

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

OMB No 1545-0087

**2017**Department of the Treasury  
Internal Revenue ServiceFor calendar year 2017 or other tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**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**A** ☒ Check box if  
address changed**B** Exempt under section☒ 501(c)(13)  
☐ 408(e) ☐ 220(e)  
☐ 408A ☐ 530(a)  
☐ 529(a)Print  
or  
TypeName of organization ( ☐ Check box if name changed and see instructions.)**REGIONAL HEALTH INC.**

Number, street, and room or suite no. If a P.O. box, see instructions.

**PO BOX 6000**

City or town, state or province, country, and ZIP or foreign postal code

**RAPID CITY, SD 57709-6000****D** Employer identification number  
(Employees' trust, see  
instructions)**20-1487506****E** Unrelated business activity codes  
(See instructions)**812930****C** Book value of all assets  
at end of year**168,389.****F** Group exemption number (See instructions.)**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Describe the organization's primary unrelated business activity. **NONDEDUCTIBLE PARKING****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.

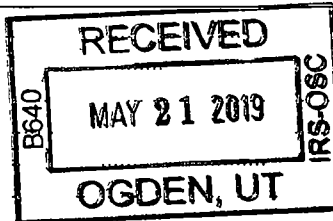
**J** The books are in care of **MARK THOMPSON**Telephone number **605-755-9127****Part I Unrelated Trade or Business Income**

	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>2</b> Cost of goods sold (Schedule A, line 7)			
<b>3</b> Gross profit. Subtract line 2 from line 1c			
<b>4a</b> Capital gain net income (attach Schedule D)			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>c</b> Capital loss deduction for trusts			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)			
<b>6</b> Rent income (Schedule C)			
<b>7</b> Unrelated debt-financed income (Schedule E)			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b> Exploited exempt activity income (Schedule I)			
<b>11</b> Advertising income (Schedule J)			
<b>12</b> Other income (See instructions; attach schedule) <b>STATEMENT 2</b>	<b>3,601.</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>3,601.</b>		<b>3,601.</b>

**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.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>3,601.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>3,601.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 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>	<b>2,601.</b>



**Part III Tax Computation****35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☒ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$ 2,601.

**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

**c** Income tax on the amount on line 34

SEE STATEMENT 3

35c 717.

**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)

36

**37 Proxy tax.** See instructions

37

**38 Alternative minimum tax**

38

**39 Tax on Non-Compliant Facility Income.** See instructions

39

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 717.

**Part IV Tax and Payments****41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)

41a

**b** Other credits (see instructions)

41b

**c** General business credit. Attach Form 3800

41c

**d** Credit for prior year minimum tax (attach Form 8801 or 8827)

41d

**e Total credits.** Add lines 41a through 41d

41e

**42** Subtract line 41e from line 40

42 717.

**43** Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

**44 Total tax.** Add lines 42 and 43

44 717.

**45a** Payments: A 2016 overpayment credited to 2017

45a

**b** 2017 estimated tax payments

45b

**c** Tax deposited with Form 8868

45c

**d** Foreign organizations: Tax paid or withheld at source (see instructions)

45d

**e** Backup withholding (see instructions)

45e

**f** Credit for small employer health insurance premiums (Attach Form 8941)

45f

**g** Other credits and payments:☐ Form 2439☐ Form 4136 ☐ Other

Total

45g

**46 Total payments.** Add lines 45a through 45g

46

**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐

47 27.

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed

48 744.

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49

**50** Enter the amount of line 49 you want: Credited to 2018 estimated tax

Refunded

50

**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 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

X

**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.

X

**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 complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer MARK A. THOMPSON Date 5/14/19

CFO 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

KIM HUNWARDSSEN, CPA

CPA

05/09/19

P00484560

Firm's name EIDE BAILLY LLP

Firm's EIN 45-0250958

Firm's address 800 NICOLLET MALL, STE. 1300

MINNEAPOLIS, MN 55402-7033

Phone no. 612-253-6500

Form 990-T (2017)

## FOOTNOTES

STATEMENT 1

THE ORGANIZATION IS MAKING THE DE MINIMIS SAFE HARBOR  
ELECTION UNDER REG. SEC. 1.263(A)-1(F).

FORM 990-T

OTHER INCOME

STATEMENT

2

DESCRIPTIONAMOUNT

NONDEDUCTIBLE PARKING

3,601.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

3,601.

FORM 990-T

## LINE 35C TAX COMPUTATION

STATEMENT

3

1.	TAXABLE INCOME . . . . .	2,601	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	0	
3.	LINE 1 LESS LINE 2 . . . . .	2,601	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0	
5.	LINE 3 LESS LINE 4 . . . . .	2,601	
6.	INCOME SUBJECT TO 34% TAX RATE . . . . .	2,601	
7.	INCOME SUBJECT TO 35% TAX RATE . . . . .	0	
8.	15 PERCENT OF LINE 2 . . . . .	0	
9.	25 PERCENT OF LINE 4 . . . . .	0	
10.	34 PERCENT OF LINE 6 . . . . .	884	
11.	35 PERCENT OF LINE 7 . . . . .	0	
12.	ADDITIONAL 5% SURTAX . . . . .	0	
13.	ADDITIONAL 3% SURTAX . . . . .	0	
14.	TOTAL INCOME TAX		884
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	546	
			DAYS
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	446
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	271
18.	TOTAL TAX PRORATED	365	717