

Form **990-T**

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

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, and ending **12/31/2018**

Department of the Treasury
Internal Revenue Service

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

A Check box if address changed

B Exempt under section
 501(c)(3)
 408(e) 220(e)
 408A 530(a)
 529(a)

Name of organization (Check box if name changed and see instructions.)
Overland Park Nursing & Rehab Center, Inc.

Employer identification number (Employees' trust, see instructions)
20-5774821

Number, street, and room or suite no. If a P.O. box, see instructions.
6501 West 75th Street

Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code
Overland Park, KS 66204

C Book value of all assets at end of year

F Group exemption number (See instructions.) **1071**

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

H Enter the number of the organization's unrelated trades or businesses. **1** 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.

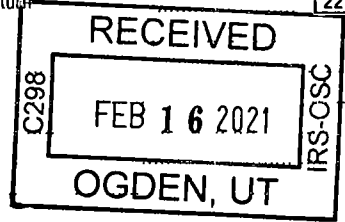
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Stmt 1 Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **Nigel Hinds** Telephone number **407-975-3005**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
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 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	0.	

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	
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)	21	
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)	28	
29	Total deductions. Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
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	0.



ENVELOPE POSTMARK DATE FEB 12 2021

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, Amount. Includes lines 33-38 for Total Unrelated Business Taxable Income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, Amount. Includes lines 39-44 for Tax Computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, 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, Yes/No response. Includes questions 56-58 regarding foreign accounts, trusts, and tax-exempt interest.

Sign Here: Declaration of preparer, Signature of officer (C. Adair), Date (2/5/21), Title (Officer/Asst Secretary).

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

Overland Park Nursing & Rehab Center, In

20-5774821

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

Corporation's Name

Identifying No

Adventist Health System Sunbelt Healthcare Corporation

59-2170012

Overland Park Nursing & Rehab Center, Inc.
2018 Amended Form 990-T

20-5774821

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 Reported	Net Change	Correct Amount
Line 34 - Amounts paid for disallowed fringes	1,260	(1,260)	-
Line 36 - UTBI before specific deduction	1,260	(1,260)	-
Line 38 - Unrelated business taxable income	260	(260)	-

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

The net change of \$55 in income tax liability is due to the repeal of IRC Section 512(a)(7)

	As Originally Reported	Net Change	Correct Amount
Line 39 - Organizations Taxable as Corporations	55	(55)	-
Line 48 - Total Tax	55	(55)	-
Line 50c - Tax deposited with Form 8868	500	-	500
Line 54 - Overpayment	445	55	500
Line 55 - Amount of line 54 you want: Credited to 2019	445	(445)	-
** Line 55 - Amount of line 54 you want: Refunded	-	500	500

** Overland Park Nursing & Rehab Center, Inc. requested a credit carryforward of \$445 with the originally filed return. The filing organization is now requesting a refund of the total tax deposited with Form 8868 of \$500 related to the reduction of taxable income and total tax due