

Form 990-T

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

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20_____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury Internal Revenue Service

Header section containing organization name (BANNER MEDICAL GROUP), address (2901 N CENTRAL AVE, PHOENIX, AZ 85012), and identification numbers.

Section H: Enter the number of the organization's unrelated trades or businesses (1) and describe the only (or first) unrelated trade or business here (PARTNERSHIP INVESTMENTS).

Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? (Yes/No) ATCH 1 BANN 45-0233470

Section J: The books are in care of (DAVID BIXBY) Telephone number (602-747-4000)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts, Cost of goods sold, and Total Combine lines 3 through 12.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Deductions Not Taken Elsewhere (Compensation, Salaries, Charitable contributions, etc.) and Unrelated business taxable income.

For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

SCANNED DEC 18 2019

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Part III Total Unrelated Business Taxable Income

| | | | |
|-----------|--|-----------|---------|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions). | 33 | 9,361. |
| 34 | Amounts paid for disallowed fringes | 34 | 1,085. |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions). | 35 | |
| 36 | Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34. | 36 | 10,446. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | 1,000. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36. | 38 | 9,446. |

Part IV Tax Computation

| | | | |
|-----------|---|-----------|--------|
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21). | 39 | 1,984. |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041). | 40 | |
| 41 | Proxy tax. See instructions | 41 | |
| 42 | Alternative minimum tax (trusts only). | 42 | |
| 43 | Tax on Noncompliant Facility Income. See instructions | 43 | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | 1,984. |

Part V Tax and Payments

| | | | |
|------------|--|------------|---------|
| 45a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). | 45a | |
| b | Other credits (see instructions). | 45b | |
| c | General business credit. Attach Form 3800 (see instructions). | 45c | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827). | 45d | |
| e | Total credits. Add lines 45a through 45d. | 45e | |
| 46 | Subtract line 45e from line 44. | 46 | 1,984. |
| 47 | Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule). | 47 | |
| 48 | Total tax. Add lines 46 and 47 (see instructions). | 48 | 1,984. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2. | 49 | |
| 50a | Payments: A 2017 overpayment credited to 2018 | 50a | 5,611. |
| b | 2018 estimated tax payments | 50b | 4,655. |
| c | Tax deposited with Form 8868. | 50c | 6,000. |
| d | Foreign organizations. Tax paid or withheld at source (see instructions) | 50d | |
| e | Backup withholding (see instructions) | 50e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 50f | |
| g | Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 50g | |
| 51 | Total payments. Add lines 50a through 50g. | 51 | 16,266. |
| 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 | 14,282. |
| 55 | Enter the amount of line 54 you want Credited to 2019 estimated tax 14,282. Refunded | 55 | |

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here CAROL KARP *Carol Karp* 11/13/19 CFO
 Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

| | | | | |
|----------------------------|---|----------|---|-----------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| PATRICK SHIELDS | <i>Patrick Shields</i> | 11/14/19 | | P01508556 |
| Firm's name | Firm's EIN | | Phone no | |
| ERNST & YOUNG U.S. LLP | 34-6565596 | | 602-322-3000 | |
| Firm's address | 2 N CENTRAL AVENUE, STE 2300, PHOENIX, AZ 85004 | | | |

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

| | | | | | |
|---|-----------|--|---|----------|----|
| 1 Inventory at beginning of year | 1 | | 6 Inventory at end of year | 6 | |
| 2 Purchases | 2 | | 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. | 7 | |
| 3 Cost of labor | 3 | | | | |
| 4a Additional section 263A costs (attach schedule) | 4a | | 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes | No |
| b Other costs (attach schedule) | 4b | | | | |
| 5 Total. Add lines 1 through 4b | 5 | | | | X |

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

| | | |
|--|--|--|
| 1. Description of property | | |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| 2. Rent received or accrued | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| Total | Total | |
| (c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶ | | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ |

Schedule E - Unrelated Debt-Financed Income (see instructions)

| | | | | |
|--|--|--|---|--|
| 1. Description of debt-financed property | | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property | |
| | | | (a) Straight line depreciation (attach schedule) | (b) Other deductions (attach schedule) |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | % | | |
| (4) | | % | | |
| | | | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Totals ▶ | | | | |
| Total dividends-received deductions included in column 8 ▶ | | | | |

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations | | | |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
| | | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments 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) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |

| | | | | |
|--|--|--|--|--|
| | | | Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) | Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) |
|--|--|--|--|--|

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 | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--|---------------------|--|---------------------------------|---|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| Enter here and on page 1, Part I, line 9, column (A) | | | | Enter here and on page 1, Part I, line 9, column (B) |

Totals

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--|---|---|---|---|--------------------------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Enter here and on page 1, Part I, line 10, col (A) | | Enter here and on page 1, Part I, line 10, col (B) | | | | Enter here and on page 1, Part II, line 26 |

Totals

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 | 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 (carry to Part II, line (5)) | | | | | | |

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) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I. ▶ | | | | | | |
| | 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) ▶ | | | | | | |

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 ▶ | | | |

NAME AND FEIN OF PARENT CORPORATION

BANNER HEALTH
45-0233470

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

| | |
|-------------------------------------|----------------|
| ARIZONA MEDICAL SLEEP INSTITUTE LLC | 12,433. |
| INCOME (LOSS) FROM PARTNERSHIPS | <u>12,433.</u> |

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

| | |
|--|---------------|
| UNRELATED TRADE OR BUSINESS INCOME | 12,433. |
| ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD) | 0. |
| LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER | 1,911. |
| | <u>0.</u> |
| | * 10% |
| CHARITABLE CONTRIBUTION LIMITATION (10%) | 1,161. |
| CHARITABLE CONTRIBUTION | 3,500. |
| <u>CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)</u> | <u>1,161.</u> |