

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

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

For calendar year 2018 or other tax year beginning , and ending

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).

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

Overland Park Nursing & Rehab Center, Inc.

20-5774821

B Exempt under section

Print or Type

Number, street, and room or suite no. If a P.O. box, see instructions.

E Unrelated business activity code (See instructions)

X 501(c)(08)

6501 West 75th Street

408(e) 220(e)

City or town, state or province, country, and ZIP or foreign postal code

408A 530(a)

Overland Park, KS 66204

529(a)

C Book value of all assets at end of year

F Group exemption number (See instructions.) 1071

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses.

Describe the only (or first) unrelated trade or business here

Disallowed Fringes - Parking. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Stmt 1 X Yes No

If "Yes," enter the name and identifying number of the parent corporation.

Adv 59-2170012

The books are in care of Nigel Hinds

Telephone number 407-975-3005

POSTMARK DATE NOV 15 2019

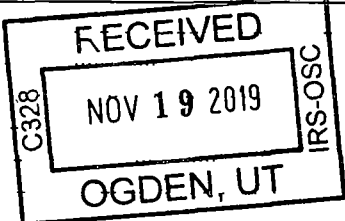
Part I Unrelated Trade or Business Income

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts or sales, Less returns and allowances, Cost of goods sold, etc.

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.)

Table with 4 columns: Line number, Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Compensation of officers, directors, and trustees, Salaries and wages, Repairs and maintenance, etc.



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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response boxes. Includes questions 56-58 regarding foreign activities and tax-exempt interest.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 11/13/19

Title: Officer/Asst Secretary

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Form fields for paid preparer: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Form 990-T Parent Corporation's Name and Identifying Number Statement 1

<u>Corporation's Name</u>	<u>Identifying No</u>
Adventist Health System Sunbelt Healthcare Corporation	59-2170012