines 50a through 50g			•		\$1	15	0,000.
52	•	ited tax penalty (see instructions). Chec	k if Form 2220 is attached 🕨 🔲			S3	52		208.
53		e. If line 51 is less than the total of line					53		
54	Overpa	ayment. If line 51 is larger than the tota	l of lines 48, 49, and 52, enter amoun	t overpaid		55	54	4	5,742.
<u> </u>		he amount of line 54 you want: Credite		45,742			55		0.
Part \	VI S	tatements Regarding Cert	ain Activities and Other Ir	formation (s	ee instructio	ns)			
56	At any	time during the 2018 calendar year, did	the organization have an interest in o	r a signature or oth	er authority				Yes No
		financial account (bank, securities, or o							1
	FinCEN	I Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," enter the	name of the foreigi	n country				
	here 🕽								X
57	-	the tax year, did the organization receive	-	antor of, or transfer	or to, a foreigi	trust?			X
		" see instructions for other forms the o		•					
58		he amount of tax-exempt interest receive			and to the bear	of muk	ades	halief it in a	
Sign	corr	ler penalties of perjury, declare the I have exament, and complete. Declaration of preparer (other	than taxpayer) is based on all information of	f which preparer has an	y knowledge		oage and	, seller, it is tru	·,
Here		\mathcal{N} \mathcal{M} \mathcal{A}	1 5/11/2024	FO/TREASU	TD E'D		•	RS discuss thi	
		Signature of officer	Date		лалс		the prepa instructio	rer shown belo ns)? X Y	
-		Print/Type preparer's name	Preparer's signature	Date	Che			IN	es No
		r ima type preparer 5 haffle	richaici 2 Signature	Date	1	- employed	4	114	
Paid	k	KACIE MCEWEN	KACIE MCEWEN	05/07		- emhiose		01599	614
Prepa	ייים ויי	Firm's name ► RSM US LLF		103/0		m's EIN	_	12-071	
Use (ONIY		LLET MALL, WEST	TOWER STE		0 6.11			
			LIS, MN 55402-25			one no.	612-	-332-4	300
823711 0			· · ·						90-T (2018)

Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation ► N/A					
1 Inventory at beginning of year	1 _			Inventory at end of yea			6		
2 Purchases	2] 7	Cost of goods sold. St	ubtract	line 6			
3 Cost of labor	3		_	from line 5. Enter here	and in	Part I,		_	
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a	<u> </u>	8	Do the rules of section	with respect to		Yes	No	
 Other costs (attach schedule) 	4b		_	property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?		41.4			
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Per	sonal Property L	ease.	d With Real Prop	erty	') 	
1. Description of property									
(1)	·					·			
(2)						-			
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perconnection for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ai	conne nd 2(b)	cted with the income in (attach schedule)	
(1)									
(2)		Ī							
(3)	-			-					
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns there 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 Deb	t-Financed	Income (see	ınstru	ctions)				• •	
			2	. Gross income from or allocable to debt-		3. Deductions directly con to debt-finance			
1. Description of debt-fin	anced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	•
(1)			1				\top		
(2)							\top		
(3)							\top		
(4)			1	-			1		
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 h schedule)	•	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	ns Jmns
(1)			†	%	<u> </u>		\top		
(2)			\top	<u>%</u>					
(3)				%			\top		
(4)				%		,	\top		
		•	•	~		Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page Part I, line 7, column (8	
Totals						0		•	0
Total dividends-received deductions in	cluded in columi	n 8			<u> </u>		•		0.

1. Hans of look stated organization 2. Employee and the controlled Organization and the color of the color o	Schedule F - Interest, A	nnuitie	s, Royali	ies, an					_		truction	s) '
Commence of the control of the con					Exempt (Controlled O	7		→	<u> </u>		
Policy P	Name of controlled organizati	on	identific	ation	3. Net unr (loss) (see	elated income instructions)	4. Tota paym	of specified ients made	ınciude	d in the contr	olling	connected with income
Comparison Controlled Organizations S. Not immunication (1962) S. Total of separated pryminates Total of separates Total	(1)					_						
Nonexempt Controlled Organizations S. Not imministed record (1930) S. Total of specified payments 18, Per structure in the sur-closed of the controlling organizations 11, Calculation described with recome in collision 10												
(d) Nonexempt Controlled Organizations 7. Trashbi hosons 8. Not izrated interne (bass) (fees instructions) 8. Not izrated interne (bass) (fees instructions) 10. Pert or eliupen 3 hear is included in the controlled graphics of the internet of the int								·				
Nonexemptical Controlled Organizations 1, Tasable Income 1,	·											
(1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Pert I, line 9, column (A) (5) (6) (7) (8) (9) (9) (1) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		ations										
(d) Add column (is and 10 Citize have and on page 1, Part I, Inno 8, column (is b) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of income 2, Amount of more and on page 1, Part I, Inno 8, column (ib) (2) (3) (4) Enter have and on page 1, Part I, Inno 8, column (ib) (inter is schedule) (inter is schedule) 5, Total describes and 6 column (ib) (inter is schedule) (inter is schedule) (inter is schedule) 5, Total describes and 6 column (ib) (inter is schedule) (inter is schedule) (inter is schedule) 5, Total describes and 6 column (ib) (inter is schedule) (inter is schedule) 5, Total describes and 6 column (ib) (inter is schedule) (inter is schedule) 5, Total describes and 6 column (ib) (inter is schedule) (inter is schedule) 5, Total describes and 6 column (ib) (inter is schedule) 5, Gress more interval and 6 column (ib) (interval) 7, Excess exempt and 6 column (ib) 1, Description of explored Exempt Activity Income, Other Than Advertising Income (i) (i) (i) (i) (i) (i) (ii) (ii) (iii) (iiii) (iiii) (iii) (iii) (iii) (iiii) (iii	7. Taxable Income				9. Total		nents	in the controll	ng organi	is included zation's		
(4) Add column (5 and 10 Enter here and on page 1, Part I, Inne 8, column (8) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of accome 2. Amount of income 2. Amount of income 3. Deductions of encerty commendate of encert of encert of encerty commendate of encert of encorer of e	(1)				 	-						
Add columns 5 and 10 Entire here and on page 1, Part 1, time 8		-			1							
Add columns S and 10 Enter here and on page 1. Pert I, line 8, column (8) O O		-			†		\dashv			- "		
And columns a ford 10 Earlier here and on page 1, Pert I, line 8, column (B) O. O Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1, Description of income 2, Amount of income 2, Amount of income 2, Amount of income 3, Description of income (etable because income should be income incom					†							
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of mome 2. Amount of mome 3. Deductions directly connected (ettach schedule) (later) chedule) (22 (3) (4) Enter here and on page 1, Pert I, Iron S, colored with production wi					•			Enter here and	on page	1, Part I,)		ere and on page 1, Part I, line 8, column (B)
(see instructions) 1. Description of income 2. Amount of income ceretify connected (pattach schedule) (1) (2) (3) (4) Enter here and on page 1. Pert I, line 9, column (page) (see instructions) 1. Description of opening of tables and on page 1. Pert I, line 9, column (page) (page) 1. Description of opening of table or business and or page 1. Pert I, line 9, column (page) 1. Pert I, line 10, col (page) 1. Pe							▶			0.		0.
1. Description of income 2. Amount of income descrity connected 4. Service and and set-stander (cell 3 plus col 4)			ne of a S	ection	501(c)(7	'), (9), or (17) Org		· ·			
(2) (3) (4) Enter here and on page 1,	1. Desc	iption of inco	me			2. Amount of	income	directly conne	cted			and set-asides
(3) (4) Enter here and on page 1, Part I, line 9, column (A) Column (B) Col												
Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (B)									[
Totals Part I, Ine 9, column (A) Enter here and on page 1, Part I, Ine 9, column (B)	(3)											
Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity with a surveillated business income brom trade or business income brow tra	(4)											
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross urelated business income from yade or business income from yade or business income from yade or business income (1) (2) (3) (4) Entire here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Entire here and on page 1, Part I, line 10, col (B) Totals 2. Gross 1. Name of periodical 2. Gross area derably connected with production of urrelated business income (see instructions) 4. Nat income (loss) from urrelated tade or business (losum 2 minus column 3) in and urrelated business income (see instructions) 5. Gross income for to sent and or push or business income or business (losum 2 minus column 3) in and urrelated business income (see instructions) 5. Gross income for to sent and or push or business income or business income or business income (see instructions) Entire here and on page 1, Part I, line 10, col (B) 0. O.										•		Enter here and on page 1, Part I, line 9, column (B)
(see instructions) 1. Description of exploited activity 2. Gross urrelated business income from trade or business income to trade or business income trade or business income to the trade or business incom	Totals				•		0.					0.
1. Description of exploited activity under the production of with prod		_	Activity	Incom	e, Other	Than Adv	ertisin/	g Income				
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O	1. Description of exploited activity	unrelated incom	business ie from	directly of with proof un	connected oduction related	from unrelated business (co minus colum gain, comput	trade or olumn 2 n 3) If a e cols 5	from activity is is not unrelated	that ted	attribut	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O	(1)											
(3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising medium advertising costs advertising costs advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) Definite here and on page 1, Part I, line 10, col (B) Part II, line 26 1. Name of periodical 2. Gross advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 6 minus column 4) 7. Excess readership costs (column 5, but not more than column 4)												
(4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical 2. Gross advertising costs 3. Direct advertising costs of 3. If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 0. Enter here and on page 1, Part I, line 26 O . 0. 0. 0. 0. 0. 0. 0. 0. 0.	(3)											
Enter here and on page 1, Part I, line 10, col (A) Totals O. O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical 2. Gross advertising income 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) D. O. O. O. O. O. O.												
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs (column 6 minus column 5, but not more than column 4) (1) (2) (3) (4) Totals (carry to Part II, line (5))	Totals	page 1	, Part I, col (A)	page	1, Parti, , col (B)					<u>-</u>		on page 1, Part II, line 26
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising advertising costs advertising costs (column 6 minus coll 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0. 0		g Incor		nstructio		<u> </u>						
1. Name of periodical 2. Gross advertising advertising costs advertising costs (column 6 minus column 5 than column 6 minus column 5 than column 6 minus column 6 than col						solidated	Basis	-		-		
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	1. Name of periodical		advertising	adv		or (loss) (c col 3) If a g	of 2 minus ain, compute					costs (column 6 minus column 5, but not more
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0.	(1)											
(3) (4) Totals (carry to Part II, line (5)) 0. 0. 0												
(4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.	(3)											
Totals (carry to Part II, line (5)) ▶ 0. 0.						1						
AAA T		•			0							0 . Form 990-T (2018

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)			-		-		
Totals from Part I	•	0.	0.			1	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 27
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)		%	1
(2)		%	
(3)	•	%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

FORM 990-T OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION	AMOUNT
PROFESSIONAL FEES/CONTRACT SERVICES/OTHER FEES SUPPLIES EDUCATION BUILDING & OCCUPANCY COSTS	170,534. 222,774. 289. 26,981.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	420,578.

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	11,014.	11,014.	0.	0.
06/30/10	90,104.	90,104.	0.	0.
06/30/11	196,634.	196,634.	0.	0.
06/30/12	172,678.	172,678.	0.	0.
06/30/13	155,192.	155,192.	0.	0.
06/30/14	43,599.	7,556.	36,043.	36,043.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	36,043.	36,043.

SCHEDULĘ M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

2018

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99)

▶ Go to 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

1

Name of the organization	CENTRACARE HEALTH SYSTI	EM		Employer Identi		umber
Unrelated busines	s activity code (see instructions) > 5419					
Describe the unre	lated trade or business PHYSICIA	N BIL	LING			
Part I Unrelate	ed Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts of	or sales 7 , 321 .	T				1
b Less returns and a	allowancesc Balance	▶ 1c	7,321.	· · · · · · · · · · · · · · · · · · ·		U
2 Cost of goods s	old (Schedule A, line 7)	2				
3 Gross profit. Su	btract line 2 from line 1c	3	7,321.			7,321.
4 a Capital gain net	income (attach Schedule D)	4a				<u> </u>
b Net gain (loss) (f	Form 4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss ded	uction for trusts	4c				
5 Income (loss) fro	om a partnership or an S corporation (attach	1			1	
statement)		5				
6 Rent income (So	chedule C)	6				··
7 Unrelated debt-f	inanced income (Schedule E)	7				
8 Interest, annuitie	es, royalties, and rents from a controlled					
organization (Sc	hedule F)	8				
9 Investment inco	me of a section 501(c)(7), (9), or (17)					
organization (Sc	hedule G)	9				
10 Exploited exemp	ot activity income (Schedule I)	10				
11 Advertising inco	me (Schedule J)	11				
12 Other income (S	ee instructions, attach schedule)	12				
13 Total. Combine	lines 3 through 12	13	7,321.			7,321.
	ons Not Taken Elsewhere (See instructions must be directly connected with the				pt for c	ontributions,
14 Compensation of	of officers, directors, and trustees (Schedule K)				14	
15 Salaries and wa	ges				15	462.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	462.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	 .
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	149.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 3	28	89.
29	Total deductions. Add lines 14 through 28	29	700.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	6,621.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	6,621.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Page	3
------	---

CENTRACAR	E HEALTH	SYSTEM			41-181	322	1	
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A	_			,	
1 Inventory at beginning of year	1		6 Inventory at end of year	Γ	P-S-udfi	6		
2 Purchases	2		7 Cost of goods sold. Su	ıbtract l	ine 6		1	
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2		Į	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	for resale) apply to				
5 Total. Add lines 1 through 4b	5		the organization?					X
Schedule C - Rent Income	(From Real	Property and	l Personal Property L	ease	d With Real Prop	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)						-		
(3)				_				
(4)		-						
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal property (if the percentag personal property exceeds 50% or if int is based on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	conne nd 2(b)	cted with the income in (attach schedule)	ı
(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		iter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_		0.
Schedule E - Unrelated Det		Income (see	instructions)					
		,	2. Gross income from		3. Deductions directly control to debt-finance			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ıs
(1)						+		
(2)		•••						
(3)						丁		
(4)						1		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to inced property h 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)			%	— —		1		
(2)			%			\top		
(3)			%				_	
(4)			%			1		
and a feet	•			E	nter here and on page 1,	Ť	Enter here and on pag	e 1,
					Part I, line 7, column (A)		Part I, line 7, column	(B)
Totals			•		0			0.
Total dividends-received deductions	ncluded in colum	n 8				• 🗌		0.

Form 990-T (2018)

FORM. 990-T (M) OTHER	DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
PROFESSIONAL FEES/CONTRACT FEES/OTHER SUPPLIES	FEES		59. 30.
TOTAL TO SCHEDULE M, PART II, LINE 28	•		89.

SCHEDULE M (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning <u>JUL 1, 2018</u>, and ending JUN 30, 2019

► Go to 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). OMB No 1545-0687

2

ENTTTY

501(c)(3) Organizations Only

Employer Identification number Name of the organization CENTRACARE HEALTH SYSTEM 41-1813221 621110 Unrelated business activity code (see instructions) ► ACMC PHYSICIAN MARK-UP Describe the unrelated trade or business Part I Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 7,134,321. 1a Gross receipts or sales b Less returns and allowances c Balance 7,134,321 1c Cost of goods sold (Schedule A, line 7) 2 2 7,134,321 7,134,321. Gross profit Subtract line 2 from line 1c 3 4 a 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 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 7,134,321. 7,134,321. Total. Combine lines 3 through 12 13 Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 5,201,412. 15 15 Salaries and wages 16 16 Repairs and maintenance 17 **Bad debts** 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 23 Depletion 24 24 Contributions to deferred compensation plans 1,483,975. 25 25 Employee benefit programs 26 26 Excess exempt expenses (Schedule I) 27 27 Excess readership costs (Schedule J)

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

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

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

Other deductions (attach schedule)

Total deductions, Add lines 14 through 28

Schedule M (Form 990-T) 2018

28

29

30

31

32

547,363.

-98,429.

-98,429.

7,232,750.

SEE STATEMENT 4

instructions)

28

29

30

Form 990-T (2018)	1								Page 3
CENTRACAR	E HEALTI	H SYSTEM				41-181	322	<u> 1</u>	
Schedule A - Cost of Good	S SOIG. Enter	method of inver				······································		· — —	
1 Inventory at beginning of year	1 1 -		7	Inventory at end of yea		ļ	6	 	
2 Purchases	2		⊣ 7	Cost of goods sold. Si					
3 Cost of labor	3		4	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2		l	7_		
(attach schedule)	48		- 8	Do the rules of section	•	•		Yes	No_
b Other costs (attach schedule)	4b		↲	property produced or a	acquired	for resale) apply to			أحيدا
5 Total. Add lines 1 through 4b	5			the organization?					<u> </u>
Schedule C - Rent Income	(From Real	Property and	ı Per	sonal Property L	.ease	d With Real Propo	erty)	l	
(see instructions)									
. Description of property									
(1)									
(2)									
(3)				-					
(4)									
·	2. Rent receiv	red or accrued		-					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connec d 2(b) (ted with the income in attach schedule)	
(1)	•								
(2)									
(3)		<u> </u>				v			
(4)		· · · · · · · · · · · · · · · · · · ·							
Total	0.	Total	-		0.				
c) Total income. Add totals of columns	· · · · ·	nter				(b) Total deductions. Enter here and on page 1,			^
nere and on page 1, Part I, line 6, columi Schedule E - Unrelated Det		Income (see	ınetaı	ctions)	0.	Part I, line 6, column (B)	P		0.
Jonedale E Ginelated Bel	ot i manoca	income (see	Tistru	ctions)		3. Deductions directly conn	ected v	with or allocable	
			2	. Gross income from		to debt-finance			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(8)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	1
(1)			-		 		╁		
(2)			†				1		—
(3)							1		
(4)							1		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fine	e adjusted basis allocable to inced property h schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)				%		·	\top		
(2)	į			%					
(3)				%					
(4)				%					
						nter here and on page 1, art I, line 7, column (A)		Enter here and on page Part I, line 7, column (8	
Totals				_		0.		·	0.
Total dividends-received deductions	ncluded in colum	n 8					1		0.
							_		

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT; 4
DESCRIPTION		AMOUNT
OTHER FEES ALLOCATED HR SALARY & COSTS ALLOCATED IT SALARY & COSTS		109,204. 94,117. 134,025.
ALLOCATED ACCOUNTING SALARY & CALLOCATED ADMIN SALARY & COSTS	COSTS	42,798. 167,219.
TOTAL TO SCHEDULE M, PART II,	LINE 28	547,363.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

OMB No 1545-0687

3

ENTITY

Department of the Treasury Internal Revenue Service (99) Go to 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

Name	of the organization CENTRACARE HEALTH SYSTEM	Employer identification number 41-1813221				
	Inrelated business activity code (see instructions) 90009		DEMATE CALEC			· -
=		CAL	RETAIL SALES		$\neg \top$	
Pa	TI Unrelated Trade or Business Income		(A) Income	(B) Expenses	·	(C) Net
1 a	Gross receipts or sales 749,627.					
b	Less returns and allowances c Balance	1c	749,627.			
2	Cost of goods sold (Schedule A, line 7)	2	252,906.			
3	Gross profit. Subtract line 2 from line 1c	3	496,721.			496,721.
4 a	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 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				
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	496,721.			496,721.
Pai	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the unconnected with t				∍pt for (contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	-
	<u> </u>					

14	Compensation of officers, directors, and trustees (Schedule K)	14	-
15	Salaries and wages	15	
16	Repairs and maintenance	16	22,748.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	• •
21	Depreciation (attach Form 4562) 21 12,067.		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	12,067.
23	Depletion	23	•
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 5	28	268,359.
29	Total deductions, Add lines 14 through 28	29	303,174.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	193,547.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		•
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	193,547.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

Form 990-T (2018)								Page 3
CENTRACARE HEALTH SYSTEM						41-1813	3221	
Schedule A - Cost of Goods	Sold. Enter	method of invent	ory v	valuation >				•
1 Inventory at beginning of year	1		6	Inventory at end of yea	 IT		6	
2 Purchases	2		7	Cost of goods sold. Su	ubtract l	ine 6		
3 Cost of labor	3			from line 5. Enter here	and in F	art I,		
4a Additional section 263A costs			1	line 2		ì	7	
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to		Yes No
b Other costs (attach schedule)	4b]	property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				/
Schedule C - Rent Income ((see instructions)	From Real I	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued						
rent for personal property is more than of rent for p			and personal property (if the percentage established by the percentage columns 2(a) and 2(b) (attach schedu at the based on profit or income)				d with the income in ach 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	., .,	ter •			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	ınstrı	uctions)				
	-			2. Gross income from		3. Deductions directly cont to debt-finance	ed propert	ty
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	'	b) Other deductions (attach schedule)
(1)								
(2)		_						
(3)				·		<u> </u>	Ti Ti	
(4)								
4. Amount of everage acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illiocable to nced property n schedule)		6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deductions lumn 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				

0.

0.

Enter here and on page 1, Part I, line 7, column (B)

Enter here and on page 1, Part I, line 7, column (A)

0.

Totals

Total dividends-received deductions included in column 8

FORM. 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
OTHER EXPENSE PURCHASED SERVICES SUPPLIES/DRUGS BUILDING & OCCUPANCY EDUCATION INSURANCE		145,044. 112,099. 6,059. 3,979. 93. 1,085.
TOTAL TO SCHEDULE M, PART I	I, LINE 28	268,359.