

## NOTICE 2018-100

Form **990-T****Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No 1545-0687

**2017**Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning 07/01, 2017, and ending 06/30, 2018.

▶ Go to [www.irs.gov/Form990T](http://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

<b>A</b> Check box if address changed <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <b>C</b> Book value of all assets at end of year 105,283,962	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) ASCENSION ST FRANCIS HOSPITAL, INC (F/K/A WHEATON FRANCISCAN HEALTHCARE - ST FRANCIS, INC)	<b>D</b> Employer identification number (Employees' trust, see instructions) 39-0907740
		Number, street, and room or suite no. If a P O box, see instructions 3237 S 16TH ST	<b>E</b> Unrelated business activity codes (See instructions) 812930
		City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53215	
		<b>F</b> Group exemption number (See instructions) ▶ 0928	
<b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

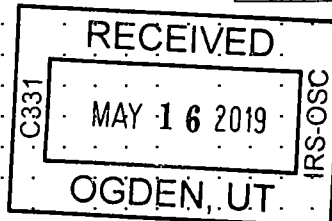
**H** Describe the organization's primary unrelated business activity. ▶ EMPLOYEE FRINGE BENEFIT INCOME

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☒ Yes ☐ No  
If "Yes," enter the name and identifying number of the parent corporation. ▶ WHEATON FRANCISCAN HEALTHCARE -SOUTHEAST WISCONSIN, INC 39-1568865

**J** The books are in care of ▶ SARA O'BRIEN Telephone number ▶ (314) 733-8070

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 0			
b	Less returns and allowances 0			
	<b>c Balance ▶</b>	<b>1c</b> 0		
2	Cost of goods sold (Schedule A, line 7)	<b>2</b> 0		
3	Gross profit Subtract line 2 from line 1c	<b>3</b> 0		0
4a	Capital gain net income (attach Schedule D)	<b>4a</b> 0		0
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b> 0		0
c	Capital loss deduction for trusts	<b>4c</b> 0		0
5	Income (loss) from partnerships and S corporations (attach statement)	<b>5</b> 0		0
6	Rent income (Schedule C)	<b>6</b> 0	0	0
7	Unrelated debt-financed income (Schedule E)	<b>7</b> 0	0	0
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	<b>8</b> 0	0	0
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b> 0	0	0
10	Exploited exempt activity income (Schedule I)	<b>10</b> 0	0	0
11	Advertising income (Schedule J)	<b>11</b> 0	0	0
12	Other income (See instructions; attach schedule)	<b>12</b> 5,343		5,343
13	<b>Total.</b> Combine lines 3 through 12	<b>13</b> 5,343	0	5,343

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	0
15	Salaries and wages	<b>15</b>	0
16	Repairs and maintenance	<b>16</b>	0
17	Bad debts	<b>17</b>	0
18	Interest (attach schedule)	<b>18</b>	0
19	Taxes and licenses	<b>19</b>	0
20	Charitable contributions (See instructions for limitation rules)	<b>20</b>	0
21	Depreciation (attach Form 4562)	<b>21</b>	0
22	Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	0
23	Depletion	<b>23</b>	0
24	Contributions to deferred compensation plans	<b>24</b>	0
25	Employee benefit programs	<b>25</b>	0
26	Excess exempt expenses (Schedule I)	<b>26</b>	0
27	Excess readership costs (Schedule J)	<b>27</b>	0
28	Other deductions (attach schedule)	<b>28</b>	0
29	<b>Total deductions.</b> Add lines 14 through 28	<b>29</b>	0
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	5,343
31	Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	0
32	Unrelated business taxable income before specific deduction Subtract line 31 from line 30	<b>32</b>	5,343
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	4,343



For Paperwork Reduction Act Notice, see instructions.

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**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> <b>See instructions</b> and		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <input type="text"/> (2) \$ <input type="text"/> (3) \$ <input type="text"/>		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ <input type="text"/> (2) Additional 3% tax (not more than \$100,000) \$ <input type="text"/>		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	1,219
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	0
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	1,219

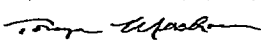
**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800 (see instructions)	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e</b> <b>Total credits.</b> Add lines 41a through 41d	<b>41e</b>	0
<b>42</b> Subtract line 41e from line 40	<b>42</b>	1,219
<b>43</b> 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)	<b>43</b>	0
<b>44</b> <b>Total tax.</b> Add lines 42 and 43	<b>44</b>	1,219
<b>45a</b> Payments: A 2016 overpayment credited to 2017	<b>45a</b>	
<b>b</b> 2017 estimated tax payments	<b>45b</b>	0
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="text"/> 0 <b>Total</b>	<b>45g</b>	0
<b>46</b> <b>Total payments.</b> Add lines 45a through 45g	<b>46</b>	0
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48</b> <b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	1,219
<b>49</b> <b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	0
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2018 estimated tax</b> <input type="text"/> 0 <b>Refunded</b> <input type="text"/>	<b>50</b>	0

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

<b>51</b> At any time during the 2017 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: <input type="text"/>	Yes	No
<b>52</b> 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.		✓
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year: \$ <input type="text"/>		

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**


5/14/2019

TAX OFFICER

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 ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

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**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation ►

<b>1</b> Inventory at beginning of year	<b>1</b>	0	<b>6</b> Inventory at end of year	<b>6</b>	0
<b>2</b> Purchases	<b>2</b>	0	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	0
<b>3</b> Cost of labor	<b>3</b>	0	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>	0			
<b>b</b> Other costs (attach schedule)	<b>4b</b>	0			
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>	0			

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

(see instructions)

<b>1. Description of property</b>		
(1)		
(2)		
(3)		
(4)		
<b>2. Rent received or accrued</b>		
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</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)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0	Total 0	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) 0
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0		

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

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</b>	<b>5. Average adjusted basis of or allocable to debt-financed property (attach schedule)</b>	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable (column 2 × column 6)</b>	<b>8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))</b>
(1)		%		
(2)		%		
(3)		%		
(4)		%		
			Enter here and on page 1, Part I, line 7, column (A) 0	Enter here and on page 1, Part I, line 7, column (B) 0
<b>Totals</b>			0	0
<b>Total dividends-received deductions</b> included in column 8			0	0

**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)
<b>Totals</b>			0	0

**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)
<b>Totals</b>	0			0

**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
<b>Totals</b>	0	0				0

**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)						
<b>Totals (carry to Part II, line (5))</b>	0	0	0			0

**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)						
<b>Totals from Part I</b>	0	0				0
<b>Totals, Part II (lines 1—5)</b>	0	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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			0

Form **990-T** (2017)

# Alternative Minimum Tax—Corporations

OMB No 1545-0123

**2017**

▶ Attach to the corporation's tax return.

▶ Go to [www.irs.gov/Form4626](http://www.irs.gov/Form4626) for instructions and the latest information.

Name **ASCENSION ST FRANCIS HOSPITAL, INC (F/K/A WHEATON FRANCISCAN HEALTHCARE - ST FRANCIS,** Employer identification number **39-0907740**

**Note:** See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

<b>1</b>	Taxable income or (loss) before net operating loss deduction . . . . .	<b>1</b>	4,343
<b>2</b>	<b>Adjustments and preferences:</b>		
<b>a</b>	Depreciation of post-1986 property . . . . .	<b>2a</b>	
<b>b</b>	Amortization of certified pollution control facilities . . . . .	<b>2b</b>	
<b>c</b>	Amortization of mining exploration and development costs . . . . .	<b>2c</b>	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only) . . . . .	<b>2d</b>	
<b>e</b>	Adjusted gain or loss . . . . .	<b>2e</b>	
<b>f</b>	Long-term contracts . . . . .	<b>2f</b>	
<b>g</b>	Merchant marine capital construction funds . . . . .	<b>2g</b>	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) . . . . .	<b>2h</b>	
<b>i</b>	Tax shelter farm activities (personal service corporations only) . . . . .	<b>2i</b>	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only) . . . . .	<b>2j</b>	
<b>k</b>	Loss limitations . . . . .	<b>2k</b>	
<b>l</b>	Depletion . . . . .	<b>2l</b>	
<b>m</b>	Tax-exempt interest income from specified private activity bonds . . . . .	<b>2m</b>	
<b>n</b>	Intangible drilling costs . . . . .	<b>2n</b>	
<b>o</b>	Other adjustments and preferences . . . . .	<b>2o</b>	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o. . . . .	<b>3</b>	4,343
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>		
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions . . . . .	<b>4a</b>	4,343
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions . . . . .	<b>4b</b>	0
<b>c</b>	Multiply line 4b by 75% (0.75) Enter the result as a positive amount . . . . .	<b>4c</b>	0
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive) . . . . .	<b>4d</b>	
<b>e</b>	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount	<b>4e</b>	0
<b>5</b>	Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT . . . . .	<b>5</b>	4,343
<b>6</b>	Alternative tax net operating loss deduction. See instructions . . . . .	<b>6</b>	0
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions . . . . .	<b>7</b>	4,343
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
<b>a</b>	Subtract \$150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- . . . . .	<b>8a</b>	0
<b>b</b>	Multiply line 8a by 25% (0.25) . . . . .	<b>8b</b>	0
<b>c</b>	Exemption. Subtract line 8b from \$40,000 If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- . . . . .	<b>8c</b>	
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0- . . . . .	<b>9</b>	4,343
<b>10</b>	Multiply line 9 by 20% (0.20) . . . . .	<b>10</b>	438
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC). See instructions . . . . .	<b>11</b>	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10. . . . .	<b>12</b>	438
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit . . . . .	<b>13</b>	1,219
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return . . . . .	<b>14</b>	0

For Paperwork Reduction Act Notice, see separate instructions.

Cat No 12955I

Form **4626** (2017)

## Part II-IV

## Supplemental Information.

Return Reference - Identifier	Explanation
PART II - LINE 2 - NAME	(F/K/A WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS, INC )
PART II - LINE 6 - NAME	VALLEY WISCONSIN, INC (F/K/A NETWORK HEALTH SYSTEM, INC )
PART II - LINE 7 - NAME	GROUP-NORTHERN WISCONSIN, INC (F/K/A MINISTRY MEDICAL GROUP, INC )
PART II - LINE 8 - NAME	GROUP-SOUTHEAST WISCONSIN, INC (F/K/A WHEATON FRANCISCAN MEDICAL GROUP, INC )
PART III - LINE 2 - NAME	(F/K/A WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS, INC )
PART III - LINE 6 - NAME	VALLEY WISCONSIN, INC (F/K/A NETWORK HEALTH SYSTEM, INC )
PART III - LINE 7 - NAME	GROUP-NORTHERN WISCONSIN, INC (F/K/A MINISTRY MEDICAL GROUP, INC )
PART III - LINE 8 - NAME	GROUP-SOUTHEAST WISCONSIN, INC (F/K/A WHEATON FRANCISCAN MEDICAL GROUP, INC )
PART IV - LINE 2 - NAME	(F/K/A WHEATON FRANCISCAN HEALTHCARE - ALL SAINTS, INC )
PART IV - LINE 6 - NAME	VALLEY WISCONSIN, INC (F/K/A NETWORK HEALTH SYSTEM, INC )
PART IV - LINE 7 - NAME	GROUP-NORTHERN WISCONSIN, INC (F/K/A MINISTRY MEDICAL GROUP, INC )
PART IV - LINE 8 - NAME	GROUP-SOUTHEAST WISCONSIN, INC (F/K/A WHEATON FRANCISCAN MEDICAL GROUP, INC )

Description	Amount
<b>EMPLOYEE PARKING</b>	
(1) EMPLOYEE FRINGE BENEFIT INCOME	5,343
<b>Total for Part I, Line 12</b>	<b>5,343</b>



1	Enter unrelated business taxable income (line 34, page 1, Form 990-T)	4,343
2	Enter line 1 or corporation's share of the \$50,000 taxable income bracket, whichever is less	
3	Subtract line 2 from line 1	
4	Enter line 3 or corporation's share of the \$25,000 taxable income bracket, whichever is less	
5	Subtract line 4 from line 3	
6	Enter line 5 or corporation's share of the \$9,925,000 taxable income bracket, whichever is less	
7	Subtract line 6 from line 5	4,343
8	Enter 15% of line 2	
9	Enter 25% of line 4	
10	Enter 34% of line 6	
11	Enter 35% of line 7	1,520
12	If the taxable income of the controlled group exceeds \$100,000, enter this member's share of the smaller of (a) 5% of the excess over \$100,000, or (b) \$11,750 (see instructions for additional 5% and additional 3% tax)	
13	If the taxable income of the controlled group exceeds \$15 million, enter this member's share of the smaller of (a) 3% of the excess over \$15 million, or (b) \$100,000 (see instructions for additional 5% and additional 3% tax)	
14	Add lines 8 through 13. Enter here and on line 35c, page 2, Form 990-T	1,219