All the		_ Ex	tended to M	lay	15, 20	20	,			
Form 990-T	E	Exempt Organ	nization Bus	sine	ss Inco	ome 1			L	OMB No 1545-0687
* •1		(ar	nd proxy tax und	er se	ection 603	3(e))	190		,	2018
	For ca	lendar year 2018 or other tax ye	irs.gov/Form990T for in					201	<u> </u>	20 10
Department of the Treasury Internal Revenue Service	│ ▶	Do not enter SSN number	•)1(c)(3).	5	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization (Check box if name c	hanged	d and see instri	uctions.)			DEmploy	yer identification number lyees' trust, see
B Exempt under section	Print	Monument He	alth Networ	k	Inc					5-0360899
X 501(c)(3_)	10	Number, street, and room							E Unrelat	ed business activity code
408(e) 220(e)	Туре	PO Box 6000		.,					(See in:	structions)
408A530(a)		City or town, state or prov								
529(a)		Rapid City,	SD 57709-	600	0		·-···		6215	
C Book value of all assets at end of year 125, 732, 1	03.	G Check organization type	X 501(c) corr	oratio	1 50	1(c) trust	····	401(a)	trust	Other trust
H Enter the number of the	organiza	tion's unrelated trades or b	usinesses.	1	00	<u> </u>	the only (or	<u> </u>		0
	-	Eerral labor			- <u> </u>		complete Pa			han one,
describe the first in the b	lank spa	ce at the end of the previou	s sentence, complete Pa	rts I ar	d II, complete	a Schedule	e M for each	addition	al trade	or
business, then complete							<u> </u>		I	
		oration a subsidiary in an a tifying number of the paren	iffiliated group or a parer	t-subs M01	idiary controlle	ed group?		בי ביטל		No No
J The books are in care of				- (0	104-	Teleph	one number			755-9127
		de or Business Inc			(A) Inco	ome	(B) E	xpenses		(C) Net
1a Gross receipts or sale		230,163.	· 							
b Less returns and allow		189,571.	c Balance	10	40	,592.			_	
2 Cost of goods sold (S		·		3	40	,592.			-	40,592.
3 Gross profit. Subtract 4a Capital gain net incom				4a	40	, 332.				40,332.
	•	art II, line 17) (attach Form	4797)	4b					\neg	
c Gapital loss deduction			,	4c						
		ship or an S corporation (at	tach statement)	5						
6 Rent income (Schedu	•	(0.1.1.1.5)		6						
7 Unrelated debt-finance		ne (Schedule E) nd rents from a controlled o		7 8					$\overline{}$	
		nd rents from a controlled on 501(c)(7), (9), or (17) or		-		$\overline{}$				
10 Exploited exempt activ			3 (,	10						
11 Advertising income (S				11						
12 Other income (See ins				12		F 0 0			_	40 F00
13 Total. Combine lines Part II Deductio		^{gh 12} ot Taken Elsewher	A (See instructions fo	13		, 592 ·				40,592.
(Except for c	contribi	utions, deductions must	be directly conficted	EWith/	the Correlated	busines	s income)			
		rectors, and trustees (Sche		<u> </u>	10			T	14	
15 Salaries and wages			MAY (13 g	020 SO-SS			[15	
16 Repairs and mainten	ance			19 7	.020				16	
17 Bad debts18 Interest (attach sche	dulo) (o	o instructions)	/ 	-		1		ŀ	17	
19 Taxes and licenses	uule) (S	se ilistructions)	OGDI	EIN,	Ul			ŀ	19	
	ons (Se	instructions for Jimitation	rules)					Ì	20	
21 Depreciation (attach					L	21				
•	ıımed oı	Schedule A and elsewhere	e on return		L	22a			22b	
23 Depletion								}	23	
24 Contributions to defe25 Employee benefit pro		ripensation plans						ŀ	25	
26 Excess exempt exper	~	chedule I)						ŀ	26	
27 Excess readership co									27	
28 Other deductions (at					See	Stat	ement	Pr)	28	39,425.
29 Total deductions. Ac			Jama dadinakan Oliki	Alum - C	0 6 1 10			788	29	39,425.
/		ncome before net operating oss arising in tax years beg				ctione)		34	30 31	1,167.
	•	oss ansing in tax years beg ncome Subtract line 31 froi	-	, i, al	ייט (אבב ווואנועו	uuuiaj		\á\	32	1,167.
823701 01-09-19 LHA FO		 			_			<u>~</u>		Form 990-T (2018)
				2						

Form 990-	(2018) Monument Health Network, Inc	٤	16-036	0899	Page Z
Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	instructions)		33	1,167.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instruc	tions) Stmt	: 4	35	1,167.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sur	m of			
	lines 33 and 34		Λ_{α}	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		128	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36	S.			
•	enter the smaller of zero or line 36	,		38	0.
Part I	V Tax Computation				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)			39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount or	n line 38 from:			
70	Tax rate schedule or Schedule D (Form 1041)	1 1110 00 11 0111	•	40	
41	Proxy tax. See instructions			41	
	Alternative minimum tax (trusts only)			42	
42	•			43	· -
43	Tax on Noncompliant Facility Income. See instructions Tatal Add less 41, 43, and 43 to less 30 or 40, whichever applies			44	0.
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			1 44 1	
Part \		450			
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		1	
	Other credits (see instructions)	45b		1 1	
C	General business credit. Attach Form 3800	45c		1 1	
		45d		ا ۱۰۰	
	Total credits Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44	. 🗀		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	6 Other (attac	h schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)			48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	1		49	0.
50 a	Payments: A 2017 overpayment credited to 2018	50a		↓	
b	2018 estimated tax payments	50b		1 1	
C	Tax deposited with Form 8868	50c		1 1	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		1 1	
е	Backup withholding (see instructions)	50e		1 1	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f]	
g	Other credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total ▶	50g]	
51	Total payments. Add lines 50a through 50g			51	
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲			52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	Refund		55	
Part \	/I Statements Regarding Certain Activities and Other Information	n (see instructio	ns)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature of	r other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of	may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the fo	oreign country			
	here				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or trans	sferor to, a foreigr	ı trust?		_ <u> </u>
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
	Under penalties of penury, I declare that I have examined this return including accompanying schedules and sta correct, and complete pectagation of preparer (other than taxpayer) is based on all information of which preparer	tements, and to the b	est of my know	wledge and belie	if, it is true,
Sign	correct, and complete successful of preparer (other than taxpayer) is based on all information of which preparer	nas any knowledge			ss this return with
Here	5/14/2020 CFO			e preparer showr	
	Signature of officer Date Title		ıns	structions)? X	Yes No
	Print/Type preparer's name Preparer's signature Date	Che	ck n	f PTIN	
D-:-	Kim Hunwardsen,		- employed		
Paid	Kim Hunwardson CDA CDA	/14/20		P004	84560
Prepa	Irer Francisco Poilly IID		m's EIN 🕨		250958
Use C	800 Nicollet Mall, Ste. 1300				
	Firm's address ► Minneapolis, MN 55402-7033	Ph	one no 6	12-253	-6500
823711 01					m 990-T (2018)
					·

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A	A	· - · · ·			
1 Inventory at beginning of year 1				Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold. Subtract line 6						
3 Cost of labor	3		1	from line 5 Enter here	e and in I	Part I,	`. 1		
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8 Do the rules of section 263A (with respect to Yes						
b Other costs (attach schedule)	4b		1	property produced or	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5		1	the organization?	•	, , , ,		X	
Schedule C - Rent Income	(From Real	Property and	d Pei		Leas	ed With Real Prop	perty)		
(see instructions)									
1. Description of property									
(1)									
(2)						<u>-</u> -			
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	connected with the	income in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	ersonal	onal property (if the percent property exceeds 50% or it and on profit or income)	tage f	columns 2(a) and	d 2(b) (attach sched	lule)			
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter >			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>	0.	
Schedule E - Unrelated Del	ot-Financed	income (see	ınstru	ctions)					
			Γ,			3. Deductions directly conn to debt-finance	ected with or allocated	able	
1				Gross income from or allocable to debt-	(a)	deductions			
1. Description of debt-fir	nanced property		financed property) "	Straight line depreciation (attach schedule)	(attach s	(attach schedule)	
(1)				<u> </u>					
(2)									
(3)					Ī				
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to nced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	le deductions otal of columns nd 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%	I				
						nter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,		
Totals				>		0.		0.	
Total dividends-received deductions in	cluded in column	8		-				0.	
							Form	1 990-T (2018)	

				Exempt Controlled Organizations (see instructions)								
1 Name of controlled organization		2. Emp identific num	cation		related income e instructions)	4. Tota payri	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5		
1)				†				<u> </u>		4 that is introlling is income 11. Detwith Ad Enter h Ade Enter h Expenses stable to umn 5		
2)				 				1				
					·			1			· · · · · · · · · · · · · · · · · · ·	
3)				 			· · · · · · · · · · · · · · · · · · ·	 		-+		
4)			_			<u></u>		Ь—			 	
onexempt Controlled Organi				1 .						44 -		
7. Taxable Income		related incom ee instructions		9. Total	of specified pays made	nents	10. Part of coluing the controlling gross	mn 9 tha ing orgai s income	nization's		eductions directly connected in income in column 10	
1)				<u> </u>								
2)				<u> </u>								
3)												
(4)												
				•			Add colun Enter here and line 8, c		e 1, Parti, A)		dd columns 6 and 11 nere and on page 1, Part I, line 8, column (B)	
otals									0.		0	
Schedule G - Investme (see insti		ne of a	Section	n 501(c)(7), (9), or	(17) Or	ganization	1				
1. Desc	1. Description of income						 Deduction directly connected (attach sched) 	ected	4 Set-a (attach s		5. Total deductions and set-asides (col 3 plus col 4)	
1)												
(2)					t				T			
(3)					 						1	
											<u> </u>	
(4)					Enter here and	20 0000 1			<u> </u>		Enter here and on page	
					Part I, line 9, co						Part I, line 9, column (B	
otals				•		0.					0	
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ad	vertisii	ng Income	•				
1 Description of exploited activity	2. Gr unrelated to income trade or b	from	directly of with pr of un	penses connected oduction related is income	4. Net incomfrom unrelated business (cominus column gain, compute through	trade or lumn 2 n 3) If a cots 5	5. Gross inco from activity t is not unrelat business inco	that ted	attributa	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)		1			Ì							
(3)	<u> </u>	+			 							
		+			 						 	
(4)	Enter here page 1, line 10, c	Part I, col (A)	page	re and on 1, Part I, , col (B)					L, <u>.</u>		Enter here and on page 1, Part II, line 26	
otals ► Schedule J - Advertisi	na Inco-	0.	oto ictic	0.	L				· · · · · ·			
					م انظمه ا	Boo!-				******		
Part I Income From	Periodica	ais Kepo	ortea o	on a Con	solidated	Basis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	4. Advert or (loss) (co col 3) if a ga cols 5 th	ol 2 minus iin, compute	5. Circulat income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
1)												
2)			\neg		7							
(3)			_		\dashv		_					
			+		┥		——		 			
(4)			+		+		+					
otals (carry to Part II, line (5))	•	().	0							0 Form 990-T (201	

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Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)						·	
(4)							
Totals from Part I	▶	0.	0.		•		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	_	•	0.

Form 990-T (2018)

Form '990-T	Other Deductions	Statement	2
Description	Amount		
Aggregate Expense from (39,42	25.	
Total to Form 990-T, Pag	ge 1, line 28	39,42	25.