823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2018)

Form 990-	(2018) St. Mary's Health	care Center		46-023	30199	Page /
(Partil	III Total Unrelated Business Tax	able Income				-
33	Total of unrelated business taxable income comp	uted from all unrelated trades or businesses	(see instructions)		33	95,519.
34	Amounts paid for disallowed fringes				34	
35	Deduction for net operating loss arising in tax year	rs beginning before January 1, 2018 (see in	istructions)		35	
36	Total of unrelated business taxable income before	specific deduction. Subtract line 35 from the	ne sum of			
	lines 33 and 34				36	95,519
37	Specific deduction (Generally \$1,000, but see line	37 instructions for exceptions)		38	37	1,000.
38	Unrelated business taxable income Subtract lin	e 37 from line 36. If line 37 is greater than li	ne 36,	01		
	enter the smaller of zero or line 36			39	38	94,519.
Part	// Tax Computation					
39	Organizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)		40>	39	19,849.
40	Trusts Taxable at Trust Rates. See instructions for	or tax computation. Income tax on the amou	int on line 38 from:	: 10		-
	Tax rate schedule or Schedule D (Fe	orm 1041)		<b>&gt;</b>	40	
41	Proxy tax. See instructions			<b>&gt;</b>	41	
42	Alternative minimum tax (trusts only)	·			42	
43	Tax on Noncompliant Facility Income. See instru	ections			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, w			УS	44	19,849.
Parti		····· · · · · · · · · · · · · · · · ·	<del></del> -			
45a	Foreign tax credit (corporations attach Form 1118	; trusts attach Form 1116)	45а			
b	Other credits (see instructions)		45b			
	General business credit. Attach Form 3800		45c			
d	Credit for prior year minimum tax (attach Form 88	01 or 8827)	45d			
	Total credits Add lines 45a through 45d	•	<del></del>		<b>4</b> 5e	
46	Subtract line 45e from line 44				46	19,849.
47	Other taxes. Check if from: Form 4255	Form 8611  Form 8697  Form	8866 Other	(attach schedule)	47	<del></del>
48	Total tax. Add lines 46 and 47 (see instructions)			40	48	19,849.
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B. Part II. column (k), line 2		17	49	0.
	Payments: A 2017 overpayment credited to 2018		5¶0a			
	2018 estimated tax payments	SN.	O 50b	30,000.		
	Tax deposited with Form 8868	5(1	50c	7,430.		
	Foreign organizations: Tax paid or withheld at sou	rce (see instructions)	50d	<del></del>		
	Backup withholding (see instructions)	,	50e			
	Credit for small employer health insurance premiu	ms (attach Form 8941)	50f			
	· · · · · · · · · · · · · · · · · · ·	orm 2439	T T		1	
8		Other Total	► 50g			
51	Total payments. Add lines 50a through 50g		1		\$1	37,430.
52	Estimated tax penalty (see instructions). Check if F	form 2220 is attached		<b>S3</b>	52	409.
53	Tax due. If line 51 is less than the total of lines 48.			<b>→</b>	53	
54	Overpayment. If line 51 is larger than the total of l	· · · · · · · · · · · · · · · · · · ·		SS 🔊	54	17,172.
565	Enter the amount of line 54 you want: Credited to		7,172. Re	funded 🕨	55	0.
(Parti)					L	
_	At any time during the 2018 calendar year, did the					Yes No
	over a financial account (bank, securities, or other					
	FinCEN Form 114, Report of Foreign Bank and Fin					ile di
	here >					X
57	During the tax year, did the organization receive a	distribution from, or was it the grantor of, or	r transferor to, a for	reign trust?		_ <u>x</u>
	If "Yes," see instructions for other forms the organ					
58	Enter the amount of tax-exempt interest received o	or accrued during the tax year > \$	_			
	Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (other the	od this return, including accompanying schedules as	nd statements, and to	the best of my know	vledge and belie	f, it is true,
Sign	Correct, and complete Declaration of preparer (office the		sparer need any knowled		y the IRS discus	s this return with
Here	Duy/Notor, CF	0 5 14/2020 CFO AV	vera Heal		preparer shown	
	Signature of officer	Date Title		ins	structions)?	Yes No
	Print/Type preparer's name	1	Date	Check f	PTIN	
Paid		Kim Hunwardsen,		self- employed	-	
Prepa	rer Kim Hunwardsen, CPA	CPA	05/13/20			84560
Use Q	nly Firm's name ► Eide Bailly			Firm's EIN	45-0	250958
	800 Nicol	et Mall, Ste. 1300				
	Firm's address ► Minneapoli	s, MN 55402-7033		Phone no. 6		
23711 01	09-19			<del></del>	Forn	n <b>990-T</b> (2018)

Schedule A - Cost of Goods Sold. Enter	method of invent	ory valuation N/A	<u> </u>		
1 Inventory at beginning of year 1	6 Inventory at end of ye	ar		6 0.	
2 Purchases 2	327,292.	7 Cost of goods sold. S	Subtract line 6		
3 Cost of labor 3		from line 5. Enter here	e and in Part I,	نسد.	
4a Additional section 263A costs		line 2		<u> </u>	7 327,292.
(attach schedule) 4a		8 Do the rules of section	n 263A (with re	spect to	Yes No
b Other costs (attach schedule) 4b		property produced or	acquired for re	sale) apply to	
5 Total. Add lines 1 through 4b 5	327,292.	the organization?			X
Schedule C - Rent Income (From Real (see instructions)	Property and	Personal Property	Leased W	/ith Real Propo	erty) 
1. Description of property					
(1)					
(2)					
(3)					
(4)					
	ed or accrued		34	2 \ Deductions directly co	onnected with the income in
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	of rent for pe	d personal property (if the percen rsonal property exceeds 50% or i is based on profit or income)	tage ,	columns 2(a) and 2	2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total 0.	Total		0.		
(c) Total income. Add totals of columns 2(a) and 2(b). Enhere and on page 1, Part I, line 6, column (A)	nter -		Ènter h	otal deductions. here and on page 1, line 6, column (B)	_0.
Schedule E - Unrelated Debt-Financed	I Income (see II	nstructions)	····		
		2. Gross income from	3 De	eductions directly connect to debt-financed	cted with or allocable property
Description of debt-financed property		or allocable to debt- financed property		t line depreciation ch schedule)	(b) Other deductions (attach schedule)
(1)					
(2)					
(3)					
(4)			]		
debt on or allocable to debt-financed of or property (attach schedule) debt-fina	a adjusted basis allocable to unced property h schedule)	6 Column 4 divided by column 5	reporta	oss income able (column column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%			
(2)		%			
(3)		%			
(4)		%			
				e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals		•		0.	0.
Total dividends-received deductions included in column		•			0.

Schedule F - Interest,	Annuitie	s, Roya	ties, a					zatio	<b>ns</b> (see ins	struction	s)	
1 Name of controlled organization		2 Emplo dentifica numbe		3 Net unr	Net unrelated income oss) (see instructions)		tal of specified ments made	5 Part of column 4 included in the conorganization's gross		rolling	6 Deductions directly connected with income in column 5	
								ļ				
(1)		<u>-</u>		ļ				ļ				
(2)				<del>                                     </del>				├			<del></del>	
(3)				1				<u> </u>		<del></del>		
(4)	ızatıone							L				
Nonexempt Controlled Organ  7. Taxable Income	T	related incom	ne (loss)	9 Total	of specified payr	nents	10 Part of colu	mn 9 tha	it is included	11. De	ductions directly connected	
, , <u>, , , , , , , , , , , , , , , , , </u>		e instructions			made		in the controll	ing orga s income	nization's		income in column 10	
(1)								_				
(2)												
(3)											<u> </u>	
(4)				<u> </u>							<u></u>	
							Add colur Enter here and line 8, d		∍ 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						<b>&gt;</b>			0.		0.	
Schedule G - Investme	ent Incon	ne of a	Section	n 501(c)(	7), (9), or	(17) Oi	ganization	1	· · · · · · · · · · · · · · · · · · ·			
1 Desc	cription of incon	ne			2. Amount of	income	3 Deduction directly connect (attach scheduler)	cted	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)			<u></u> .				newse, e. hosbook index and		an contract form	heimt de tirtmen.	át m	
Tatala					Enter here and o Part I, line 9, col			AND	THE PARTY OF THE P	THE STREET	Enter here and on page 1, Part I, line 9, column (8)	
Totals Schedule I - Exploited	Exempt	Activity	Incom	ne, Othe	r Than Ad		ing Income	) 	Andrika-et s <b>m</b> iladish	5 <u>44405</u> 4-87529,87	<u> </u>	
(see instri	uctions)				l 4				<del></del>		· · · · · · · · · · · · · · · · · · ·	
1 Description of exploited activity	2 Gr unrelated b income trade or b	ousiness from	directly with pr of un	penses connected oduction related as income	4 Net income from unrelated business (comminus columnings) gain, compute through	trade or lumn 2 3) If a cols 5	5. Gross inco from activity is not unrelat business inco	that ted	6 Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)							·					
(2)		Ť	-									
(3)												
(4)	Enter here page 1, line 10, c	Part I,	page	are and on 1, Part I, , col (B)		TOTAL PARTY OF THE		PART OF THE PART O		AND THE STATE OF T	Enter here and on page 1, Part II, line 26	
Totals		0.		0.			THE PROPERTY OF THE PROPERTY NAMED TO SERVICE THE PROPERTY OF				0.	
Schedule J - Advertisi												
Part III Income From	Periodica	als Repo	orted o	n a Con	solidated	Basis						
1. Name of periodical		2 Gross advertising income	adv	3 Direct entising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	il 2 minus iin, compui rough 7			6 Reade cost	s	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					MARKANANANANANANANANANANANANANANANANANANA		dir.					
(2)						TATANA TA	KB4 KB7 FB7 FB7 KB1					
(3)					THE COURT OF THE C	CHEST SECTION OF SECTI	KHT KKK KKK KKK KKK					
(4)					INTERNATIONAL PROPERTY OF THE PROPERTY OF T		123 123 123					
Totals (carry to Part II, line (5))	<b>•</b>	(	o.	0			<u> </u>				0.	
											Form <b>990-T</b> (2018)	

Form 990-7 (2018) St. Mary's Healthcare Center 46-02301
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	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.	AND ALLEGAND THE PARTY OF THE P	THE PARTY OF THE P		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.	THE RESERVE TO SERVE THE PROPERTY OF THE PARTY OF THE PAR	THE COURT OF THE COURT OF THE PERSON OF THE	TO STANDARD AND THE PARTY OF TH	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		<b>&gt;</b>	0.

Form 990-T (2018)

Footnotes Statement 1

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

The organization is making the de minimis safe harbor election under Reg. Sec. 1.263(a)-1(f)

Form 990-T		Other Deductions	Statement	
Description			Amount	
Other Expense: Indirect Expen			19,5 12,6	
Total to Form	990-т,	Page 1, line 28	32,2	24.
Form 990-T	Parent	Corporation's Name and Identifying Number	Statement	3
Corporation's	Name		Identifying 1	No
Avera Health	<del></del>		46-0422673	