	-				29	9393327	074	139
F	orm 990-T	Exempt Organ			ome T			No 1545-0687
		(an	d proxy tax und	er section 603	33(e))			040
		For calendar year 2018 or other tax year	· —		ending		. 2	ับาช
	epartment of the Treasury		rs.gov/Form990T for in				Open to I	Public Inspection for
Int	ernal Revenue Service	Do not enter SSN numbers					5Ó1(c)(3)	Organizations Only
A	Check box if address changed	Name of organization (ructions.)	10	(Employees' to instructions)	tification number ust, see
_		Overland Par	_	k kenab				774001
R	Exempt under section \mathbf{X} 501(\mathbf{c} $\mathbf{\Omega}$ \mathbf{S})	Print Center, Inc.					20-5774821 E Unrelated business activity code	
l T	408(e) 220(e)	Number, street, and room 6501 West 75		ç see instructions.			(See instruction	
ſ	408A 530(a)	City or town, state or provi		foreign poetal and				
Ĭ	529(a)	Overland Par			•			
C	Book value of all assets	F Group exemption number		▶ 1071				
•	at end of year	G Check organization type			01(c) trust	401(a) tr	rust	Other trust
H	Enter the number of the	organization's unrelated trades or bu	sinesses.		Describe	the only (or first) unre	lated	
	trade or business here	▶ Disallowed Frin	ges - Park	ing	. If only one,	complete Parts I-V. If	more than or	10,
	describe the first in the bl	lank space at the end of the previous	s sentence, complete Pa	rts I and II, complete	e a Schedule	M for each additional	trade or	
_	business, then complete i							
3		the corporation a subsidiary in an af		t-subsidiary control	led group? /		Yes	√ No
SE		and identifying number of the parent	corporation.		YOU	<u> </u>		12
ENVELO		Nigel Hinds d Trade or Business Inco	me -	(A) in		one number > 40 (B) Expenses	7-975-	-3005 (C) Net
	a Gross receipts or sale			(4) !!!	conte	(b) Expenses	- 	(U) NEI
A	b Less returns and allow		c Balance	10	1			
			U Dalance	2				
NOV 3	· · · · · · · · · · · · · · · · · · ·			3		4		
	a Capital gain net incom			4a		r		
•	· •	4797, Part II, line 17) (attach Form 4	1797)	46				
20	c Capital loss deduction	ı for trusts		4c		2		
2019	Income (loss) from a p	partnership or an S corporation (atta	ach statement)	5				
6	Rent income (Schedul	•		6				
7		ed income (Schedule E)		7				
8		valties, and rents from a controlled org	· · · · · · · · · · · · · · · · · · ·	8		·		
10		f a section 501(c)(7), (9), or (17) org vity income (Schedule I)	anization (Schedule G)	10				
11		•		11				
12		structions; attach schedule)		12				
13				13	0.			
	art II. Deduction	ns Not Taken Elsewhere	(See instructions for	limitations on de	ductions)			
\simeq $-$	(Except for c	contributions, deductions must b	e directly connected	with the unrelated	business i	ncome.)		
¥ 14		icers, directors, and trustees (Schedi	ıle K)	CEIVED	1	ļ_	14	
SCANNED 17	-		\		781	_	15	
는 16 는 16	=	ance	læ Ni	OV 19 2019	SO-S		16	
	Bad debts	dula) (cas instructions)	N 5328	0125	781		17	
18 ⊏ 19	Taxes and licenses	dule) (see instructions)		ODEN LIT	1	<u> </u>	18	
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		ons (See instructions for limitation ru	ules) O	GDEN, UT		F	20	
21	Depreciation (attach F	•			21	 		
22		umed on Schedule A and elsewhere o	on return		22a	2	2b	
23	Depletion						23	
³ 24	Contributions to defer	rred compensation plans					24	
25	Employee benefit prog	grams				<u> </u>	25	
26	Excess exempt expens	ises (Schedule I)				<u> -</u>	26	
27	Excess readership cos						27	
28	Other deductions (atta						28	
29		dd lines 14 through 28	المامية متعلقات المتعلق	line 20 5 1 - 42		_	29	0.
30		axable income before net operating lo erating loss arising in tax years begin			ictions)		30	0.
31 32		erating loss arising in tax years begin exable income. Subtract line 31 from		, 2010 (SEE INSTRU	ictions)		31 <u> </u>	
_		r Paperwork Reduction Act Notice,				<u></u>	Form	990-T (2018)
323		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1				. 0	

_	Overland Park Nurs	sing & Rehab	,	00 575	7.4.0.0.1	- 0
Form 990-	3011301 / 11131	able Income	<u> </u>	20-577	4821	Page 2
Part					T T	
33	Total of unrelated business taxable income compu	ited from all unrelated trades or business	es (see instructions)		33	1 260
34	Amounts paid for disallowed fringes	bases bafana lanuari 4 0040 (34	1,260.
35	Deduction for net operating loss arising in tax year				35	
36	Total of unrelated business taxable income before	specific deduction. Subtract line 35 from	i the sum of			1 260
	lines 33 and 34	07			36	$\frac{1,260.}{1,000.}$
37	Specific deduction (Generally \$1,000, but see line	· · · · · ·	-1 00		37	1,000.
38	Unrelated business taxable income. Subtract lin	ie 37 from line 36. If line 37 is greater tha	in line 36,			260
Dort I	enter the smaller of zero or line 36 Tax Computation				38	260.
		- han 20 h. 248/ (2.24)			T ==	55.
39	Organizations Taxable as Corporations. Multiply				39	
40	Trusts Taxable at Trust Rates See instructions for		nount on line 38 from:	_	10	
44	Tax rate schedule or Schedule D (Fe	orm 1041)			40	
41	Proxy tax. See instructions				41	
42	Alternative minimum tax (trusts only)				42	
43	Tax on Noncompliant Facility Income. See instru				43	55.
Part V	Total. Add lines 41, 42, and 43 to line 39 or 40, will Tax and Payments	nichever applies			44	
		t trusto attach Corm 114C)	45.			
	Foreign tax credit (corporations attach Form 1118;	, trusts attach Form (116)	45a			
b	Other credits (see instructions) General business credit, Attach Form 3800		45b		-	
C		014 or 9907\	45c		- 	
d	Credit for prior year minimum tax (attach Form 88	01010027)	45d		450	
e 46	Total credits. Add lines 45a through 45d Subtract line 45e from line 44				45e	55.
46 47	Other taxes. Check if from: Form 4255	Form 8611	rm eess C Other	(attach schedule)	46	
48	Total tax. Add lines 46 and 47 (see instructions)	11011110011 [110111110097 [] F0	illi oooo Uillei	(attach schedule)	48	55.
49	2018 net 965 tax liability paid from Form 965-A or	Form 965-B. Part II. column (k) line 2	•		49	<u></u>
50 a		Tomi 303-5, Fart II, Column (K), line 2	50a		45	
_	2018 estimated tax payments		50b		1	
	Tax deposited with Form 8868		50c	500.	1	
C	Foreign organizations: Tax paid or withheld at sour	rce (see instructions)	50d		 1888 	
	Backup withholding (see instructions)	ice (see instructions)	50e		1	
	Credit for small employer health insurance premiu	ms (attach Form 8941)	50f		∤■■	
,	· · ·	form 2439	301			
9		Other Total	▶ 50g			
51	Total payments. Add lines 50a through 50g		004		51	500.
52	Estimated tax penalty (see instructions). Check if F	form 2220 is attached			52	
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 l		ud		54	445.
55	Enter the amount of line 54 you want: Credited to		44-1	funded 🕨	55	0.
Part V					<u> </u>	
56	At any time during the 2018 calendar year, did the	organization have an interest in or a sign	ature or other authorit	v		Yes No
	over a financial account (bank, securities, or other)					
	FinCEN Form 114, Report of Foreign Bank and Fina	incial Accounts. If "Yes," enter the name o	of the foreign country			
	here >					
57	During the tax year, did the organization receive a	distribution from, or was it the grantor of	, or transferor to, a for	eign trust?		
	If "Yes," see instructions for other forms the organi	zation may have to file.				
<u>5</u> 8	Enter the amount of tax-exempt interest received or	r accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined correct, and complete Declaration of preparer (other than	I this return, including accompanying schedules a	and statements, and to the	best of my knowled	ige and belief, it	is true,
Sign	correct, and complete Declaration of preparet (office that		cer/Asst		av the iRS discu	ss this return with
Here	Dyn C. Wasunt	*	etary		e preparer show	
	Signature of officer	Date Title		ins	structions)?	Yes No
	Print/Type preparer's name	Preparer's signature	Date	Checkif	f PTIN	
Paid		1]	self- employed		
Prepa	er	L	<u> </u>			
Use O	1 .			Firm's EIN		
_						
	Firm's address			Phone no.		
823711 01-0	9-19				For	m 990-T (2018)

		•				
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