Form 990-T	Ex	cempt Organization	Bus	siness Income [.] der section 6033(Tax Retui	rn	OMB No 1545-0047
	For cale	ndar year 2019 or other tax year begin		•			୭ଲ 10
Department of the Treasury	l or care	► Go to www.irs gov/Form990					<u> </u>
Internal Revenue Service	▶ Do	not enter SSN numbers on this form				c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if				me changed and see instruction:		D Employ	er identification number
address changed						(Employe	ees' trust, see instructions)
B Exempt under section]	BANNER MEDICAL GROU	P				
X 501(C)(03)	Print	Number, street, and room or suite no	lf a P O	box, see instructions		90-05	
408(e) 220(e)	Туре						ed business activity code ructions)
408A530(a)		2901 N CENTRAL AVE			160	,	,
529(a)	4	City or town, state or province, countr	y, and Z	IP or foreign postal code			
C Book value of all assets at end of year		PHOENIX, AZ 85012				52	
77 000 000		up exemption number (See instruct	<u>_</u>	1 1		104/->4-	Other trust
	•	eck organization type X 501				401(a) tr	
	_	INIZATION'S UNTELATED TRADES OF BUSINERTNERSHIP INVESTMENTS	sses				or first) unrelated than one, describe the
		e end of the previous sentence, coi	malata		•		· · · · · · · · · · · · · · · · · · ·
trade or business, th			mpiete	rans rand ii, complete a si	chedule IVI for ear	on additions	11
		corporation a subsidiary in an affili	ated a	roup or a parent-subsidiary o	ontrolled group?		X Yes No
		identifying number of the parent co				3-02	33470
J The books are in car			, porou	Telephon	e number ▶ 60	2-747-	1000
Part I Unrelated	Trade	or Business Income		(A) Income	(B) Expen		(C) Net
1a Gross receipts or					-		
b Less returns and allow		c Balance ▶	1c				
2 Cost of goods so	ld (Sched	ule A, line 7)	2				
3 Gross profit Sub	tract line	2 from line 1c	3				
4a Capital gain net i	ncome (a	attach Schedule D)	4a		· · · · · · · · · · · · · · · · · · ·		
b Net gain (loss) (Fe	orm 4797,	Part II, line 17) (attach Form 4797)	4b				
c Capital loss dedu	ction for 1	trusts	4c			<u> </u>	
		r an S corporation (attach statement)	5	9,138.	ATCH/2		9,138.
			6		/_		
		come (Schedule E)	7		/	-	
		ents from a controlled organization (Schedule F)	-				
		1(c)(7), (9), or (17) organization (Schedule G)	9				
	•	ncome (Schedule I)	10				
		dule J)	12		***		
·		ough 12		9,138.			9,138.
Pari II Deductio	ns Not	Taken Elsewhere (See insti	ructio	, , , , , , ,	eductions) ([Deduction	<u> </u>
		ne unrelated business incom		no for immediation of a	cudotiono) (i	J 0 4 4 0 11 0 1	no made bo an oday
	-	directors, and trustees (Schedule K)	——	-		14	
		(see instructions)					
							463.
		4562)					DECEIVED
		on Schedule A and elsewhere on re				210	RECEIVED
2 Depletion	,	/				22 C 23 C 24 U	<u> </u>
23 Contributions to	deferred (compensation plans				23 🕏	NOV 2 3 2020
		s					
		Schedule I)					OCDENI IIT
		chedule J)					OGDEN, UT
		chedule)					4.63
,		s 14 through 27					463.
		le income before net operating					8,675.
/		g loss arising in tax years beginning	_	• • •		· · 	8,675.
1 Unrelated busine		e income Subtract line 30 from line	29 .	<u> </u>		31	8,675.

	490- M.Su (a)		Page
لنكل	Total Unrelated Business Taxable Income		
32	fotal of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	8,0
33	Amounts paid for disallowed fringes	33	
34	Amounts paid for disallowed fringes	34	258
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract light		
	34 from the sum of lines 32 and 33	35	7,803
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	7, 86,
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	<u> </u>	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37	1	
33	ordered desires taxable income. Subtract line 36 from line 37 ii line 36 is greater than line 37		f, Su-
	entof the smaller of zero or line 37	39	.,50
	TIV Tax Computation	· ·	r
40	organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	1,42
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	}	
	the amount on line 39 from Tax rate schedule or Schedule D(Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42 43 and 44 to line 40 or 41, whichever applies	45	1,4.
Par	Ty Tax and Payments		<u> </u>
b	Other credits (see instructions)	1	
_	Other credits (see instructions)	1	•
4	Credit for prior year minimum tax (attach Form 8801 or 8827)	1	
	· · · · · · · · · · · · · · · · · · ·	40-	
	Total credits. Add lines 46a through 46d		1 4 4
47	Subtract line 46e from line 45	47	1,42
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule).	4B	
49	Total tax. Add lines 47 and 48 (see instructions)	49	1,425
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B. Part II, column (k), line 3.	5 þ	·
51 a	Payments A 2018 overpayment credited to 2019		
b	2019 estimated tax payments		
С	Tax deposited with Form 8868,		
d	Foreign organizations Tax paid or withheld at source (see instructions)		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 51f		
	Other credits, adjustments, and payments Form 2439		
9			
E 2		ا دء ا	14,288
	Total payments. Add lines 51a through 51g	52 58	_1/23/
53		ĬĬ	
54	Tax due. If line 52 is less than the total of lines 49 50, and 53, enter amount owed	54	• A AC
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	12.85
56	Enter the amount of line 55 you want	56	
Par	Statements Regarding Certain Activities and Other Information (see instructions		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other	authority Yes No
	over a financial account (bank, securities or other) in a foreign country? If "Yes," the organization ma	ay hav	ve to file
	FinCEN Form 114 Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreigr	n country
			Х.
	here >		
58	here	gn Irus	t?
58		gn Irus	17
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	gn Irus	17
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of certury. I declare that I have examined this return including accompanying schedules and statements, and to the boundary.	_	
59	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of carefully. I declare that I have examined this return including accompanying schedules and statements, and to the boundary used and operated. Declared that I have examined this return including accompanying schedules and statements, and to the boundary used.	_	
₅₉ Sigr	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of certury. I declare that I have examined this return including accompanying schedules and statements, and to the bound of correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Ma	est of it	ny knowl-dge and h-lief of
59	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of pertury. I declare that I have examined this return including accompanying schedules and statements, and to the bound of the control of the	rstolin y the h the	IRS discuss this return preparer shown below
₅₉ Sigr	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to the second of	rstolin y the h the	IRS discuss this return preparer shown below
59 Sigr Here	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign of the tax year. If Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of pertury. I declare that I have examined this return including accompanying schedules and statements, and to the bility surrect and complete. Declayation of preparer (other than taxpayer) is based on all information of which preparer has any knowledge to take the propagate of officer. Print/Type preparer's name. Propagate signature. Date Date Date	y the	IRS discuss this return preparer shown below
Sigr Here	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign of Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of pertury. I declare that I have examined this return including accompanying schedules and statements, and to the bound of the companying schedules and statements, and the companying schedules are companying schedules.	y the	IRS discuss this return preparer shown below one!? Yes No
Sign Here Paid	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of perjury 1 declare that I have examined this return including accompanying schedules and statements, and to the bound of the control of the penalties of perjury 1 declare that I have examined this return including accompanying schedules and statements, and to the bound of the control of the penalties of perjury 1 declare that I have examined this return including accompanying schedules and statements, and to the bound of the control of the penalties of the penalties of the penalties of the penalties of penalties of the penalties of the penalties of penalties of the penaltie	y the h the mistruction	IRS discuss this return preparer shown below
Sign Here Paid	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign of Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of certury. I declare that I have examined this return including accompanying schedules and statements, and to the buring correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name. Proparer's signature. Proparer's signature. Proparer's SHIELDS. Firm's name. ERNST & YOUNG U.S. LLP. Firm's name.	y the h the mistruction in the m	IRS discuss this return preparer shown below one)? Yes No

Form 990-T (2019)				_		Page 3		
Schedule A - Cost of Go	ods Sold. Er	iter method	of inventory valuation	•				
1 Inventory at beginning of ye	ar . 1		6 Invento	y at end o	f year	6		
2 Purchases	2				sold. Subtract line			
3 Cost of labor	3		6 from	line 5 E	nter here and in Part			
4a Additional section 263A cos	its		I, line 2			7		
(attach schedule)	4a		8 Do the	rules	of section 263A (v	with respect to Yes No		
b Other costs (attach schedule	1 (ed or acquired for			
5 Total. Add lines 1 through 4			to the o	ganization	? <u></u>	x		
Schedule C - Rent Income	(From Real P	roperty ar	nd Personal Proper	y Lease	d With Real Prope	rty)		
(see instructions)								
Description of property								
(1)								
(2)				_				
(3)								
(4)								
	2. Rent recei	ved or accrue	ed					
for personal property is more than 10% but not percentage of rent for			om real and personal prope age of rent for personal prop of the rent is based on profit	rty exceeds		irectly connected with the income (a) and 2(b) (attach schedule)		
(1)	*******							
(2)	•							
(3)								
(4)								
Total		Total			(b) Takal da duak			
(c) Total income. Add totals of col	umns 2(a) and 2(b) Enter			(b) Total deduction Enter here and or			
here and on page 1, Part I, line 6,	column (A)	<u>▶</u>			Part I, line 6, colu			
Schedule E - Unrelated De	bt-Financed I	ncome (se	e instructions)	****				
			2. Gross income from or			nnected with or allocable to ced property		
1 Description of debt-	financed property		allocable to debt-financed (a) Str		raight line depreciation	(b) Other deductions (attach schedule)		
				<u> </u>	(attach schedule)	(attach schedule)		
(1)								
(2)				- -				
(3)		·			· · · · · · · · · · · · · · · · · · ·			
4. Amount of average	5. Average adju	sted hasis						
acquisition debt on or allocable to debt-financed property (attach schedule)	ble to property edule)	6 Column 4 divided by column 5		ross income reportable plumn 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))			
(1)				%				
(2)				%				
(3)				%				
(4)				%				
				Enter Part	here and on page 1, I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)		
Totals				▶∟				
Total dividends-received deduction	ns included in co	olumn 8	<u> </u>		<u></u> ▶			

Schedule F – Interest, Ann	_				ntrolled Or								
Name of controlled organization	2. Employer identification numb	er					otal of specified ayments made		5. Part of column 4 that is included in the controlling organization's gross income		lling	6 Deductions directly connected with income in column 5	
1)									•				
2)													
3)					_			\perp				<u> </u>	
4)													
Nonexempt Controlled Organiz	zations												
7 Taxable Income	8 Net unrelated in (loss) (see instruct				otal of specifi ayments made		inc	luded	f column in the cor on's gross	ntrolling		. Deductions directly nected with income in column 10	
1)				_									
2)				_									
3)													
1)													
rotals						▶ ′) Orga	En Pa	ter her art I, lir	umns 5 ai e and on ie 8, colur see inst	page 1, nn (A)	Ent	Id columns 6 and 11 er here and on page 1, rt 1, line 8, column (B)	
. 1 Description of income	2. Amount of	ıncome			3 Deduction of the directly contact (attach sci	nnected	=-			-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
1)													
2)													
3)													
4)					***							<u> </u>	
rotals ▶ Schedule I– Exploited Exe	Enter here and of Part I, line 9, of	olumn (A))	r Th	an Advert	ising In	come	e (se	, e instru	ctions)		Enter here and on page Part I, line 9, column (E	
Description of exploited activity	2. Gross unrelated business income from trade or business	3 E d conne prod un	ected w luction irelated ess inco	s nth of	4. Net incor from unrela or business 2 minus co If a gain, c cols 5 thm	ne (loss) ted trade (column lumn 3) ompute	5 G from	Fross II	ncome ty that elated	6 Experatributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
1)										_			
2)										_			
3)					<u> </u>	-							
4)													
,	Enter here and on page 1, Part I, line 10, col (A)	page	nere and 1, Part 0, col (1,						1		Enter here and on page 1, Part II, line 25	
Totals ▶	<u></u>				L							1	
Schedule J- Advertising In													
Part I Income From Per	iodicals Report	ed on	a Co	nsoli	dated Ba	sis							
1 Name of periodical	2 Gross advertising income		Direct	osts	4. Adver gain or (lo 2 minus c a gain, co cols 5 thr	ss) (col ol 3) If mpute	5	Circul		6 Reade cost		7 Excess readersh costs (column 6 minus column 5, bu not more than column 4)	
1)	 						<u> </u>						
2)	 			-								 	
3)	 				l		-						
4)	 				-		 			<u> </u>			
.,	+						 			<u> </u>			
otals (carry to Part II, line (5))												Form 990-T (20	

(3)

(4)

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

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) 7. Excess readership 4 Advertising costs (column 6 gain or (loss) (col 2. Gross 5. Circulation 3. Direct 6. Readership minus column 5, but 2 minus col 3) If 1 Name of periodical advertising advertising costs income costs not more than a gain, compute ıncome column 4) cols 5 through 7 (1) (2) (3) (4) Totals from Part I. Enter here and Enter here and on Enter here and on page 1, Part I, on page 1, page 1, Part I, Part II. line 26 line 11, col (A) line 11, col (B) Totals, Part II (lines 1-5) ▶ Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of time devoted to business 4 Compensation attributable to 1 Name 2 Title unrelated business (1) % (2) %

Form 990-T (2019)

%

%

	ATTA	CHMENT	-
--	------	--------	---

NAME AND FEIN OF PARENT CORPORATION

BANNER HEALTH 45-0233470

ATTACHMENT 2

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

ARIZONA MEDICAL SLEEP INSTITUTE LLC

9,138.

INCOME (LOSS) FROM PARTNERSHIPS

9,138.

<u>አጥጥአ</u> ር	HMENT	`````

FORM 990T - PART III LINE 34 - CHARITABLE CONTRIBUTIONS UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & CARRYOVER NOL CHARITABLE CONTRIBUTION LIMITATION (10%) CHARITABLE CONTRIBUTION CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO) 868.

BANNER MEDICAL GROUP EIN 90-0532830 YEAR ENDED: DECEMBER 31, 2019

PART III, LINE 34 - CHARITABLE CONTRIBUTION CARRYFORWARD SCHEDULE

	AN	MOUNT	AMOUN	JT	AMOU	NT USED IN		
YEAR END	GENERATED U		UTILIZE	UTILIZED/EXPIRED CURRI		NT YEAR	CAI	RRYOVER
12/31/2018		3,500		1,161		•		2,339
12/31/2019		6,500		-		868		5,632
TOTAL	\$	10,000	\$	1,161	\$	868	\$	7,971