12431202 796074 20-5774821

	Amended Return -	Sectic	on 512(a)(7)	939307 Repeal	s Amended" 2 092 05 1
Form 990-T	Exempt Organization (and proxy tax	OMB No 1545-0687			
	For calendar year 2018 or other tax year beginning	2018			
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 Do not enter SSN numbers on this form as				Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	Name of organization (Check box if	name chang	ed and see instructions.)	DEn	nployer identification number
address changed	Overland Park Nursi	ng & F	Rehab	ins	structions)
8 Exempt under section	Print Center, Inc.	D.O. barra and		F Ur	20-5774821 related business activity code
X 501(C)(3) 408(e) 220(e)	Type Number, street, and room or suite no. If a life of the street of th		instructions.		e instructions)
408A 530(a)	City or town, state or province, country, an		ign postal code		
529(a)	Overland Park, KS				· · · · · · · · · · · · · · · · · · ·
C Book value of all assets at end of year	F Group exemption number (See instruction		1071		
U. Catas the number of the	G Check organization type X 501	(c) corporati		401(a) trus	
	rganization's unrelated trades or businesses. ▶ Disallowed Fringes - P	arking		the only (or first) unrelate complete Parts I-V. If mo	
•	ank space at the end of the previous sentence, comp				
business, then complete					
During the tax year, was	he corporation a subsidiary in an affiliated group or	a parent-sub	sidiary controlled group?	Stmt 1▶ X	Yes No
	nd identifying number of the parent corporation.		Ŧ.· ·		075 3005
	► Nigel Hinds Trade or Business Income		(A) Income	one number > 407	-975-3005 (C)-Net
1a Gross receipts or sale	····		(A) illebilie	(b) Expenses	19/11
b Less returns and allow		▶ 1c		,	
2 Cost of goods sold (S	chedule A, line 7)	2		· · · · · · · · /	
3 Gross profit. Subtract	\	3			
4 a Capital gain net incom	<u> </u>	<u>4a</u>	ļ		
	4797, Part II, line 17) (attach Form 4797)	4 <u>b</u>		/	-
c Capital loss deduction 5 Income (loss) from a	oartnership or an S corporation (attach statement)	4c	+		
6 Rent income (Schedul		6			
	ed income (Schedule E)	7			
8 Interest, annuities, roy	alties, and rents from a controlled organization (Sche	edule F) 8			
	a section 501(c)(7), (9), or (17) organization (Sched				
	ity income (Schedule I)	10	<u> </u>		
11 Advertising income (S	cnedule J) tructions; attach schedule)	11 12			
12 Other income (See ins 13 Total, Combine lines		13	0.	<u> محمد مسروس الدي مناحد عصر ع</u> م	
Part II Deduction	ns Not Taken Elsewhere (See instruct	ions for lim	tations on deductions)		
	ontributions, deductions must be directly con-	nected with	the unrelated business	income.)	
	cers, directors, and trustees (Schedule K)			14	
15 Salaries and wages				15	
16 Repairs and mainten.17 Bad debts	ance			16 17	
	dule) (see instructions)			18	
19 Taxes and licenses				19	
	ns (See instructions for limitation rules)			20	
21 Depreciation (attach			21		
	med on Schedule A and elsewhere on return	DEOE	22a	221	
23 Depletion		RECE		23	
24 Contributions to defe25 Employee benefit pro	red compensation plans	_ 	18	24	_
26 Excess exempt exper	grams 865 ses (Schedule I) 27	FEB 1	6 2021 80	26	
27 Excess readership co	sts (Schedule J)		1021	27	
28 Other deductions (att	ach schedule)	OGDE	V. UT	28	
<i>U</i>	ld lines 14 through 28			29	
//	exable income before net operating loss deduction. S			30	20 2000 - 2000
	erating loss arising in tax years beginning on or after	r January 1, 2	2018 (see instructions)	31	
32 Unrelated business to	ixable income. Subtract line 31 from line 30			32	Form 990-T (2019)

		Overland Park Nursing & Rehab						-
Form 990-T						<u>-577</u>	4821	Page 2
Part I	11 11 1	Total Unrelated Business Taxable Income		···	 		,	
33	Total	of unrelated business taxable income computed from all unrelated trades or	businesses (see instruct	ions)		[33]	0.
34	Amou	unts paid for disallowed fringes					34	
35	Dedu	ction for net operating loss arising in tax years beginning before January 1, 2	2018 (see ins	tructions)			35	
36	Total	of unrelated business taxable income before specific deduction. Subtract line	e 35 from the	sum of			 	
	lines :	33 and 34					36	
37		fic deduction (Generally \$1,000, but see line 37 instructions for exceptions)				8	37	1,000.
38		lated business taxable income. Subtract line 37 from line 36. If line 37 is gr	reater than lir	ne 36.				
•		the smaller of zero or line 36		,			38	0.
Partil		ax Computation						
39		nizations Taxable as Corporations. Multiply line 38 by 21% (0.21)				$\overline{}$	39	0.
		s Taxable at Trust Rates. See instructions for tax computation. Income tax of	on the amou	nt on line 38	l from:			
40	$\overline{}$		on the annour		i ii om.		40	
		· · · · · ·					41	
41		y tax. See instructions						
42		native minimum tax (trusts only)					42	
43		n Noncompliant Facility Income. See instructions					43	
		Add lines 41, 42, and 43 to line 39 or 40, whichever applies					44	
		ax and Payments		T.:-T				
		gn tax credit (corporations attach Form 1118, trusts attach Form 1116)		45a			 888 	
b	Other	credits (see instructions)		45b			-{ 	
C	Gener	ral business credit. Attach Form 3800		45c			4	
d	Credit	t for prior year minimum tax (attach Form 8801 or 8827)		45d				
е	Total	credits. Add lines 45a through 45d					45e	
46		act line 45e from line 44					46	0.
47	Other	taxes. Check if from. Form 4255 Form 8611 Form 8697	Form	8866 🔲	Other (attach sch	redule)	47	
48	Total	tax. Add lines 46 and 47 (see instructions)					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		ients A 2017 overpayment credited to 2018		50a				
	•	estimated tax payments		50b]	
		eposited with Form 8868	u		5	00.	1	
		gn organizations: Tax paid or withheld at source (see instructions)	-•	50d			1	
		up withholding (see instructions)		50e			1	
		t for small employer health insurance premiums (attach Form 8941)		501			1	
		credits, adjustments, and payments: Form 2439		100			 	
9			Total •	50g				
			TOTAL P	300			51	500.
51		payments. Add lines 50a through 50g	7				52	500.
52		nated tax penalty (see instructions). Check if Form 2220 is attached	<u>ل</u> ـ				53	
		lue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed						500.
54	•	payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amou	ınt overpaid	•	1	₽ ₩	54	500.
55		the amount of line 54 you want: Credited to 2019 estimated tax	Informat	0.	Refunded		\$5	500.
Part \		Statements Regarding Certain Activities and Other I			instructions)			1 1
56		y time during the 2018 calendar year, did the organization have an interest in						Yes No
		a financial account (bank, securities, or other) in a foreign country? If "Yes," t						4.6
	FinCE	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter th	he name of th	ne foreign c	ountry			
	here	>						_
57	Durin	g the tax year, did the organization receive a distribution from, or was it the g	grantor of, or	transferor t	o, a foreign trus	st?		
	If "Yes	s," 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	▶\$					
	Un	nder penalties of perjury, I declare that I have examined this return, including accompanying a	schedules and	statements, ar	nd to the best of my	/ knowled	dge and belief, it is	s true,
Sign	CO	rrect, and complete Declaration of preparer (other than taxpayer) is based on all information	Office	r/Ass	t	F 14	ay the IRS discus:	e this return with
Here			Secret				ay the IHS discus: e preparer shown	
		Signature of officer Date Ti	itle			In:	structions)?	Yes No
		Print/Type preparer's name Preparer's signature		Date	Check		f PTIN	
D		1 Toparor o dignaturo			self- em	_	'	
Paid					""	, ~~		
Prepa		Eirm's name			Firm's	EIN D	_ 	
Use C	nly	Firm's name			1111115	LIN F		
		Firm's address			Phone	nο		
		Firm's address			Filone	110.		n 990-T (2018)
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Overland	Park	Nursing	&	Rehab	Center,	In
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20-5774821

Form 990-T	Parent	Corporation's	Name a	nd Identifying	Number	Statement 1
Corporation'	s Name					Identifying No
Adventist He	alth Syst	tem Sunbelt He	althcar	e 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	Correct	
	Reported	Net Change	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		Correct	
	Reported	Net Change	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