2939305205521 EXTENDED TO NOVEMBER 16, 2020 **Exempt Organization Business Income Tax Return** OMB No 1545-0047 (and proxy tax under section 6033(e)) <u> 2019</u> For calendar year 2019 or other tax year beginning ► Go to www irs gov/Form990T for instructions and the latest information Department of the Treasury -Open to Public Inspection for 50 1(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification numb \_\_\_ Check box if name changed and see instructions ) Name of organization ( Check box if (Employees' trust, seinstructions) address changed 45-0310462 ALTRU HEALTH SYSTEM Exempt under section Print X 501(c)(3 0 2 Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions) Type 7220(e) 408(e) 1200 S COLUMBIA RD 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 446110 7529(a) GRAND FORKS, ND 58201-4036 C Book value of all assets at end of year F Group exemption number (See instructions.) 501(c) trust 610,029,430. G Check organization type ► X 501(c) corporation 401(a) trust Other trust H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here ightharpoonup SEE STATEMENT 1 If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ▶ THE ORGANIZATION Telephone number ► 701-780-5203 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 4,007,158. 1a Gross receipts or sales 4,007,158 b Less returns and allowances c Balance 1c 2 2 Cost of goods sold (Schedule A, line 7) 4,007,158 4,007,158. 3 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a RECEIVED b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4¢ NOV **2 3** 2010 5 Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 Other income (See instructions; attach schedule) 12 007,158. 007,158 Total\_Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (Seg instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 14 537,539. 15 15 Salaries and wages 16 Repairs and maintenance 16 17 17 Bad debts 18 18 Interest (attach schedule) (see instructions) 36,005. Taxes and licenses 19 167,634. 20 Depreciation (attach Form 4562) 167,634 21 Less depreciation claimed on Schedule A and elsewhere on return 21b 22 22 Depletion Contributions to deferred compensation plans 23 23 111,204. Employee benefit programs 24 24 25 Excess exempt expenses-(Schedule I) 25 Excess readership costs (Schedule J) 26 26 2,410,277. 27 Other deductions (attach schedule) SEE STATEMENT 3 27 3,095,025. Total deductions Add lines 14 through 27 28 912,133. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 30 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

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Form **990-T** (2019)

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions

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	Total Unrelated Business Tax		par+	<del></del>	<del></del>	00 450
	Total of unrelated business taxable income comput	ed from all unrelated trades or businesse	es (see instructions)	<b>f</b> }		80,452.
33	Amounts paid for disallowed fringes	amam 4	am	1	33	00 051
34	Charitable contributions (see instructions for limitat	•	STMT 5	4		98,051.
35	Total unrelated business taxable income before pre	-2018 NOLs and specific deduction Sub	tract line 34 from the sum o	f lines 32 and 33	35 8	82,401.
36	Deduction for net operating loss arising in tax years	beginning before January 1, 2018 (see	instructions)		36	<u> </u>
37	Total of unrelated business taxable income before s	specific deduction. Subtract line 36 from	line 35	7 [		82,401.
38	Specific deduction (Generally \$1,000, but see line 3	8 instructions for exceptions)		\$	38	1,000.
39	Unrelated business taxable income. Subtract line	38 from line 37 If line 38 is greater than	line 37,	_	<b>!</b>	
	enter the smaller of zero or line 37			[[1]	39 8	81,401.
Par	Tax Computation		part-1	-		
40	Organizations Taxable as Corporations. Multiply li	ne 39 by 21% (0.21)	1	<b> </b>	40 1	85,094.
41	Trusts Taxable at Trust Rates. See instructions for	tax computation. Income tax on the amo	ount on line 39 from:			
	Tax rate schedule or Schedule D (For	rm 1041)		▶	<b>4</b> 1	
42	Proxy tax. See instructions			▶ [	42	
43	Alternative minimum tax (trusts only)			Ī	43	
44	Tax on Noncompliant Facility Income. See instruc	tions		Ī	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whi	chever applies		7	5 1	85,094.
Par			Dart ILL	<del></del>	•	<del></del>
	Foreign ax credit (corporations attach Form 1118;		46a			
	Other credits (see instructions)	,	46b			
	General business credit. Attach Form 3800		46c			
	Credit for prior year minimum tax (attach Form 880	1 or 8827)	46d			
	Total credits. Add lines 46a through 46d	, ,	1 2 2 2 1 .		46e	
47	Subtract line 46e from line 45			t		85,094.
48		Form 8611 Form 8697 F	orm 8866 Other	(attach schedule)	48	
49	Total tax Add lines 47 and 48 (see instructions)			4		85,094.
50	2019 net 965 tax liability paid from Form 965-A or F	Form 965-B. Part II. column (k), line 3		<b>'</b> †	50	0.
	Payments: A 2018 overpayment credited to 2019		6a   \$1a   1	13,186.		
	2019 estimated tax payments	(		00,054.		
	Tax deposited with Form 8868	·	\$1c			
	Foreign organizations: Tax paid or withheld at source	ce (see instructions)	51d			
	Backup withholding (see instructions)	(200	51e		j	
	Credit for small employer health insurance premium	ns (attach Form 8941)	\$1f			
		Form 2439	1			
		Other Tota	al 🕨   5 g		1	
		· · · · · · · · · · · · · · · · · · ·			<b>5</b> 12 3	13,240.
52						13.4 <del>4</del> 0.
52 53	Total payments. Add lines 51a through 51g	orm 2220 is attached		8		
53	Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Fo			8	53	235.
53 54	Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Fo Tax due. If line 52 is less than the total of lines 49, 8	50, and 53, enter amount owed	ıd	<b>▶</b> [	53 54	235.
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53 54 55 56 Pari 57 58 59 Sign Here	Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if For Tax due. If line 52 is less than the total of lines 49, 50 Overpayment. If line 52 is larger than the total of line Enter the amount of line 55 you want: Credited to 2 total Statements Regarding Certain.  At any time during the 2019 calendar year, did the cover a financial account (bank, securities, or other). FinCEN Form 114, Report of Foreign Bank and Financies.  During the tax year, did the organization receive a dif "Yes," see instructions for other forms the organization that amount of tax-exempt interest received or Under penalties of perjury, I declare that I have examinated that the payment of officer  Print/Type preparer's name  NICOLE HELDSTAB  Firm's name BRADY, MART	50, and 53, enter amount owed thes 49, 50, and 53, enter amount overpal (2020 estimated tax	Tation (see instruction (see instruction (see instruction may have to file of the foreign country)  or transferor to, a foreign search statements, and to the preparer has any knowle SIDENT  Date  11/16/20	funded ctions)  gn trust?  the best of my know dge  May the inst  Check if	s3 s4 s5 s5 s6 s1 s6 s1 s6 s1 s6 s7 s8	235.  27,911. 0.  Yes No  X  X  X  Is true,  this return with slow (see Yes No)  0683
53 54 55 56 Pari 57 58 59 Sign Here	Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if For Tax due. If line 52 is less than the total of lines 49, 50 Overpayment. If line 52 is larger than the total of line Enter the amount of line 55 you want: Credited to 2 to VI Statements Regarding Certain  At any time during the 2019 calendar year, did the cover a financial account (bank, securities, or other) FinCEN Form 114, Report of Foreign Bank and Financial between the Incention of Foreign Bank and Financial to Victoria the Incention of Statements of Prince or Other forms the organization receive a different the amount of tax-exempt interest received or Under penalties of perjury, I declare that I have examinated the Incomplete Declaration of preparer (other the Incomplete Declaration of Prepa	50, and 53, enter amount owed thes 49, 50, and 53, enter amount overpail 2020 estimated tax   In Activities and Other Infor organization have an interest in or a signal on a foreign country? If "Yes," the organization have an interest in or a signal on a foreign country? If "Yes," enter the name of in a foreign country? If "Yes," enter the name of itstribution from, or was it the grantor of, the accurated during the tax year   \$ accurated this return, including accompanying schedul han taxpayer) is based on all information of which tax payers is based on all information of which tax payers is signature  \$ PRES Title  Preparer's signature  NICOLE HELDSTAB  Z AND ASSOCIATES, 14296	Tation (see instruction (see instruction (see instruction may have to file of the foreign country)  or transferor to, a foreign search statements, and to the preparer has any knowle SIDENT  Date  11/16/20	funded ctions)  gn trust?  the best of my know dige  May the inst Check if self- employed	s3 s4 s5 s6 1 s6 1 s6 1 s7 the IRS discuss to preparer shown buructions)? X PTIN P0122 45-03	235.  27,911. 0.  Yes No  X  X  Is true,  This return with slow (see Yes No)  0683  10328
53 54 55 56. Pari 57 58 59 Sign Here	Total payments. Add lines 51a through 51g  Estimated tax penalty (see instructions). Check if For Tax due. If line 52 is less than the total of lines 49, 50 Overpayment. If line 52 is larger than the total of line Enter the amount of line 55 you want: Credited to 2 total Statements Regarding Certain.  At any time during the 2019 calendar year, did the cover a financial account (bank, securities, or other). FinCEN Form 114, Report of Foreign Bank and Financies.  During the tax year, did the organization receive a dif "Yes," see instructions for other forms the organization that amount of tax-exempt interest received or Under penalties of perjury, I declare that I have examinated that the payment of officer  Print/Type preparer's name  NICOLE HELDSTAB  Firm's name BRADY, MART	50, and 53, enter amount owed thes 49, 50, and 53, enter amount overpail 2020 estimated tax   In Activities and Other Infor organization have an interest in or a signal on a foreign country? If "Yes," the organization have an interest in or a signal on a foreign country? If "Yes," enter the name of in a foreign country? If "Yes," enter the name of itstribution from, or was it the grantor of, the accurated during the tax year   \$ accurated this return, including accompanying schedul han taxpayer) is based on all information of which tax payers is based on all information of which tax payers is signature  \$ PRES Title  Preparer's signature  NICOLE HELDSTAB  Z AND ASSOCIATES, 14296	Tation (see instruction (see instruction (see instruction may have to file of the foreign country)  or transferor to, a foreign search statements, and to the preparer has any knowle SIDENT  Date  11/16/20	funded ctions)  gn trust?  the best of my know dige  May the inst Check if self- employed	s3 s4 s5 s5 s6 s7 s8 s9 s1 s9	235.  27,911. 0.  Yes No  X  X  Is true,  This return with slow (see Yes No)  0683  10328

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Purchases	2		7	Cost of goods sold St	ubtract li	ine 6			
3 Cost of labor	3			from line 5 Enter here	and in F	Part I,			
4 a Additional section 263A costs			7	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Ye	s No
b Other costs (attach schedule)	4b		7	property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		7	the organization?					
Schedule C - Rent Income	(From Real	Property an	d Per	sonal Property	Lease	ed With Real Pro	pert	y)	
(see instructions)							_		
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2 Rent receive	ed or accrued				2/a) Dadustions directl		estand with the income	
(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 percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directl columns 2(a) a	nd 2(b)	(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)	<b>&gt;</b>			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (8)	<b>.</b>		0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		<ol> <li>Deductions directly control debt-finant</li> </ol>			
1 Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedu	
(1)									
(2)								-	
(3)	••								
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8 Allocable dedi (column 6 x total of 3(a) and 3(b	columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colum	
Totals				<b>&gt;</b>		0			0.
Total dividends-received deductions in	<u>ıcluded ın colu</u> mn	8					<b>•</b>		0.
								Form <b>990</b>	-T (2019)

12/71116 795000 1/021

•)		oyalties, a		Controlled O		ons				
Name of controlled organizat .		2 Employer identification number		elated income instructions)	4 Tota paym	al of specified nents made	Include	t of column 4 the ed in the contro ation's gross in	lling	6 Deductions directly connected with income in column 5
(1)	_				-					
(2)								<u></u>		
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelate (see instr		9 Total	of specified payi made	nents	10 Part of colu in the controll gros		ization's		ductions directly connected income in column 10
(1)	_									
(2)										
(3)		_								<u>-</u>
(4)			-	,						
						Add colui Enter here and line 8,		: 1, Part I, A)	Enter he	d columns 6 and 11 ere and on page 1, Part i, line 8, column (B)
Totals					<b>▶</b>			0.		0
Schedule G - Investme		of a Section	on 501(c)(	7), (9), or	(17) Or	ganizatior	1			
	ructions)			2 Amount of	ıncome	3 Deduction directly connected (attach scheen)	ected	4. Set-a		5 Total deductions and set-asides (cot 3 plus cot 4)
(1)						(attach Sched	uuie)	*		(cui 3 pius cui 4)
(2)										-
									-	
(3)		<del></del>								
Totals				Enter here and Part I, line 9, co						Enter here and on page Part I, line 9, column (B)
Schedule I - Exploited	-	tivity Inco	me, Othe	r Than Ac		ng Incom	9	N. V.	- 2447 In 2010	31
1 Description of exploited activity	2 Gross unrelated busine income from trade or busines	ess directl	Expenses ly connected production unrelated less income	4 Net incon from unrelated business (co minus colum gain, comput through	trade or olumn 2 n 3) If a – e cols 5	5 Gross inc from activity is not unrela business inc	that ted	6. Expe attributa colum	ble to	7 Excess exempt expenses (column 5, but not more than column 4)
(1)		-								
(2)					Ť					1
(3)	<del>                                     </del>									<del> </del>
(4)	<del>                                     </del>					-				
	Enter here and o page 1, Part I, line 10, col (A)	pag line	here and on le 1, Part I, 10, col (B)							Enter here and on page 1, Part II, line 25
Totals ► Schedule J - Advertisi	na Income	0 .	0 <b>.</b>	1986年 李紹 200	*/80%\$\$#¥		80.45.25.25.25	MOSCACIONE PARTIES		å  <u> </u>
Rant lig Income From				solidated	Basis			<del></del>		
1 Name of periodical	adver	Bross tising a	3 Direct dvertising costs	or (loss) (c col 3) If a g cols 5 tl	rough 7			6 Reader		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				to Mark	. 18 a 18 a	5 5				
(2)						*			-	
(4)				2.4.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2	articklyr with	_				20 mes 1, 2000 1, 240 1, 2000 1, 1500
	1			1		1				

Form 990-T (2019) ALTRU HEALTH SYSTEM 45-03104

Part | 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)					<u> </u>			
(2)								
(3)	-							
(4)	_							
Totals from Pa	art I	▶	0.	0.				0
			Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II	(lines 1-5)	•	0.	0.				(

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) .		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2019)

FORM 990-T

DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT

INCOME FROM PROVIDING PHARMACY SERVICES TO UNRELATED PARTIES.

TO FORM 990-T, PAGE 1

FOOTNOTES

STATEMENT

2

1

ELECTION TO WAIVE NET OPERATING LOSS CARRYBACK PERIOD

FOR THE TAX PERIOD ENDED DECEMBER 31, 2018:

ALTRU HEALTH SYSTEM HEREBY ELECTS PURSUANT TO SEC. 172(B)(3) OF THE INTERNAL REVENUE CODE, UNDER REV. PROC. 2020-24, TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSSES INCURRED ON SCHEDULE M, VALLEY ELDER CARE SNOW REMOVAL, AND SCHEDULE M, RENT, FOR THE TAX YEAR ENDED DECEMBER 31, 2018, AND WILL HAVE SUCH LOSSES AVAILABLE FOR CARRYFORWARD ONLY.

FOR THE TAX PERIOD ENDED DECEMBER 31, 2019:

ALTRU HEALTH SYSTEM HEREBY ELECTS PURSUANT TO SEC. 172(B)(3) OF THE INTERNAL REVENUE CODE, UNDER REV. PROC. 2020-24, TO RELINQUISH THE ENTIRE CARRYBACK PERIOD WITH RESPECT TO THE NET OPERATING LOSS INCURRED ON SCHEDULE M, VALLEY ELDER CARE SNOW REMOVAL, FOR THE TAX YEAR ENDED DECEMBER 31, 2019, AND WILL HAVE SUCH LOSS AVAILABLE FOR CARRYFORWARD ONLY.

1/021

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
LAB MEDICAL SUPPLIES OTHER PHARMACEUTICALS		5,7; 372,2; 2,032,3	27.
TOTAL TO FORM 990-T, PAGE 1, L	INE 27	2,410,277	
FORM 990-T	CONTRIBUTIONS	STATEMENT	4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
50% CASH ONLY	N/A	1,029,5	84.
TOTAL TO FORM 990-T, PAGE 2, L	JINE 34	1,029,5	84.

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	5
	NTRIBUTIONS SUBJECT TO 100% LIMIT			
CARRYOVER OF FOR TAX YE.	AR 2015 173,711 AR 2016 866,180 AR 2017 906,672			
TOTAL CARRYO	VER TYEAR 10% CONTRIBUTIONS	3,138,989 1,029,584		
	BUTIONS AVAILABLE ME LIMITATION AS ADJUSTED	4,168,573 97,945		
	IBUTIONS CONTRIBUTIONS CONTRIBUTIONS	4,070,628 0 4,070,628		
ALLOWABLE CO	NTRIBUTIONS DEDUCTION		97,9	945
TOTAL CONTRI	BUTION DEDUCTION		97,9	945

# SCHEDULE M ..(Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

	CIA	т	_	т	1
			1		
n			l		O

DATES TO SE

OMB No. 1545-0047

2

8,989

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning \_\_\_\_\_\_, and end

► 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 \$50,1(c)(3) Organizations Only s

Employer identification number Name of the organization 45-0310462 ALTRU HEALTH SYSTEM Unrelated Business Activity Code (see instructions) ▶ 812930 CARE SNOW REMOVAL Describe the unrelated trade or business 

VALLEY ELDER 'Rୂarts Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales 8,989 c Balance ▶ **b** Less returns and allowances 1c 2 Cost of goods sold (Schedule A, line 7) 8,989 Gross profit Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach

6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12

13

8,989

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)	14	
15	Salaries and wages · · ·	15	4,684.
16	Repairs and maintenance	16	
- 17	Bad debts - And the second of	17	<u> </u>
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	2000 E	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	<u>937.</u>
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 6	27	6,269.
28	Total deductions. Add lines 14 through 27	28	<u> 11,890.</u>
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	277.7	
	instructions) STMT 7	30	0.
<u>31</u>	Unrelated business taxable income Subtract line 30 from line 29	31	-2,901 <u>.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

FORM 990-T (M)	OTHER DEDUCT	CIONS	STATEMENT	6
DESCRIPTION			AMOUNT	
OTHER			6,26	59.
TOTAL TO SCHEDULE M, PART I	I, LINE 27		6,26	59.
SCHEDULE M NE	T OPERATING LOSS	DEDUCTION	STATEMENT	7
SCHEDULE M NE	LOSS PREVIOUSLY APPLIED	DEDUCTION  LOSS REMAINING	STATEMENT  AVAILABLE THIS YEAR	7
	LOSS PREVIOUSLY	LOSS	AVAILABLE	

0310462	Page 3	
1 - 1		

Form 990-T (2019)						•		Page 3
·ALTRU HEA						<u>45-031</u>	0462	
Schedule A - Cost of Good	s Sold. Enter	method of inver	tory valuation	► N/A		<u> </u>		
<ol> <li>Inventory at beginning of year</li> </ol>	1		6 Inventor	ry at end of yea	r		6	
2 Purchases	2		7 Cost of	goods sold Su	ıbtract l	ine 6		
3 Cost of labor	3_		from line	e 5. Enter here	and in F	Part I,		
4 a Additional section 263A costs			line 2			ı	7	<del></del>
(attach schedule)	4a		8 Dother	ules of section	263A (v	with respect to		Yes No
<ul><li>Other costs (attach schedule)</li></ul>	4b	·	property	y produced or a	acquired	I for resale) apply to		
5 Total Add lines 1 through 4b	5	····		inization?				<u> </u>
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal	Property	Leas	ed With Real Pro	perty)	
1 Description of property								
(1)	_		-					
(2)	_							
(3)								
(4)								
		ed or accrued				2/a) Daduations dissett	. aaaaaatadth	the means in
(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 prope personal property e nt is based on profi	xceeds 50% or if	age	3(a) Deductions directly columns 2(a) ar	y connected with nd 2(b) (attach sc	
(1)						1		
(2)								
(3)			•					
(4)								
Total	0.	Total			0.			
(c) Total income Add totals of columns	2(a) and 2(b). En	ter				(b) Total deductions		
here and on page 1, Part I, line 6, column		<b>&gt;</b>			0.	Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>	0.
Schedule E - Unrelated Del	bt-Financed	l Income (see	instructions)					
						3 Deductions directly con	nected with or a	locable
			2 Gross in or allocable	ncome from le to debt-	(2)	to debt-finance	<del></del>	ner deductions
1. Description of debt-fi	nanced property		financed	property	(4)	(attach schedule)		ch schedule)
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property 1 schedule)	6 Column by coli	ı 4 dıvıded umn 5		7 Gross income reportable (column 2 x column 6)	(column 6	cable deductions 3 x total of columns (a) and 3(b))
(1)				%				
(2)		····		%				
(3)				%				
(4)				%				
					•	nter here and on page 1, Part I, line 7, column (A)		e and on page 1, e 7, column (B)
Totals				▶	ĺ	0		0.
Total dividends-received deductions in	ncluded in column	n 8			-	<u> </u>	-	0.
							Fr	orm <b>990-T</b> (2019)
								( )

# SCHEDULE M ·· (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

an ENTITY

Employer identification number

OMB No 1545-0047

3

2019

Department of the Treasury Internal Revenue Service

Name of the organization

12

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_, and ending

► 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 50 1(c)(3) Organizations Only

103,358

45-0310462 ALTRU HEALTH SYSTEM Unrelated Business Activity Code (see instructions) ▶ 621500 Describe the unrelated trade or business Part 🕼 Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales 103,358 **b** Less returns and allowances c Balance 1c 2 Cost of goods sold (Schedule A, line 7) 103,358 Gross profit Subtract line 2 from line 1c 3 3 4a 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 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11

Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

12

13

103,358

14	Compensation of officers, directors, and trustees (Schedule K)	14	,
15	Salaries and wages	15	26,264.
16	Repairs and maintenance	16	
<del></del> 17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	<u> 195.</u>
20	Depreciation (attach Form 4562) 20 1,891	<u>. 220</u>	
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	1,891.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	<u>5,293.</u>
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	,
27	Other deductions (attach schedule) SEE STATEMENT 8	27	64,779.
28	Total deductions. Add lines 14 through:27	28	98,422.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	<u>4,936.</u>
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
<u>31</u>	Unrelated business taxable income. Subtract line 30 from line 29	31	4,936.

LHA For Paperwork Reduction Act Notice, see instructions.

Other income (See instructions, attach schedule)

Total. Combine lines 3 through 12

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT	8
DESCRIPTION		AMOUNT	
MEDICAL SUPPLIES OTHER		17,94 46,83	
TOTAL TO SCHEDULE M, PART II,	, LINE 27	64,77	79.

`ALTRU HEALTH SYS				45-031	0462		
Schedule A - Cost of Goods Sold. Ent	er method of inver	ntory valuation N/A	4				
1 Inventory at beginning of year 1		6 Inventory at end of ye	ar	}	6		
2 Purchases 2		7 Cost of goods sold S	lubtract li	ne 6			
3 Cost of labor 3		from line 5. Enter here	e and in P	art I,			
4a Additional section 263A costs		line 2			7		<del>,                                      </del>
(attach schedule) 4a		8 Do the rules of section	n 263A (v	vith respect to		Yes	No
b Other costs (attach schedule) 4b		property produced or	acquired	for resale) apply to			
5 Total Add lines 1 through 4b 5		the organization?		<del></del>			<u> </u>
Schedule C - Rent Income (From Rea	al Property an	d Personal Property	Lease	ed With Real Pro	perty)		
(see instructions)	<del></del>						<del></del>
Description of property							
(1)							
(2)	· · · · · ·					_	
(3)	<u> </u>	<u></u>				-	
(4)							
	eived or accrued			0/->		d N db	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for	and personal property (if the percen personal property exceeds 50% or i int is based on profit or income)	tage if	3(a) Deductions directly columns 2(a) ar			ın 
(1)		· · · · · ·					
(2)							
(3)							
(4)				-			
Total 0	Total		0.				
c) Total income Add totals of columns 2(a) and 2(b)	Enter	<del></del>		(b) Total deductions.			
here and on page 1, Part I, line 6, column (A)	<u> </u>		0.	Enter here and on page 1, Part I, line 6, column (B)	<b></b>		0.
Schedule E - Unrelated Debt-Finance	ed Income (see	instructions)					
		2. Gross income from		3 Deductions directly con to debt-finance			
1 December of data forward according		or allocable to debt-	(a)	Straight line depreciation	<del></del>	Other deduction	ns
Description of debt-financed property		financed property	` '	(attach schedule)	'	(attach schedule)	
					<u> </u>		
(1)			ļ	<del></del>	ļ —		
(2)							
(3)		<u> </u>		<u> </u>	_		
(4)	<del></del>	<u> </u>	ļ	<del></del>			
debt on or allocable to debt-financed of of property (attach schedule) debt-f	age adjusted basis or allocable to manced property ach schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		, Allocable deduc umn 6 x total of co 3(a) and 3(b))	
(1)		%					
(2)		%					
(3)		%					
(4)		%					
				nter here and on page 1, Part I, line 7, column (A)		er here and on pag rt I, line 7, column	
Totals		•		0			0.
Total dividends-received deductions included in colu	mn 8	•		<b>•</b>			0.
		<del></del>				Form 990-T	(2019)

### SCHEDULE M ·(Form 990-T)

# **Unrelated Business Taxable Income from an**

**Unrelated Trade or Business** 

OMB No 1545-0047

ENTITY

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning

▶ 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).

	ALTRU HEALTH SYSTEM			45-03104	62
L	nrelated Business Activity Code (see instructions)   51700	0			
	escribe the unrelated trade or business   TELECOMMU	<u>NICA</u>	TIONS		
Pai	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 5,477.				
b	Less returns and allowances c Balance ▶	1c	5,477.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	5,477.		<u>5,477.</u>
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	<u>-</u>		
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			
<u>13</u>	Total. Combine lines 3 through 12	13	5,477.		5 <u>,477</u> .
Pai	Deductions Not Taken Elsewhere (See Instruct	ions fo	or limitations on de	eductions ) (Deduct	ions must be
<u>i rai</u>	directly connected with the unrelated business in			Jackiona.) (Deador	iono mast be

14	Compensation of officers, directors, and trustees (Schedule K)	14	<u>-</u>
15	Salaries and wages	15	475.
16	Repairs and maintenance	16	
- 17	Bad debts -	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	142.
20	Depreciation (attach Form 4562) 20 21		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	21.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	<u> </u>
24	Employee benefit programs	24	100.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 9	27	1,154.
28	Total deductions. Add lines 14 through 27	28	1,892.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	3,585.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	3,585.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

2010 הבחחה אושטו שפאושט פעפשפא

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 9
DESCRIPTION		AMOUNT
LONG DISTANCE SERVICES OTHER		707. 447.
TOTAL TO SCHEDULE M, PART II,	LINE 27	1,154.

`ALTRU HEA	LTH SYS	ΓEM		45-	<u>03104</u>	162	
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	r	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	<del>-</del>		line 2	·	7		
(attach schedule)	4a		8 Do the rules of section	263A (with respect to		Ye	es No
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply t	to		
5 Total Add lines 1 through 4b	5		the organization?	, , , , , ,			X
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leased With Real	Prope	rty)	
(see instructions)							
1 Description of property							
(1)							
(2)							
(3)							
(4)							
	2 Rent receiv	red or accrued		2(2) 2-4-4-4			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age   "\"/ column		nected with the inco (b) (attach schedule)	ne in
(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		nter		(b) Total deducti Enter here and on part I, line 6, column	age 1,		0.
Schedule E - Unrelated Del		Income (see	instructions)	<b>3 6 1 1 1 1 1 1 1 1 1 1</b>	<u> </u>		
		<u></u>				ted with or allocable	
			2 Gross income from or allocable to debt-		ot-financed p		
1 Description of debt-fir	nanced property		financed property	(a) Straight line deprecia (attach schedule)	llion	(b) Other deduc (attach schedu	
(1)				· <del></del>			
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to anced property h schedule)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)		8 Allocable dec (column 6 x total o 3(a) and 3(l	f columns
(1)			%				
(2)	-		%				
(3)			%				
(4)			%				
				Enter here and on page Part I, line 7, column (/		Enter here and on Part I, line 7, colui	
Totals			•		0.		0.
Total dividends-received deductions in	cluded in columi	n 8	•				0.

Form 990-T (2019)

### SCHEDULE M (Form 990-T)

# Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

OMB No 1545-0047

5

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning \_\_\_\_\_\_ , and ending

► 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 \$504(c)(3) Organizations Only

		1 ' '	
n		, 43 <u>0310</u>	
	<u> </u>		
	(A) Income	(B) Expenses	(C) Net
1c	<u></u>		
2			
3			<u> </u>
4a			
4b			à
4c		<b>844</b> 0. KG 38638	. <u> </u>
5			<u> </u>
6			
7			
8	146,279.	145,184	1,095.
9	<u> </u>		
10			
11			
12			
13	146,279.	145,184	1,095.
ions fo	or limitations on de e.)	eductions.) (Deduc	tions must be
		14	
		15	
	2 3 4a 4b 4c 5 6 7 8 9 10 11 12 13	(A) Income  1c 2 3 4a 4b 4c 5 6 7 8 146,279. 9 10 11 12 13 146,279.	(A) Income (B) Expenses  1c 2 3 4a 4b 4c 5 6 7 8 146,279. 145,184.  9 10 11 12 13 146,279. 145,184.  itions for limitations on deductions.) (Deductions.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	. <u> –</u>
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	42.
20	Depreciation (attach Form 4562)			
21	Less depreciation claimed on Schedule A and elsewhere on return		21b	
22	Depletion	1	22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	<del></del>
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	42.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	1,053.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see			
	instructions) ST	MT 1		1,053.
31	Unrelated business taxable income Subtract line 30 from line 29		31	

LHA For Paperwork Reduction Act Notice, see instructions.

45-0310462

ALTRU HEALTH SYSTEM

SCHEDULĖ M	NET	OPERATING LOSS	DEDUCTION	STATEMENT	10
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	1,817.		1,817.	1,81	7.
NOL CARRYOV	/ER AVAILABLE THIS	YEAR	1,817.	1,81	7.

Page 4

45-0310462

ocnedule r - Interest, A	annuitie	es, Royal	ues, ar					ation	is (see ins	truction	<u></u>
Name of controlled organizate	on	2 Emp	lover	<u> </u>				5 Par	t of column 4 t	hat is	6 Deductions directly
1. Name of communico organizati	on .	identific	ation					includ	ed in the contr	olling	connected with income in column 5
(1) ALTRU SPECIAL	TY		•								
	ND										
	201	45-039	95652		-						
(4)					· <u>-</u>						
Nonexempt Controlled Organiz	ations										
7 Taxable Income				9 Total	of specified pay made	ments	in the controll	ing organ	nization's	with	ductions directly connected income in column 10.
(1)											111111111111111111111111111111111111111
(2)									,		
(3) 1,790,363.		146	279.		146.	279.		146	.279.		145,184.
(4)										**	
				· · · · · · · · · · · · · · · · · · ·		+	Enter here and	l on page column (/	e 1, Part I, A)	Enter h	id columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						<u> </u>			,279.		145,184.
		me of a S	Section	501(c)(	7), (9), or	(17) O	rganizatior	1			
(see instr	uctions)										<del></del> -
1 Descr	ption of inco	ome			2 Amount of	income	directly conne	ected			5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											=
Totals				•							Enter here and on page 1, Part I, tine 9, column (B)
	Exempt	t Activity	Incom	e. Othe	r Than Ac	lvertis	ing Income	)	300 - 240 - 124		7-4
				•			· ·				
1 Description of exploited activity	unrelated incom	business ne from	directly o with pro of unr	connected oduction elated	from unrelated business (co minus colum gain, comput	trade or olumn 2 in 3) If a = e cols 5	from activity is not unrela	that ted	attributa	ble to -=	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						_					
(2)											
(3)	ALTRU SPECIALTY SERVICES, GRAND PORKS, ND 58201 45-0395652  Exempt Controlled Organizations 7 Taxable income 8 Neturralises income foss) 1,790,363. 146,279. 146,279. 146,279. 146,279. 146,279. 146,279. 146,279. 146,279. 146,279. 146,279. 146,279. 146,279. 146,279. 146,279. 16ret here and ropage 1. Part. Line 8, column (see instructions) 1 Description of income (see instructions) 1 Description of income 1 Description of according organizations 1 Description of income 1 Description of income 1 Description of income 1 Description of according organizations 1 Description of income in										
(4)									-		·
	page 1	i, Part I,	page 1	, Part I,							Enter here and on page 1, Part II, line 25
Totals						282 M		NAN.			<u>*</u>
[Partऔ] Income From I	Periodic	cals Repo	orted o	n a Con	solidated	l Basis	•				
1 Name of periodical		advertising			or (loss) (c col 3) If a g	ol 2 minus ain, compu					7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							38				
(2)			-						,		
(3)									-		
(4)							**************************************			_	
Totals (carry to Part II, line (5))	<b>•</b>										
			•	,							Form <b>990-T</b> (2019)

	EDULE F - DEDUCTIONS ANIZATIONS DIRECTLY C COLUMN 10 INCO	STATEMENT	12		
DESCRIPTION	<del></del>	CTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION MAINTENANCE UTILITIES ENVIRONMENTAL SERVICE REAL ESTATE TAXES	-	-	53,557. 17,358. 61,779. 11,122. 1,368.	145 1	0.4
	- SUBTOTAL -	1		145,1	84.
TOTAL OF FORM 990-T,	SCHEDULE F, COLUMN 11			145,1	84.

#### SCHEDULE M " (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

OMB No 1545-0047

ENTTTY

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

For calendar year 2019 or other tax year beginning

► 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)

45-0310462 ALTRU HEALTH SYSTEM Unrelated Business Activity Code (see instructions) 621300 ► AESTHETIC SERVICES Describe the unrelated trade or business Partil Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 1a Gross receipts or sales 1,794,380 **b** Less returns and allowances c Balance ▶ 1c Cost of goods sold (Schedule A, line 7) 2 2 1,794,380 Gross profit Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 10 Exploited exempt activity income (Schedule I) Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 1,794,380 1,794,380. Total. Combine lines 3 through 12 13

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)	14	
15	Salaries and wages	15	862,680.
16	Repairs and maintenance	16	
- 17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	2,360.
20	Depreciation (attach Form 4562) 20 112,166.		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	112,166.
22	Depletion	22	•
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	181,163.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule) SEE STATEMENT 11	27	<u>576,213.</u>
28	Total deductions. Add lines 14 through 27	28	1,734,582.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	<u>59,798.</u>
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		1
	instructions)	30	0.
<u>31</u>	Unrelated business taxable income Subtract line 30 from line 29	31	<u>59,798.</u>

LHA For Paperwork Reduction Act Notice, see instructions.

FORM 990-T (M) OTHER DEDUCTIONS	STATEMENT 11
DESCRIPTION	AMOUNT
UTILTIES MEDICAL SUPPLIES PHARMACEUTICALS OTHER	6,656. 12,026. 132,540. 424,991.
TOTAL TO SCHEDULE M, PART II, LINE 27	576,213.

`ALTRU HEALTH S	SYSTEM			<u>45-031</u>	046	2		
Schedule A - Cost of Goods Sold.	Enter method of inven-	tory valuation 🕨 N/A						
1 Inventory at beginning of year 1		6 Inventory at end of year	6 Inventory at end of year					
2 Purchases 2		7 Cost of goods sold Su	sold Subtract line 6					
3 Cost of labor 3		from line 5. Enter here	er here and in Part I,					
4a Additional section 263A costs		line 2			7			
(attach schedule) 4a		8 Do the rules of section	263A (w	nth respect to		Yes	No	
b Other costs (attach schedule) 4b		property produced or a	property produced or acquired for resale) apply to					
5 Total Add lines 1 through 4b 5								
Schedule C - Rent Income (From	Real Property and	Personal Property I	Lease	d With Real Pro	perty	<u>'</u>		
(see instructions)					_			
1 Description of property			•					
(1)				<del></del>				
(2)				<del></del>				
(3)								
(4)						<del></del>		
-A	nt received or accrued		-					
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	3(a) Deductions directly columns 2(a) ar		ted with the income attach schedule)	ın			
(1)	the ren							
(2)								
(3)								
(4)		<u></u>						
Total	O Total		0.					
(c) Total income. Add totals of columns 2(a) and 2			<del>.</del>	(b) Total deductions				
here and on page 1, Part I, line 6, column (A)	L(U) LINE			Enter here and on page 1, Part I, line 6, column (B)	_		0.	
Schedule E - Unrelated Debt-Fina	nced Income (see	instructions)	<u> </u>	r arti, inte o, columni (b)			<del></del>	
Concade E Cinciated Debt I ind	inoca inocino (see	instructions)		3 Deductions directly con	nected v	with or allocable		
		Gross income from or allocable to debt- financed property	to debt-financed property					
<ol> <li>Description of debt-financed prop</li> </ol>	perty		(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)		
		(2002000)			,			
(1)								
(2)	···							
(3)	11.							
(4)				··· <u> </u>				
`	Average adjusted basis	6 Column 4 divided		7. Gross income		8 Allocable deduct	ions.	
debt on or allocable to debt-financed	by column 5 reportable (		reportable (column	(0	column 6 x total of co			
property (attach schedule)	debt-financed property (attach schedule)			2 x column 6)		3(a) and 3(b))		
(1)		%				<del></del>		
(2)		%				<del>-</del>		
(3)		%			<u> </u>			
(4)		%		-	_			
.)	•		En	iter here and on page 1,		Inter here and on pag	ne 1	
				art I, line 7, column (A)		Part I, line 7, column		
Totals		<b>.</b>		0			0.	
Total dividends-received deductions included in	column 8				:	•	0.	
The second secon		<del></del>				Form <b>990-T</b>		