	Forn	["] 990-1′) E	exempt Organization Bus	sine	ess income i	ax Returr	1	OMB No 1545-0687
			1	; (and proxy tax und			190(0040
			,For ca	lendar year 2018 or other tax year beginning ${ m JUL} \;\; 1$,	20	18 , and ending JU	N 30, 201	<u>9</u>	2018
	Dens	artment of the Treasury		► Go to www.irs gov/Form990T for in					
		nal Revenue Service		Do not enter SSN numbers on this form as it may	be m	ade public if your organiz	ation is a 501(c)(3)		Open to Public Inspection for 501(c)(3) Organizations Only
	A [Check box if		Name of organization (Check box if name c	hange	d and see instructions.)			ployer identification number ployees' trust, see
		address changed		,					ructions)
	ВЕ	xempt under section	Print	Avera Health				4	16-0422673
	X	501(0 8 (3))	or	Number, street, and room or suite no. If a P.O. box	x, see	instructions.	•		elated business activity code instructions)
		408(e) 220(e)	Type	3900 West Avera Drive,	No	300] `	
		□408A □ 530(a)		City or town, state or province, country, and ZIP o	r forei	gn postal code			
		529(a)		Sioux Falls, SD 57108				523	3000
		ook value of all assets end of year		F Group exemption number (See instructions.)		0928			
	_ <u>1</u>	,324,107,7	<u>53.</u>	G Check organization type ► X 501(c) corp	oratio	n 501(c) trust	401(a	trust	Other trust
	H Er	nter the number of the o	organiza	ation's unrelated trades or businesses. 🕨	88	Describe	the only (or first) ur	relate	d
	tra	ade or business here 🕨	► <u>Inv</u>	vestments in partnershi	ps	. If only one,	complete Parts I-V.	If mor	e than one,
	de	scribe the first in the bl	ank spa	ice at the end of the previous sentence, complete Pa	arts I a	nd II, complete a Schedule	e M for each addition	nal trad	de or
	bu	isiness, then complete l	Parts III	-V					
	I Di	uring the tax year, was t	the corp	poration a subsidiary in an affiliated group or a parer	nt-sub:	sidiary controlled group?	Stmt 5 ▶ [XY	'es No
	If	"Yes," enter the name a	nd ident	tifying number of the parent corporation.					
	J Th			Jamie Schaefer		Teleph	one number 🕨 6	05-	<u>-322-3992</u>
	Pa	irt i Unrelated	d Trac	de or Business Income		(A) Income	(B) Expenses	3	(C) Net
	1 a	Gross receipts or sale:	S				•		
	b	Less returns and allow	vances	c Balance ▶	1c				
	2	Cost of goods sold (Se	chedule	A, line 7)	2				
	3	Gross profit. Subtract	line 2 fr	rom line 1c	3				
	4 a	a Capital gain net income (attach Schedule D) 4a 508,773.							508,773
င္ဆာ	b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b		-		
計画	C	Capital loss deduction	for trus	sts	4c				
5 8 .	5	Income (loss) from a p	partners	ship or an S corporation (attach statement)	5	-518,948.	Stmt 3		-518,948
88	6	Rent income (Schedul	le C)		6				
Received in Batching Odden	7	Unrelated debt-finance	ed incon	ne (Schedule E)	7	2,011,651.	1,676,1	43.	335,508
_	8	Interest, annuities, roy	alties, a	and rents from a controlled organization (Schedule F)	8				
SEP	9	Investment income of	a sectio	on 501(c)(7), (9), or (17) organization (Schedule G)	9				
	10	Exploited exempt activ	ity inco	me (Schedule I)	10				
?	11	Advertising income (S	chedule	e J)	11				
5 2021	12	Other income (See ins	truction	ns; attach schedule)	12		·		
౾	13	Total. Combine lines			13	2,001,476.	1,676,1	43.	325,333
	Pa	rt II Deduction	ns No	t Taken Elsewhere (See instructions fo	rlimit	ations on deductions)	7		
		(Except for c	ontribu	utions, deductions must be directly connected	_	The unitelated business	s income)	, <u>.</u>	· · · · · · · · · · · · · · · · · · ·
	14	Compensation of offi	cers, dır	rectors, and trustees (Schedule K)	1.	19	2	14	
	15	Salaries and wages		ĮŞ.	Į A	UG 0 3 2020 🚶	?]	15	
	16	Repairs and maintena	ance			[9]	21	16	
26 2020	17	Bad debts		!	0	GDEN UT	=]	17	
Ö	18	Interest (attach sched	dule) (se	ee instructions)		And the second s		18	
 Q	19	Taxes and licenses						19	10,170
, 2 2	20	Charitable contribution	ons (See	e instructions for limitation rules) Stateme	nt	6 See Stat	ement 4	20	31,416
OCT	21	Depreciation (attach l	Form 45	562)		21		_	
\simeq	22	Less depreciation cla	imed or	n Schedule A and elsewhere on return		22a		22b	
\tilde{c}	23	Depletion						23	<u></u>
Щ	24	Contributions to defe	rred cor	mpensation plans				24	
Z	25	Employee benefit pro	grams					25	
F	26	Excess exempt exper	nses (Sc	chedule I)				26	
SCANNED	27	Excess readership co	sts (Sch	hedule J)				27	
Ŋ	28	Other deductions (att	ach sch	nedule)				28	
	29	Total deductions. Ad	ld lines	14 through 28			28	29	41,586.
	30			ncome before net operating loss deduction. Subtrac	t line 2	9 from line 13		30	283,747.
	31			oss arising in tax years beginning on or after Janua				31	
	32			ncome. Subtract line 31 from line 30			3[32	283,747.
	82370			work Reduction Act Notice, see instructions.					Form 990-T (2018

Watching Ogden SEP 2 5 2020

1

Part	III Total Unrelated Business Tax	able Income					-
33	Total of unrelated business taxable income comp	uted from all unrelated trades or businesses	s (see instructions)	1	33	636,7	737.
34	Amounts paid for disallowed fringes		- (,		34	<u> </u>	
35	Deduction for net operating loss arising in tax year	are haginging hafore January 1, 2018 (see it	netructione)		35		
	Total of unrelated business taxable income before		· ·		33		
36		s specific deduction. Subtract file 33 from the	ile Sulli Oi		00	636 7	727
	lines 33 and 34			20		<u>636,7</u>	
37	Specific deduction (Generally \$1,000, but see line	· · · · · · · · · · · · · · · · · · ·		38	37	<u> </u>	00.
38	Unrelated business taxable income. Subtract lin	ie 37 from line 36. If line 37 is greater than l	line 36,	20			
	enter the smaller of zero or line 36			<u> 39</u>	38	<u>635,7</u>	<u> 37.</u>
Part	V Tax Computation				,		
39	Organizations Taxable as Corporations Multiply	/ line 38 by 21% (0.21)		40 ▶	39	<u>133,5</u>	<u> </u>
40	Trusts Taxable at Trust Rates See instructions for	or tax computation. Income tax on the amo	unt on line 38 from	1:	_		
	Tax rate schedule or Schedule D (F	orm 1041)		•	40		
41	Proxy tax. See instructions			>	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			45		133,5	05.
Part \					2		
	Foreign tax credit (corporations attach Form 1118	R: trusts attach Form 1116)	45a				
	Other credits (see instructions)	, 110313 41140111 01111 1110)	45b	-	1		
	General business credit. Attach Form 3800				1		
C .		204 8007)	45c		1		
	Credit for prior year minimum tax (attach Form 88	50 I UI 6627)	45d		45.		
	Total credits Add lines 45a through 45d				45e	122 5	Λ.Γ.
46	Subtract line 45e from line 44] [-			1	<u>133,5</u>	05.
47	Other taxes. Check if from: Form 4255] Form 8611 Form 8697 Form	1 8866 Other	(attach schedule)	47	122 5	- O.F.
48	Total tax Add lines 46 and 47 (see instructions)			49	_	<u>133,5</u>	
49	2018 net 965 tax liability paid from Form 965-A or		A .		49		0.
50 a	Payments: A 2017 overpayment credited to 2018	5) 5) 5)	0 50a 50b	50,961.			
b	2018 estimated tax payments	<u>ရွှေ</u> ၊ ၂	() 50ь	50,000.			
C	Tax deposited with Form 8868	51	V 300	95,000.]		
d	Foreign organizations: Tax paid or withheld at sou	rce (see instructions)	50d]	£	
е	Backup withholding (see instructions)		50e				
f	Credit for small employer health insurance premiu	ıms (attach Form 8941)	50f				
g	Other credits, adjustments, and payments: F	Form 2439			.		
_	Form 4136	Other 2,940. Total	► 50g X	2,940.			
51	Total payments. Add lines 50a through 50g	See S	tatement	7	51	198,9	01.
52	Estimated tax penalty (see instructions). Check if F		, -		52		66.
53	Tax due. If line 51 is less than the total of lines 48.			•	53		
54	Overpayment If line 51 is larger than the total of I		1	55▶	34	63,7	30.
55	Enter the amount of line 54 you want: Credited to		1	efunded >	55		0.
Part \					I,		
56	At any time during the 2018 calendar year, did the					Yes	No
30	over a financial account (bank, securities, or other					163	110
	FinCEN Form 114, Report of Foreign Bank and Fin	lancial Accounts. If Yes, enter the hame of	the foreign country	y		-	v
	here					-	X
57	During the tax year, did the organization receive a		or transferor to, a fo	oreign trust?			X
	If "Yes," see instructions for other forms the organ	-					
58	Enter the amount of tax-exempt interest received of						<u> </u>
Cian	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other the				vledge and belief	, it is true,	
Sign	Cour Mala ac	I aliala .		Ma	y the IRS discus	s this return	with
Here	July/verso, Cho		tary/CFO	the	preparer shown	- · 	_
	Signature of officer	Date Title		ins	structions)?	Yes	No
	Print/Type preparer's name	Preparer's signature	Date	Check if	PTIN		
Paid			į	self- employed			
Prepa	rer Kim Hunwardsen	Kim Hunwardsen	07/07/20	- ,	P004	<u>84560</u>	·
Use (only Firm's name ➤ Eide Bailly			Fırm's EIN ▶	45-0	25095	8
	800 Nicol.	let Mall, Ste. 1300					
	Firm's address ▶ Minneapol:	is. MN 55402-7033		Phone no 6	12-253	-6500	

Form **990-T** (2018)

Schedule A - Cost of Goods So	ld. Enter	method of inven	tory v	aluation > 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. Si	ubtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in f	Part I,			
4a 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		<u></u>	the organization?					
Schedule C - Rent Income (Fro (see instructions)	m Real	Property and	ł Pei	rsonal Property	Lease	ed With Real Pro	pert	y)	
Description of property									
(1)									
(2)									
(3)									
(4)						-			
2	Rent receiv	ed or accrued							
(a) From personal property (if the percentag rent for personal property is more than 10% but not more than 50%)	e of	of rent for p	ersonal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) ar		cted with the income in attach schedule)	n
(1)			_						
(2)									
(3)									
(4)									
Total	0.	Total			0.				
here and on page 1, Part I, line 6, column (A)					0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Debt-Fi	nanced	I Income (see	nstru	ctions)					
			2	Gross income from or allocable to debt-		3. Deductions directly con to debt-finance		erty	
otal (c) Total income. Add totals of columns 2(a) and 2(b)	property			financed property		Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
					St	tatement 9	St	atement :	10
(1)							<u> </u>		
(2)									
(3)									
(4) See Statement 8						_	 		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis illocable to nced property i schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8 Allocable deduction of column 8 x total of column 3(a) and 3(b))	
(1)				%	-				
(2)				%					
(3)		_		%					
(4)		•		%		-			
						nter here and on page 1, art I, line 7, column (A)		inter here and on page Part I, line 7, column (E	
Totals				•		2,011,651		1,676,1	43.
Total dividends-received deductions included	l ın column	18				• • • • • • • • • • • • • • • • • • •			0.

823721 01-09-19

Scriedo	ıle F - Interest,	Amunde	s, noya	ities, a	-,	Controlled O			Latioi	is (see ins	iructior	is)
1. 1	Name of controlled organiza	ition	2 Em identifi num	cation	3. Net un (loss) (se	related income e instructions)		al of specified nents made	include	t of column 4 ted in the contra ation's gross i	otting	Deductions directly connected with income in column 5
(1)					-							
(2)												
_(3)						,						·
(4)					<u> </u>				<u></u>			
Nonexem	pt Controlled Organ	izations			,							
7.	Taxable Income		nrefated incom se instruction:		9 Total	of specified pay- made	nents	10. Part of colur in the controlli gross	mn 9 that ing organ income	t is included lization's		ductions directly connected in income in column 10
(1)							ĺ					
(2)												
(3)												
(4)												
· ·								Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals							▶			0.		0
Schedu	ile G - Investme see inst		ne of a	Section	n 501(c)(7), (9), or	(17) Or	ganization	1			
		ription of incor	ne			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)								, , , , , , , , , , , , , , , , , , , ,				
(2)												
(3)												
(4)												
						Enter here and Part I, line 9, co		,,	,			Enter here and on page Part I, line 9, column (B)
Totals					•		0.					0
Schedu	lle I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income	•			
	. Description of xploited activity	2. Gi unrelated income trade or b	business from	directly of uni	penses connected oduction related is income	4 Net incomfrom unrelated business (cominus colum gain, compute through	trade or dumn 2 n 3) tf a e cols 5	5 Gross inco from activity to is not unrelate business inco	hat ed	6. Expeatributa	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)												
(4)		Enter here page 1,	Part I,	page 1	re and on							Enter here and on page 1,
		line 10, d	```	line 10,	, col (B)							Part II, line 26
Totals School	> ule J - Advertisi	na Incon	0.0	nets ictics	0.					<u> </u>		0.
Part I	Income From					solidated	Basis					
	Name of periodical		2 Gross advertising income		3 Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulati		6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-	-							
(2)			-	-	_	_					-	
(4)				+						<u>. </u>		
								 	-		-	
Totals (car	ry to Part II, line (5))	>		0.	0							0 Form 990-T (2018

orm 990-T	(2018)	Ave'ra	Hea	1 t	- Ի	ì

46-0422673

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)										
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.				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)

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

† 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)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Part I

Employer identification number

Avera Health 46-0422673 Short-Term Capital Gains and Losses (See instructions.)

Sec to (e instructions for how to figure the amounts enter on the lines below.	(d)	(e) .	(g) Adjustments to gail or loss from Form(s) 894	n	(h) Gain or (loss) Subtract
Thi	s form may be easier to complete if you nd off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part I, line 2, column (g	19,	column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b		·			
1b	Totals for all transactions reported on					
	Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on					
	Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on					
	Form(s) 8949 with Box C checked					
4	Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	
6	Unused capital loss carryover (attach comput	ation)			6	(
7	Net short-term capital gain or (loss). Combine	e lines 1a through 6 in columr	n h		7	
F	Part II Long-Term Capital Gai	ins and Losses (See	instructions.)	•		
to e	e instructions for how to figure the amounts inter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894		(h) Gain or (loss) Subtract column (e) from column (d) and
rou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g		combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on			-		
	Form(s) 8949 with Box D checked					·
9	Totals for all transactions reported on					
	Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on					
	Form(s) 8949 with Box F checked					
11	Enter gain from Form 4797, line 7 or 9				11	508,773.
12	Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kine	d exchanges from Form 8824			13	
14	Capital gain distributions				14_	
_	Net long-term capital gain or (loss). Combine		n h		15	508,773.
F	Part III Summary of Parts I and	d II		 		
16	Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	al loss (line 15)	1	16	
-	Net capital gain. Enter excess of net long-term		·	e 7)	17	508,773.
18	Add lines 16 and 17. Enter here and on Form	1120, page 1, line 8, or the pr	oper line on other returns.	Į	18	508,773.
	Note: If losses exceed gains, see Capital loss	es in the instructions.				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2018

JWA

Form **3800**

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.

✓ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No 1545-0895

2018
Attachment
Sequence No 22

Internal Revenue Service (99) Name(s) shown on return

Identifying number

Avera	Health		46-0422673	
Par	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (T	MT)		
	(See instructions and complete Part(s) III before Parts I and II.)	-		
1	General business credit from line 2 of all Parts III with box A checked	1	2,940	00
2	Passive activity credits from line 2 of all Parts III with box B checked 2			
3	Enter the applicable passive activity credits allowed for 2018. See instructions	3	i o	
4	Carryforward of general business credit to 2018. Enter the amount from line 2 of Part III with			
	box C checked. See instructions for statement to attach	4	0	
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with			
	box D checked See instructions	5	0	
6	Add lines 1, 3, 4, and 5	6	2,940	00
Part	II Allowable Credit			
7	Regular tax before credits.			i
	• Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2			
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44			
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the			
	applicable line of your return	7	133,505	00
	Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,			
	lines 1a and 1b; or the amount from the applicable line of your return			
8	Alternative minimum tax:			
	Individuals. Enter the amount from Form 6251, line 11			
	• Corporations. Enter -0-	8	0	
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56			
_				
9	Add lines 7 and 8	9	133,505	00
40	s i ii lan l			
10a	Foreign tax credit			
b	Contain anowable drouble (see instructions)			
С	Add lines 10a and 10b	10c	0	
44	Not income toy Cubtract line 10e from line 0. If yore also lines 10 through 15 and enter 0. on line 16	11	133,505	.00
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	F.Fi	133,303	- 00
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- 12 133,505 00	17 / 18 1		
12	Net regular tax. Subtract line for from line 7. If zero of less, effer -0-			
12	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See			
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See 13 27,126 00			
14	Tentative minimum tax.			
	• Individuals. Enter the amount from Form 6251, line 9	in him and a		
	• Corporations Enter -0			
	• Estates and trusts. Enter the amount from Schedule I			
	(Form 1041), line 54			
15	Enter the greater of line 13 or line 14	15	27,126	00
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	106,379	
17	Enter the smaller of line 6 or line 16	17	2,940	00
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,			
	or regranization			

Par	Allowable Credit (continued)	-	<u> </u>	uge =
Note	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and e	nter -	0- on line 26.	
18	Multiply line 14 by 75% (0.75) See instructions	18	0	
19	Enter the greater of line 13 or line 18	19	27,126	00
20	Subtract line 19 from line 11. If zero or less, enter -0	20	106,379	00
21	Subtract line 17 from line 20. If zero or less, enter -0	21	103,439	00
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	o	
23	Passive activity credit from line 3 of all Parts III with box B checked 23 0	,		
24	Enter the applicable passive activity credit allowed for 2018. See instructions	24	0	
25	Add lines 22 and 24	25	0	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0	
27	Subtract line 13 from line 11. If zero or less, enter -0	27	106,379	00
28	Add lines 17 and 26	28	2,940	00
29	Subtract line 28 from line 27. If zero or less, enter -0	29	103,439	00
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	0	
31	Reserved	31	1,	-
32	Passive activity credits from line 5 of all Parts III with box B checked 32 0			
33	Enter the applicable passive activity credits allowed for 2018. See instructions	33	0	
34	Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach	34	0	
35	Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked. See instructions	35	o	
36	Add lines 30, 33, 34, and 35	36	0	
37	Enter the smaller of line 29 or line 36	37	0	
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c Estates and trusts. Form 1041, Schedule G, line 2b	38	2,940	00
	- Lotates and indice. Form 1041, Schedule G, line 20	_ o	2,340	

Form 3800 (2018) Name(s) shown on return Identifying number Avera Health 46-0422673 Part III General Business Credits or Eligible Small Business Credits (see instructions) Complete a separate Part III for each box checked below. See instructions. A ☑ General Business Credit From a Non-Passive Activity E Reserved **B** General Business Credit From a Passive Activity F Reserved **C** ☐ General Business Credit Carryforwards **G** Eliqible Small Business Credit Carryforwards **D** General Business Credit Carrybacks H Reserved I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from (a) Description of credit (b) (c) If claiming the credit Enter the appropriate Note: On any line where the credit is from more than one source, a separate Part III is needed for each from a pass-through amount pass-through entity. entity, enter the EIN Investment (Form 3468, Part II only) (attach Form 3468) 1a b 1b 1c 26-3331867 2.940 00 Increasing research activities (Form 6765) C d Low-income housing (Form 8586, Part I only) 1d Disabled access (Form 8826) (see instructions for limitation) . . . 1e e f Renewable electricity, refined coal, and Indian coal production (Form 8835) 1f g 1g h Orphan drug (Form 8820) 1h New markets (Form 8874) . . 1i Small employer pension plan startup costs (Form 8881) (see instructions for limitation) 1j k Employer-provided child care facilities and services (Form 8882) (see 1k Biodiesel and renewable diesel fuels (attach Form 8864) 1 11 Low sulfur diesel fuel production (Form 8896) m 1m n 1n Nonconventional source fuel (carryforward only) 10 0 Energy efficient home (Form 8908) 1p р Energy efficient appliance (carryforward only) . 1q q Alternative motor vehicle (Form 8910) 1r s Alternative fuel vehicle refueling property (Form 8911) 1s Enhanced oil recovery credit (Form 8830) t 1t Mine rescue team training (Form 8923) 1u u Agricultural chemicals security (carryforward only). 1v Employer differential wage payments (Form 8932) 1w w Carbon oxide sequestration (Form 8933) X 1x Qualified plug-in electric drive motor vehicle (Form 8936) . **1y** V Qualified plug-in electric vehicle (carryforward only) . . . 1z 7 aa 1aa bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) 1bb Other. Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) 1zz 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I 2 Enter the amount from Form 8844 here and on the applicable line of Part II 3 3 4a Investment (Form 3468, Part III) (attach Form 3468) 4a Work opportunity (Form 5884) b 4b C Biofuel producer (Form 6478) 4c d Low-income housing (Form 8586, Part II) 4d Renewable electricity, refined coal, and Indian coal production (Form 8835) 4e e f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) 4f q Qualified railroad track maintenance (Form 8900) 4g 4h h Small employer health insurance premiums (Form 8941) Increasing research activities (Form 6765) 4i Employer credit for paid family and medical leave (Form 8994) . . . 4j j z 4z 5 5 Add lines 4a through 4z and enter here and on the applicable line of Part II

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

6

6

00

Footnot		Statement	

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 Income	(Loss) from Partnerships	Statement	3
Description		Net Income or (Loss)	_
Premier Healthcare Alliance, L Income (loss) Metropolitan Real Estate Partn Business Income (loss) Metropolitan Real Estate Partn Business Income (lo Metropolitan Real Estate Partn Real Estate Incom Innovation Institute, LLC - Or (loss) South Dakota Innovation Fund I Ordinary Business Income Canaan Natural Gas Parallel Fu Business Income (loss) Total Included on Form 990-T,	ers II, LP - Ordinary ers III - B, LP - Ordinary ers III - B, LP - Net Rental dinary Business Income Limited Partnersh - nd IX, L.P Ordinary	223,191 -93 16,055 1,844 -643,301 -103,898 -12,746	
Form 990-T	Contributions	Statement	4
Description/Kind of Property	Method Used to Determine FMV	Amount	
Charitable contributions	N/A	6,037,04	3.
Total to Form 990-T, Page 1, 1	6,037,043.		
Form 990-T Parent Corporation	on's Name and Identifying Number	Statement	5
Corporation's Name		Identifying N	Io

SEE ATTACHED CONTROL GROUP APPORTIONMENT SCHEDULE

Form 990-T	Contributions Summary	Statement	6
Qualified C	contributions Subject to 100% Limit		
Carryover of For Tax Y	Tear 2014 Tear 2015 Tear 2016		
Total Carry Total Curre	rover 11,146,041 ont Year 10% Contributions 6,037,043		
	ibutions Available 17,183,084 ome Limitation as Adjusted 31,416		
Excess 100%	Contributions 17,151,668 Contributions 0 s Contributions 17,151,668		
Allowable C	ontributions Deduction	31,4	116
Total Contr	ibution Deduction	31,4	116

Form 990-T	Other Credits and	Payments	Statement	7
Description			Amount	
Increasing Research	Acvitities credit from	passthrough K-1	2,9	40.
Total included on Fo	rm 990-T, Page 2, Part	V, line 50g	2,9	40.

Form 990-T So	chedule :	E - Unrela	ated Debt-Financ	ced Income	Statement 8
1. Description of Pro	operty	Activity Number	2. Gross Income	3a. Depreciation Expense	3b. Other Deductions
Fullerton MOB No.	2, LLC	1	51,383.	8,738.	33,890.
4. Average Acq Debt	Ave	5. rage ed Basis	6. Percent (Col 4/Col 5)	7. Reportable Gross Income	8. Allocable Deductions
290,110.		431,563.	67.22	34,540.	28,655.
1. Description of Pro	pperty	Activity Number	2. Gross Income	3a. Depreciation Expense	3b. Other Deductions
2727 Imperial		2	128,573.	14,670.	126,186.
4. Average Acq Debt	Ave	5. rage ed Basis	6. Percent (Col 4/Col 5)	7. Reportable Gross Income	8. Allocable Deductions
955,055.	9	915,904.	100.00	128,573.	140,856.
1. Description of Pro	perty	Activity Number	2. Gross Income	3a. Depreciation Expense	3b. Other Deductions
2767 Imperial		3	165,236.	21,058.	118,254.
4. Average Acq Debt	Avei	ō. rage ed Basis	6. Percent (Col 4/Col 5)	7. Reportable Gross Income	8. Allocable Deductions
1,024,058.		550,162.	100.00	165,236.	139,312.

Avera Health						46-0422	67
1. Description of Pr	coperty	Activity Number	2. Gross I		3a. Depreciation Expense	3b. Other Deductio	ns
7901 Metropolis I	rive	4	1,73	9,596.	431,728.	971,6	19
4. Average Acq Debt		5. erage ted Basis	6. Perce (Col 4/0		7. Reportable Gross Income	8. Allocable Deduction	
15,289,501.	16	,618,263.	92.0	0	1,600,428.	1,291,0	79
1. Description of Pr	operty	Activity Number	2. Gross I		3a. Depreciation Expense	3b. Other Deduction	ns
3601 21st St		5	8	2,874.	23,430.	52,8	11
4. Average Acq Debt		5. erage ted Basis	6. Perce (Col 4/0		7. Reportable Gross Income	8. Allocable Deduction	
703,396.	-	695,308.	100.0	0	82,874.	76,2	41
Totals to Form 99	0-T, Sc]	nedule E			2,011,651.	1,676,1	43
Form 990-T	Schedi	ule E - Der	preciatio	n Deduc	tion	Statement	9
D			Ac	tivity			
Description				umber	Amount	Total	
Description .		- SubTo	N	_	8,738.	Total 8,7	38.
Description 			N	umber_	8,738. 14,670.		
Description 		- SubTo	otal -	umber 1	8,738. 14,670. 21,058.	8,7	70.
Description		- SubTo	otal -	1 2	8,738. 14,670. 21,058. 431,728.	8,7	70. 58.
Description 		- SubTo - SubTo - SubTo	otal - otal - otal -	1 2 3	8,738. 14,670. 21,058.	8,7, 14,6 21,0	70. 58. 28.

Form 990-T	Schedule	e E - Othe	r Deduction	ns	Statement	10
Description			Activity Number	Amount	Total	
	-	SubTotal	- 1	33,890.	33,8	90.
	-	SubTotal	- 2	126,186. 118,254.	126,1	.86.
	-	SubTotal	- 3	971,619.	118,2	54.
	-	SubTotal	- 4	52,811.	971,6	19.
	-	SubTotal	- 5	32,011.	52,8	11.
Total of Form	990-T, Schedule	E, Column	3(b)		1,302,7	60.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

JUN 30, 2019 **201**

Employer identification number

Department of the Treasury Internal Revenue Service (99)

Name of the organization ▶ 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).

Open to Public Inspection for 501(c)(3) Organizations Only

Entity

OMB No 1545-0687

Avera Health			46-0422	6/3
Unrelated business activity code (see instructions) ▶5610	00		=	
Describe the unrelated trade or business Membersh	ip ar	<u>nd Admin Fees</u>		
Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 995,224.				
b Less returns and allowances c Balance	► 1c	995,224.	·	<u> </u>
2 Cost of goods sold (Schedule A, line 7)	2			
3 Gross profit Subtract line 2 from line 1c	3	995,224.		995,224.
4 a Capital gain net income (attach Schedule D)	4a		<u> </u>	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			ļ
5 Income (loss) from a partnership or an S corporation (attach				
statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7			
8 Interest, annuities, royalties, and rents from a controlled				
organization (Schedule F)	8			
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	995,224.		995,224.
Part II Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the				t for contributions,
14 Compensation of officers, directors, and trustees (Schedule K)			14	

44	Company of officers directors and to other (Cabadula IV		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	599,146.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	44,323.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562) 21 3,771	.]	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	3,771.
23	Depletion	23	
24	Contributions to deferred compensation plans	24	25,077.
25	Employee benefit programs	25	42,724.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 11	28	97,192.
29	Total deductions. Add lines 14 through 28	29	812,233.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	182,991.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	-
32	Unrelated business taxable income Subtract line 31 from line 30	32	182,991.

LHA For Paperwork Reduction Act Notice, see instructions.

Avera Hea	alth				46-042	2673		-9- '
Schedule A - Cost of Good	ds Sold. Ente	r method of inve	entory valuation N/A	4				
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6		
2 Purchases	2		7 Cost of goods sold S	ubtract	line 6			
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	1 263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or	acquire	d for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization?					<u>X</u>
Schedule C - Rent Income	(From Real	Property ar	nd Personal Property	Leas	ed With Real Pro	perty)		
(see instructions)								
1 Description of property								
(1)								
(2)					 			
(3)								
(4)								
		ved or accrued			3(a) Deductions directly	connected was	th the income in	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 509	e than	of rent for	and personal property (if the percent personal property exceeds 50% or it ent is based on profit or income)	tage f	columns 2(a) an			
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns		nter			(b) Total deductions			
here and on page 1, Part I, line 6, colum				0.	Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated De	bt-Financed	i Income (see	e instructions)	· · · · ·				
			2. Gross income from		 Deductions directly coni to debt-finance 		allocable	
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation		ther deductions	
			,aoo p.opo,		(attach schedule)	(aπ	ach schedule)	
(1)				 		-		
(1)				<u> </u>		 		
(2) (3)				 				
(4)				<u> </u>		1		
4. Amount of average acquisition	E Average	adjusted basis	6. Column 4 divided		7 Gross income	9 011	ocable deduction	
debt on or allocable to debt-financed property (attach schedule)	of or a	allocable to inced property h schedule)	by column 5		reportable (column 2 x column 6)	(column	6 x total of column 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%			i i		
					inter here and on page 1,		ere and on page	
				'	Part I, line 7, column (A)	Part I, I	ine 7, column (B))
Totals			•	<u> </u>	0 .			0.
Total dividends-received deductions in	ncluded in columi	1 8			>	1		0.

Form 990-T (M)	Other Deductions	Statement 11
Description		Amount
Supplies Travel Mileage Dues and memberships Software Maint/Licenses Public Relations Food Postage Publications Recruitment Other expense Bank Fees Business meals EE recognition Telephone		46,901. 15,543. 12,422. 300. 9,969. 3,520. 343. 24. 183. 149. 658. 360. 2,429. 263. 4,128.
Total to Schedule M, Part II	, line 28	97,192.

Name of the organization

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

OMB No 1545-0687

Entity

Department of the Treasury
Internal Revenue Service (99)

Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3).

Open to Public Inspection for 501(c)(3).

Employer identification number

Avera Health 46-0422673 Unrelated business activity code (see instructions) ▶ 621990 Describe the unrelated trade or business Locum **Unrelated Trade or Business Income** (C) Net (A) Income (B) Expenses 72,680. 1a Gross receipts or sales **b** Less returns and allowances c Balance 72,680 1c Cost of goods sold (Schedule A, line 7) 2 72,680 72,680 3 Gross profit Subtract line 2 from line 1c 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12 12 72,680. 72,680. Total. Combine lines 3 through 12 13 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)			
22	Less depreciation claimed on Schedule A and elsewhere on return 22a		22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs		25	
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule) See Statem	ent 12	28	69,126.
29	Total deductions. Add lines 14 through 28		29	69,126.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	3	30	3,554.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see			
	instructions)		31	-
32	Unrelated business taxable income Subtract line 31 from line 30	Γ	32	3,554.

LHA For Paperwork Reduction Act Notice, see instructions.

Avera Hea	alth					46-042	267	73	
Schedule A - Cost of Good	is Sold. Enter	method of inve	ntory valuation	N/A					
1 Inventory at beginning of year	1		6 Inventory at end	of year			6		
2 Purchases	2		7 Cost of goods se	old. Subt	tract I	ine 6			
3 Cost of labor	3	-	from line 5. Ente	r here an	ıd ın i	Part I,			
4a Additional section 263A costs			line 2				7		
(attach schedule)	4a		8 Do the rules of s	ection 26	63A (1	with respect to		Yes	No
b Other costs (attach schedule)	4b		property produc	ed or acc	quirec	for resale) apply to			
5 Total Add lines 1 through 4b	5		the organization	7					Х
Schedule C - Rent Income	(From Real	Property an	d Personal Prope	erty Le	eas	ed With Real Pro	perl	ty)	
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)						,			
(4)									
· · · · · · · · · · · · · · · · · · ·	2 Rent receiv	red or accrued				3/a) Daduations dissetti			
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	and personal property (if the p personal property exceeds 50 nt is based on profit or incom	% or if	•	3(a) Deductions directly columns 2(a) ar		(attach schedule)	III
(1)									
(2)							-		
(3)									
(4)									
Total	0.	Total			0.				
c) Total income Add totals of columns		iter				(b) Total deductions. Enter here and on page 1,			
nere and on page 1, Part I, line 6, colum		<u> </u>			0.	Part I, line 6, column (B)			0.
Schedule E - Unrelated Del	bt-Financed	I Income (see	instructions)						
			2 Gross income from			3 Deductions directly con to debt-finance			
1 Description of debt-fi	nanced property		or allocable to debt-		(a)	Straight line depreciation		(b) Other deduction	15
i besamption of debt-ii	naticed property		financed property			(attach schedule)	1	(attach schedule)	
/41			1				+		
(1)				-			+		
(2)							+		
(3)							+		
(4)						7 -	+-		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis aflocable to nced property n schedule)	6 Column 4 divided by column 5			7. Gross income reportable (column 2 x column 8)		 Allocable deduct (column 6 x total of co 3(a) and 3(b)) 	
(1)				%			1		
(2)				%			\top		
(3)				%	•		1		
(4)				%			T		
						nter here and on page 1, art I, line 7, column (A)		Enter here and on pag Part I, line 7, column (
Totals						0			0.
	aludad ia aaluma	. 0					1		~

Avera	.Hea	1th
vocra	·Hea	T (11

46-0422673

Form 990-T (M)	Other Deductions	Statement 12
Description		Amount
Supplies Purchased services Insurance		45 67,971 1,110
Total to Schedule M, Part II, 1:	ine 28	69,126

Department of the Treasury

Internal Revenue Service (99)

Name of the organization

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL~1,~2018 , and ending JUN~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).

Entity 3 OMB No 1545-0687

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

	Avera Health			46-04	226	73
ı	Jurelated business activity code (see instructions) ▶54190			.,,		
	Describe the unrelated trade or business Credentia	<u>lin</u>	<u>.g</u>			
Pa	rt I Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales 550,390.					
b	Less returns and allowances c Balance ▶	1c	550,390.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	550,390.			550,390.
4 a	Capital gain net income (attach Schedule D)	4a				
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	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				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled				İ	
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)			٠		
	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	550,390.			<u>550,390.</u>
Pa	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the				cept 1	for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
						000 040

14	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	293,940.
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	20,801.
20	Charitable contributions (See instructions for limitation rules)		20	
21	Depreciation (attach Form 4562)			
22	Less depreciation claimed on Schedule A and elsewhere on return 22a		22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	9,106.
25	Employee benefit programs		25	65,665.
26	Excess exempt expenses (Schedule I)		26	
27	Excess readership costs (Schedule J)		27	
28	Other deductions (attach schedule) See Stat	ement 13	28	148,573.
29	Total deductions. Add lines 14 through 28		29	538,085.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from lin	ne 13	30	12,305.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see			
	instructions)		31	
32	Unrelated business taxable income Subtract line 31 from line 30		32	12,305.

LHA For Paperwork Reduction Act Notice, see instructions.

Avera Hea	1th					46-0422	2673	<u> </u>	
Schedule A - Cost of Good	IS Sold. Enter	r method of inve	ntory v	aluation N/A	<u> </u>		· · · · · · · · · · · · · · · · · · ·		
1 Inventory at beginning of year	1			Inventory at end of year		_	6		
2 Purchases	2		_ 7	Cost of goods sold. S		i i	İ		
3 Cost of labor	3		_	from line 5. Enter here	and in	Part I,			
4a Additional section 263A costs				line 2		L	7		T
(attach schedule)	4a		⊣ 8	Do the rules of section				Yes	No
b Other costs (attach schedule)	4b		4	property produced or	acquire	d for resale) apply to			l
5 Total. Add lines 1 through 4b	5		 _	the organization?		134511-0-10			X
Schedule C - Rent Income (see instructions)	(From Heal	Property an	ıa Pei	rsonai Property	Leas	ed with Real Prop	репту)		
Description of property									
(1)									
(2)				· · · · · · · · · · · · · · · · · · ·					
(3)									-
(4)									
	2 Rent receiv	red or accrued							
(a) From personal property (if the percentage of rent for personal property is more than			personal	onal property (if the percent property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly of columns 2(a) and			n
(1)									
(2)					•				
(3)					•				
(4)									
Total	0.	Total			0.				
c) Total income Add totals of columns here and on page 1, Part I, line 6, column		nter 🕨			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Del	· ·	I Income (see	nstru	ctions)		1			
		· · · · · · · · · · · · · · · · · · ·	1	Gross income from		3 Deductions directly connu		allocable	
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		her deduction ch schedule)	ıs
(1)			+						
(2)									
(3)								-	
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property in schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	(column	cable deducti 8 x total of col (a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
		-				nter here and on page 1, Part I, line 7, column (A)		e and on page ne 7, column (
Totals				▶		0.			0.
Total dividends-received deductions in	cluded in column	ı 8		- 1		•			0.

Form 990-T (M)	Other Deductions	Statement	13
Description		Amount	
Supplies Mileage Accred/Credentialing Purchased services Minor equipment Contracted services	•	9,6 1 25,4 44,2 6,1 57,9	77. 36. 38. 04.
Food Publications			99.
Total to Schedule M, Part	II, line 28	148,5	73.

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

₁₉ | ZU R

Employer identification number

Entity

Department of the Treasury Internal Revenue Service (99) Name of the organization ▶ 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)

501(c)(3) Organizations Only

Avera Health 46-0422673 Unrelated business activity code (see instructions) 532000 Describe the unrelated trade or business

Equipment Pool **Unrelated Trade or Business Income** (C) Net (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances c Balance ▶ 172,750 1c Cost of goods sold (Schedule A, line 7) 2 172,750 172,750 3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 172,750. 172,750. Total. Combine lines 3 through 12 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	4	
15	Salaries and wages	15	5	34,712.
16	Repairs and maintenance	16	6	82,186.
17	Bad debts	17	7	
18	Interest (attach schedule) (see instructions)	18	3	
19	Taxes and licenses	19	9	652.
20	Charitable contributions (See instructions for limitation rules)	20	o	
21	Depreciation (attach Form 4562)			•
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	221	ь	
23	Depletion	23	3	•
24	Contributions to deferred compensation plans	24	1	434.
25	Employee benefit programs	25	5	80.
26	Excess exempt expenses (Schedule I)	26	3	
27	Excess readership costs (Schedule J)	27	7	
28	Other deductions (attach schedule) See Stateme	ent 14 28	3	798.
29	Total deductions. Add lines 14 through 28	29	9	118,862.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	o [53,888.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see			
	instructions)	31	1	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	2	53,888.

LHA For Paperwork Reduction Act Notice, see instructions.

En	τı	tу	4	
			Page	3

Avera Hea	ilth					46-042	2267	/3	
Schedule A - Cost of Good	ls Sold. Ente	r method of inve	ntory valuation	N/A					
1 Inventory at beginning of year	1		6 Inventory at	end of yea	r		6		
2 Purchases	2		7 Cost of good	ds sold. Su	ıbtract I	ine 6		T	
3 Cost of labor	3		from line 5. I	Enter here	and in f	Part I,	ŀ		
4a Additional section 263A costs			line 2				7		
(attach schedule)	4a		8 Do the rules	of section	263A (1	with respect to		Ye	s No
b Other costs (attach schedule)	4b					for resale) apply to			
5 Total Add lines 1 through 4b	5		the organiza		٠	,			X
Schedule C - Rent Income	(From Real	Property an	d Personal Pr	operty l	Leas	ed With Real Pro	oper	ty)	
(see instructions)			 						
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ved or accrued				04-15			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if personal property exceed nt is based on profit or in	ds 50% or if	ge	3(a) Deductions direct columns 2(a)		ected with the incon (attach schedule)	ne in
(1)									
(2)	· ·						-		
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	., .,	nter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Del		Income (see	instructions)		<u> </u>	[Tati, into 0, column (b)			
				I		3 Deductions directly co			
			Gross income or allocable to come		(=)	to debt-finar	nced pro		
Description of debt-fit	nanced property		financed prope		(a)	Straight line depreciation (attach schedule)		(b) Other deduct (attach schedu	le)
(1)		····					+		
(2)									
(3)									
(4)				ĺ					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	a adjusted basis allocable to inced property h schedule)	6. Column 4 div by column 5			7. Gross income reportable (column 2 x column 6)		8. Allocable dedi (column 6 x total of 3(a) and 3(b	columns
(1)		.		%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on p Part I, line 7, colum	
Totals						r			0.
Total dividends-received deductions in	cluded in columi	1.8		- 1					

Form 990-T (M)	Other Deductions	Statement 1
Description		Amount
Supplies Travel		96 229
Mileage		65
Dues and memberships		14
Educational meetings		167
Postage Vehicle services		73 86
Telephone		63
Other expense		5
Total to Schedule M, Part II,	line 28	798

Department of the Treasury

Internal Revenue Service (99)

Name of the organization

Unrelated Business Taxable Income for Unrelated Trade or Business

► 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).

Entity 5
OMB No 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

	Avera Health		46-04	<u> 22673</u>	3	
Ū	Unrelated business activity code (see instructions) ▶ 45300	0				
	Describe the unrelated trade or business Anes labe	ls				
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a b	Gross receipts or sales Less returns and allowances Cost of goods sold (Schedule A, line 7) Cost of goods sold (Schedule A, line 7)	1c 2	120,341.			
3	Gross profit Subtract line 2 from line 1c	3	120,341.			120,341.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	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	•			
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
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	120,341.			120,341.
Par	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the				cept for	r contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	35,573.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	35,573.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	2,631.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	1,489.
25	Employee benefit programs	25	2,503.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 15	28	53,331.
29	Total deductions. Add lines 14 through 28	29	95,527.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	24,814.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	24,814.

LHA For Paperwork Reduction Act Notice, see instructions.

Avera Hea	1th				46-0422	2673	raye
Schedule A - Cost of Good	s Sold. Ente	r method of inve	ntory 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 St	ubtract lir	ne 6		
3 Cost of labor	3		from line 5. Enter here	and in Pa	art I,		
4a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (w	ith respect to	Yes	s 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?				X
Schedule C - Rent income (see instructions)	(From Real	Property an	d Personal Property	Lease	d With Real Prop	erty)	
. Description of property							
(1)				-			
(2)				-			
(3)							
(4)	_						
	2 Rent receiv	ved or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	and personal property (if the percenta personal property exceeds 50% or if ent is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the incom I 2(b) (attach schedule)	e in		
(1)							
(2)							
(3)							
(4)							
Total	0.	Total		0.			
c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		nter •		ا ہا	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb	ot-Financed	l Income (see	instructions)				
			2. Gross income from		3 Deductions directly conni to debt-finance		
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) s	traight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)					• •		
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	e adjusted basis allocable to unced property h schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable dedu (column 6 x total of o 3(a) and 3(b))	columns
(1)			%		· ·		
(2)			%				
(3)		•	%				
(4)		•	%				
					er here and on page 1, rt I, line 7, column (A)	Enter here and on pa Part I, line 7, colum	
Totals			.		0.		0.

Total dividends-received deductions included in column 8

Ave:	ra.	Hea	1	th
------	-----	-----	---	----

46-0422673

Form 990-T (M) Other Deductions		Statement 15
Description		Amount
Supplies Postage		45,266. 8,065.
Total to Schedule M, Part	II, line 28	53,331.

Department of the Treasury Internal Revenue Service (99)

Name of the organization

Avera Health

Unrelated Business Taxable Income for Unrelated Trade or Business

---- 1 2242 ---- 22 224

For calendar year 2018 or other tax year beginning <u>JUL 1, 2018</u>, and ending <u>JUN 30, 2019</u>

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).

Entity 7
OMB No 1545-0887

2018

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

46-0422673

	Inrelated business activity code (see instructions) 62150 Describe the unrelated trade or business Biomed	0		•		
Pa	·		(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales 140,209.					
b	Less returns and allowances c Balance ▶	1c	140,209.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	140,209.			140,209.
4 a	Capital gain net income (attach Schedule D)	4a				
b	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				l	
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					,
	organization (Schedule F)	8				
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	140,209.			140,209.
Par	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the				cept	for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wanes				45	16 285

149. 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 Taxes and licenses 1,242. 19 19 20 Charitable contributions (See instructions for limitation rules) 20 13,335. 21 Depreciation (attach Form 4562) 21 13,335. 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 Depletion 23 807. 24 Contributions to deferred compensation plans 24 Employee benefit programs 2,865. 25 25 Excess exempt expenses (Schedule I) 26 26 27 Excess readership costs (Schedule J) 27 See Statement 16 82,675. 28 Other deductions (attach schedule) 28 117,358. 29 Total deductions. Add lines 14 through 28 29 22,851. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 22,851. Unrelated business taxable income Subtract line 31 from line 30

LHA For Paperwork Reduction Act Notice, see instructions.

Page 3

Avera Heal	<u>th</u>					46-042	<u> 267</u>	3	
Schedule A - Cost of Goods	Sold. Enter	method of invei	ntory va	luation > N/A	,				
1 Inventory at beginning of year	1		6	Inventory at end of yea	ır		6		
2 Purchases	2		_ 7	Cost of goods sold. Su	ubtract l	ne 6			
3 Cost of labor	3		_] ;	from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(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	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5	·	1	the organization?					X
Schedule C - Rent Income (F (see instructions)	rom Real	Property an	d Pers	sonal Property	Lease	ed With Real Pro	pert	y)	
1 Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the percerent for personal property is more than 50%)	ntage of ean	of rent for p	personal p	nal property (if the percenta roperty exceeds 50% or if d on profit or income)	age	3(a) Deductions directly columns 2(a) ar		cted with the income attach schedule)	in
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
c) Total income Add totals of columns 2(a		ter			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Debt		Income (see	instruct	tions)	<u> </u>	raci, inte o, column (b)			<u> </u>
				Gross income from		3. Deductions directly con to debt-finance			
1 Description of debt-finan	ced property			r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)									
(2)	•								
(3)									
(4)		· -							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property ischedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)		-		%					
(3)				%					
(4)				%					
		·				iter here and on page 1, art I, line 7, column (A)		inter here and on pag Part I, line 7, column	
Totals				>		0			0.
Total dividends-received deductions inclu	ided in column	8							0.
				· · ·				Form 990-T	

Form 990-T (M)	Other Deductions	 Statement	16
Description	-	 Amount	
Supplies Travel Mileage Dues and memberships Purchased services Software Maint/Licenses Educational meetings Contracted services Postage Vehicle services Fuel EE recognition Insurance Telephone		2 78,7 2,4 7	98. 75. 90. 11. 08. 28. 96. 12. 74. 4. 03. 73.
Total to Schedule M, Part II, li	ine 28	82,6	75.

Department of the Treasury

Internal Revenue Service (99)

Name of the organization

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 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).

Entity 8
OMB No 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

52,587.

Schedule M (Form 990-T) 2018

Employer identification number

	Avera Health			46-04	1226	73
	Inrelated business activity code (see instructions) > 90009	9				
	Describe the unrelated trade or business Courier					
Pa	Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1 a	Gross receipts or sales 493, 243.					
ь	Less returns and allowances c Balance	1c	493,243.			
2	Cost of goods sold (Schedule A, line 7)	2				(
3	Gross profit Subtract line 2 from line 1c	3	493,243.			493,243.
4 a	Capital gain net income (attach Schedule D)	4a				
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	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				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
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	493,243.			493,243.
Pai	t II Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the	unrela	ated business incor	ne.)	серт	tor contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salanes and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)		1 1		20	
21	Depreciation (attach Form 4562)		21		ł	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				_26	
27	Excess readership costs (Schedule J)		.	. 45	_27	110 555
28	Other deductions (attach schedule)		See State	ment 17	28	440,656.
29	Total deductions. Add lines 14 through 28				29	440,656.
30	Unrelated business taxable income before net operating loss dedu			13	30	52,587.
31	Deduction for net operating loss arising in tax years beginning on o	or after .	January 1, 2018 (see			
	instructions)				31	

Unrelated business taxable income Subtract line 31 from line 30
 LHA For Paperwork Reduction Act Notice, see instructions.

Page 3

Avera Heal	th					46-042	2673		
Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory v	aluation ► 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. St	ubtract I	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	ļ		
4 a Additional section 263A costs			7	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?					X
Schedule C - Rent Income (F (see instructions)	rom Real	Property an	d Pei	rsonal Property	Lease	ed With Real Prop	perty)		
1 Description of property									
(1)									
(2)									
(3)			_						
(4)									
• •	2. Rent receiv	ed or accrued							
(a) From personal property (if the perceing rent for personal property is more than 10% but not more than 50%)	ntage of an	of rent for	personal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	age	3(a) Deductions directly columns 2(a) and			ın
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income Add totals of columns 2(a here and on page 1, Part I, line 6, column (A		ter >			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Debt	-Financed	Income (see	ınstru	ctions)					
				Gross income from		Deductions directly confit to debt-finance			
1 Description of debt-finan	ced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(1	Other deduction (attach schedule)	
(1)			1						
(2)									
(3)									
(4)				· ·					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis flocable to nced property i schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		. Allocable deduct umn 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, art I, line 7, column (A)		er here and on pag t I, line 7, column	
Totals				>		0.			0.
Total dividends-received deductions inclu	ided in column	8				>			0.
								Form 990-T	

Avera	·Hea	1th	1
VACTO	.rrea		

46-0422673

Form 990-T (M) Other Deductions		Statement	17
Description		Amount	
Purchased services		440,6	56.
Total to Schedule M, Part	: II, line 28	440,6	56.