

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning JUL 1, 2018 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).

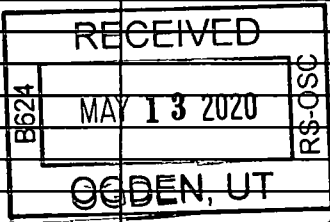
Open to Public Inspection for 501(c)(3) Organizations Only

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Header section containing organization name (SMDC MEDICAL CENTER), address (502 E 2ND ST, DULUTH, MN 55805), EIN (41-1878730), and other identifying information.

Part I: Unrelated Trade or Business Income table with columns for (A) Income, (B) Expenses, and (C) Net. Total income is 447,614.

Part II: Deductions Not Taken Elsewhere table with rows 14-32. Total deductions are 238,682, resulting in a taxable income of 208,932.



SEE STATEMENT 1

SCANNED MAY 17 2021

40 Received In Batch on DEC 07 2020

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	371,995.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	371,995.
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	370,995.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	77,909.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Enter tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> 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	77,909.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	
45b	Other credits (see instructions)	45b	
45c	General business credit. Attach Form 3800	45c	
45d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
45e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	77,909.
47	Other taxes. Check if from: <input type="checkbox"/> Form 425 5 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	77,909.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
50b	2018 estimated tax payments	50b	102,350.
50c	Tax deposited with Form 8868	50c	
50d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
50e	Backup withholding (see instructions)	50e	
50f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
50g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g	
51	Total payments. Add lines 50a through 50g	51	102,350.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	24,441.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/>	55	24,441.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year	\$	

Sign Here: *Ken J B* Signature of officer, April 29, 2020 Date, VICE PRESIDENT FINANCE Title. May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only: Preparer's name MARY BETH SANTORI, Preparer's signature *Mary Beth Santori*, Date 4/29/20, Check if self-employed, PTIN P00023783, Firm's name RSM US LLP, Firm's EIN 42-0714325, Firm's address 227 W 1ST ST, STE 700 DULUTH, MN 55802-1926, Phone no. 218-727-5025