1

7 07111 030-	AUGUSTANA CARE			<u> </u>	20/33	, -50 2
@Part	III Total Unrelated Business Taxa	ble Income				
33	Total of unrelated business taxable income compu	ted from all unrelated trades or businesses	(see instructions)	•	33	22,774.
34	Amounts paid for disallowed fringes				34	<u> </u>
35	Deduction for net operating loss arising in tax year	s beginning before January 1, 2018 (see ii	nstructions) S	TMT 3	35	22,774.
36	Total of unrelated business taxable income before					
•	lines 33 and 34			_	36	
27		27 instructions for avantions)		1	27	1,000.
37	Specific deduction (Generally \$1,000, but see line			2	ا 'هم ا ک	1,000.
38	Unrelated business taxable income. Subtract line	e 37 from line 36. If line 37 is greater than	iiie 30,			0.
S	enter the smaller of zero or line 36				38	
Part I						
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)		•	► 39	0.
40	Trusts Taxable at Trust Rates. See instructions for	r tax computation. Income tax on the amo	unt on line 38 from:			
	Tax rate schedule or Schedule D (Fe	orm 1041)		>	40	
41	Proxy tax. See instructions			•	► <u>41</u>	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See Instru	ctions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, wl				44	0.
Part						
	Foreign tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a		200	
_	Other credits (see instructions)	trusts utuber vorm 1110)	45b			
b	General business credit. Attach Form 3800	•				
G		04 0007\	45c			
đ	Credit for prior year minimum tax (attach Form 88	010(882/)	45d			
е	Total credits. Add lines 45a through 45d				45e	
46	Subtract line 45e from line 44				46	0.
47	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	n 8866 💹 Other	(attach schedule)		
48	Total tax. Add lines 46 and 47 (see instructions)	-			48	0.
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (k), line 2 0	· / /		49	0.
50 a	Payments: A 2017 overpayment credited to 2018	· · · · · · · · · · · · · · · · · · ·	_80a	<u>39,393</u>	· *	
b	2018 estimated tax payments	J	50b			
С	Tax deposited with Form 8868		50c			
d	Foreign organizations: Tax paid or withheld at sour	ce (see instructions)	50d			
e	Backup withholding (see instructions)	,	50e			
i	Credit for small employer health insurance premiu	ms (attach Form 8941)	50f			~
a		orm 2439				
9		Other Total	▶ 50g			
51	Total payments. Add lines 50a through 50g		009		51	39,393.
52	Estimated tax penalty (see instructions). Check if F	orm 2220 is attached			52	
				_	53	
53	Tax due. If line 51 is less than the total of lines 48				544	5 39,393.
1 54	Overpayment. If line 51 is larger than the total of				55	~
7 \ 55 PD 6 44 1	Enter the amount of line 54 you want: Credited to			efunded >	- 55	0.
Part.						
56	At any time during the 2018 calendar year, did the					Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organiza	ation may have to fil	e		
	FinCEN Form 114, Report of Foreign Bank and Fina	incial Accounts. If "Yes," enter the name of	the foreign country			
	here >					X
57	During the tax year, did the organization receive a	distribution from, or was it the grantor of,	or transferor to, a fo	reign trust?		<u> </u>
	If "Yes," see instructions for other forms the organ	zation may have to file.				10 Mars
58	Enter the amount of tax-exempt interest received of	r accrued during the tax year >\$				
	Under penalties of periury, I declare that I have examined	this return, including accompanying schedules an	d statements, and to the	e best of my know	ledge and be	elief, it is true,
Sign	correct, and complete Declaration of preparer (other tha	n taxpayer) is based on all information of which pre	parer has any knowledg	ge F		
Here	K-11 I 1 1	RANGE CEO			-	discuss this return with
	Signature of officer	Date Title				shown below (see
		·	Data			
	Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN	I
Paid	MA MM THE CONTRACT	MAN THE CHIEF	00/10/00	self- employe		11 500001
Prepa	rer MATT WOCKEN		08/12/20	, 		1598291
Use (only Firm's name ► CLIFTONLARSO			Firm's EIN	► 41	L-0746749
	220 S 6TH	STREET, SUITE 300				
	Firm's address ► MINNEAPOL	S, MN 55402		Phone no.	<u>612-3</u>	376-4500
000711 04	-09-19					Form 990-T (2018)

Schedule A - Cost of Goods Sold.	Enter method of inven	tory valuation N/A			
1 Inventory at beginning of year 1		6 Inventory at end of year	ar	6	
2 Purchases 2		7 Cost of goods sold. S	ubtract line 6		<u> </u>
3 Cost of labor 3		from line 5. Enter here	and in Part I,		
4 a Additional section 263A costs		line 2		7	
(attach schedule) 4a		8 Do the rules of section	263A (with respect to		Yes No
b Other costs (attach schedule) 4b		property produced or a	acquired for resale) apply to		
5 Total. Add lines 1 through 4b 5		the organization?			
Schedule C - Rent Income (From F (see instructions)	leal Property and	Personal Property L	eased With Real Prop	perty)	
1. Description of property					
(1)	· · · · · · · · · · · · · · · · · · ·		" "		
(2)					
(3)					
(4)	·				
	t received or accrued				
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	` af rent for p	nd personal property (If the percental ersonal property exceeds 50% or if it is based on profit or income)	ge 3(a) Deductions direct columns 2(a)	dy connected with the in and 2(b) (attach schedul	come in le)
(1)					
(2)					
(3)					
(4)					
Total	0 . Total		0.		
(c) Total income. Add totals of columns 2(a) and 2 here and on page 1, Part I, line 6, column (A)	•		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Debt-Finan	ced Income (see	instructions)			
		2. Gross income from	3. Deductions directly co to debt-finar	nnected with or allocab nced property	le
Description of debt-financed proper	erty	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	(b) Other de (attach sci	
(1)					
(2)					
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed 5.	Average adjusted basis of or allocable to ebt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x tot 3(a) an	al of columns
(1)		%			
(2)		%			
(3)		%			
(4)		%			
			Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7, c	
Totals		•	1).	0.
Total dividends-received deductions included in	column 8			>	0.

Schedule F - Interest,	Annuities, Royal	ties, and Re	ents From	Cont	rolled	d Organiza	tions	(see ins	struction	is)
		Exe	mpt Control	ed Orga	anızatıc	ons		·		
Name of controlled organiza	2. Em identification	ployer 3 ication (lo	Net unrelated inc ss) (see instruction	ome	4. Tota	al of specified nents made	includ	t of column 4 ed in the contr ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)										1. T-2.8
(2)				+						
(3)										
(4)	+									
Nonexempt Controlled Organ	uzations									
7 Taxable Income	8 Net unrelated incom	ne (toss) 0	Total of specific	d paymen	nts	10. Part of colur	nn 9 thai	us included	11. De	ductions directly connected
, razase mesme	(see instruction		made			in the controlls	ng organ income	ization's		n income in column 10
(1)										,
(2)						····				
(3)										
(4)	-				\rightarrow					
		· · · · · · · · · · · · · · · · · · ·				Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 iere and on page 1, Part I, line 8, column (B)
Totals								0.		0.
Schedule G - Investme	ent Income of a S	Section 501	(c)(7), (9),	or (17	1 Ora	anization				
	tructions)		(0)(1); (0);	J. 1	, •.5					
	cription of income	····	2. Amo	ount of Inc	ome	3. Deduction directly connectated (attach sched	cted	4 Set-	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)									_	
(3)					T					
(4)										
			Enter her Part 1, Iln	e and on p e 9, colum	oage 1, in (A)					Enter here and on page 1, Part I, line 9, column (B)
Totals Schedule I - Exploited	Exempt Activity	Incomo O	thor Than	Advo		a Incomo	** .)	Carlo Carlo	<u>`` ^^A@</u>	0.
(see instr	=	income, O	uier illali	Auve	ıuənı	g income				
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connec with production of unrelated business incor	ted from ur busin minus gain, c	t Income (I related tra ess (colum column 3) ompute co nrough 7	nde or nn 2) If a	5. Gross inco from activity to is not unrelate business inco	hat ed	attribut	penses able to mn 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 page 1, Part I line 10, col (E								Enter here and on page 1, Part II, line 26
Totals •	0.		0. 图象			3 14 15 15 15			3.80 V	0.
Schedule J - Advertisi		nstructions)								
Partill Income From	Periodicals Rep	orted on a (Consolida	ted Ba	asis ——	,				
1. Name of periodical	2. Gross advertising Income	3. Dire	oct or (I costs col 3	Advertisin oss) (col. 2 If a gain, ils 5 throu	2 minus compute	5. Circulat income	lon	6. Reade cost		Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1							
(2)										
(3)										
(4)						9				
				-						
Totals (carry to Part II, line (5))	>	0.	0.			<u> </u>				0 . Form 990-T (2018)

Form 990-T (2018) AUGUSTANA CARE Part III 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.				0
		Enter here and on page 1, Part I, Ine 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		2.00		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	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

ADMINISTRATIVE AND MANAGEMENT CONSULTING

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
ACCOUNTING FEES		9,050. 8,487.
TRAINING & EDUCATION MEETINGS AND SEMINARS		2,197. 25,534.
INSURANCE ADVERTISING		55,959. 21,351.
CONTRACTORS & CONSULTANTS MANAGEMENT FEES		3,396. 66,038.
OFFICE SUPPLIES UTILITIES		57,942. 2,000.
LICENSES & PERMITS OFFICE RENT		2,003. 2,417. 6,598.
DUES AND SUBSCRIPTIONS PREADMISSION SCREENING		-541. 2,314.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	262,742.

FORM 990-T	NET	OPERATING LOS	S DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/18	115,947.	0	. 115,947.	115,947.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	115,947.	115,947.

053-0121

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning OCT 1, 2018, and ending SEP 30, 2019

▶ 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).

Name	of the organization AUGUSTANA CARE	41-17287			
U	nrelated business activity code (see instructions) > 53111	0			
		DEB	T-FINANCED	RENTAL INCOM	E
Par	দ্বীল্লি Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3		100	
4 a	Capital gain net income (attach Schedule D)	4a			5
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5	·····		
6	Rent income (Schedule C)	6	45 072	102 220	E0 240
7	Unrelated debt-financed income (Schedule E)	7	45,072.	103,320.	-58,248.
8	Interest, annuities, royalties, and rents from a controlled	8			
_	organization (Schedule F)	-			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	45,072.	103,320.	-58,248.
<u>{Par</u>	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the understanding the second	nrelat	ed business incon	ne.)	Tor Contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			. 14	ļ
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	<u> </u>
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)		ا مرا		<u> </u>
21	Depreciation (attach Form 4562)		21		~
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion		•	23	
24 25	Contributions to deferred compensation plans			25	
25 26	Excess exempt expenses (Schedule I)			26	
26 27	Excess readership costs (Schedule J)			27	
21 28	Other deductions (attach schedule)		•	28	
29	Total deductions. Add lines 14 through 28		•	29	0.
29 30	Unrelated business taxable income before net operating loss deduced	ction. Si	ubtract line 29 from line		-58,248.
31	Deduction for net operating loss arising in tax years beginning on o				
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30			. 32	-58,248.
LHA	For Panenyork Reduction Act Notice see instructions			Schedi	ile M (Form 990-T) 2018

Form 990-T (2018) AUGUSTANA	CADE			41-172	Page 3
Schedule A - Cost of Good		method of inver	ntory valuation	<u> </u>	0733
1 Inventory at beginning of year	1	11104104 01 111101	6 Inventory at end of year	,	6
2 Purchases	2		7 Cost of goods sold. Su		4300
3 Cost of labor	3		from line 5. Enter here a		
4a Additional section 263A costs			line 2	and mr are i,	7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b			equired for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?	odolica ioi rosala, appi, io	
Schedule C - Rent Income		Property and		eased With Real Prop	ertv)
(see instructions)	(
Description of property					
(1)					
(2)					
(3)			"""		
(4)				·-···	<u> </u>
(-)	2. Rent receiv	ed or accrued	- 		·
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for p	and personal property (if the percentag personal property exceeds 50% or if nt is based on profit or income)	ge 3(a) Deductions directly columns 2(a) ar	connected with the income in nd 2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total		Total			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum		nter -		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•
Schedule E - Unrelated Del		Income (see	instructions)		
			2 0	3. Deductions directly con to debt-finance	
1 December of dobt 5			Gross income from or allocable to debt-	(a) Straight line depreciation	(b) Other deductions
Description of debt-fi	nanced property		financed property	(attach schedule)	(attach schedule)
				STATEMENT 5	STATEMENT 6
(1)					
(2)					
(3)				/	
(4) SEE STATEMENT 4					
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 7	of or	adjusted basis allocable to inced property hischadule) MENT 8	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		-	%		
(2)			%		
(3)		·	%		
(4)	1		%		
				Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			. ▶	45,072	. 103,320.

Total dividends-received deductions included in column 8

FORM 990-T (M) S	CHEDULE E - UNRE	LATED DEBT-FINAN	CED INCOME	STATEMENT 4
1. DESCRIPTION OF PRO	ACTIVITY PERTY NUMBER	2. GROSS INCOME	3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
710 WILLIS STREET	1	12,729.	17,940.	10,693
4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
28,624.	197,433.	15%	1,846.	4,152
1. DESCRIPTION OF PRO	ACTIVITY PERTY NUMBER	2. GROSS INCOME	3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
1609 11 AVENUE S, MINNEAPOLIS	2	16,800.	14,645.	13,362
4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
24,190.	154,093.	16%	2,638.	4,397
1. DESCRIPTION OF PRO	ACTIVITY PERTY NUMBER	2. GROSS INCOME	3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
1521/1523 11 AVENU MINNEAPOLIS	TE S,	63,483.	50,605.	39,961
4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
124,482.	503,118.	25%	15,706.	22,406
1. DESCRIPTION OF PRO	ACTIVITY PERTY NUMBER	2. GROSS INCOME	3A. DEPRECIATION EXPENSE	3B. OTHER DEDUCTIONS
80 FREESTONE RD, E CO, UNIT B202	AGLE,	8,265.	14,247.	25,318
4. AVERAGE ACQ DEBT	5. AVERAGE ADJUSTED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
	160,140.	100%	8,265.	39,565.

DESCRI	PTION OF PROPERTY	AVI ADJUS!	NUMBER 5 5. ERAGE TED BASIS 301,460. ACTIVITY NUMBER 7	GROSS INCOME 19,309 6. PERCENT (COL 4/COL 5) 73% 2. GROSS INCOME 11,206	7. REPORTABLE GROSS INCOME 14,190. 3A. DEPRECIATION	25,844 8. ALLOCABLE DEDUCTIONS 28,950 3B. OTHER
DESCRI	4. AVERAGE CQ DEBT 221,551. 1. PTION OF PRO 1TH AVE 4. AVERAGE	ADJUS'	5. ERAGE TED BASIS 301,460. ACTIVITY NUMBER	6. PERCENT (COL 4/COL 5) 73% 2. GROSS INCOME	7. REPORTABLE GROSS INCOME 14,190. 3A. DEPRECIATION	8. ALLOCABLE DEDUCTIONS 28,950
DESCRI	AVERAGE CQ DEBT 221,551. 1. PTION OF PRO 1TH AVE 4. AVERAGE	ADJUS'	ERAGE TED BASIS 301,460. ACTIVITY NUMBER	PERCENT (COL 4/COL 5) 73% 2. GROSS INCOME	REPORTABLE GROSS INCOME 14,190. 3A. DEPRECIATION	ALLOCABLE DEDUCTIONS 28,950
517 1	1. PTION OF PRO 1TH AVE 4. AVERAGE	OPERTY	ACTIVITY NUMBER	2. GROSS INCOME	3A. DEPRECIATION	3B.
517 1	PTION OF PRO 1TH AVE 4. AVERAGE	OPERTY	NUMBER	GROSS INCOME	DEPRECIATION	
	4. AVERAGE		7	11,206		DEDUCTIONS
	AVERAGE			,	8,987.	8,789
	CQ DEBT		5. ERAGE TED BASIS	6. PERCENT (COL 4/COL 5)	7. REPORTABLE GROSS INCOME	8. ALLOCABLE DEDUCTIONS
	81,250.		375,162.	22%	2,427.	3,850
 ORM 9	90-T (M) S	SCHEDULI	E E - DEPRI	ECIATION DEDUC	TION	STATEMENT 5
ESCRI	PTION			ACTIVIT NUMBER		TOTAL
EPREC	TATION		- SUBTO	OTAL - 1	17,940. 14,645.	17,940
EPREC	TUTTON		- SUBTO	OTAL - 2	50,605.	14,645
	CIATION				20,000	F0 C0F
EPREC			- SUBTO	OTAL - 3	14,247.	50,605
EPREC EPREC	IATION		- SUBTO	OTAL - 3 OTAL - 4 OTAL - 5		50,605 14,247 13,549
	IATION			OTAL - 3		50,60

		<u></u>		
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
INTEREST			1,009.	
REPAIRS & MAINTENANCE			119.	
BAD DEBT EXPENSE			205.	
ACCOUNTING FEES			9.	
MANAGEMENT FEES			764.	
LICENSES & PERMITS			51.	
INSURANCE			517.	
AMORTIZATION			143.	
REAL ESTATE TAXES			4,396.	
SALARIES			2,604.	
FRINGE BENEFITS			573.	
CONTRACTED SERVICES			303.	
	- SUBTOTAL -	. 1	303.	10,693.
INTEREST	BODIOINE	-	853.	10,055.
UTILITIES			4,845.	
REPAIRS & MAINTENANCE			661.	
BAD DEBT EXPENSE			271.	
ACCOUNTING FEES			12.	
MANAGEMENT FEES			1,008.	
CONTRACTED SERVICES			356.	
LICENSES & PERMITS			67.	
INSURANCE			682.	
AMORTIZATION			188.	
REAL ESTATE TAXES			4,419.	
LEGAL FEES			1,110,	
	- SUBTOTAL -	- 2		13,362.
INTEREST		_	6,802.	
UTILITIES		•	12,079.	
REPAIRS & MAINTENANCE			3,612.	
BAD DEBT EXPENSE			1,023.	
ACCOUNTING FEES			44.	
MANAGEMENT FEES			3,809.	
LICENSES & PERMITS			254.	
INSURANCE			2,577.	
AMORTIZATION			712.	
CONTRACTED SERVICES			2,253.	
REAL ESTATE TAXES			6,796.	
LEGAL FEES			•	
	- SUBTOTAL -	. 3		39,961.
INTEREST			7,969.	
JTILITIES			8,316.	
REPAIRS & MAINTENANCE			58.	
BAD DEBT EXPENSE			133.	
ACCOUNTING FEES			6.	
MANAGEMENT FEES			496.	
CONTRACTED SERVICES			525.	
LICENSES & PERMITS			5,346.	•
INSURANCE			336.	
AMORTIZATION			93.	
REAL ESTATE TAXES	•		2,040.	
	- SUBTOTAL -	. 4	_, • •	25,318.
INTEREST		_	10,476.	,
			,	(m) mp) (m) (a \
		1		STATEMENT(S)
.40813 131839 053-01211	400 2018	.06010 AUGUS	TANA CARE	053-03

AUGUSTANA CARE				41-1728753
UTILITIES			1,128.	
REPAIRS & MAINTENANCE			49.	
BAD DEBT EXPENSE			311.	
ACCOUNTING FEES			13.	
MANAGEMENT FEES			1,158.	
LICENSES & PERMITS			77.	
INSURANCE			784.	
AMORTIZATION			217.	
CONTRACTED SERVICES			6,814.	
REAL ESTATE TAXES			4,817.	
	SUBTOTAL -	5	•	25,844.
INTEREST			1,111.	
UTILITIES			2,111.	
REPAIRS & MAINTENANCE			1,704.	
BAD DEBT EXPENSE			181.	
MANGEMENT FEES			672.	
ACCOUNTING FEES			8.	
LICENSES & PERMITS			45.	
INSURANCE			455.	
AMORTIZATION			126.	
REAL ESTATE TAXES			2,376.	,
-	SUBTOTAL -	7	•	8,789.
TOTAL OF FORM 990-T, SCHEDULE	E, COLUMN 3(B)		<u></u>	123,967.

ESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
VERAGE ACQUISITION			28,624.	
TODACE ACOUTETETAN	- SUBTOTAL -	- 1	24,190.	28,624
VERAGE ACQUISITION	- SUBTOTAL -	- 2	24,150.	24,190
VERAGE ACQUISITION	INDEBTEDNESS		124,482.	•
	- SUBTOTAL -	- 3	167 460	124,482
VERAGE ACQUISITION	- SUBTOTAL -	- 4	167,460.	167,460
VERAGE ACQUISITION		*	221,551.	,
	- SUBTOTAL -	- 5		221,551
VERAGE ACQUISITION	INDEBTEDNESS - SUBTOTAL -	- 7	81,250.	81,250

FORM 990-T (M) AVERAGE ADJUSTED BASIS OF OR STATEMENT 8 ALLOCABLE TO DEBT-FINANCED PROPERTY						
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL		
AVERAGE BASIS	- SUBTOTAL	- 1	197,433.	197,433.		
AVERAGE BASIS AVERAGE BASIS	- SUBTOTAL	- 2	154,093. 503,118.	154,093.		
AVERAGE BASIS	- SUBTOTAL	-	160,140.	503,118.		
AVERAGE BASIS	- SUBTOTAL - SUBTOTAL -	_	301,460.	160,140. 301,460.		
AVERAGE BASIS	- SUBTOTAL		375,162.	375,162.		
TOTAL OF FORM 99	0-т, schedule e, column	5		1,691,406.		