*Form <b>990-T</b>	E	Exempt Organization Bu			ax Return	·	OMB No 1545-0687				
		(and proxy tax under section 6033(e))									
~	For ca	For calendar year 2018 or other tax year beginning and ending									
Department of the Treasury Internal Revenue Service	  - ▶	► 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									
A Check box if address changed		Name of organization (									
B Exempt under seetler?	Print	GRITMAN MEDICAL CENTE	R TN	C.		i	2-0146328				
X 501(c)(3 () 5	or	Number, street, and room or suite no. If a P O.				E Unre	ated business activity code				
408(e) 220(e)	Type	700 S MAIN STREET	30%, 000 1	11001 00010110		(See	instructions)				
408A 530(a)		City or town, state or province, country, and ZIF	or foreig	n postal code		1	•				
529(a)		MOSCOW, ID 83843		,		531	120				
Book value of all assets at end of year		F Group exemption number (See instructions.)	<b>•</b>								
84,981,6	72.	G Check organization type ► X 501(c) of	orporatio	n 501(c) trust	401(a)	trust	Other trust				
	-	ation's unrelated trades or businesses	2	Describe	the only (or first) un	related					
-		AL ESTATE RENTAL			, complete Parts I-V						
describe the first in the b	lank spa	ace at the end of the previous sentence, complete	Parts I ar	nd II, complete a Schedule	e M for each additiona	al trade	e or				
business, then complete							(TET)				
		poration a subsidiary in an affiliated group or a pa	rent-subs	sidiary controlled group?	▶ L	Y	es X No				
		httfying number of the parent corporation.		Talanh	ann aumhar N 2	00	002 2220				
J The books are in care of		de or Business Income		(A) Income	none number > 2 (B) Expenses		883-2220 (C) Net				
1 a Gross receipts or sale		de or Business meenie	-1	(A) Illeonie	Salating and a salati	i Linguage	Market Sections of				
b Less returns and allow		c Balance	► 1c			<b>3</b> 77					
2 Cost of goods sold (S			2				36121 513180 to 52512 h				
3 Gross profit Subtract		•	3								
4a Capital gain net incon			4a		TALL STATE OF THE						
		Part II, line 17) (attach Form 4797)	4b		STEENSAGE						
c Capital loss deduction	for trus	sts	4c		<b>发展的现在分</b>						
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5		WAR STANK	. 44 /4/ (					
6 Rent income (Schedu	le C)	•	6	1,595,209.	1,930,7	<u>77.</u>	-335,568.				
7 Unrelated debt-finance	ed incor	me (Schedule E)	7								
		and rents from a controlled organization (Schedule									
•		on 501(c)(7), (9), or (17) organization (Schedule	·								
10 Exploited exempt acti			10				-				
11 Advertising income (S			11		WAR TO SERVE	int rhills					
12 Other income (See in:		•	12	1,595,209.	7						
13 Total. Combine lines	ns No	ot Taken Elsewhere (See instructions	for limit	ations on deductions \	1,930,7	//.	-335,568.				
		utions, deductions must be directly connec									
		irectors, and trustees (Schedule K)				14	<del> </del>				
15 Salaries and wages	,			(ED		15					
16 Repairs and mainten	ance	I RE	CEI	VED		16					
17 Bad debts		١٠	14			17					
18 Interest (attach sche	dule) (s	see instructions)	V ES	2019	· •	18					
19 Taxes and Uçenses		* *		<u> </u>	•	19					
		e instructions for limitation rules)	iDEN	I, UT		20					
21 Depreciation (attach		302)		21							
	aimed oi	n Schedule A and elsewhere on return		22a	·	22b					
23 Depletion						23					
<ul><li>24 Contributions to defe</li><li>25 Employee benefit pro</li></ul>		ompensation plans				24					
<ul><li>25 Employee benefit pro</li><li>26 Excess exempt expe</li></ul>		chadula I\				25					
27 Excess readership co						26					
28 Other deductions (at						27					
29 Total deductions A		· ·			,	28 29	0.				
		ncome before net operating loss deduction Subti	act line 2	9 from line 13		30	-335,568.				
31 Deduction for net op	erating l	loss arising in tax years beginning on or after Jan	uarv 1. 20	018 (see instructions)		31					
32 Unrelated business t	axable ır	ncome Subtract line 31 from line 30				32	-335,568.				
823701 01-09-19 LHA Fo	r Paper	work Reduction Act Notice, see instructions					Form <b>990-T</b> (2018)				

Page	
Page	

Part I	II Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesse	s (see instructions)		33	23,724.
34	Amounts paid for disallowed fringes			34	16,395.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	instructions) Sf	MT 1	35	40,119.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from	"			
30	lines 33 and 34	ille sulli oi		20	
07				36	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than	ı line 36,			•
	enter the smaller of zero or line 36			38	0.
Part I					
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	ount on line 38 from		130	
	Tax rate schedule or Schedule D (Form 1041)		<b>•</b>	40	
41	Proxy tax See instructions		•	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income See instructions			43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part V			<del></del>		
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		£v7's	
	Other credits (see instructions)	45b			
b	•				
C .	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
	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 For	m 8866 Other (	attach schedule)		
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			49	0.
50 a	Payments A 2017 overpayment credited to 2018	50a	<u></u> .		
b	2018 estimated tax payments	50b			
C	Tax deposited with Form 8868	50c			
d	Foreign organizations Tax paid or withheld at source (see instructions)	50d			
е	Backup withholding (see instructions)	50e			
	Credit for small employer health insurance premiums (attach Form 8941)	50f			
a	Other credits, adjustments, and payments: Form 2439				
•	Form 4136 Other Total	▶ 50g			
51	Total payments. Add lines 50a through 50g	009		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 overpa	ıd			····
55	Enter the amount of line 54 you want Credited to 2019 estimated tax	1		54	
Part V			unded	55	
·			<del>- '</del>		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signal		,		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization of the country of the organization of the organization of the country of the countr				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of	of the foreign country			<b>建</b> 器 医类
	here >		<del>_</del>		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of,	, or transferor to, a for	eign trust?		X
	If "Yes," see instructions for other forms the organization may have to file				138 15 g
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				(100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 ) (100 )
٥.	Under penalties of perjury I declare that I have examined this return, including accompanying schedules a	ind statements, and to the	best of my know	ledge and belie	ef it is true
Sign	correct and complete Declaration of preparer (other than taxpayer) is based on all information of which pr	reparer has any knowledge	•		
Here	\   \   \   \   \				scuss this return with nown below (see
	Signature of officer. Date Title			instructions)?	
	Print/Type preparer's name Preparer's signature	Date	Check	ıf PTIN	1-21.00
Paid	TERRI REXRODE CPA, TERRI REXRODE CPA,	1 1			
Prepa	Mam	11/08/19	self- employe	I	1006512
-	""	141/00/13	Format - Franch		0758440
Use C	PO BOX 12237		Firm's EIN	- 39-	-0758449
	Firm's address SREEN BAY, WI 54307-2237			000 -	
	1. MI 54507-2237		Phone no	920.66	2.0016

Schedule A - Cost of Goods Sold. Ent	er method of inver	ntory valuation   N/A			<del></del>
1 Inventory at beginning of year 1		6 Inventory at end of year	<u> </u>	6	
2 Purchases · 2		7 Cost of goods sold S	ubtract line 6		
3 Cost of labor 3		from line 5. Enter here	and in Part I,	(3)35/ (40)	
4a Additional section 263A costs	-	line 2		7	
(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	)	<b>建筑工艺</b>
5 Total Add lines 1 through 4b 5		the organization?			
Schedule C - Rent Income (From Rea	l Property and	l Personal Property L	eased With Real P	Property)	
(see instructions)	<u> </u>				
1 Description of property					
(1) REAL ESTATE RENTAL					
(2)					
(3)					
(4)					
	eived or accrued		2(a) Deductions	directly connected with	the income in
(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 percenta personal property exceeds 50% or if nt is based on profit or income)	columns	2(a) and 2(b) (attach sc	the filedine in the shedule)
(1)		1,595,2	09.	1,	930,777.
(2)					
(3)					
(4)					
Total 0.	Total	1,595,2	09.		
(c) Total income Add totals of columns 2(a) and 2(b) here and on page 1, Part I, line 6, column (A)	Enter 	1,595,2	(b) Total deduction Enter here and on page Part I, line 6 column	aa 1	930,777.
Schedule E - Unrelated Debt-Finance	d Income (see	instructions)			
		2 Gross income from		tly connected with or al t-financed property	locable
Description of debt-financed property		or allocable to debt- financed property	(a) Straight line depreciati	ion (b) Oti	her deductions
		,	(attach schedule)	tatta	ch schedule)
(1)					
(2)					
(3)					
(4)					
debt on or allocable to debt-financed of property (attach schedule) debt-f	ige adjusted basis or allocable to inanced property ach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	(column (	cable deductions 6 x total of columns (a) and 3(b))
(1)		%	· · · · · · · · · · · · · · · · · · ·		
(2)		%			
(3)		%		<del></del>	
(4)		%			<del></del> :
		78	Enter here and on page Part I line 7 column (A)	1	re and on page 1
Totals				0.	
Total dividends-received deductions included in colu	O		<del></del>		0.

82-0146328

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1 Description of income 2 Amount of income 2 Amount of income 3 Deductions drestly connected (altach schedule) (1) (2) (3) (4)  Enter here and on page 1 Part I line 9, column(i)  1 Description of employed activity Income, Other Than Advertising Income (see instructions)  1 Description of employed activity Income, Other Than Advertising Income (see instructions)  4 Net income (loss) arreading contents of business income business income business income business income (1) (2) (3) (4)  1 Description of employed activity Income, Other Than Advertising Income (see instructions)  4 Net income (loss) arreading contents of business income business income business income business income business income (column 2) (d) (d)  Enter here and on page 1 Part I line 9, column(i) (d) (d)  Enter here and on page 1 Part I line 9, column(i) (d) (d)  Enter here and on page 1 Part I line 9, column(i) (d) (d)  Enter here and on page 1 Part I line 10, col (A) (d) (d)  Enter here and on page 1 Part I line 10, col (A) (d) (d)  Enter here and on page 1 Part I line 20 (d) (d) (d) (e) (e) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	Schedule F - Interest, A	uitie:	s, Hoyalt	ics, and						see ins	struction	عر
And column   And	1 Name of controlled organizat	ion	- identific	ation -	3 Net unr	elated income	<b>4</b> To	tal of specified	includ	led in the conti	rolling	connected with income
Comment   Controlled Organizations   Tawles receive   S   Net contributed concern Bend   S   Total of specified payments   Total   T	<i>B</i> '											
Add columns S and 10   Center there and on page 1   These is column (and substance)   Totals   Center there and on page 1   These is column (and substance)   Totals   Center there and on page 1   These is column (and substance)   Totals   Center there and on page 1   These is column (and substance)   These is column (and substance)   The interest and on page 1   These is column (and substance)   The interest and on page 1   These is column (and substance)   The interest and on page 1   These is column (and substance)   The interest and on page 1   These is column (and substance)   The interest and on page 1   The interest and on th					· ·							
Money per   Controlled Organizations							· -		ļ			<del></del>
Nonexempt Controlled Organizations   Security Controlled Securit							ļ					
8 Net watered increase (pass) 9 Total of specified payments 10 Peri of column is that a unfolded 11 Total of specified payments 110 Peri of column is that a unfolded 110 Peri of column is that a unfolded 111 Total of specified payments 111 Total of specified payments 112 Peri of column is that a unfolded 112 Peri of column is that a unfolded 112 Peri of column is that a unfolded 113 Peri of column is that a unfolded 114 Total of specified payments 115 Peri of column is that a unfolded is unfolded payments 115 Peri of column is a unfolded 115 Peri of column is an unfolded 115 Peri of column is a unfolded 115 Peri of column is an unfolded 115 Peri of column is									<u> </u>			<del> </del>
(1) (2) (3) (4)  Add columns 5 and 10 Enter here and on page 1 Part I, ince 5, column (6) (see instructions)  1 Description of income  2 Amount of income  2 Amount of income  3 Constructions  (see instructions)  4 Sati-acides (dittect schedul) (see instructions)  (see instructions)  1 Description of income  2 Amount of income  2 Amount of income  3 Constructions (see instructions)  (d)  (d)  (d)  (d)  (d)  (d)  (d)  (		Τ	<u> </u>								1	<del></del>
(d) Add columns 6 and 10 Enter here and on page 1, Per1 Ine 6, column (A) O . O . O . O . O . O . O . O . O . O	7 Taxable Income				9 Total		nents	in the controlli	ng orgai	nization s	11 De with	ductions directly connected income in column 10
(4)  Add columns 5 and 10 Enter here and on page 1, Per1 Inne 6, column (A)  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1 Description of income  2 Andourt of income (allatin schedule) (2) (3) (4)  First here and on page 1 Per1, Inne 6, column (B)  (2) (3) (4)  First here and on page 1 Per1, Inne 6, column (B)  (allatin schedule) (case instructions)  1 Description of uncertainty Income, Other Than Advertising Income (see instructions)  1 Description of uncertainty Income, Other Than Advertising Income (see instructions)  1 Description of uncertainty Income, Other Than Advertising Income (see instructions)  1 Description of uncertainty Income, Other Than Advertising Income (see instructions)  1 Description of uncertainty Income, Other Than Advertising Income (see instructions)  1 Description of uncertainty Income, Other Than Advertising Income (see instructions)  1 Description of uncertainty Income, Other Than Advertising Income (see instructions)  1 Description of uncertainty Income, Other Than Advertising Income (see instructions)  1 Description of uncertainty Income, Other Than Advertising Income (see instructions)  1 Description of uncertainty Income, Other Than Advertising Income (see instructions)  2 Cons. Uncertainty Income, Other Than Advertising Income (see instructions)  1 Description of uncertainty Income, Other Than Advertising Income (see instructions)  2 Cons. Uncertainty Income Income of Uncertainty Income Income of Uncertainty Income Inco	(1)						·		·			
(4)  Add columns 5 and 10 Enter here and on page 1 Part I lime 5, column (6)  Column (7)  Totals  Totals  Totals  Description of income  2 Arround of income  2 Arround of income  3 antifections called the schedule of the s									•			
Add columns 5 and 10 Einter here and on page 1 Part 1 Intel 6 column (A)  O												
Totals  Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization  (see instructions)  1 Description of income 2 Amount of income 2 Amount of income 3 Deductions (gatach schedule) (1) (2) (3) (4)  Finite here and on agapt 1 Pert inte 8, column (8) (attach schedule) (b) (c) (3) (4)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4 Net record (soa) (c) (d) (d) (d) (d) (e) (d) (e) (e) (e) (e) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f												
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of Income 2 Amount of income 2 Amount of income 3 Deductions draftly connected (attach schedule) (1) (2) (3) (4) Purit line 0, column (1) Purit line 0, column (1) 1 Description of emblade business income with production emblade business income with production and pure line 10, col (A) (4)  1 Description of emblade activity (see instructions)  2 Gross Invalidated business with production of emblade business income with production of emblade activity and pure line 10, col (A) (4) (5) (6) (7) (7) (8) (9) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (20) (31) (4) (4) (5) (6) (6) (7) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8								Enter here and	on page	1, Part I	Enter h	ere and on page 1 Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)  1 Description of income  2 Amount of income 2 Amount of income 3 Deductions drestly connected (attach schedule) (1) (2) (3) (4)  Enter here and on page 1 Part I line 9, column (7) 1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4 Nation or page 1 Part I line 9, column (7) (1) (2) (3) (4)  Enter here and on page 1 Part I line 9, column (8) (1) (2) (3) (4)  Enter here and on page 1 Part I line 9, column (8) (4)  Enter here and on page 1 Part I line 9, column (8) (5) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Totals			_						0.		0.
(See instructions)  1 Description of income 2 Anount of income 2 Anount of income 3 Description of income discription of excity connected (attach schedule) (1) (2) (3) (4)  First here and on page 1 Part 1 line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  1 Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions)  4 Set and a page 1 Part 1 line 9, column (A)  Totals  5 Gross unrelated business income brown and activity in column (A)  (a) (b) (c) (c) (d) (d) (e) (e) (f) (e) (f) (f) (f) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		nt Incon	ne of a S	ection	501(c)(7	(9) or (	17) Ord	nanization		<u>.</u>	1	<u> </u>
1 Description of Income 2 Amount of Income 2 Amount of Income 3 Description of Greater Connected (altach schedule) (1) (2) (3) (4)    Enter here and co page 1 Fart   line 9, column   1/2			iic oi a c	CCLIOII	301(0)(1	<i>j</i> , (5), 61 (	17, 019	garnzation				
(2) (3) (4)  Enter here and on page 1 part 1 line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  4 Net income (loss) from unrelated business unrelated business income  (see instructions)  4 Net income (loss) from unrelated trade or business (column 2 music column 5 librough 7 s. Schedule J - Advertising Income  (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A) page 1, Part 1, line 10 col (B) page 1, Part 1, line 2, col (A) page 1, line 2, col (A)	·	-	me			2 Amount of	ıncome	directly conne	cted			
(2) (3) (4)  Enter here and on page 1 part 1 line 9, column (A)  Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  (see instructions)  4 Net income (loss) from unrelated business unrelated business income  (see instructions)  4 Net income (loss) from unrelated trade or business (column 2 music column 5 librough 7 s. Schedule J - Advertising Income  (1) (2) (3) (4)  Enter here and on page 1, Part 1, line 10, col (A) page 1, Part 1, line 10 col (B) page 1, Part 1, line 2, col (A) page 1, line 2, col (A)	(1)										•	
Company   Comp	(2)						·					
Totals    Enter here and on page 1   Part   lime 9, column (A)   Part   lime 9, column (B)	(3)											
Totals	(4)											•
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income  1 Description of exploited activity incomes from activity and production of urade or business income from activity and production of urade or business income from activity and production of urade or business income from activity and production of urade or business income from activity that gain, compute cols 5 intrough 7  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10 col (8)  Income From Periodical Reported on a Consolidated Basis  1 Name of periodical Reported on a Consolidated Basis  2 Gross advertising locome (see instructions)  2 Gross advertising costs advertising costs and production or floating and or (loss) (col 2 minus cols 3 if a gain, compute 5 income  (1)  (2)  (3)  (4)  4 Net income (loss) from unrelated trade or business income from activity that gain compute cols 5 income from activity that gain compute from activity that gain compute cols 5 income from activity that gain compute cols 5 income from activity that gain compute from activity that gain compute from activity that gain compute cols 5 income								<i>A</i>		(m. 100)		Enter here and on page 1 Part I line 9, column (B)
(see instructions)  1 Description of exploited activity  2 Gross income from activity that is not unrelated business income business income business income formula column 5 but not more than column 4)  1 Description of exploited activity  2 Gross income from activity that is not unrelated business income business income formula column 5 but not more than column 4)  1 Description of exploited activity  2 Gross income from activity that is not unrelated business income business income formula formula column 4)  2 Description of exploited activity  3 Description of exploited activity  4 Description of exploited activity  2 Description of exploited activity in machines and on page 1 Part I, line 10 col (8)  2 Description of exploited activity is not unrelated business income business income business income formula form					_ ▶					(2003)		0.
1 Description of exploited activity unrelated business income from trade or business (column 2 minus column 3) if a gan, compute cols 5 through 7  (1)  (2)  (3)  (4)  Enter here and on page 1, Part I, line 10, col (A)  Inne 10, col (A)  Schedule J - Advertising Income (see instructions)  1 Name of periodical  2 Gross advertising income  2 Gross advertising income  2 Gross advertising income  2 Gross advertising costs  1 Name of periodical  2 Gross advertising income  2 Gross advertising costs  3 Direct advertising gain compute costs 5 through 7  4 Advertising gain or (foes) (col 2 minus  2 Gross advertising costs  3 Direct advertising gain compute costs 5 through 7  4 Advertising gain or (foes) (col 2 minus  5 Circulation income  6 Readership costs costs column 6 minus column	•	-	Activity	Income	e, Other	Than Adv	ertisir	ng Income		•		
1 Description of exploited activity   minested business from activity production of unrelated business income with production with production of unrelated business income with production of puriness income with puri		2		3 Exp	penses			<b>5</b> 0				7 Excess exempt
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O.  O.  Schedule J - Advertising Income (see instructions)  Part II  I Name of periodical  1 Name of periodical  2 Gross advertising income  3 Direct advertising costs of 3 I I a gain, compute col 3) II a gain, compute col 5 I through 7  (1) (2) (3) (4)  Totals  O.  O.  A Advertising gain or (loss) (col 2 minus col 2) I income  6 Readership costs (column 6 minus column 5 but not more than column 4)  (1) (2) (3) (4)		unrelated incom	business e from	with pro of unr	duction elated	business (co minus colum gain, comput	olumn 2 n 3) If a e cols 5	from activity from activity from activity from activity from the from activity from the from activity from activit	that ted	attribut	table to	expenses (column 6 minus column 5 but not more than
(2) (3) (4)  Enter here and on page 1, Part I, line 10, col (A)  Totals  O.  O.  Schedule J - Advertising Income (see instructions)  Part II  I Name of periodical  1 Name of periodical  2 Gross advertising income  3 Direct advertising costs of 3 I I a gain, compute col 3) II a gain, compute col 5 I through 7  (1) (2) (3) (4)  Totals  O.  O.  A Advertising gain or (loss) (col 2 minus col 2) I income  6 Readership costs (column 6 minus column 5 but not more than column 4)  (1) (2) (3) (4)	(1)	i							,			-
Enter here and on page 1, Part I, Inne 10, cot (A)  Cotals  O.  O.  Cotals  O.										T		
Enter here and on page 1, Part I, line 10, col (A)  Totals  O.  O.  Schedule J - Advertising Income (see instructions)  Part I   Income From Periodicals Reported on a Consolidated Basis  1   Name of periodical   2   Gross advertising income   3   Direct advertising costs   3   Direct advertising costs   3   Ji a gain, compute cols 5 through 7    (1)  (2)  (3)  (4)  Lenter here and on page 1   Part I, line 26   Part II, line 26	(3)	,	T									
Totals    Dage 1, Part I, Inne 10, col (A)   Dage 1   Part I, Inne 10, col (B)	(4)								· · · · · · ·	<u> </u>		
Totals  O. O. O. Schedule J - Advertising Income (see instructions)  Part II, line 26  O. Schedule J - Advertising Income (see instructions)  Part II, line 26  O. Schedule J - Advertising Income (see instructions)  Part II, line 26  O. Schedule J - Advertising Income (see instructions)  Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical 2 Gross advertising costs of 3 Direct advertising costs of									323	9.01/01/07		
Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical advertising income advertising costs advertising costs (column 6 minus column 5 but not more costs 5 through 7 costs (column 6 minus column 4)  (1)  (2)  (3)  (4)										30436		
Schedule J - Advertising Income (see instructions)  Part I Income From Periodicals Reported on a Consolidated Basis  1 Name of periodical 2 Gross advertising an or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1) (2) (3) (4)  Letela (corrected Poet III, loss (5))												0.
1 Name of periodical  2 Gross advertising all or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7  (1)  (2)  (3)  (4)  Advertising gain or (loss) (col 2 minus column 5 but not more than column 4)  7 Excess readership costs (column 6 minus column 5 but not more than column 4)											•	
1 Name of periodical advertising income advertising costs of [loss] (col 2 minus col 3) If a gain, compute cols 5 through 7  (1) (2) (3) (4)	Rantel Income From	Periodic	als Repo	orted or	n a Con	solidated	Basis					
(2) (3) (4)  Tatala (corruta Part II Inna (5))	1 Name of periodical		advertising			or (loss) (c col 3) If a g	ol 2 minus ain, compu	5 Circula income				costs (column 6 minus column 5 but not more
(2) (3) (4)  Tetala (cassiva Post II Inna (5))	(1)							8		T		PERCHANCE SE
(4)  Tetala (corruta Port III lina (5))										<del>                                     </del>		
(4)  Tetala (cassivta Post III lina (5))								<u> </u>		_		
Totala (corruta Port III lina (51)								<b>%</b>		<b>†</b>		
iotals (carry to rait ii, inic (b))	Totals (carry to Part II, line (5))	•	(	).	0	T 2000 \$140 89	A . Warney Policy	\ <u></u>				0 <b>.</b>

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

1 Name of periodical		2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)	Î						
(2)							
(3)							
(4)		·					
Totals from Part I	<b>•</b>	0.	0.		763 23 - 813 23 3		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.			14.2	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>•</b>	0.

Form 990-T (2018)

FORM 990-T	NET	OPERATING	LOSS I	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUS APPLIE		LOSS REMAINING	AVAILABLE THIS YEAR
12/31/17	55,536.		0.	55,536.	55,536.
NOL CARRYOV	ER AVAILABLE THIS	YEAR		55,536.	55,536.

FORM 990-T	DEDUCTIONS	CONNECTED	WITH RENTA	L INCOME	STATEMENT 2
DESCRIPTION			ACTIVIT NUMBER	=	TOTAL
UTILITIES REPAIRS & MAINTE SNOW REMOVAL & TOUS TOUS TOUS TOUS TOUS TOUS TOUS TOUS	LANDSCAPING			216,721. 182,932. 26,885. 22,738. 161,197. 328,153. 1,271. 165,308. 739,350. 86,222.	
DADAKIES & WAGE	S	- SUBTOTA	ե - 1	00,222.	1,930,777.
TOTAL TO FORM 9	90-т, SCHEDUI	LE C, COLUI	MN 3		1,930,777.

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

## **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 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)

Name	of the organization  GRITMAN MEDICAL CENTER 3	INC.		Employer ider 82-01		
	Inrelated business activity code (see instructions) > 90009					
	escribe the unrelated trade or business    COURIER S:	ERVI	CE	· · · · · · · · · · · · · · · · · · ·		
Paï	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales			0.05 07	<b>FRE</b>	BING
b	Less returns and allowances c Balance >	1c				
2	Cost of goods sold (Schedule A, line 7)	2				表现的"数据"。
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a		16 to 16	200	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		A STATE OF THE STA		
С	Capital loss deduction for trusts	4c			4.2	
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5			<b>建筑</b>	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				1
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	<del></del>			
12	Other income (See instructions, attach schedule) STMT 3	12	69,342.	THE REPORT		69,342.
13	Total. Combine lines 3 through 12	13	69,342.			69,342.
14	deductions must be directly connected with the u	ınrelat	ed business incom	ne)	14	
15	Salaries and wages				15	33,593.
16	Repairs and maintenance				16	10,905.
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)	,			18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21		35%	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion .				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)		SEE STAT	EMENT 4	28	1,120.
29	Total deductions. Add lines 14 through 28				29	45,618.
30	Unrelated business taxable income before net operating loss deduc	ction S	ubtract line 29 from line	e 13	30	23,724.
31	Deduction for net operating loss arising in tax years beginning on o			- <del>-</del>		
	instructions)				31	學的學學學
32	Unrelated business taxable income Subtract line 31 from line 30		<del></del>		32	23,724.

FORM 990-T (M)	OTHER	INCOME	STATEMENT 3
DESCRIPTION			AMOUNT
COURIER SERVICES			69,342.
TOTAL TO SCHEDULE M, PA	ART I, LINE 12		69,342.
FORM 990-T (M)	OTHER	DEDUCTIONS	STATEMENT 4
DESCRIPTION			AMOUNT
MISCELLANEOUS			1,120.
TOTAL TO SCHEDULE M, PA	ART II, LINE 28		1,120.