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Forr	__ 990-T	For cal	Exempt Orga (an Jendar year 2019 or other to	d proxy ta	x under	secti	on 603; and ending	3(e))	1912		2019
	artment of the Treasury nat Revenue Service		Go to www.ir. For to www.ir. For to to to the to	s.gov/Form990	T for instruc	tions	and the la	test informat			to Public Inspection for
A	Check box if address changed	D 01	Name of organization		x if name chang				D Employer Id		
В	Exempt under section			`	·				(Employees' (rust, see	e instructions)
Γ	X 501(C)(G 3)	Print	HIAWATHA	VALLEY_	MENTAI	<u> H</u>	EALTH				
	408(e) 220(e)	or	Number, street, and room	or suite no If a P C) box, see instru	ctions			41-08	3894	423
	408A , 530(a)	Туре	420 EAST	SARNIA	STREET	Γ,	STE.	2100	E Unrelated b		activity code
	529(a)	l	City or town, state or prov	ince country, and	i ZIP or foreign p	oostal co			(See instruct		
C	Book value of all assets	<u> </u>	WINONA			<u>MN</u>	<u>5598</u>	7	5311:	<u> 20</u>	
	at end of year		roup exemption number						_		
	9,779,452		heck organization typ		01(c) corpor			01(c) trust	401(a) tru:	_	Other trust
H	Enter the number of th	e organ	ization's unrelated tra	des or busine	esses 🔼		Describe	the only (or	first) unrelated tr		
										-	ly one, complete
	Parts I–V If more than			•		the p	revious s	entence, con	nplete Parts I an	d II, ca	omplete a
	Schedule M for each a										
'	During the tax year, wa If "Yes," enter the name	e and id	orporation a subsidiar tentifying number of th	y in an affiliat ne parent con	ed group or poration	a par	ent-subsid	diary controlle	ed group?	,	Yes X No
	The books are in care of	nf ▶ K	KIM KOLSTAD					Tele	enhone number	> 50	7-454-4341
			le or Business I				(A)	Income	(B) Expenses		(C) Net
1a	Gross receipts or sale		io or Baomicoo ii	T			<u> </u>		`		
b	Less returns and allo			c Balance	•	1c	l				, /{
2	Cost of goods sold (S			, • 55.6	•	2					
3	Gross profit Subtract					3					
4a	Capital gain net incor					4a		,			
b	* *		I, line 17) (attach Form 4	797)		4b			,		
c	Capital loss deduction			,		4c				 	
5	•		ip and S corporation	(attach						/	
_	statement)		, p = p =	(5					
6	Rent income (Schedu	ule C)				6	1				
7	Unrelated debt-finance		me (Schedule E)			7		83,492	109,	524	-26,032
8	Interest, annuities, royalti	ies, and i	rents from controlled orga	anization (Sched	dule F)	8					
9	•		01(c)(7), (9), or (17) orga			9					
10	Exploited exempt acti				,	10		,			
11	Advertising income (\$	-				سلا		·			
12	Other income (See in	nstructio	ns, attach schedule)			12					
13	Total. Combine lines	3 through	gh 12			13		83,492	109,		-26,032
<u>_P</u> a	art II Deductio	ns No	t Taken Elsewh	ere (See in	structions	for	lımıtatıoı	ns on ded	uctions) (De	ducti	ons must be dire
14			the unrelated by ectors, and trustees (^ E I	VED		ſ	14	
15	Salaries and wages	JC10, UII	cotoro, una tradices (Y Senedala	- NEV		VLD		F	15	
16	Repairs and mainten	ance		1	J .			၂ၓ္ဟု	1	16	
17	Bad debts			12	3 NOV	2:	3 2020	RS -0	Ī	17	-
18	Interest (attach sched	dule) (se	ee instructions)	ļ	اد			181	Ì	18	
19	Taxes and licenses		7	1		<u> </u>		,	<u> </u>	19	
20	Depreciation (attach 1	Form 45	562)	ì	OGI		N, UT	20	25,802		
21	Less depreciation da	,	, .	where on ret	um			21a		21b	0
22	Depletion							-		22	
23	Contributions to defer	rged con	mpensation plans						Ī	23	
24	Employee benefit pro	/	•						Ţ	24	
25	Excess exempt exper	-	chedule I)						Ī	25	
26	Excess readership co								Ī	26	<u></u>
27	Other deductions (att	-							1	27	
28	Total deductions. A								Ī	28	
29	Unrelated business ta			rating loss de	duction Sub	otract	line 28 fro	om line 13	ľ	29	-26,032
30	Deduction for net ope		•	•					ľ		
	instructions)					,		,		30	
31	Unrelated business ta	ixable in	ncome Subtract line 3	30 from line 2	9				T I	31	-26,032
DAA	For Paperwork Red						** .				Form 990-T (2019)

Form	990	T (2019) HIAWATHA VALLEY MENTAL HEALTH	<u>41-088</u>	9423				P	age 2
P	a de la	<u> </u>							
32/	Tota	I of unrelated business taxable income computed from all unrelated trades or	businesses (see	:					
	ınstn	uctions)				32			
33	Amo	ounts paid for disallowed fringes				33			
34	Chai	ntable contributions (see instructions for limitation rules)				34			
35	Tota	I unrelated business taxable income before pre-2018 NOLs and specific dedu	ľ						
		rom the sum of lines 32 and 33				35			
36		uctions for net operating loss arising in tax years beginning before January 1,	2018 (see		- 1				
•		uctions)				36			
37		il of unrelated business taxable income before specific deduction. Subtract line	36 from line 35		_	37			<u></u>
		cific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	30 110111 11110 33		8	36		1 1	<u>000</u>
38		elated business taxable income. Subtract line 38 from line 37. If line 38 is gr	ontor than line 7	17	O	 		<u> + , `</u>	500
39			eater than line 3), ,		39			0
		r the smaller of zero or line 37				35			
	rt IV					40			
40 41	Orga	anizations Taxable as Corporations. Multiply line 39 by 21% (0 21) sts Taxable at Trust Rates. See instructions for tax computation. Income tax	on			40			
71		amount on line 39 from Tax rate schedule or Schedule D (Form				41			
42		<u> </u>	1041)			42			
42		y tax. See instructions				43			
43		mative minimum tax (trusts only)			ŀ				
44		on Noncompliant Facility Income. See instructions			}	44			
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies				45			0
_Pa	rt V		T.o. I		Т	Т			
46a	Fore	ign tax credit (corporations attach Form 1118, trusts attach Form 1116)	46a						
b		er credits (see instructions)	46b						
С		eral business credit Attach Form 3800 (see instructions)	46c						
d	Cred	lit for prior year minimum tax (attach Form 8801 or 8827)	46d						
е	Tota	Il credits. Add lines 46a through 46d			ļ	46e			
47		ract line 46e from line 45			ļ	47			
48		taxes Form 4255 Form 8611 Form 8697 Form 8866 Other (att.	sch)		L	48			
49	-	I tax. Add lines 47 and 48 (see instructions)			[49			0
50	2019	net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) i	line 3		ſ	50			
51a		ments A 2018 overpayment credited to 2019	51a		Ī				
ь	-	estimated tax payments	51b						
c		deposited with Form 8868	51c						
d		ign organizations Tax paid or withheld at source (see instructions)	51d	-	\neg				
e		kup withholding (see instructions)	51e		\neg				
_		lit for small employer health insurance premiums (attach Form 8941)	51f		\dashv	ļ			
T			311		-	- 1			
g		r credits, adjustments, and payments Form 2439							
	$\boldsymbol{-}$	Form 4136 Other Total ▶	51g						
52		Il payments. Add lines 51a through 51g			-	52			
53		nated tax penalty (see instructions) Check if Form 2220 is attached	_	•	Ųŀ	53			
54		due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed			P	54			0
55		rpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amou	int overpaid			55			
<u>56</u>		the amount of line 55 you want Credited to 2020 estimated tax ▶		Refunded		56			
<u>Pa</u>	<u>rt V</u>	Statements Regarding Certain Activities and Other Info	ormation (see	e instructi	ons)				
57	At ar	ny time during the 2019 calendar year, did the organization have an interest in a financial account (bank, securities, or other) in a foreign country? If "YES," t	or a signature of	r other aut	hority			Yes	No
	over	a financial account (bank, securities, or other) in a foreigh country? If "YES," t EN Form 114, Report of Foreigh Bank and Financial Accounts. If "YES," enter	ne organization	may nave	to lile				İ
	here		are name or the	o lololyli G	Jui III y			1	Х
58		ng the tax year, did the organization receive a distribution from, or was it the gi	rantor of or tran	sferor to a	forei	n trust	12		X
-		ES," see instructions for other forms the organization may have to file	rantor or, or train	0,0,0	10.015	jii (iao			<u> </u>
59	Ente	r the amount of tax-exempt interest received or accrued during the tax year 腾						<u> </u>	
Sig	nl u	inger penalities of penury, I declare that I have examined this return, including accompanying schedules and st of correct, and com <u>plete. Decla</u> ration of preparer (other than taxpayer) is based on all information of which pi	atements, and to the bi	est of my know vide	tedge an	nd belief,	May the IRS	discuss t	his return
Her				~-9~			May the IRS with the preparation (see instruction)	arer show ons)?	m below
1161	4		DIRECTOR					es [] №
	<u> S</u>	Print/Type preparer's name Preparer's signature Preparer's signature		Date		Ob 1			
.			. 			Check	LJ "		
Paid		SCOTT TURNBULL SCOTT TURNBULL W		11/16		self-emp		146288	
Prep		Firm's name JOHNSON BLOCK & CO., INC.			Firm's I	EIN 🕨	<u> 39-1</u>	628	<u>949</u>
Use	Only]					
		Firm's address LA CROSSE, WI 54601		<u>i</u>	Phone	no	608-78		
							Form 9	90-T	(2019)

Schedule A - Cost of Goods Sold. Enter method of inventory valuation >		n 990-T (2019) HIAWAT						889423	_		Pa	age 3
2 Purchases 3 Cost of fabor 4a Additional sec 263A costs (atach schedule) 5 Other cost of section 263A (with respect to properly produced or acquired for resale) apply 5 Total. Additiones 1 through 4b 5 Total. Additional 4b 5 Total.				er me					-			
3 Cost of fabor 4a Additional sec 263A costs (attach schedule) b Other costs (attach schedule) c Total 4b	_	, , ,				•	•		6		_	
4a Additional sec 283 A costs (gatter besides) b Citer cross (gatter besides) b Citer cross (gatter) b Cotter cross (gatter) 5 Total. Add lines 1 through 4b 5	_				⁷	~						
(attach schedule) (attach schedule) (attach schedule) (b (attach schedule) (c) (c) (c) (c) (c) (d) (d) (d) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	_		3		-		Enter he	re and				
b Other costs (estation schedule) 5 Total. Add lines 1 through 4b 5 Total. Add lines 1 through 7b 5 Total. Add lines 1 through 7b 5 Total. Add lines 1 throug	4a		40						_ 7			
STORIAL Add loads 1 through 4b 5 Total Add lines 1 through 4b 5 Total Horograpization?	h	,	4a		8	Do the rules of se	ction 263	3A (with respect to		L	Yes	No
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1 Description of property 1 Description of debt-financed property 2 Gross income from or allocable to debt-financed property 2 Gross income from or allocable to debt-financed property 3 Deductions directly connected with the income in columns 2(a) and 2(b) (allach schedule) 5 Chedule E - Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property 2 Gross income from or allocable to debt-financed property in the description of de	D		4b			property produced	or acqu	ired for resale) apply	/		- 1	,
See instructions 1 Description of property												<u> </u>
1 Description of property 1 Description of debt-financed property 2 Cross income from or allocable to debt-financed property 2 Cross income from or allocable to debt-financed property 2 Cross income from or allocable to debt-financed property 3 Deductors directly connected with rite income 4 Amount of average adjusted basis of or affocable to debt-financed property 3 Deductors directly connected with or allocable to STIMT 1 debt-financed property STIMT 2 3 Deductors directly connected with or allocable to STIMT 1 Description of debt-financed property 4 Amount of average adjusted basis of a stocable to debt-financed property 4 Amount of average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable to debt-financed property by column 5 5 Average adjusted basis of a stocable t	Sch	nedule C – Rent Incom	ne (From Rea	l Prop	erty and P	ersonal Proper	ty Leas	sed With Real P	, rot	perty)		
10 N/A 21 30 40 22 Rent received or accounced (a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property exceeds 50% or if the rent is based on profit or income (c) Total income. Add lotals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (a) Schedule E – Unrelated Debt-Financed Income (see instructions) 1 Description of debt-financed property 1 Description of debt-financed property 2 Gross income from or allocative to debt-financed property (ii) SARNIA SOUARE BUILDING 1 26, 426 (iii) Sargini ine depreciation (e) Other debt-financed property by column 5 or allocative to debt-financed property by column 5 or allocative to debt-financed property by column 5 or allocative (e) Other description (e) Othe	_(s	ee instructions)										
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property (attach schedule) (attach schedule) by column 5 (attach schedule) (at		acquisition debt on or	of or allocable to						1			
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(2) % (3) % (4) % SEE STATEMENT 3 SEE STATEMENT 4 SEE STATEMENT 3 SEE STATEMENT 4 Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals **Note: Total Statement 4 See Statement 4 Part I, line 7, column (B) **Note: Total Statement 4 See Statement 4 Part I, line 7, column (B) **Note: Total Statement 4 See Statement 4 Part I, line 7, column (B) **Note: Total Statement 4 See Statement 4 Part I, line 7, column (B) **Note: Total Statement 4 See Statement 4 Part I, line 7, column (B)	(1)		824	249		66 04 9		83 492	5	10	9 5	524
(3) (4) SEE STATEMENT 3 SEE STATEMENT 4 Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals **B3,492** 109,524**		344,333	024,	277				00,402	+-		<i></i>	<i>,</i> <u>,</u> <u>,</u> <u>,</u>
(4) SEE STATEMENT 3 SEE STATEMENT 4 Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals **B3,492** 109,524**				-			_		+			
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Part I, line 7, column (A) Part I, line 7, column (B) **Part I, line 7, column (B)		FF STATEMENT 3 ST	FE STATEMEN	<u></u>			1 -	here and on page 1	+,	Enter here and o	n na	ne 1
Totals ▶ 83,492 109,524	اد	LL STATEMENT 3 S	UL CIMILITIE									
	Tota	ile.				L						` '
			ctions included in	column	. R				+		<i></i>	747

Form 990-T (2019) HIAWATI	nuities Per	I MENTAL	onto E	LIII rom Cost	rollos	1 O	88942	one (222 :=	ote lot:	Page 4
Schedule F - Interest, An	nuities, Roya	aities, and R		t Controlle				ons (see in	structio	ons)
1 Name of controlled	ļ	2 Employer	LXCIII	A COITHOILE	u Oig	jariizai	T			
organization	ntification number				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) N/A								J		
(2)			-							
(3)										
(4)										_
Nonexempt Controlled Organia	zations					,				
	R	Net unrelated income	.	9 Total of speci	fied	, 10	Part of colu	ımn 9 that is	11	Deductions directly
7 Taxable Income		oss) (see instructions)		payments made		included in the organization's gro				nected with income in column 10
(1)										
(2)						_				
(3)			_			1				
(4)						 	dd columns	5 and 40		ld antiques C 4.4
						Enter here ar		on page 1,	Ente	Id columns 6 and 11 er here and on page 1,
Totals					•		art I, line 8,	∞iumi (Λ)	ra	t I, line 8, column (8)
Schedule G – Investment	Income of a	Section 501	(c)(7),	(9), or (17) Org	aniza	tion (s	ee instructio	ns)	
				1	ductions					5 Total deductions
1 Description of income	ı	2 Amount of income		directly connected (attach schedule				Set-asides ach schedule)		and set-asides (col 3 plus col 4)
				(5.1.55.1			,,,,,,,			
(1) N/A										
(2)				 					+	
(3)									\dashv	
(4)										
		Enter here and o Part I, line 9, col								ter here and on page 1 art I, line 9, column (B)
Totals	•									, , (2)
Schedule I – Exploited Ex	empt Activit	y Income, O	ther Th	an Advei	tising	q Inco	ome (se	e instruction	ns)	
	2 Gross unrelated	3 Expension		4 Net income (from unrelated		5 Gro	ss income	6 Expe	20000	7 Excess exempt expenses
1 Description of exploited activity	business incomi	connected	with	or business (column 2 minus column 3) If a gain, compute			activity that	attributa		(column 6 minus
	from trade or	production unrelate					t unrelated	colun	n 5	column 5, but not more than
	business	business in	come	cols 5 through		0000				column 4)
										
(1) N/A										
(2)					-			_		+
(3)			+		_					
(4)	Enter here and o	n Enter here a	nd on							Enter here and
	page 1, Part I,	page 1, Pa								on page 1, Part II, line 25
Totals	line 10, col (A)	line 10, col	(0)							Part II, line 25
Schedule J – Advertising	Income (see	instructions)								
Part I ! Income From I			a Con	solidated	Basi	s				
				4 Advertising	9					7 Excess readership
2 Gross advertising income		3 Direct advertising	L	gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		6 Readership costs		costs (column 6 minus column 5, but not more than column 4)
1) N/A				_						
(2)					Ī					
(3)										
4)										
Totals (camy to Part II line (5))	i									

(3)

(4)

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

Form 990-T (2019) HIAWATHA VALLEY MENTAL HEALTH 41-0889423 Page 5 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) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 5 Circulation 3 Direct advertising minus column 5, but 2 minus col 3) If 1 Name of penodical advertising costs ıncome costs not more than ıncome a gain, compute cols 5 through 7 column 4) (1) N/A (2) (3) ▶ Totals from Part I Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, 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 4 Compensation attributable to 2 Title business (1) N/A % (2)

Form 990-T (2019)

%

%

▶