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2019	

Form 9	90- I	t	exempt Organization							ОМВ	No 1545-0687
			(and proxy ta					1 20/80	0	9	n47
		For ca	lendar year 2017 or other tax year beginning JUI						118	4	<b>2017</b> ~
Departmen	it of the Treasury		► Go to www irs gov/Form99 Do not enter SSN numbers on this form a						21	Open to	Public Inspection for
								tion is a sortex			Organizations Only
	Check box if address changed		Name of organization ( Check box if	name c	nangeo	and see instruc	tions.)		(En	nployees' tr tructions )	
D Even	pt under section	Print	CENTRACARE HEALTH S	יייצעי	EM					41-1	813221
	)1(c)(03)	Or	Number, street, and room or suite no. If a	•		etructions			E Uni	related bus	iness activity codes
	)8(e) 220(e)	Type	1406 6TH AVENUE NOR		rg 300 II	otractions.			(Se	e instructio	ns)
	98A 530(a)		City or town, state or province, country, ar		r foreia	n postal code					
==	.9(a)		ST. CLOUD, MN 5630			•			62	1500	
C Book va	alue of all assets		F Group exemption number (See instructi	ons.)	<b></b>						
	<u>31,777,7</u>		G Check organization type ► X 50				(c) trust		l(a) trust		Other trust
H Descri	be the organization	n's prima	ary unrelated business activity. 🕨 LABI	RATO	RY	SERVICE	S/PHY	SICIAN	BILL		
			poration a subsidiary in an affiliated group o		nt-subsi	diary controlled	group?	<b>•</b>	· 🔲	Yes 🖸	<b>X</b> No
			tifying number of the parent corporation.	<u> </u>							
_			GREGORY R KLUGHERZ			***				<u>-251</u>	-2700
Part I			de or Business Income		1	(A) Inco	me	(B) Expen	ses	-	(C) Net
•	oss receipts or sale		3,781,119.	_		2 505	064				
	s returns and allow		195,255. c Balance		1c	3,585,	864.				
	st of goods sold (S		<i>,</i> ,		2	3,585,	864			1 3	585,864.
	oss profit. Subtract oital gain net incom				3 4a	3,303,	004.			13,	303,004.
	•	•	Part II, line 17) (attach Form 4797)		4b						
)	oital loss deduction		• • • • • • • • • • • • • • • • • • • •		4c						
•			ups and S corporations (attach statement)		5						
•	nt income (Schedu		,		6						
_	related debt-financ	•	ne (Schedule E)		7						
) <b>8</b> Inte	erest, annuities, ro	yalties, a	and rents from controlled organizations (Sch	n. F)	8						
, 9 Inv	estment income of	a section	on 501(c)(7), (9), or (17) organization (Sche	edule G)	9						
: <b>10</b> Exp	ploited exempt activ	vity inco	ome (Schedule I)		10						<del> </del>
)	vertising income (S		·	_	11	101	500				101 600
	•		ns; attach schedule) STATEMENT	1	12	101,					101,629.
Part I	tal. Combine lines		igh 12 o <b>t Taken Elsewhere</b> (See instruc		13	3,687,				13,	687,493.
Parti			utions, deductions must be directly cor					income)			
14 C			rectors, and trustees (Schedule K)					<del>.</del>	14	T	
	alaries and wages	10013, 01	rectors, and trustees (ochedule ty			JED	1		15	1.	666,663.
	epairs and mainten	апсе		DE	CEL	VED O	51		16		76,068.
	ad debts		\ .	Nº		1010	3/		17		
	terest (attach sche	dule)	[ <sub>0</sub> ]	11.1	0 M	3 5013	<u>&amp;</u> /		18		
<b>19</b> Ta	axes and licenses		161	"	,,, 	117	_/		19		3,467.
<b>20</b> Ch	haritable contributi	ons (Se	e instructions for limitation rules)	'اسپ	apl	NUT			20	ļ	
<b>21</b> De	epreciation (attach	Form 4	562)	2	فيتشف	_	21	29,504		_	
	ess depreciation cla	aimed oi	n Schedule A and elsewhere on return			[2	22a		221		29,504.
	epletion								23		
	ontributions to defe		mpensation plans						24		621 010
	nployee benefit pro								25		621,918.
	cess exempt expe	-							26		
	cess readership co					ਬਬੁਲ	<b>ያ</b> ሞልሞ	EMENT 2	27 28		802,201.
	ther deductions (at					ממט	DIAI		29		199,821.
			ncome before net operating loss deduction.	Subtrac	t line 20	from line 13			30		487,672.
			n (limited to the amount on line 30)	Jubilab			STAT	EMENT 3	31	$\overline{}$	422,086.
			ncome before specific deduction. Subtract li	ine 31 fr	om line		<del>-</del>		32		65,586.
										_	1,000.
34 U	nrelated business	taxable	y \$1,000, but see line 33 instructions for ex income Subtract line 33 from line 32. If line	ne 33 is	greater	than line 32, en	iter the sm	aller of zero or	, [		
lir	ne 32							<u></u> <u>_</u>	S 34		64,586.
			awark Dadustian Ast Notice and instruction								m QQ()-7 (2017)

35 Organizations Tasable as Corporations. See instructions for tax computation.  Corrolled group members (scribes 1561 and 1553) check here ▶ 36 instructions and:  a Enter your share of this \$50,000, \$25,000, and \$3,025,000 taxable recome bradets (in that order):  (1)	Part I	Tax Computation	
a. Finer your share of the SSLO, SSLOD, and SSJOCHOUS backed in the Drackets (in that order):  (1) SSLOD, AND SSLOD, and SSJOCHOUS backed in the Drackets (in that order):  (2) Additional 3% tax (not more than \$11/50) SSLOD, and SSJOCHOUS backed in the Drackets (in that order):  (2) Additional 3% tax (not more than \$11/50) SSLOD, and SSJOCHOUS backed in the Drackets (in that order):  (2) Additional 3% tax (not more than \$11/50) SSLOD, and SSJOCHOUS backed in the Drackets (in that order):  (3) STATEMBERT 1 TURN Brates. See instructions for tax computation, income tax on the amount on line 34 from:  Tax rate schedule or Schedule D (Form 1041)  35 Troy tax. See instructions  38 Alternative minimum tax  39 Tax on Non-Compliant facility income. See instructions  40 Total. Add times 37, 38 and 39 to line 35 cor 36, whichever applies  41 Foreign tax credit (corporations attaph Form 118); trusts attach Form 1116)  41 Foreign tax credit (corporations attaph Form 8801 or 8827)  6 Total credits and binners or credit. Attach Form 8800 or 8827)  6 Total credits and binners or credit. Attach Form 8801 or 8827)  6 Total credits and dilines 41 at through 410  42 Subtract use of its form in the 40  43 Other taxes. Check if form Time 866  6 Foreign organizations Tax past or withhelf at source (see instructions)  45 Backup withholding (see instructions)  6 See Subtract use of its form 868  6 Foreign organizations Tax past or withhold at source (see instructions)  6 See Subtract use of its form 868  6 Foreign organizations Tax past or withhold at source (see instructions)  6 See Subtract use of the see instructions)  6 See Subtract use of the see instructions)  7 Credit for small employer health insurance premiums (Attach Form 8941)  9 Other credits and payments.  9 Form 443  9 Other taxes are a subtracted to 2017  8 See Subtract use of the see instructions)  10 Credit for small employer health insurance premiums (Attach Form 8941)  9 Other credits and payments.  10 Foreign form 455  10 Foreign form 455  10 Foreign form 455  10 Fo	35	Organizations Taxable as Corporations See instructions for tax computation.	
to the comparation's share of (1) Additional 3% tax (not more than \$11,750)   S.   2. Additional 3% tax (not more than \$100,000)   SEE STATEMENT 4   35c.   12,345.		Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:	a l
b Enter organizations share of: (1) Additional 5% tax (not more than \$11,750)   S   (2) Additional 3% tax (not more than \$10,000)   c income tax on the amount on line 34   Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 34 from:   Trusts Taxable at Trust Rates See instructions of the amount on line 34 from:   Trusts Taxable at Trust Rates See instructions	a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):	
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c income tax on the amount on line 34  36 Trusts Taxable at Trust Rates See instructions for tax computation, Income tax on the amount on line 34 from:    Tax rate schedule or   Schedule D (Form 1041)   38  37 Proxy tax, See instructions   38  38 Alternative minimum tax   38  39 Tax on Non-Compiliant Facility income. See instructions   38  40 Testal. Add times 37, 38 and 39 to line 35 cor 36, whichever applies   419  41 Foreign tax credit (corporations attach Form 1116)   411  41 Foreign tax credit (corporations attach Form 3800   415  41 Foreign tax credit (corporations attach Form 3800   415  42 Subtract line 41s from line 40  43 Other traces. Check if from:   Form 4255   Form 8611   Form 8667   Form 8686   Other (when severe 44)  44 Total tax. Add lines 42 and 43  45 Payments. Add lines 42 and 43  46 Foreign or ganzations Tax paid or withheld at source (see instructions)   459  45 Each of the seed of t	b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	
Trust Taxable at Trust Rates   See instructions for tax computation, Income tax on the amount on line 34 from:   Tax rate schedule or   Schedule D (Form 1041)   38   37   38   37   38   38   37   38   38			
Tax rate schedule or Schedule D (Form 1041)  37 Proxy tax. Se matrictions 38 Alternative minimum tax 39 Tax on Non-Compiliant Facility Income See instructions 40 Total. Add thes 37, 38 and 39 to the 35 or 36, whichever applies  41 Total and thes 37, 38 and 39 to the 35 or 36, whichever applies  41 Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41	C		35c   12,345.
37   38   Alternative minimum tax   38   38   38   38   38   38   38   3	36		<u>  </u>
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Total Add lines 37, 38 and 38 to line 35c or 36, whichever applies  Part.IV Tax and Payments  41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  b Other credits (see instructions)  c General business credit Attach Form 800  d Credit for prior year minimum tax (attach Form 800 or 41b line 41b line 41b line 42c or 42c			<del></del>
Part IV   Tax and Payments			
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) b Other credits (see instructions) c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 41 through 41d Subtract line 41e from line 40 43 Subtract line 41e from line 40 43 Other taxes. Check if from: □ Form 4255 □ Form 8611 □ Form 8697 □ Form 8866 □ Other (attach schedulus) 44 Total tax. Add lines 42 and 43 44 Total tax. Add lines 42 and 43 45 a Payments: A 2016 overpayment credited to 2017 b 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: □ Form 2439 □ Form 4136  15 Total payments. Add lines 45s through 45g 46 Total payments. Add lines 45s through 45g 47 453. 48 Tax due. If line 46 is larger than the total of lines 44 and 47, enter amount over a financial account of line 49 you want: Credited to 2018 estimated tax Part V Statements Regarding Certain Activities and Other Information (see instructions)  51 At any time during the 2017 calendar year, did the organization have an interest nor 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 FinCR Form 114, Report of Foreign Bank and Financial Accounts. If YES, see instructions for other forms the organization may have to file FinCR Form 114, Report of Foreign Bank and Financial account form, or was it the grantor of, or transferor to, a foreign country? If YES, see instructions for other forms the organization may have to file Fince Form 114, Report of Foreign Bank and Financial Accounts. If YES, see instructions for other forms the organization may have to file Fince Foreign the amount of the 4-seeingly interest received or accrued during the tax year. If Yes is not proper shown below		Total: Add lines 37, 30 and 33 to line 33c of 30, Whichever applies	140 12,345.
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b 2017 estimated tax payments c Tax deposited with Form 8888 d Foreign organizations Tax paid or withheld at source (see instructions) e Backup withholding (see instructions) f Credit for small employer health insurance premiums (Attach Form 8941) g Other credits and payments: Form 4136 Other Form 4136 Other Total payments. Add lines 45a through 45g f Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 46 is less than the total of lines 44 and 47, enter amount ower overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid f Overpayment. If line 46 is larger than the total o			11 == 75=51
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47		☐ Form 4136 ☐ Other ☐ Total ► 45g	<u>                                     </u>
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Part V   Statements Regarding Certain Activities and Other Information (see instructions)    Part V   Statements Regarding Certain Activities and Other Information (see instructions)    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	48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48 12,798.
Part V   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Information of Signature or other authority   Yes   No	49	• •	49
51 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  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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year  Sign Here  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.  Signature of officer  Print/Type preparer's name  Preparer's signature  Preparer's signature  Preparer's signature  Date  Check If PTIN  Self- employed  PODD JACKSON  Firm's name ►RSM US LLP  Firm's lin ► 42-0714325			50
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 ▶  52 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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Under penalties of pegury, 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.  Sign  Here  VICE PRESIDENT/CFO  Firtle  Print/Type preparer's name  Preparer's signature  Date  Check If PTIN  self- employed  Print/Type preparer's name ▶ RSM US LLP  Firm's name ▶ RSM US LLP  Firm's name ▶ RSM US LLP  Firm's EIN ▶ 42-0714325	Part V		
FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here    X	51		Yes No
here  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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Under penalties of pegiury, 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 examples Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  WICE PRESIDENT/CFO Title  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No  Print/Type preparer's name  Preparer's signature  Date  Check if PTIN  self- employed  P00092672  Firm's name ▶ RSM US LLP  Firm's name ▶ RSM US LLP  801 NICOLLET MALL, WEST TOWER STE 110			
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.  53 Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Linder 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 example to Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    VICE PRESIDENT/CFO			
If YES, see instructions for other forms the organization may have to file.  53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ .  Sign Here  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 examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true.  Way the IRS discuss this return with the preparer shown below (see instructions)? X Yes No  Print/Type preparer's name  Preparer's signature  Date  Check If PTIN  Self- employed  P00092672  Firm's name RSM US LLP  Firm's EIN 42-0714325		· · · · · · · · · · · · · · · · · · ·	
Sign Here    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    VICE PRESIDENT/CFO	52		
Sign Here  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 examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and examined this return with the preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Type preparer shown below (see instructions)? ★ Yes  No Print/Typ	<b>5</b> 2	,	
Here    VICE PRESIDENT/CFO   May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No   Print/Type preparer's name   Preparer's signature   Date   Check   if   PTIN			dge and belief, it is true,
Paid Preparer Use Only  Print/Type preparer's name  Print/Type preparer's name  Preparer's signature  Preparer's signature  Print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check if PTIN  Self- employed  Print's name RSM US LLP  Firm's name RSM US LLP  801 NICOLLET MALL, WEST TOWER STE 110	Sign		
Signature of officer   Date   Title   Instructions)?   X   Yes   No	Here	N	•
Paid Preparer Use Only  Print/Type preparer's name  Preparer's signature  Preparer's signature  Date  Check if self- employed self- employed  Proparer's signature  Preparer's signature  Preparer's signature  S - 13 - 19  Print/Type preparer's name  Preparer's signature  Proparer's signature  Preparer's signature  Proparer's signature  Preparer's signature  Proparer's sig			
Paid Preparer Use Only    TODD JACKSON   TODD JACK		Print/Type preparer's name Preparer's signature Date Check	T T T T T T T T T T T T T T T T T T T
Preparer Use Only         TODD JACKSON         \( \begin{array}{c ccccccccccccccccccccccccccccccccccc	Daid	self- emoloyed	
Use Only Firm's name ►RSM US LLP  801 NICOLLET MALL, WEST TOWER STE 110  Firm's EIN ► 42-0714325		TODD TACKGON TO AN ISSUED SUB-19	P00092672
801 NICOLLET MALL, WEST TOWER STE 110	-	E DOW HO LLD	
Firm's address ► MINNEAPOLIS, MN 55402-2526 Phone no 612-332-4300	036 (	801 NICOLLET MALL, WEST TOWER STE 110	
		Firm's address ► MINNEAPOLIS, MN 55402-2526 Phone no 6	12-332-4300

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory valuation   N	/A				•
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		· <u>-</u>	
3 Cost of labor	3		from line 5. Enter h	ere and in	Part I,			
4a Additional section 263A costs			line 2			7		<del>,</del>
(attach schedule)	4a		8 Do the rules of sec	tion 263A (	(with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced	or acquired	d for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					L
Schedule C - Rent Income ( (see instructions)	(From Real	Property and	Personal Propert	y Lease	ed With Real Prop	erty)		
1 Description of property								
(1)				-			-	
(2)				,				
(3)				<del>-</del>				
(4)								
		ed or accrued			0(0)0-4			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property (if the pero personal property exceeds 50% on t is based on profit or income)	entage or if	3(a) Deductions directly columns 2(a) as	nd 2(b) (at	tach schedule)	•
(1)								
(2)								
(3)								
(4)				.,				
Total	0.	Total		0.	<b>↓.</b>			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)					
			2 Gross income from		3 Deductions directly con to debt-finant			
1 Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)								
(2)					-			
(3)			"					
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(c	8 Allocable deduct olumn 6 x total of co 3(a) and 3(b))	
(1)				%				
(2)		_		%				
(3)				%			=-	
(4)				%				
					Enter here and on page 1, Part I, line 7, column (A)		nter here and on pag Part I, line 7, column (	
Totals					0			0.
Total dividends-received deductions in	ncluded in columi	n 8				ightharpoonup		0.

Schedule F - Interest,		ties, an					tion	see in:	structio	ns)
			Exempt	Controlled O	rganızatı	ons				<u> </u>
1 Name of controlled organizat	identif	nployer ication nber		related income e instructions)		tal of specified ments made	includ	rt of column 4 led in the cont ation's gross	rolling	6 Deductions directly connected with income in column 5
(1)			-	-						
(2)										
(3)						.,				
(4)							ļ			
Nonexempt Controlled Organi	zations		•			-				
7 Taxable Income	8 Net unrelated incor (see instruction		9 Total	of specified pays made	ments	10 Part of colu in the controll gross	mn 9 tha ing orga s income	nization s		Deductions directly connected th income in column 10
(1)			<del> </del>							
(2)										
(3)									-	
(4)										
						Add colun Enter here and line 8, o		e 1, Parti, A)	I	Add columns 6 and 11 r here and on page 1, Part I, line 8, column (B)
Totals					<b>•</b>			0.		0.
Schedule G - Investme		Section	501(c)(7	7), (9), or (	17) Org	ganization				
(see inst	ructions)			1		0.5		1		T =
1 Desc	cription of income			2 Amount of	income	3 Deduction directly connected (attach scheool)	ected	4 Set- (attach	-asıdes schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				ļ						
(2)				ļ						
(3)	<u> </u>									
					_					
				Enter here and Part I, line 9, co						Finter here and our player 1 Part I, line 9, column (8)
Totals			<u> </u>		0.					0.
Schedule I - Exploited (see instri		Income	e, Other	Than Adv	vertisir	ig Income				
1. Description of exploited activity	2 Gross unrelated business income from trade or business	directly of with pro of uni	penses connected oduction related	4 Net incon from unrelated business (co minus colum gain, comput	d trade or olumn 2 in 3) If a	5 Gross inco from activity is not unrelat business inco	that ted	attribu	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
		busines	s income	through	1 7					column 4)
(1)										
(2)				ļ						
(3)						-				
(4)								l		
	Fnter here and on page 1, Part I,	page 1	re and on I, Part I,	· ·					,	Enter here and on page 1,
	line 10, col (A)	line 10,	, col (B)							Part II, line 26
Totals	0.		0.	<u> </u>						0.
Schedule J - Advertisi		instruction			D:-					<u>.</u>
Part I Income From	Periodicals Rep	огтеа о	n a Con	solidated	Basis					
1 Name of periodical	2 Gross advertising income		3 Direct ertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus ain, comput hrough 7	5 Circula income		6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)		_								٦,
(4)				*	•					7
		0.	n				•			0.
Totals (carry to Part II, line (5))		<u> </u>	U	• 1				<u> </u>		

	\\	
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	▶ 0.	0.	7			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	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 (2017)

## Form 4626 Department of the Treasury Internal Revenue Service

## **Alternative Minimum Tax - Corporations**

Attach to the corporation's tax return.

► Go to www irs gov/Form4626 for instructions and the latest information

OMB No 1545-0123

Name				Employer identification number
	CENTRACARE HEALTH SYSTEM			41-1813221
	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).			
1	Taxable income or (loss) before net operating loss deduction		1_	486,672.
2	Adjustments and preferences:			
a	Depreciation of post-1986 property		2a	
b	Amortization of certified pollution control facilities		_2b	
C	Amortization of mining exploration and development costs		2c	
d	Amortization of circulation expenditures (personal holding companies only)		2d	
е	Adjusted gain or loss		2e	
f	Long-term contracts		2f	
g	Merchant marine capital construction funds		2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		2h	
i	Tax shelter farm activities (personal service corporations only)		2i	
j	Passive activities (closely held corporations and personal service corporations only)		2j	
k	Loss limitations		2k	
ı	Depletion		21	
п	Tax-exempt interest income from specified private activity bonds		2m	
n	Intangible drilling costs		<u>2n</u>	
0	Other adjustments and preferences		20	406 650
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	486,672.
4	Adjusted current earnings (ACE) adjustment:	1.1 406 670		
а	ACE from line 10 of the ACE worksheet in the instructions	4a 486,672.	-	
Ь	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a			
	negative amount. See instructions	4b 0.	ł	
C	Multiply line 4b by 75% (0.75) Enter the result as a positive amount	4c		
d	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. Note: You must enter an amount on line 4d	19,268.		
	(even if line 4b is positive) SEE STATEMENT 6	4d 19,268.	}	
е	ACE adjustment.			
	If line 4b is zero or more, enter the amount from line 4c  If line 4b is zero or more, enter the amount from line 4c  If line 4b is less than area or line 4d as a construction of the first fi	,	4-	0.
-	• If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount	J	4e	486,672.
5	Combine lines 3 and 4e If zero or less, stop here; the corporation does not owe any AMT Alternative tax net operating loss deduction. See instructions	STATEMENT 5	<u>5</u>	423,158.
6 7	Alternative minimum taxable income Subtract line 6 from line 5. If the corporation held a		<b>├</b>	425,150.
7	interest in a REMIC, see instructions	116310001	7	63,514.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on l	line 8c):	<b>-</b>	03,311.
	Subtract \$150,000 from line 7. If completing this line for a member of a controlled	iii 66).		
a	group, see instructions. If zero or less, enter -0-	8a   O.		
<b>h</b>	Multiply line 8a by 25% (0.25)	8b 0.	i	
	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a control		İ	
·	group, see instructions. If zero or less, enter -0-		8c	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-		9	23,514.
10	Multiply line 9 by 20% (0.20)		10	4,703.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		11	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
12	Tentative minimum tax. Subtract line 11 from line 10 STMT 7	BLENDED RATE	12	2,371.
13	Regular tax liability before applying all credits except the foreign tax credit	_ <del> </del>	13	12,345.
14	Alternative minimum tax Subtract line 13 from line 12. If zero or less, enter -0 Enter her	e and on		==,==,
••	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return		14	0.
	. O	·	. , ,	

6

7

8

9

10

486,672.

Disallowance of loss on exchange of debt pools

Acquisition expenses of life insurance companies for qualified foreign contracts

Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

Adjusted current earnings Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of

CENTRACARE HEALTH SYSTEM **Adjusted Current Earnings (ACE) Worksheet** ➤ See ACE Worksheet Instructions. 486,672. Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 1 ACE depreciation adjustment: a AMT depreciation 2a **b** ACE depreciation (1) Post-1993 property 2b(1) (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) (4) Pre-1990 original ACRS property 2b(4) (5) Property described in sections 168(f)(1) through (4) 2b(5) (6) Other property 2b(6) (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 2b(7) 2c c ACE depreciation adjustment Subtract line 2b(7) from line 2a Inclusion in ACE of items included in earnings and profits (E&P): a Tax-exempt interest income 3a 3ь b Death benefits from life insurance contracts c All other distributions from life insurance contracts (including surrenders) 3с d Inside buildup of undistributed income in life insurance contracts 3d e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) 3e f Total increase to ACE from inclusion in ACE of items included in E&P Add lines 3a through 3e 3f Disallowance of items not deductible from E&P: a Certain dividends received 4a b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043) 4b c Dividends paid to an ESOP that are deductible under section 404(k) 4c d Nonpatronage dividends that are paid and deductible under section 1382(c) 4d e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e 4f Other adjustments based on rules for figuring E&P: a Intangible drilling costs 5a **b** Circulation expenditures 5b c Organizational expenditures 5c d LIFO inventory adjustments 5d e Installment sales 5e 5f f Total other E&P adjustments. Combine lines 5a through 5e

7

Form 4626

FORM 990-T		OTHER INCOME	·	STATEMENT 1.
DESCRIPTION	N			AMOUNT
PARKING EX	- PENSE JANUARY 1 -	JUNE 30, 2018		101,629.
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 12		101,629.
FORM 990-T		OTHER DEDUCTION	ONS	STATEMENT 2
DESCRIPTION	Ŋ			AMOUNT
SUPPLIES OTHER OCCUPANCY ALLOCATED ALLOCATED ALLOCATED ALLOCATED	ACCOUNTING EXPENSE			275,012. 258,078. 133,069. 32,304. 50,224. 6,020. 26,095. 21,399. 802,201.
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
TAX YEAR  06/30/09 06/30/10 06/30/11 06/30/12 06/30/13 06/30/14	11,014. 90,104. 196,634. 172,678. 155,192. 43,599.	PREVIOUSLY		

FORM	990-T LINE 35C TAX COMPUTAT	ION		STATEMENT 4
1.	TAXABLE INCOME		64,586	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT		50,000	
3.	LINE 1 LESS LINE 2		14,586	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUN	т	14,586	
5.	LINE 3 LESS LINE 4		0	
6.	INCOME SUBJECT TO 34% TAX RATE		0	
7.	INCOME SUBJECT TO 35% TAX RATE		0	
8.	15 PERCENT OF LINE 2		7,500	
9.	25 PERCENT OF LINE 4		3,647	
10.	34 PERCENT OF LINE 6		0	
11.	35 PERCENT OF LINE 7		0	
12.	ADDITIONAL 5% SURTAX		0	
13.	ADDITIONAL 3% SURTAX		0	
14.	TOTAL INCOME TAX		_	11,147
			=	
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/20:	17	13,563	
		DAYS		
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 TAX PRORATED FOR NUMBER OF DAYS IN 2018	184 181	5,619 6,726	
18.	TOTAL TAX PRORATED	365		12,345

FORM 4626	ALTERNATI	IVE MINIMUM TAX N	OL DEDUCTION	STATEMENT .5.
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	
06/30/10	11,014.	11,014.	0.	
06/30/11	90,104.	90,104.	0.	
06/30/12	196,634.	144,945.	51,689.	
06/30/13	172,678.	0.	172,678.	
06/30/14	155,192.	0.	155,192.	
06/30/15	43,599.	0.	43,599.	
AMT NOL CA	RRYOVER AVAILABLE 1	THIS YEAR	423,158.	
-	NET POSITIVE	ACE ADJUSTMENT F	ROM PRIOR YEARS	STATEMENT 6
TAX YEAR	ORIGINAL	PREVIOUSLY APPLIED	REMAINING	AVAILABLE THIS YEAR
06/30/13	13,485.	0.	13,485.	13,485.
06/30/15	5,783.	0.	5,783.	5,783.
			19,268.	19,268.
AVAILABLE	FOR CREDIT		=======================================	
AVAILABLE		IVE MINIMUM TAX (	-	
			=	STATEMENT 7
<b>TENTATIVE</b>	TENTAT	E ENTIRE YEAR .	TMT) PRORATION	STATEMENT 7
TENTATIVE	TENTATI	E ENTIRE YEAR .	TMT) PRORATION  4,70	STATEMENT 7
TENTATIVE	TENTATI MIMIMUM TAX FOR THE ECT BEFORE 01/01/20	E ENTIRE YEAR .	TMT) PRORATION  4,70	STATEMENT 7
TENTATIVE TMT IN EFF	TENTATI MIMIMUM TAX FOR THE ECT BEFORE 01/01/20	E ENTIRE YEAR .  018  D	TMT) PRORATION  4,70	STATEMENT 7  3.  3.  0.
TENTATIVE TMT IN EFF	TENTATION TAX FOR THE ECT BEFORE 01/01/20 ECT AFTER 12/31/201	E ENTIRE YEAR .  018  17  D.  AYS IN 2017	TMT) PRORATION  4,70  4,70  AYS  184  2,37	STATEMENT 7  3.  3.  0.
CENTATIVE CMT IN EFF	TENTATION TAX FOR THE ECT BEFORE 01/01/20 ECT AFTER 12/31/201 ED FOR NUMBER OF DE ED FOR NUMBER OF DE	E ENTIRE YEAR .  018  17  DAYS IN 2017  AYS IN 2018	TMT) PRORATION  4,70  4,70  AYS  184  2,37	3