Fo	990-T	E	Exempt Organization Bus	sine	ss Income T			OMB No 1545-0047
		For ca	lendar year 2019 or other tax year beginning $\underbrace{\mathtt{JUL} \ 1}_{,}$				2020	2019
		10,00	► Go to www.irs.gov/Form990T for in				2020	2013
	partment of the Treasury ernal Revenue Service	•	Do not enter SSN numbers on this form as it may				c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (hanged	and see instructions.)		(Em	ployer identification number ployees' trust, see ructions)
	Exempt under section	Print	SMDC MEDICAL CENTER					11-1878730
[X 501(c)(3 0/3	or	Number, street, and room or suite no. If a P.O. bo	x, see ir	structions.			elated business activity code instructions)
	408(e)220(e)	Туре	502 E 2ND ST					
] 	408A 530(a) 529(a)		City or town, state or province, country, and ZIP o DULUTH, MN 55805	r foreig	n postal code		62	
C	Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>				
	<u>1,429,099,4</u>	<u>37.</u>	G Check organization type X 501(c) corp	poration	501(c) trust		101(a) trust	Other trust
"	Cines the number of the t	oi yaniza	mon's unrelated trades of businesses.	<u> </u>	Describe	the only (or fir		
	•		FERENCE LAB & SKIN RENE			complete Parts		
			ce at the end of the previous sentence, complete Pa	irts I an	d II, complete a Schedule	M for each ad	ditional trad	e or
	business, then complete				diamination of the control of the co	cmmm 2	<u> </u>	
			oration a subsidiary in an affiliated group or a parer tifying number of the parent corporation.	1t-subsi	diary controlled group?	SIMI Z		es No
	The books are in care of				Telenho	nne number	218-	786-8364
			de or Business Income		(A) Income	(B) Exp		(C) Net
1	a Gross receipts or sale		1,115,708.	-	······································	- ` <u>' </u>		1
	b Less returns and allow		287,674. c Balance	1c	828,034.			<i>X</i> 1
2				2	78,670.			
3	Gross profit Subtract	line 2 fr	om line 1c	3	749,364.			749,364.
۱ 4	a Capital gain net incom	ne (attac	h Schedule D)	4a		•		<u> </u>
	b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b				
	c Capital loss deduction			4c		·	/	
5	Income (loss) from a	partners	ship or an S corporation (attach statement)	5				<u> </u>
6	•	•		6_		/		
7	•		, ,	7				
. 8	•		nd rents from a controlled organization (Schedule F)	8		/_		<u> </u>
: 9			on 501(c)(7), (9), or (17) organization (Schedule G)	9		_/	·	
, 10		•	,	10		_/		
) 11 12			•	11		/		
12 13	* -		•	12	749,364,	/		749,364.
			pt Taken Elsewhere (See instructions for					7 43 7 30 4.
_			e directly connected with the unrelated busin					
14	Compensation of offi	cers, di	rectors, and trustees (Schedule K)			<u>-</u>	14	1
15	Salaries and wages	·	RECEIV	FD	\Box /		15	127,307.
16	Repairs and mainten	ance	TILOLIV	<u> </u>	70 /		16	46.
17	Bad debts		ee instructions) MAY 182	ቡ 21	RS-OSC		17	5,923.
18	Interest (attach sche	dule) (se	ee instructions)	UL1	\[\sqrt{2} \]		18	
19					— — /		19	44,553.
20	•			UI		14,94		14 046
21	•	imed or	Schedule A and elsewhere on return		21a		21b	14,946.
22	•				•		22	5,328.
23			mpensation plans				23	
24		•	shadula D				24	26,365.
25 26		•	·	,			25	-
27	•	•	· ,		SEE STAT	EMENT 1		172,741.
28	•)		28	397,209.
29			ncome before net operating loss deduction. Subtract	l line 28	from line 13		29	352,155.
30			oss arising in tax years beginning on or after Januar					
	(see instructions)	····y ·	Jan	, ., 20	·-		30	0.
<u>31</u>		axable ir	icome. Subtract line 30 from line 29				31	352,155.
923	701 01-27-20 LHA FO	r Paper	work Reduction Act Notice, see instructions.					Form 990-T (2019)

Schedule A - Cost of Good	s Sold. Enter	method of invent	ory v	aluation ▶ COS	T			-
1 Inventory at beginning of year	1 1	0.		Inventory at end of year	ar	"	6	0.
2 Purchases	2	78,670.	7	Cost of goods sold. Si	ubtract l	line 6		
3 Cost of labor	3			from line 5. Enter here	and in l	Part I,		
4 a Additional section 263A costs				line 2			7	78,670
(attach schedule)	4a		8	Do the rules of section	263A (with 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	78,670.		the organization?		<u></u>		X
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty)
1. Description of property								
(1)								
(2)								
(3)				<u></u>		· · · · · · · · · · · · · · · · · · ·		
(4)								
		ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for pe	rsonal	onal property (if the percentag property exceeds 50% or if ed on profit or Income)	ge	3(a) Deductions directly columns 2(a) a	r connec nd 2(b) (cted with the income in (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	ı (A)	>		·	0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see II	nstru	ctions)		<u> </u>		
			2	. Gross income from		Deductions directly con to debt-finant		
1. Description of debt-fir	nanced property		_	or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)				- -		- ·	+-	·-····································
(2)		·					\top	
(3)							1	
(4)							1	
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)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%				· · · · · · · · · · · · · · · · · · ·
(2)				%			1	
(3)				%				
(4)			_	%				
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I line 7, column (B)
Totals						. 0		0.
Total dividends-received deductions in	icluded in columi	n 8				•	-	0.

Schedule F - Interest,	Annuities, Ro	yalties, an					tions	see ins	structio	ns)
			Exempt	Controlled O	rganızatı	ons				
Name of controlled organizal	tion	2. Employer dentification number		related income e instructions)	4 . Tot payr	al of specified nents made	Includ	t of column 4 ed in the cont ation's gross	rolling [6. Deductions directly connected with income in column 5
			·		-		 	·		
_(2)		·								
_(3)			<u> </u>							
_(4)			· · · · · · · · · · · · · · · · · · ·					_		
Nonexempt Controlled Organi	ızatıons									
7. Yaxable Income	8. Net unrelated (see instri		9. Total	of specified pays made	nents	10 Part of colu in the controll gross	mn 9 tha ing organ s income	t is included lization's		eductions directly connected th income in column 10
				····						
_(2)			 	-					_	
(3)			 							 _
(4)						····				
			<u> </u>			Add colun Enter here and line 8, 6		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme		a Section	501(c)(7	'), (9), or (17) Org	janization			_	
1. Desc	cription of income			2. Amount of	Income	3. Deductio directly conne (attach sched	cted	4. Set-	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
			· <u></u>	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			<u> </u>		0.					0.
Schedule I - Exploited (see instru		vity Incom	e, Other	Than Adv	ertisin	g Income				
Description of exploited activity	2. Gross unrelated busines income from trade or business	s directly with pr	xpenses connected roduction irelated ss income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5 but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Tatala	Enter here and or page 1, Part I, line 10 col (A)	page	ere and on 1, Part I, 1, col (B)			,		1		Enter here and on page 1, Part II, line 25
Totals ► Schedule J - Advertising				<u></u>						
Part I Income From I				solidated	Basis					
1. Name of periodical	2. Gr adverti incoi	sing	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus un, compute	5. Circulat		6. Reade cost		7. Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)	**					\top			-	
(2)]
(3)]
(4)										
Totals (carry to Part II, line (5))	•	0.	0							0. Form 990-T (2019

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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3)							
(4) Totals from Part I	>	0 .	0 . Enter here and on		· · · · · · · · · · · · · · · · · · ·	, P .,	O . Enter here and
Fotals, Part II (lines 1-5)	•	page 1, Part I, line 11, col (A)	page 1, Part I, line 11, col (B)				on page 1, Part II, line 26

1 Name
2. Title
3. Percent of time devoted to business

(1)
(2)
(3)
(4)

Total. Enter here and on page 1, Part II, line 14

4. Compensation attributable to unrelated business

5. Compensation attributable to unrelated business

6. Compensation attributable to unrelated business

7. Title
7. Compensation attributable to unrelated business

8. Compensation attributable to unrelated business

9. Compensation attributable to unrelate

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
ALLOCATED OVERHEAD PURCHASED SERVICES OFFICE EXPENSES MISCELLANEOUS CONFERENCES, CONVENTIONS, AI MEDICAL SUPPLIES TRAVEL PUBLICATIONS & SUBSCRIPTIONS LICENSES INFORMATION TECHNOLOGY DUES		71,198. 91,583. 7,205. 801. 711. 611. 273. 180. 167. 7.
TOTAL TO FORM 990-T, PAGE 1	, LINE 27	172,741.

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

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

Attachment Sequence No. 179

Form **4562** (2019)

Name(s) shown on return Business or activity to which this form relates Identifying number SMDC Medical Center 41-1878730 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 2 Total cost of section 179 property placed in service (see instructions). . . . 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 0 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ٥ 6 (a) Description of property 7 Listed property, Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 0 10 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 . . . 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions. 0 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 14.946 MACRS Depreciation (Don't include listed property. See instructions.) Part III Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2019 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here. Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed (business/investment use (e) Convention (f) Method (g) Depreciation deduction period in service only-see instructions) 3-year property **b** 5-year property 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/L 27 5 yrs. property MM S/L i Nonresidential real 39 yrs. MM S/L property MM Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L b 12-year 12 yrs. S/L c 30-year MM 30 yrs. d 40-year MM S/L 40 yrs. Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 14,946 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.

_																
_	1562 (2019)		C Medical Ce											41-187		Page 2
Part	V			nclude automo			other	venicles	s, ce	ertain ai	rcratt, a	nd pro	perty ι	used to	r	
				eation, or amu		•		_	_							
			=	for which you ar		-		_			_	e exper	nse, cor	nplete c	only 24a	i
				ugh (c) of Section												
				n and Other Info			Ition: Si	$\overline{}$	struc	ctions for	limits to	r passe	nger au	itomobil	es.)	
24a	Do you ha	ve evidence	to support the	business/investmen	t use cla	imed?	Yes	∐_No		24b If	"Yes," is	the evid	ence wr	itten?	Yes	No
	(a)		(b)	(c)	((d)		(e)		(f)		(g)		(h)		(i)
	Type of pro	perty	Date placed	Business/ investment use	Cost or o	other basis		or depreciations ss/investme		Recovery	Me	thod/	Depre	eciation	Elected s	ection 179
	(list vehicles	first)	in service	percentage				se only)		period	Con	vention	ded	uction	٥	ost
25	Special	depreciation	on allowance	for qualified liste	d prop	erty plac	ced in se	ervice dı	uring							
	the tax y	ear and us	sed more that	n 50% in a qualif	ied bus	siness u	se. See	instruct	ions	<u></u>	· <u>·</u>	25	<u>L</u>		<u> </u>	
26	Property	used mor	e than 50% ii	n a qualified bus	ness u	se.										
				%									<u> </u>			
				%									ļ			
				%	<u> </u>								<u> </u>			
27	Property	used 50%	or less in a	qualified busines	s use											
	_			%	<u> </u>						S/L -		<u> </u>			
				%					_+		S/L -		<u> </u>			
				%	Ļ		<u>. </u>	04			S/L –		 			
28				s 25 through 27.				e 21, pag	ge ı	•	• • •	28	L	0		
29	Add amo	ounts in co	iumn (I), Iine	26. Enter here a				n Use o	£ 1/-	<u></u>	·	• •	 	29		0
C	.1_4_ 46		h.alaa									ر ما ال		ملم طمير اس		
				a sole proprietor, ons in Section C to											38	
,	a chiploye	33, 1113t aris	Wer the questi	ons in occion o a	r				T				T			f)
30	Total bus	inesc/invos	tment miles dr	won during		a) icle 1		b) icle 2	l١	(c) /ehicle 3		(d) ncle 4		e) ncle 5		icle 6
50			de commuting	-					ľ		ł		ł			
31	•		es driven durin	·				_	 				 			
32		-	(noncommutin	- '		-							 			
	miles driv	•	(11011001111111111111111111111111111111	97												
33			ring the year	Add							1		<u> </u>			
		rough 32				0		0	l		اه	0		0		0
34		-	lable for perso	nal	Yes	No	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No
		g off-duty h														
35	Was the v	ehicle used	d primarily by a	more than												
	5% owne	r or related	person?					<u> </u>					l			
36	Is anothe	r vehicle av	ailable for pers	sonal use?				<u> </u>			İ	<u> </u>	<u> </u>			<u> </u>
			Section C—	Questions for E	Employ	ers Wh	o Provi	ide Vehi	cles	for Use	by Thei	r Emplo	oyees			
				f you meet an ex	-	n to con	npleting	Section	B fo	r vehicle	s used b	y emplo	yees w	ho arer	ı't	
				ns See instructi												· ·
37	•			atement that prohil	bits all p	personal	use of ve	ehicles, ir	ncludi	ing comm	nuting, by				Yes	No
20	•	loyees? .								•		•				
38	•			atement that prohil	•					_						
39				or vehicles used by			ers, airec	ctors, or 1	1% Or	more ow	ners	•				
40	-		•	employees as pers cles to your emplo			ormation	from voi	· ·	Sacrala		•				
40				nformation receive	•	obtain ini	ormation	i iromi yot	n em	pioyees	about the					
41		•		cerning qualified a		ula dama	 netration	. usa2 Sa	ae ine	tructions	•	•				
7.				40, or 41 is "Yes,"							les .			•		
Part		Amortiz														
			(a)			(b)	<u> </u>	(c)			(d)		(e)			f)
		Descrip	tion of costs		Date a	mortizatio	n Am	nortizable a	moun	t Cod	e section	'	Amortizatio			for this year
		p				pegins			- 4.,				percentag			. ,
42	Amortiza	tion of cos	ts that begin	s during your 20	19 tax •	year (se	e instru	ctions)								
43	Amortiza	tion of cos	ts that begar	before your 201	19 tax y	/ear								43		
44			_) See the instru			e to rep	ort	<u> </u>		<u> </u>	<u> </u>		44		0

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

2019

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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 SMDC MEDICAL CENTER			Employer ide		
t	Inrelated Business Activity Code (see instructions) 44					<u> </u>
	• • • • • • • • • • • • • • • • • • • •	HOP				
	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 4,168.	T				
b	Less returns and allowances c Balance	1c	4,168.			
2	Cost of goods sold (Schedule A, line 7)	2	1,914.			
3	Gross profit, Subtract line 2 from line 1c	3	2,254.			2,254.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	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				ŀ	
	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	2,254.		L	2,254.
Par	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			uctions.) (Ded		ns must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	400
15	Salaries and wages				15	420.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	199.
19	Taxes and licenses		ا مو ا		19	133.
20	Depreciation (attach Form 4562)		20			
21	Less depreciation claimed on Schedule A and elsewhere on return				21b	
22	Depletion				22	22.
23	Contributions to deferred compensation plans				23	55.
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26 27	Excess readership costs (Schedule J) Other deductions (attach schedule)		SEE STATE	พะงาก 3	26	9.
27			DEE SINIE	THEFT J	27	705.
28	Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deductions.	ntion C	Libtract line 20 from line 1	3	$\overline{}$	1,549.
29 30	Deduction for net operating loss arising in tax years beginning on o			J	29	1,343.
30	instructions)	n aiter c	January 1, 2010 (See		30	0.
31	Unrelated business taxable income Subtract line 30 from line 29				31	1,549.

Page 3

SMDC MEDI	CAL CENT	rer			41-1878	730
Schedule A - Cost of Good	s Sold. Enter	method of invent	ory valuation CC	ST		
1 Inventory at beginning of year	1		6 Inventory at end of	year		6
2 Purchases	2	1,914.	7 Cost of goods sold.	Subtract	line 6	
3 Cost of labor	3		from line 5. Enter he			
4 a Additional section 263A costs			line 2			7 1,914.
(attach schedule)	4a		8 Do the rules of sect	on 263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced (or acquired	d for resale) apply to	
5 Total. Add lines 1 through 4b	5	1,914.	the organization?			X
Schedule C - Rent Income	(From Real	Property and	Personal Property	Lease	d With Real Prope	erty)
(see instructions)		···				
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued			O(a) Daduations discastive	
(a) From personal property (if the pe rent for personal property is mor 10% but not more than 50%	e than	` of rent for pe	d personal property (if the perce ersonal property exceeds 50% or is based on profit or income)	ntage if	columns 2(a) and	onnected with the income in 2(b) (attach schedule)
(1)						
(2)			<u> </u>			
(3)						
(4)						
Total	0.	Total		0.		- -
(c) Total income. Add totals of columns	2(a) and 2(b). En	iter			(b) Total deductions. Enter here and on page 1.	
here and on page 1, Part I, line 6, colum		<u> </u>		<u> </u>	Part I, line 6, column (B)	<u> </u>
Schedule E - Unrelated Del	bt-Financed	Income (see i	nstructions)			
			2. Gross income from	ł	Deductions directly conne to debt-finance	cted with or allocable d property
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions
			ilitaticed property		(attach schedule)	(attach schedule)
(4)						
(1)					 -	
(2)						
(3)				+		
<u> </u>						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	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 deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%	,		
(2)			%			
(3)			%			
(4)			%			
					Inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			1	▶	0.	0.
Total dividends-received deductions	ncluded in columi	ı 8	•			0.

SMDC MEDICAL CENTER

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
OFFICE EXPENSES PURCHASED SERVICES		7.
TOTAL TO SCHEDULE M, PART	II, LINE 27	9.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning \underline{JUL} 1, $\underline{2019}$, and ending \underline{JUN} 30, $\underline{2020}$

► 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 SMDC MEDICAL CENTER	·			Employer ide		
(Jnrelated Business Activity Code (see instructions) ▶ 72						
	Describe the unrelated trade or business EXTERNAL	CATI	ERING				
Pa	rt I Unrelated Trade or Business Income		(A) Income	e	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 68,439.						. •
b	Less returns and allowances c Balance ▶	1c	68,4	139.	-		
2	Cost of goods sold (Schedule A, line 7)	2					•
3	Gross profit, Subtract line 2 from line 1c	3	68,4	139.			68,439.
4 a	Capital gain net income (attach Schedule D)	4a					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach	1 1				ł	
	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)	ĺĺ		l l			
	organization (Schedule G)	9					<u></u>
10	Exploited exempt activity income (Schedule I)	10				—	
11	Advertising income (Schedule J)	11			· · · · · · · · · · · · · · · · · · ·		
12	Other income (See instructions, attach schedule)	12	68,4	130			68,439.
13	Total. Combine lines 3 through 12	13					
Pa	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income the connected with the connect			on dedi	uctions.) (Dec	ductio	ns must be
14	Compensation of officers, directors, and trustees (Schedule K)					14	35 207
15	Salaries and wages					15	35,207. 169.
16	Repairs and maintenance					16	103.
17	Bad debts					17	
18	Interest (attach schedule) (see instructions)					19	2,587.
19	Taxes and licenses Depreciation (attach Form 4562)		20	1	683.	19	<u>Z,307.</u>
20 21	Less depreciation claimed on Schedule A and elsewhere on return		20 21a		003.	21b	683.
22	Depletion		[2 18			22	
23	Contributions to deferred compensation plans					23	1,408.
24	Employee benefit programs					24	7,297.
25	Excess exempt expenses (Schedule I)					25	.,,-,,-
26	Excess readership costs (Schedule J)					26	
27	Other deductions (attach schedule)		SEE	STATE	MENT 4	27	27,589.
28	Total deductions. Add lines 14 through 27					28	74,940.
29	Unrelated business taxable income before net operating loss deduce	ction. S	Subtract line 28 fr	om line 1	3	29	-6,501.
30	Deduction for net operating loss arising in tax years beginning on o				_		
	Instructions)			•	STMT 5	30	0.
31	Unrelated business taxable income. Subtract line 30 from line 29					31	-6,501.

ם	_	^	_	

SMDC MEDI	CAL CENT	ΓER				41-1878	8730
Schedule A - Cost of Good	s Sold. Enter	method of invei	ntory va	aluation 🕨 N	/A		
1 Inventory at beginning of year	1		6	Inventory at end o	f year		6
2 Purchases	2			Cost of goods sold	I. Subtra	ct line 6	
3 Cost of labor	3		╛	from line 5. Enter i	nere and	ın Part I,	
4 a Additional section 263A costs				line 2		Į	7
(attach schedule)	4a		_ 8	Do the rules of sec	tion 263	A (with respect to	Yes N
b Other costs (attach schedule)	4b		4	property produced	or acqui	red for resale) apply to	
5 Total. Add lines 1 through 4b	5			the organization?			X
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pers	sonal Propert	y Leas	sed With Real Prope	erty)
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 mor 10% but not more than 50%	e than	(b) From real of rent for the re	and perso personal p nt is base	onal property (if the percoroperty exceeds 50% of on profit or income)	entage or if	3(a) Deductions directly columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)							
(2)							
(3)				-			
(4)				<u> </u>			
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,	> 0
Schedule E - Unrelated Det		Income (see	unstruc	ctions)		Part I, line 6, column (B)	<u> </u>
						3. Deductions directly conn to debt-finance	ected with or allocable
4			2	Gross income from or allocable to debt-	-	(a) Straight line depreciation	(b) Other deductions
1. Description of debt-fi	nanced property			financed property		(attach schedule)	(attach schedule)
(1)			+-	·	+		
(2)			+		_	·	
(3)			1				
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7. Gross Income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			+		%		
(2)					%		
(3)					%		
(4)					%		
						Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (8)
Totals					ightharpoonup	0.	0
Total dividends-received deductions	ncluded in column	18				•	0

FORM 990-T (M)	OTHER	DEDUCTIONS		STATEMENT	4
DESCRIPTION				AMOUNT	
SUPPLIES FOOD AND BEVERAGE OFFICE EXPENSES MEDICAL SUPPLIES PURCHASED SERVICES LICENSES TRAVEL MISCELLANEOUS					
TOTAL TO SCHEDULE M, PART I	I, LINE 27			27,5	89.
SCHEDULE M NE	T OPERATING	G LOSS DEDUCTION	 N	STATEMENT	5
TAX YEAR LOSS SUSTAINED	LOSS PREVIOU APPL	JSLY LO	SS INING	AVAILABLE THIS YEAR	
06/30/19 5,195.			5,195.	5,19	5.
NOL CARRYOVER AVAILABLE THI	S YEAR		5,195.	5,19	5.

Form **4562**

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► 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

OMB No 1545-0172

Attachment Sequence No 179

Form **4562** (2019)

SMDC Medical Center		Busii	ness or activity	to which this	torm relates		41-1878730	nber	
	n To Expense Ce	rtain Pror	orty Under	Section 1	79		141-1070730		
	ou have any listed prop	-	•						
								1	
1 Maximum amount2 Total cost of section	(See instructions).	d in conside						2	
3 Threshold cost of s								3	
	tion. Subtract line 3 fi							4	0
5 Dollar limitation for								1	l
	structions					•		5	l o
6	(a) Description of proper		· · · · · · · · · · · · · · · · · · · 		ost (business use		(c) Elected co		l
	(a) a coordinate or propor	.,		(2)		J,	(5) 2:00:02 0:	-	
						 ,			1
7 Listed property. Er	ter the amount from	line 29				7	-	-	
8 Total elected cost								8	0
9 Tentative deduction									0
10 Carryover of disall								10	
11 Business income li		•						11	
12 Section 179 expen								12	0
13 Carryover of disalle								0	
Note: Don't use Part II					-				
	Depreciation Alle				n (Don't incl	ude listed p	roperty. See in	struct	ions.)
14 Special depreciation									
during the tax year	. See instructions .							14	_
15 Property subject to	section 168(f)(1) ele	ction						15	
16 Other depreciation	(including ACRS).				<u></u>	<u>,</u>	<u></u>	16	683
Part III MACRS	Depreciation (De	on't includ	de listed prop	perty. See	instructions.)				
			5	Section A					
17 MACRS deduction	s for assets placed in	service in	tax years beg	inning befor	e 2019			17	
18 If you are electing	to group any assets p	laced in se	ervice during the	he tax year i	nto one or mo	re general	_		I
asset accounts, ch	eck here						▶ ∐		
Se	ction B - Assets Pla	ced in Ser	vice During 2	2019 Tax Ye	ar Using the	General Depi	reciation System	n	
	(b)	Month and	(c) Basis for	depreciation				Τ	
(a) Classification of	of property y	ear placed	(business/inv	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) D€	epreciation deduction
		ın service	only—see i	nstructions)					
19 a 3-year propert	y								
b 5-year propert	у							Ш	
c 7-year propert	y								
d 10-year propert	у								
e 15-year propert	y		J		<u> </u>				
f 20-year propert					<u> </u>			\bot	
g 25-year propert	у				25 yrs		S/L		
h Residential reni	al				27.5 yrs.	MM	S/L		
property					27.5 yrs.	MM	S/L		
i Nonresidential i	real				_39 yrs.	MM	S/L		
property			<u> </u>		<u> </u>	MM	S/L	Ш_	
	tion C - Assets Plac	ed in Servi	ice During 20	19 Tax Yea	r Using the A	ternative De	preciation Syste	;m	
20 a Class life							S/L	\bot	
b 12-year				_	12 yrs.		S/L	4—	
c 30-year			ļ		30 yrs.	MM	S/L_		
d 40-year			<u> </u>		40 yrs.	MM	S/L		
	ry (See instruction								
21 Listed property. Er								21	
22 Total. Add amount		_							
	propriate lines of you					tructions	<u> </u>	22	683
23 For assets shown a						1		1	I
portion of the basis	attributable to section	n 263A cos	sts	<u> </u>	<u></u> <u></u>	23		<u> </u>	

Form	4562	(2019)	

Form 4	1562 (2019) SMDC	Medical Ce	nter										41-187	8730	Page 2
Part	V Listed F	roperty (Ir	clude automo	biles, o	certain	other v	ehicles	s, cer	tain airc	raft, ar	nd prop	erty u	sed for	•	
	entertair	nment, recre	eation, or amu	semer	nt.)										
	Note: For	r any vehicle	for which you ar	e using	the sta	ndard m	ıleage r	ate o	r deductir	ng lease	expen	se, con	nplete o	nly 24a,	
			igh (c) of Sectio												
	Section A—	-Depreciatio	n and Other Inf	ormatio	on (Cau	tion: Se	e the in	struct	ions for li	mits for	passer	nger au	tomobil	es.)	
24a	Do you have evidence	to support the b	ousiness/investmen	t use cla	med?	Yes	No	- :	24b If "\	es," is t	he evide	ence wri	tten?	Yes	No
	(a)	(b)	(c)	(4	d)		(e)		(f)	(9	3)	(1	h)	(i)
	Type of property	Date placed	Business/ investment use	Cost or o	ther basis		depreciations/ s/investment		Recovery	Met	hod/	Depre	ciation	Elected se	ction 179
	(list vehicles first)	ın service	percentage				e only)		period	Conv	ention	dedu	iction	co	st
25	Special depreciation														
	the tax year and us					se. See	ınstructı	ons .			25				
26	Property used more	e than 50% ir		iness u	se					r			-		
			%	ļ				_		-					
			%	<u> </u>				_		ļ		<u> </u>	_		
	5		%			-				<u> </u>		<u> </u>			
27	Property used 50%	or less in a	qualified busines %	ss use						S/L –		ı			-
			%					-		S/L -					
								\dashv		S/L -					Ì
28	Add amounts in col	lumn (h) line		Enter	here an	d on line	21 nac	ne 1			28		0		
29	Add amounts in col		-										29		0
	7.00 000	(1),				ation o									
Comp	lete this section for ve	hicles used by								d persor	n If you	provide	d vehicle	es	
	ir employees, first ansv														
		•		(4	a)	(t))		(c)	(4	3)	(4	e)	(f	
30	Total business/invest	ment miles dr	ven during	Veh	icle 1	Veh	cle 2	v	ehicle 3	Vehi	cle 4	Vehi	cle 5	Vehic	cle 6
	the year (don't include	de commuting	miles)												
31	Total commuting mile	es driven durin	g the year												
32	Total other personal	(noncommutin	g)												
	miles driven											ļ			
33	Total miles driven du	ring the year	Add												_
	lines 30 through 32				0		0		0		0		0		0
34	Was the vehicle avail	-	nal	Yes	No	Yes	No	Yes	No No	Yes	No	Yes_	No	Yes	No
25	use during off-duty he			-					-	 					
35	Was the vehicle used		a more than												
26	5% owner or related	•	2020111002					-				 			
36	Is another vehicle av	Section C	Questions for l	Employ	ore Wh	o Provi	de Vehi	cles	for Use b	v Their	Emplo	Vees		l	
Answ	er these questions to												ho arer	ı't	
	than 5% owners or										,	,			
37					ersonal	use of ve	hicles, ir	ncludir	ng commu	ting, by				Yes	No
	your employees?			•					•						
38	Do you maintain a wi	ritten policy sta	stement that prohi	bits pers	sonal us	e of vehic	les, exc	ept co	mmuting,	by your					_
	employees? See the	instructions fo	r vehicles used by	y corpor	ate office	ers, dırec	tors, or 1	% or i	more own	ers					
39	Do you treat all use of	-													
40	Do you provide more	than five vehi	cles to your emplo	oyees, o	btaın ınf	ormation	from you	ır emp	oloyees ab	out the					
	use of the vehicles, a				•				•	•	•	•			
41	Do you meet the requ									•		•			
	Note: If your answer		40, or 41 is "Yes,	" don't c	omplete	Section	3 for the	cover	ed vehicle	s.					
Part	VI Amortiz			T		1					T				
	_	(a)		١.,	(b)		(c)			d) 	,	(e) Amortizatio		(f	-
	Descript	tion of costs		1	mortizatio egins	n Am	ortizable a	imount	Code	section		period or percentage		Amortization	ioi iiiis year
42	Amortization of cos	te that begin	s during your 20	L		e instru	rtions).				L				
74	Amortization of cos	is that begin	o during your 20	10 (0)	, cai (36	- nond	20113)								-
									 		<u> </u>				
43	Amortization of cos	ts that begar	before your 20	19 tax v	ear						-		43		
44	Total. Add amounts	_	-	_		e to rep	ort		<u></u>	<u></u> .	<u>.</u>	<u>. </u>	44		0
			*			···							F	orm 456	2 (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

► 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

Unrelated Business Activity Code (see instructions) Batt	Name	of the organization SMDC MEDICAL CENTER	,	Employer identification number 41-1878730			
Describe the unrelated trade or business EXTERNAL LAUNDRY	$\overline{}$						<u> </u>
Part Unrelated Trade or Business Income			LAUN	DRY			
b Less returns and allowances					(B) Expens	es	(C) Net
2 Cost of goods sold (Schedule A, Inne 7) 3 Gross profit. Subtract line 2 from line 1c 4 Coptal gan net income (statch Schedule D) 4 Distance (sos) from 4797, Part II, Inne 17) (attach Form 4797) 5 Capital loss (efform 4797, Part II, Inne 17) (attach Form 4797) 6 Capital loss deduction for trusts 6 Income (loss) from a partnership or an S corporation (attach statement) 7 Invelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) 9 Investment income of a section 501(c)(7), (9), or (17) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 15 2, 462. 16 Repairs and maintenance 17 Bad debts 18 Repairs and maintenance 19 Takes and icenses 19 Questions 19 Takes and icenses 19 Questions 19 Questions 19 Questions 19 Questions 19 Questions 20 Depreciation (latitich Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 20 Depletion 21 Contributions to deferred compensation plans 22 Contributions to deferred compensation plans 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess exempt expenses (Schedule I) 27 Other deductions, Add lines 14 through 27 28 Total deductions, Add lines 14 through 27 29 Unrelated business taxable income before net operating loss ansing in tax years beginning on or after January 1, 2018 (see instructions) 30 Linested business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Q. 2, 285.	1 a	Gross receipts or sales 5,340.					
3 5 , 3 4 0 5 , 3 4 0 5 , 3 4 0	b	Less returns and allowances c Balance ▶	1c	5,340.			
4 a Capital gain net income (attach Schedule D) b Net gain (loss) (Form 4797, Part I, line 17) (attach Form 4797) c Capital loss deduction for trusts fincome (loss) from a partnership or an S corporation (attach statement) fincome (loss) from a partnership or an S corporation (attach statement) fincome (loss) from a partnership or an S corporation (attach statement) fincome (loss) from a partnership or an S corporation (attach statement) fincome (loss) from a partnership or an S corporation (attach statement) fincome (loss) from a partnership or an S corporation (attach statement) fincome (loss) from a partnership or an S corporation (attach statement) fincome (loss) from a partnership or an S corporation (attach statement) fincome (loss) from a partnership or an S corporation (attach solid loss) fincome (loss) from a partnership or an S corporation (attach solid loss) fincome (loss) from a partnership or an S corporation (attach solid loss) fincome (loss) from a partnership or an S corporation (attach solid loss) fincome (loss) from a partnership or an S corporation (schedule E) fincome (loss) from a partnership or an S corporation (schedule G) fincome (loss) from a partnership or an S corporation (schedule G) fincome (loss) from a partnership or an S corporation (schedule or a section Solid (loss) from (loss) fincome (loss) from a partnership or an S corporation (loss) fincome (loss) from a partnership or an S corporation (loss) fincome (loss) from a partnership or an S corporation (loss) fincome (loss) from a partnership or an S corporation (loss) fincome (loss) from a partnership or an S corporation (loss) from section S controlled or an I loss from I los	2	Cost of goods sold (Schedule A, line 7)	2				
b Net gam (loss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts 5 Income (Isos) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annutities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501 (c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salares and wages 16 Capital 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 Salares and wages 16 Repairs and maintenance 17 Bad debts 18 Taxes and licenses 19 2440. 20 Depreciation (attach Form 4562) 21 Less depreciation (attach Form 4562) 22 Depletion 22 Depletion 22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule I) 27 Other deductions, (attach schedule) 28 3 3,055. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 2,285. 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29	3	Gross profit, Subtract line 2 from line 1c	3	5,340.			5,340.
C Capital loss deduction for trusts 4c	4 a	Capital gain net income (attach Schedule D)	4a				<u></u>
5 Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annuties, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (Schedule J) 13 Total, Combine lines 3 through 12 13 5 , 340 . 5 , 340 . 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 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 2440. 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 24 Employee benefit programs 25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule I) 27 Other deductions, Add lines 14 through 27 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 2 , 2, 285 . 30 Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29 31 Unrelated business taxable income Subtract line 30 from line 29	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		<u>:</u>		
statement) 6 Rent income (Schedule C) 7 Urrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (Sce instructions; attach schedule) 13 Total. Combine lines 3 through 12 13 5 , 340 . 5 , 340 . 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) 5 Salanes and wages 15 2 , 462 . 8 Repairs and maintenance 16 Bad debts 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 2440 . 20 Depreciation claimed on Schedule A and elsewhere on return 21 Depletion 22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 24 353 . 25 Excess readership costs (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions, Add lines 14 through 27 28 3 3 , 055 . 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 2 , 285 . 30 Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income Subtract line 30 from line 29	С	Capital loss deduction for trusts	4c				
6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 8 Interest, annutites, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salanes and wages 16 Compensation of officers, directors, and trustees (Schedule K) 16 Repairs and maintenance 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 Q 240. Depreciation (attach Form 4562) 20 Lepreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 Depletion 23 Contributions to deferred compensation plans 24 Employee benefit programs 25 Excess readership costs (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions, Add lines 14 through 27 28 3 3, 055. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 2, 285. 30 Deduction for net operating loss anising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income Subtract line 30 from line 29	5	Income (loss) from a partnership or an S corporation (attach					
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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 29 2, 285.		•					2 055
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 30 2, 285.		_			40		
Instructions) 30 0. 31 Unrelated business taxable income Subtract line 30 from line 29 31 2,285.					: 13	29	4,463.
31 Unrelated business taxable income Subtract line 30 from line 29 31 2, 285.	30		r atter J	anuary 1, 2018 (see			^
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SMDC MEDI	CAL CEN'	rer			41-187	8730	Page
Schedule A - Cost of Goods	Sold. Ente	r method of inve	ntory valuation N/A			<u> </u>	
1 Inventory at beginning of year	11		6 Inventory at end of year	r		6	
2 Purchases	2		7 Cost of goods sold. Su	ıbtract lı	ne 6		
3 Cost of labor	3		from line 5. Enter here	and in P	art I,	. <u> </u>	
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a	_	8 Do the rules of section	263A (w	vith 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?				X
Schedule C - Rent Income (From Real	Property and	d Personal Property L	easec	With Real Prop	erty)	
(see instructions)					·	-	
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	:	red or accrued			O(a) Dadustinas directiv		
(a) From personal property (if the perconal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property (if the percentag personal property exceeds 50% or if int is based on profit or income)	g e	3(a) Deductions directly columns 2(a) an	d 2(b) (attach schedule)	ime in
(1)		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 Deb	t-Financed	Income (see	instructions)				
		<u> </u>	2. Gross income from		3. Deductions directly conr to debt-finance		
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a) s	Straight line depreciation (attach schedule)	(b) Other dedi (attach sche	
(1)	·····						
(2)							
(3)							
(4)					<u></u>	ļ. <u> </u>	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fina	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 de (column 6 x total 3(a) and	of columns
(1)			%				
(2)			%				
(3)			%				
(4)			%				
					ter here and on page 1, art I, line 7, column (A)	Enter here and or Part I, line 7, cot	
Totals					0.	.1	0.

0.

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service

► 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	SMDC MEDICAL CENTER				dentification r . 8 7 8 7 3 0	
	Inrelated Business Activity Code (see instructions) > 90			<u> </u>		
	Describe the unrelated trade or business INTERCOMP.	ANY	RENT			
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expen	ses	(C) Net
1 a	Gross receipts or sales					
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	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				
Ç	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	11,779	7,	855.	3,924.
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	11,779	7,	855.	3,924.
	directly connected with the unrelated business inc			deductions.) (D	 	must be
14 15	Compensation of officers, directors, and trustees (Schedule K)				14	
15 16	Salaries and wages			•	16	
16	Repairs and maintenance				17	
17	Bad debts				18	
18 19	Interest (attach schedule) (see instructions) Taxes and licenses				19	372.
19 20	Depreciation (attach Form 4562)		20		19	<u></u>
20 21	Less depreciation claimed on Schedule A and elsewhere on return		21a		21b	
22	Depletion		[214]		22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
	Excess exempt expenses (Schedule I)				25	
25 26	Excess readership costs (Schedule J)				26	
20 27	Other deductions (attach schedule)				27	
28	Total deductions. Add lines 14 through 27				28	372.
29 29	Unrelated business taxable income before net operating loss deductions.	tion Si	ibtract line 28 from l	ine 13	29	3,552.
30	Deduction for net operating loss arising in tax years beginning on o				- -	= , , , , , , ,
	instructions)	aitoi oi	aaa.y 1, 2010 (300		30	0.
31	Unrelated business taxable income Subtract line 30 from line 29				31	3,552.
•	The state of the s					-,

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

P۵	96	4

4	1		Exempt C	Controlled Or	ganızatıor	ns					
Name of controlled organizat		2. Employer identification number	(loss) (see	elated income instructions)	payme	of specified ints made	included in organization	column 4 that is the controlling 's gross Income	connected with in column	6. Deductions directly connected with income in column 5	
(1) MIDWEST MEDIC	AL 4	<u>1-167402</u>	1 -58	5,998.	4	<u>4,538.</u>	1	1,779.	7	<u>, 855</u>	
(2) EQUIPMENT AND											
(3) SUPPLIES, INC											
(4)											
lonexempt Controlled Organi	zations						_				
7. Taxable Income		ated income (loss) nstructions)	9. Total o	of specified paym made	ents 1	Part of colur in the controlli gross	mn 9 that is in ng organization i income	on's 11.	Deductions directly with income in colun		
(1)											
(2)	_										
(3)						-					
(4)											
						Enter here and	column (A)		Add columns 6 and ater here and on page line 8, column (E	1, Part I, 3)	
otals					<u>▶</u>		<u>11,7</u>	79.	7	<u>,855</u>	
Schedule G - Investme		of a Sectio	n 501(c)(7), (9), or (1	7) Orga	anization					
(see inst	ructions)										
1. Desc	ription of income			2. Amount of I	ncome	 Deduction directly conne (attach sched) 	cted	4. Set-asides (attach schedu	and se	deductions it-asides ilus col 4)	
(1)											
(2)											
(3)											
(4)											
otals Schedule I - Exploited	Exempt A	ctivity Incor	► ne, Other	Enter here and o Part I, line 9, coli	ımn (A)	Income			Enter here an Part I, line 9,		
(see instru	uctions)										
1. Description of exploited activity	2. Gros unrelated bus income fro trade or bus	s direct with of	Expenses ly connected production unrelated less income	4. Net Income from unrelated business (col minus column gain, compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Expenses attributable to column 5		column column 5, nore than	
(1)											
(2)											
(3)											
(4)						-					
· · · · · · · · · · · · · · · · · · ·	Enter here a page 1, Pa line 10, col	rti, pag	here and on e 1 Part I, 10, col (B)			-			Enter he on pa Part II,	ige 1.	
otals				L							
Schedule J - Advertisi				solidated l	Basis						
					_	·			. ,		
			3. Direct	4. Adverti	l 2 minus ın, compute	5. Circulat		6. Readership costs	column 5, bu	n 6 minus 1 not more	
	ac	. Gross Ivertising Income	dvertising costs	cols 5 th	ough 7				than colu	ımn 4)	
Part I Income From 1. Name of periodical	ac	ertising	dvertising costs		ough 7				than colu	ımn 4)	
Part I Income From 1. Name of periodical (1)	ac	ertising	dvertising costs		ough 7				than colu	mn 4)	
1. Name of periodical (1) (2)	ac	ertising	dvertising costs		ough 7				than colu	mn 4)	
1. Name of periodical (1) (2) (3)	ac	ertising	dvertising costs		rough 7				than colu	mn 4)	
Part I Income From	ac	ertising	dvertising costs		ough 7				than colu	mn 4)	

SMDC MEDICAL CENTER

FORM 990-T (M)	STATEMENT 6			
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL EXPENSES	- SUBTOTAL -	1	7,855.	7,855.
TOTAL OF FORM 990-	T, SCHEDULE F, COLUMN	6		7,855.

FORM 990T PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

CHARITABLE CONTRIBUTIONS CARRIED OVER

YEAR GENERATED	CREDIT GENERATED	ALLOWABLE CREDIT	PRIOR YEAR UTILIZED	CURRENT YEAR UTILIZED	CARRYOVER	DATE OF EXPIRATION
6/30/2015	69,035	29,827	69,035		-	EXPIRES 6/30/2020
6/30/2016	375,453	59,603	110,259	35,854	229,340	EXPIRES 6/30/2021
6/30/2017	859,586	41,261	-	<u>-</u>	859,586	EXPIRES 6/30/2022
6/30/2018	669,719	29,833	-	-	669,719	EXPIRES 6/30/2023
6/30/2019	854,232	41,333	-	-	854,232	EXPIRES 6/30/2024
6/30/2020	78,850	35,854	- -	-	78,850	EXPIRES 6/30/2025
TOTAL	2,906,875	237,711	179,294	35,854	2,691,727	: