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Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 31 137, 982.	· · ·						25		
Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 115, 255. 29 137, 982.	,				_			<u> </u>	
Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 137, 982.		•			See Stat	ement 2			
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 30 0. 137, 982.	/			_					
(see instructions) 31 Unrelated business taxable income. Subtract line 30 from line 29 31 137, 982.	/	·					29	$\frac{1}{1}$	31,982.
31 Unrelated business taxable income. Subtract line 30 from line 29	<i>,</i>	erating loss arising in tax years beginning on or afti	er January 1,	, 201	8				0
200 7	<i>1</i> '	avable income. Subtract line 20 from line 20						1	
	•		ns .	_			1 31		

Schedule A - Cost of Goods	Sold. Enter	method of invent	ory va	aluation N/A						
1 Inventory at beginning of year	1	0.	6	Inventory at end of year	r		6			0.
2 Purchases	2	258,913.	7	Cost of goods sold. Su	ıbtract lı	ne 6		İ		
3 Cost of labor	3	<u> </u>	1	from line 5. Enter here						
4a Additional section 263A costs			1	line 2			. 7	258	,91	L3.
(attach schedule)	4a		8	Do the rules of section	263A (v	vith respect to			Yes	No
b Other costs (attach schedule)	4b		1	property produced or a		•				
5 Total Add lines 1 through 4b	5	258,913.	1	the organization?	'					X
Schedule C - Rent Income (F		Property and	Pers		eased	With Real Prop	erty)		
(see instructions)										
1 December of concepts						· · · · · · · · · · · · · · · · · · ·				
Description of property										
(1)										
(2)										
(3)										
_(4)	O Best ressure	ed or accrued		 .		· · · · · · · · · · · · · · · · · · ·				
/-> From parent property (if the parent			d pomo	onal property (if the percentage		3(a) Deductions directly	conne	cted with the inc	ome in	
(a) From personal property (if the perce rent for personal property is more than 10% but not more than 50%)	ntage of nan	of rent for pe	ersonal	property (if the percentage property exceeds 50% or if ed on profit or income)	ye	columns 2(a) a	nd 2(b)	(attach schedule)		
(1)										
(2)										
(3)										
(4)								_		
Total	0.	Total			0.					
(c) Total income. Add totals of columns 2		ter				(b) Total deductions. Enter here and on page 1,				_
here and on page 1, Part I, line 6, column		lii aama			0.	Part I, line 6, column (B)				0.
Schedule E - Unrelated Debt	-rinanced	income (see	nstru I	ctions)	_	3. Deductions directly con	nostad	with or allocable		
			2	. Gross income from		to debt-finance				
1. Description of debt-fina	nced property			or allocable to debt- financed property	(a)	Straight line depreciation		(b) Other ded		;
						(attach schedule)	ŀ	(attaci) sciii	auto,	
(1)			 				1			
(2)	-							•		
(3)										
(4)	-									
4. Amount of average acquisition debt on or allocable to debt-financed	5. Average	adjusted basis	6	. Column 4 divided by column 5		7. Gross income reportable (column		8, Allocable o	leductic	ons
property (attach schedule)	debt-fina	nced property h schedule)		by column 5		2 x column 6)		3(a) and		2111113
(1)				%			+			
(2)				%						
(3)				%						
(4)				%						
			•		F	nter here and on page 1,	┰	Enter here and o	n page	1,
						Part I, line 7, column (A)		Part I, line 7, co		
Totals				>	l	0				0.
Total dividends-received deductions_inc	luded in columi	ı 8 <u>,</u> .					<u> </u>			0.

Schedule F - Interest,	- Indicites, N	oyaities,		Controlled O			.uoi k	see in:	structions	5)
1 Name of controlled organiza	tion	2. Employer identification number	3. Net unr	related income a instructions)	4 . Tot	tal of specified ments made	includ	rt of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)							 			
(2)	-						1			
(3)			<u> </u>					-		
(4)					<u> </u>	-	1			
Nonexempt Controlled Organi	ızatıons		<u>.</u> .		<u></u>					
7. Taxable Income	8. Net unrelate	d income (loss) tructions)	9. Total	of specified payi made	ments	10. Part of colu in the controll gross	mn 9 tha ing orgai s income	nization's	11. Dec	ductions directly connected income in column 10
/1\	 									
(1)	 		1							-
(2)	 		1							_
<u>(3)</u> (4)	 									·
	.		<u> </u>		_	Add colun Enter here and line 8, t		a 1, Part I, A)	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals		f a Casti	504/s\/	7) (0) == (17) 0			0.		0.
Schedule G - Investme	ent income d :ructions)	or a Secti	on 501(c)(<i>1</i>	7), (9), or (17) Org	ganization				
· · · · · · · · · · · · · · · · · · ·	cription of income			2. Amount of	income	3. Deduction directly connection (attach schedule)	ected	4. Set	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				 		(utation conce	,			(ser o pias ser 4)
(2)										
(3)										
(4)										
Totals			.	Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (8)
Schedule I - Exploited (see instri		ivity Inco	me, Other	Than Adv	vertisir	ng Income				
Description of exploited activity	2. Gross unrelated busing income from trade or busine	ess dire	Expenses ctly connected th production of unrelated siness income	4. Net inconfrom unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is not unrelated business inco	that ted	attribu	penses table to ımn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	†									_
(2)										
(3)										
(4)	T				,					
Totals	Enter here and page 1, Part I line 10, col (A	p. bin	er here and on age 1, Part I, e 10, col (B)							Enter here and on page 1, Part II, line 25
Schedule J - Advertisi										
Part Income From	Periodicals	Reported	d on a Cons	solidated	Basis					
1. Name of periodical	adve	Gross rtising ome	3. Direct advertising costs	or (loss) (c col 3) If a g	tising gain of 2 minus jain, compu hrough 7			6. Reac		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) (2) (3)										
(4)						9		 		
Totals (carry to Part II, line (5))		0.	0							0.

			dicals Reporte Inebyline basis)		ate Basis (For ea	ch periodical lister	d in Part II, fill in	
1 . Na	me 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, 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 26
Fatala Doct II /lu	anc 1-5\	_	n I	. n	LOS CONTRACTOR OF THE PARTY OF	24 A DA 24 A SA A A	新沙 森市 电光线程序 计单元文件 《新沙路》	η.

Totals, Part II (lines 1-5)

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	 Percent of time devoted to business 	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	J
Total. Enter here and on page 1, Part II, line 14		, —	0.

Form 990-T (2019)

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 2
Description			Amount
Other Expenses Indirect Expens	es		20,264. 12,349.
Total to Form 9	90-T,	Page 1, line 27	32,613.
Form 990-T P	arent	Corporation's Name and Identifying Number	Statement 3
Corporation's N	Iame		Identifying No
Avera Health			46-0422673