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		•			†	' 4	29 393 7	14 5	Am	nended
		Amended R	eturn - Sec	tio	1 512(a)	(7)	29 393 (Repeal) / 2	209	202
Form 990-T	E	Exempt Orga				ne T		_		0 1545-0687
	_	*	nd proxy tax und	ger se	-		[4]	7	20	D10
	Forca	alendar year 2018 or other tax ye	ar beginning v.irs gov/Form990T for i	notruot	and endir		LD	<u>ا</u> کا	2	U IO
Department of the Treasury Internal Revenue Service	l ▶	Do not enter SSN number	•					. [Open to Pu 501(c)(3) O	iblic Inspection for
A Check box if address changed		Name of organization (D Empl		cation number
B Exempt under section	Print	Adventist C	are Centers	; -	Courtlan	d, I	inc.	2	0-57	74723
X 501(c)(3) 408(e) 220(e)	or Type	Number, street, and room 730 Court1a		ox, see i	nstructions.				lated busine instructions	ess activity code)
408A 530(a) 529(a)		City or town, state or pro		or foreig	n postal code					
C Book value of all assets at end of year		F Group exemption num	ber (See instructions.)		1071					
		G Check organization typ		rporatio	n 501(c) trust	401(a	ı) trust		Other trust
H Enter the number of the o	-						the only (or first) u			
		sallowed Fri					complete Parts I-V			
business, then complete	•	ace at the end of the previo	us sentence, complete P	arts i ar	o II, complete a S	cneaule	IVI FOR EACH ADDITION	nai trade	e or	
During the tax year, was			affiliated oroup or a pari	nt-suhs	idiary controlled o	roup?	Stmt 1>	X	es [] No
		tifying number of the parer		,,,,,	idiary dominoriou (лоор				``` /
J The books are in care of	1	Nigel Hinds				Telepho	one number 🕨 4	107-	975-	3005/
Part I Unrelated	d Trac	de or Business Inc	ome		(A) Incom	e	(B) Expense	s		(C) Net
1 a Gross receipts or sale	s								//	,
b Less returns and allow		 	c Balance	1c						
2 Cost of goods sold (S		•		2				<u>,/.</u> .	ļ	
3 Gross profit. Subtract			(3					-	
4 a Capital gain net incom	•	•	, 4707)	4a 4b					-	
c Capital loss deduction	-	Part II, line 17) (attach Forn	(4/9/)	40 4c					<u> </u>	
•		sis ship or an S corporation (a	ttach statement)	5			,		1	
6 Rent income (Schedul	•	amp or an o corporation (a	ttaon statement)	6					<u> </u>	
7 Unrelated debt-finance		me (Schedule E)		7	/	·*				
		nd rents from a controlled	organization (Schedule F)	8						
9 Investment income of	a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G	9						
10 Exploited exempt activ				10						
11 Advertising income (S	ichedule	e J)		11					ļ	
12 Other income (See ins			1	12	<u> </u>				ļ	
13 Total. Combine lines				13	<u> </u>	0.			L	
		ot Taken Elsewher utions, deductions must					income)			
		rectors, and trustees (Sche		-	dinciated be			144		
14 Compensation of offi15 Salaries and wages	cers, an	rectors, and trustees (Sche	dule K.					15		
16 Repairs and mainten	ance							16		
17 Bad debts	41100							17		
18 Interest (attach schei	dule) (se	ee instructions)						18		
19 Taxes and licenses	, (19		
	ons (See	e instrucțions for limitation	rules)					20		
24 Depresention (attach	Corm 46	563)			. 21					
22 Less depreciation cla	imed or	n Schedule A and elsewher	e of return RECE	112		a		22b		
23 Depletion		•	1 1		21 30.5			23		·····
24 Contributions to defe	,	mpensation plans	86 FEB 1	6 20	21 9			24		
25 Employee benefit pro	-		10 100	U L]怒[25		
26 Excess exempt expenses (Schedule I) 27 Excess readership costs (Schedule J) 28 OCCENUT						26				
27 Excess readership co			U.C.L.C.	1.4	<i>.</i>			27		
28 Other deductions (att								28		
29 Total deductions. Ac			- loop daduate - Cutte	ot luca Of) from line 12			29		0.
inrelated business taلى 30	axable it	ncome before net operating	; iuss deduction. Subtra	ut ime 29	o irom line 13			30		U .

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

direlated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Form **990-T** (2018)

0.

Form 990-1		20-5774	723	Page 2
Part I			A-	
33 /	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		83	0.
34	Amounts paid for disallowed fringes	⊢	34	0
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	<u> </u>	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	~	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8[37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		1 1	
	enter the smaller of zero or line 36		38	0.
Part I	V Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	•	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	ſ		
	Tax rate schedule or Schedule D (Form 1041)	•	40	
41	Proxy tax. See instructions	• •	41	
	Alternative minimum tax (trusts only)	· -	42	
42	•	<u> </u>	43	
43	Tax on Noncompliant Facility Income. See instructions Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \	// 		44 [
				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		ŀ	
	Other credits (see instructions)			
	General business credit. Attach Form 3800 45c		į	
	Credit for prior year minimum tax (attach Form 8801 or 8827)			
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44	T-	46	0.
47	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (at	tach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	<u> </u>	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	⊢	49	0.
50 a	Payments: A 2017 overpayment credited to 2018		Ì	
b	2018 estimated tax payments		I	
C	Tax deposited with Form 8868	1,000.		
d	Foreign organizations Tax paid or withheld at source (see instructions)			
е	Backup withholding (see instructions) 50e			
f	Credit for small employer health insurance premiums (attach Form 8941)			
	Other credits, adjustments, and payments: Form 2439			
·	Form 4136 ☐ Other Total ► 50g	1		
51	Total payments Add lines 50a through 50g		51	1,000.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	\triangleright		1,000.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	• 1	55	1,000.
Part \	Enter the direction of the control o		<u> </u>	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country]
	here	on truct?		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to the control of the control o	yn trustr		
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year	at of my knowledge	and ballof it in the	<u> </u>
Sian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	a. or my knowledge	ranu veller, it is tru	o,
Sign	A \ C A = 11 ' = 14 + 1 = 12 + 1 = 1	May	the IRS discuss this	s return with
Here	Asst Secretary		reparer shown belo	
	Signature of officer Date Fittle	ınstrı		es No
	Print/Type preparer's name Preparer's signature Date Cl	heck ıf	PTIN	
Paid	se	elf- employed		
Prepa	rer		l	
Use C	ic i	Firm's EIN 🕨		
330 (
	Firm's address F	Phone no.		
823711 01			Form 9	90-T (2018)

	Adventist	Care	Centers	_	Courtland,	Inc.
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Form 990-T	Parent	Corporation's	Name and	Identifying	Number	Statement 1
Corporation's Name						Identifying No
Adventist He	 alth Syst	em Sunbelt He	althcare (Corporation		59-2170012

"As Amended"

Adventist Care Centers - Courtland, Inc. 2018 Amended Form 990-T

20-5774723

Explanation of Changes to Form 990-T, Part III, Lines 34-38:

The corrected amount of zero on line 34 and associated reduction in unrelated business taxable income is due to the repeal of Internal Revenue Code (IRC) Section 512(a)(7)

•		As Originally		Correct
		Reported	Net Change	Amount
Line 34 - Amounts paid for disallowed fringes		3,640	(3,640)	-
Line 36 - UTBI before specific deduction	•	3,640	(3,640)	-
Line 38 - Unrelated business taxable income		2,640	(2,640)	-

Explanation of Changes to Form 990-T, Part IV/V:

The net change of \$554 in income tax liability is due to the repeal of IRC Section 512(a)(7)

As Originally		Correct
Reported	Net Change	Amount
554	(554)	-
554	(554)	-
1,000	-	1,000
446	554	1,000
446	(446)	-
-	1,000	1,000
	Reported 554 554 1,000 446 446	Reported Net Change 554 (554) 554 (554) 1,000 - 446 554 446 (446)

^{**} Adventist Care Centers - Courtland, Inc. requested a credit carryforward of \$446 with the originally filed return. The filing organization is now requesting a refund of the total tax deposited with Form 8868 of \$1,000 related to the reduction of taxable income and total tax due.