	¥ 1	6 00								27	93,	5 5 5	00000
//	Form.	990/T) E	Exempt Orga	nization	Bus	ine	ss Incor	ne Ta	ax.Re	eturn		OMB No 1545-0687
•		(and proxy tax under section 6033(e))										0040	
.	10-	For calendar year 2018 or other tax year beginning OCT 1, 2018 and ending SEP 30, 2019										9	2018
2020	Deparé	Go to www.irs.gov/Form990T for instructions and the latest information.										25	en to Public Inspection for 1(c)(3) Organizations Only
-	A	Check how if Name of arganization (Check how if name changed and see instructions)										D Employe	er identification number ees' trust, see
NO No		address changed in										instructi	ons)
	_												- 0693953 d business activity code
de n												See ins	ructions)
Received In atching Ogden	Ē												•
Rec Batch		bk value of all assets and of year F Group exemption number (See instructions.)											
\simeq	- at e	33,711,7	21.	G Check organization typ	oe ▶ X 50	1(c) corp	oration	501(c) trust		401(a)	trust	Other trust
C'J				ition's unrelated trades or						the only (o			
,				ACTIVITY -					-	complete F			
				ace at the end of the previo	us sentence, com	nplete Pa	rts I and	d II, complete a	Schedule	M for each	additiona	ıl trade o	r
		siness, then complete I			-#1-4-d			d.a	0	CMMM	1▶ [X Yes	N _a
				poration a subsidiary in an tifying number of the pare			TUE		group/	ヹ゚゙ゔ゚ゔ゙゙゙゙゙゙゙゙゙゙゙゙゚゚゙゙゙ゔ゚゙゚゚゙゚゙゙ゔ゚゙゚゙゙゙゙゙゙	35 L	A Yes	∟ No
				KATHY YOUNGQ		A&E (Telepho	one numbe	r ▶ 9	52-8	55-5000
				de or Business Inc				(A) Incon	1e	(B)	Expenses		(C) Net
1202 2021	1 a	Gross receipts or sale	s					<u>-</u>					
	b	Less returns and allow	wances		c Balance		1c					97	
10	2	Cost of goods sold (S	ichedule	e A, line 7)			2				CONTRACTOR N	- 100 mg 1	
∌	3	Gross profit. Subtract					3					3 447	
		Capital gain net incom	•	• •			4a	-,-		5 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1. 10. 10 m	3077	
				Part II, line 17) (attach Forr	n 4797)		4b			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. M. Karria. Markatan		
7		Capital loss deduction					4c						
Ž				ship or an S corporation (a	attach statement)		5			50,238/	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	M25	
Z		Rent income (Schedu		(Cabadula E)			7					+	
SCANNED		Unrelated debt-finance		me (Scriedule E) and rents from a controlled	organization (Sal	hadula E\							
S	-	•		on 501(c)(7), (9), or (17) o	=								
		Exploited exempt activ			organization (com	oudio d,	10						
	11	Advertising income (S	-	• •			11				•		
		Other income (See ins		•			12			7 2 01	I was		
		Total. Combine lines	3 throu	igh 12			13		0.				
		rt II Deductio	ns No	ot Taken Elsewhe									
		(Except for d	contrib	utions, deductions mus	t be directly co				usiness	income.)			
	14	•	icers, di	irectors, and trustees (Sch	edule K)	R	REC	EIVED	1			14	
	15	Salaries and wages			1				74			15	
	16	Repairs and mainten	iance		† !	8 B	AUG :	2 6 2020	RS-OS			16	
	17	Bad debts	م/ \مانيام]	∞ ′		2 0 2020	1\$1			17	
	18 19	Interest (attach sche Taxes and licenses	aule) (S	see instructions)	}	$\overline{}$		CAL LIT				19	
	20		ons (Se	e instructions for limitation	n rules) L	<u> </u>	UU	EN, UŢ				20	
	21	Depreciation (attach						1 3	1				·····
	22				re on return				2a			22b	•
	23	Depletion	ss depreciation claimed on Schedule A and elsewhere on return									23	
	24	•	Contributions to deferred compensation plans							•		24	
	25	Employee benefit pro			•				25				
•	26	Excess exempt expenses (Schedule I)									26		
	27	Excess readership co	ess readership costs (Schedule J)									27	
	28	Other deductions (at	- · · · · · · · · · · · · · · · · · · ·								28	<u> </u>	
	29	Total deductions. A	dd lines	14 through 28								29	0.
	30			income before net operatin								30	0.
	31									31	<u> </u>		
	32		•	income. Subtract line 31 fr				·				32	0 • Form 990-T (2018
	82370	01-09-19 THA FO	or Pape:	rwork Reduction Act Notic	e, see instructió	ns. 1				9	4		FORM 330-1 (2018

Form 990-T	(2018)	AUGUSTANA CHAPEL VI	IEW HOMES, INC	·		41-06	93953	Page 2
Part I	[6] T	otal Unrelated Business Taxab	le Income					
33	Total	of unrelated business taxable income compute	d from all unrelated trades or	businesses (see instruction	ns)	33	0.
34	Amou	ints paid for disallowed fringes					34	
35	Deduc	ction for net operating loss arising in tax years	beginning before January 1, 2	2018 (see inst	ructions)	STMT 2	35	0.
36	Total	of unrelated business taxable income before s	pecific deduction. Subtract line	e 35 from the	sum of			
		33 and 34				~ A	36	
37	Speci	fic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions)			250	34	1,000.
38	Unrel	ated business taxable income. Subtract line	37 from line 36. If line 37 is gr	reater than lin	e 36,	J		
	enter	the smaller of zero or line 36					38	0.
Part	V/ 1	Tax Computation	, t					
39	Organ	nizations Taxable as Corporations. Multiply li	ne 38 by 21% (0.21)			•	39	<u> </u>
40	Trust	s Taxable at Trust Rates. See instructions for	tax computation. Income tax	on the amoun	it on line 38 fr	rom:		
		Tax rate schedule or Schedule D (For	m 1041)			•	- 40	
41	Proxy	tax. See instructions				•	· 41	
42		ative minimum tax (trusts only)				-	42	
43		n Noncompliant Facility Income. See instruct					43	
44		. Add lines 41, 42, and 43 to line 39 or 40, whi	chever applies				44	0.
Part \		Tax and Payments			T. T			
45 a	•	gn tax credit (corporations attach Form 1118; t	rusts attach Form 1116)		45a			
р		credits (see instructions)			45b			
C		ral business credit. Attach Form 3800			45c			
d		t for prior year minimum tax (attach Form 880	1 or 882/)		45d		45.	
		credits. Add lines 45a through 45d					45e	0.
46		act line 45e from line 44	Form 8611 Form 8697	Form 8		ther (attach schedule)	46	
47			roilli 00 11 [] Folilli 0097	Form o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	titler (attach schedule)	48	0.
48		tax. Add lines 46 and 47 (see instructions)	form OSE D. Dort II. column /k	·\ line 2		•	49	0.
49		net 965 tax liability paid from Form 965-A or F	orni 905-6, Fart II, Columii (K	.), IIIIE Z	50a		49	<u>.</u>
50 a	-	ents: A 2017 overpayment credited to 2018 estimated tax payments		/\%	50b	42,000		
		eposited with Form 8868		' رسا	50c	12,000		
		gn organizations: Tax paid or withheld at sourc	e (see instructions)		50d			
		ip withholding (see instructions)	o (acc man accomo)	•	50e	·		
		t for small employer health insurance premium	ns (attach Form 8941)		50f			
			rm 2439		-			
•	_		her	Total >	- 50g			
51	Total	payments. Add lines 50a through 50g					51	42,000.
52		nated tax penalty (see instructions). Check if Fo	irm 2220 is attached 🕨 🗌]			52	
53	Tax d	lue. If line 51 is less than the total of lines 48,	49, and 52, enter amount owe	d		•	53 /	
54	Over	payment. If line 51 is larger than the total of lii	nes 48, 49, and 52, enter amou	unt overpaid		•	54 45	42,000.
55		the amount of line 54 you want. Credited to 2				Refunded	- 55 Cx	42,000.
!Part	/I j \$	Statements Regarding Certain	Activities and Other	Informati	on (see in	structions)		
56		y time during the 2018 calendar year, did the c	_	-		-		Yes No
		a financial account (bank, securities, or other)						
	FinCE	N Form 114, Report of Foreign Bank and Finar	ncial Accounts. If "Yes," enter t	he name of th	ne foreign cou	intry		
	here							- X
57		ig the tax year, did the organization receive a d		grantor of, or	transferor to,	, a foreign trust?		X
		s," see instructions for other forms the organiz	•					
58		the amount of tax-exempt interest received or			etatemente and	to the best of my know	vladae and belief it is	True
Sign	cc	nder penalties of perjury, I declare that I have examined wrect, and complete Declaration of preparer (other than	taxpayer) is based on all information	n of which prepa	rer has any knov	wledge	vieuge and belief, it is	
Here		Kat I Y	(COP)	CEO			May the IRS discuss	
		Signature of officer	Date T	CFO itle			the preparer shown instructions)?	Yes No
		Print/Type prepared name	· · · · · · · · · · · · · · · · · · ·		Date	Check	if PTIN	1.00 110
		Print/Type preparer's name	Preparer's signature		שמנכ	I —		
Paid		MATT WOCKEN	MATT WOCKEN	ا	8/12/2	self- employe		98291
Prepa		Firm's name CLIFTONLARSO			, <u> ,</u>	Firm's EIN		746749
Use (חכ		STREET, SUITE	300		THIII 3 CIN		· · ·
		Firm's address MINNEAPOLI				Phone no.	612-376	-4500
823711 01	1-09-19	1		-				990-T (2018)

CORPORATION'S NAME IDENTIFYING NO	FORM 990-	-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT 1
			· · · · · ·						

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/07	36,729.	36,729.	0.	0.
09/30/08	34,837.	34,837.	0.	0.
09/30/09	4,689.	4,689.	0.	0.
09/30/10	1,665.	1,665.	0.	0.
09/30/11	4,497.	4,497.	0.	0.
09/30/12	5,572.	5,213.	359.	359.
09/30/13	2,694.	0.	2,694.	2,694.
09/30/14	6,189.	0.	6,189.	6,189.
09/30/15	5,165.	0.	5,165.	5,165.
NOL CARRYO	VER AVAILABLE THIS	YEAR	14,407.	14,407.