_		990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))								OMB No 1545-0687		
	Form									@@ 4 6		
	ت	For calendar year 2018 or other tax year beginning , 2018, and ending , 20								2018		
	Departm	ent of the Treasury		▶ Go to www.irs.gov/Form9907 for Instr	uction	s and the latest infor	mation.		Opo	n to Public Inspectio	o for	
		Revenue Service	▶ Do (not enter SSN numbers on this form as it may be	e mada	public if your organizat	tion is a 50°	(c)(3).	501	(c)(3) Organizations (Only	
	A C	check box (f ddress changed		Name of organization (anged a	and see instructions.)			identification num			
	B Exem	Exempt under section MIAMI CHILDREN'S HEALTH SYSTI				C				(Employees' trust, see instructions 45-3481327		
		n(C) <u>©3</u>)	or		er, street, and room or suite no. If a P.O. box, see instructions.							
	Q 40		Time 3100 SW 62ND AVENUE E Unrelate							ted business activity code nstructions.)		
	4C	98A 🗌 530(a)			000000							
	C Book			MIAMI, FL 33155		900099						
	at en	Book value of all assets at end of year 780,176,705 G Check organization type ► ✓ 501(c) corporation								ot Other t		
	H En			organization's unrelated trades or busines				401(a) trust Other trust				
				ANTENNA REVENUE			-	the only (or first) unrelated				
									nore than one, describe the nedule M for each additional			
			•	omplete Parts III-V.	iipicic	ratoralo ii, com	picic a C	O) ICGG				
				e corporation a subsidiary in an affiliated gro	up or a	a parent-subsidiary co	ontrolled a	roup?		▶ ☐ Yes 🕖	No	
				and identifying number of the parent corp				. τυρ.	•			
				► RAMON COTO			ne numbe	r 🕨	(305) 666-6511			
0				e or Business Income		(A) Income	(B) Expenses			(C) Net		
2019	1a	Gross receipts	or sale	es 0							1	
~ ;	b	Less returns and a	allowance	es 0 c Balance ▶	1c	0						
3 24	2	Cost of goods	sold (S	Schedule A, line 7)	2	0					1	
<u>۔</u>	3	Gross profit. S	Subtract	t line 2 from line 1c	3	0				0		
길	4a	Capital gain ne	et incor	ne (attach Schedule D)	4a	0				0		
	ь	Net gain (loss)	(Form 4	4797, Part II, line 17) (attach Form 4797)	4b	0				0		
	,c			n for trusts	4c	0				0		
	5	Income (loss) fro	m a partnership or an S corporation (attach statement)			5 0				0		
	6 Rent income (Sc		Schedu	lle C)	6	0		0		0		
	7	Unrelated deb	t-financ	ced income (Schedule E)	7	0		0		0		
) 1	8	Interest, annumes,	royalties,	and rents from a controlled organization (Schedule F)	8	9 0 0			0			
,	9	Investment income	e of a sec	ction 501(c)(7), (9), or (17) organization (Schedule G)	9				0			
	10	Exploited exer	npt act	ivity income (Schedule I)	10				0			
	11	_	•	Schedule J)	11	0		0		0		
	12	•		ructions; attach schedule)	12	29,947				29,947		
	13	Total. Combin		3 through 12	13	29,947	L	0		29,947		
	Part	Ⅲ Deduction	ns Not	Taken Elsewhere (See instructions fo	r limit	ations on deduction	ns.) (Except for contributions,					
				be directly connected with the unrelate				1	44			
	14			cers, directors, and trustees (Schedule K))		၂ပ္ဟ	-	14	0		
	15	Salaries and w	ages		[§	3 NOV:2:5 20	019 · Ö	1 -	15	0		
	16						SS	1 +	16 17	0		
	17 18	Interest (attack			.			-	18	0		
	19									0		
	20			ons (See instructions for limitation rules)				. +	19 20	0		
	21			Form 4562)				٠, ١		 +		
	22	Less depreciation (tion cla	imed on Schedule A and elsewhere on re	atum	229	22a 0		22b	o		
	23								23	0		
	24			rred compensation plans					24	0		
	25 Employee benefit programs								25	0		
	26			nses (Schedule I)				26	0			
	27			sts (Schedule J)					27	0		
	28		ner deductions (attach schedule)							0		
	29 Total deductions. Add lines 14 through 28								28 29	0		
	 Unrelated business taxable income before net operating loss ded Deduction for net operating loss arising in tax years beginning on or a 					uction. Subtract line 29 from line 13				29,947		
											1	
	32		•)				29,947	<u>'</u>		
				Notice, see instructions.		Cat. No. 11291J				Form 990-T (2	2018)	

Form 99	D-T (2016)		Page 2
Part	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	29,947
34	Amounts paid for disallowed fringes	34	39,217
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
	instructions)	35	ol
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34	36	69,164
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract fine 37 from line 36. If fine 37 is greater than line 36,	 	
	enter the smaller of zero or line 36	38	68,164
Part		1 30 1	00,1041
39	Organizations Texable as Corporations. Multiply line 38 by 21% (0.21)	39	14,314
40	Trusts Taxable at Trust Rates. See instructions for tax computation, income tax on	53	14,514
40	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40	i
			
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	- 44.244
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	14,314
Part		300 in	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) . 45a		
Ь	Other credits (see instructions)		1
C	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		_ [
e	Total credits. Add lines 45a through 45d	45e	0
46	Subtract line 45e from line 44	46	_ 14,314
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Diher (attach schedule) .	47	0
48	Total tax. Add lines 46 and 47 (see instructions)	48	14,314
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	38	1
ь	2018 estimated tax payments	经	
C	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) . 50d		
e	Backup withholding (see instructions)		1
f	Credit for small employer health insurance premiums (attach Form 8941) . 50f		
9	Other credits, adjustments, and payments: Form 2439		ì
_	Other credits, adjustments, and payments: ☐ Form 2439		
51	Total payments. Add lines 50a through 50g	51	15,000
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	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid . •	54	686
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax ▶ 686 Refunded ▶	55	0
Part			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or of	her author	tty Yes No
•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma		
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the for		
	here ▶ CJ		1
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a form	sion Inest?	
01	If "Yes," see instructions for other forms the organization may have to file.	-grivuati	Can Page
EO	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
_58	Under penalties of parjury, I declare that I have examined this relum, including accompanying schedules and statements, and to the be	st of my knowl	edge and belief. If is
Sign	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge		
	m 1 precipeut aun ara		discuss this return parer shown below
Here	PRESIDENT AND CEO Signature of officer Date Title		ora)? []Yea [] No
			PTIN
Paid	PrintType preparer's name Preparer's signature 11/11/2013	eck lif f-amployed	1
Prepa	arer		P01320603
Use (Only Firm's name > CROWELLP	n's EtN ►	35-0921680
	Firm's address > 401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230 PM		954) 202-8600
		E.	990-T 2018

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Schedule E—Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (c) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (c) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (c) (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (c) Other deductions (attach schedule) (d) 4. Amount of average adjusted basis of or allocable to debt-financed property (attach schedule) (d) 4. Amount of average adjusted basis of or allocable to debt-financed property (attach schedule) (column 2 × column 6) (column 6 × total of columns 3(a) and 3(b)) (d) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Form 99	90-T (2018)								P	age 3
2 0 0 7 Cost of goods sold. Subtract line 8 from line 5. Enter here and 49 Additional section 263A costs (attach schedule) 44 0 0 8 Do the rules of section 263A (with respect to 5 Total. Add lines 1 through 4b 5 0 property produced or acquired for resale) apply 10 the organization? Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property) (see Instructions) 1. Description of property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) 1. Description of debt-financed property 1. Description of debt-financed property 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property 2. Gross income from or allocable to debt-financed property 3. Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) (b) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part 1, line 6, column (ii) Part 1, line 6, column (iii) Part 1, line 6, column (iiii) Part 1, line 6, column (iiii) Part 1, line 6, column 6, all columns 2, column 6, all	Sche	dule A-Cost of Goods So	ld. Er	nter method of	inven	tory va	aluation >				
3	1	Inventory at beginning of year	. [1	0	6	Inventory a	at end of year	6	0	
4a 0 0 8 Do the rules of section 263A (with respect to b Other costs (attach schedule) 4b 0 0 property produced or acquired for resale) apply to the organization? Schedule C — Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (c) Total (d) Total (e) Total	2.	Purchases	Г	2	0	7	Cost of	goods sold. Subtract			
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(2) (3) (4) Total 0 Total 0 Total 0 Total 0 (c) Total Income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		personal property is more than 10% but		percentage of ren	t for per	sonal pro	perty exceeds	1 '''			
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Schedule E—Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (c) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a											0
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1. Description of debt-financed property allocable to debt-financed property (a) Straight line depreciation (attach schedule) (b) Other deductions (attach schedule) (a) (2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (a) (a) (b) Other deductions (attach schedule) (c) (a) (b) Other deductions (attach schedule) (c) (a) (b) Other deductions (attach schedule) (d) (a) (a) (b) Other deductions (attach schedule) 7. Gross income reportable (column 6 × total of columns 3(a) and 3(b)) (c) (a) (b) Other deductions (attach schedule)					- 1		·			ocable to	,
(attach schedule) (attach sched		1. Description of debt-finance	ed prop	perty							
(2) (3) (4) 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) (5. Average adjusted basis of or allocable to debt-financed property (attach schedule) (6) (7. Gross income reportable (column 2 × column 6) (column 6 × total of columns 3(a) and 3(b)) (7) (8) (9) (1) (1) (2) (3) (4) (4) (5) (6)						pro	perty				,
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(3) (4) 4. Amount of average adjusted basis of or allocable to debt-financed property (attach schedule) (1) (2) (3) (4) 7. Gross income reportable (column 2 × column 6) (column 2 × column 6) (column 6 × total of columns 3(a) and 3(b)) (2) (3) (4) (4)					1				<u> </u>		
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acquisition debt on or allocable to debt-financed property (attach schedule) (column 5						6. C	olumo		8. Allocable o	teduction	ns
property (attach schedule) (attach schedule) by column 5 (attach schedule) (attach schedule)	а					4 di	vided		(column 6 x tota	al of colu	
(2)						by co	lumn 5	(33.2)	3(a) and	3(b))	
(2)	(1)						%				
(3) % (4) % (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7		<u> </u>			_		%		<u> </u>		
(4) %		_									
						_					
Enter here and on page 1, Part I, line 7, column (A). Part I, line 7, column (B).					-			Enter here and on page 1, Part I, line 7, column (A).	Enter here and Part I, line 7,	on pag column	је 1, (В).
Totals	Totale						•	<u> </u>			0
		lividends-received deductions in	 cluded	in column 8				 			_ 0

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Schedule F-Interest, Anni	uities, Royalties	and Rer	nts From	Controlled Org	janizations (se	e instruc	tions)	
		Exempt	Controlled	Organizations				
, 1. Name of controlled organization	2. Employer identification number			4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with Income in column 5	
(1)								
(2)								
(3)	- 1 ::	1						
(4)								
Nonexempt Controlled Organiz	zations	<u> </u>			•		-	
7. Taxable Income	8. Net unrelated I (loss) (see instruc			otal of specified yments made	10. Part of column included in the corganization's gro	controlling	connec	eductions directly sted with income in column 10
(1)								
(2)							_	
(3)							ļ	
(4)	·						<u> </u>	
					Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A).	Enter h Part I,	columns 6 and 11. Here and on page 1, Hine 8, column (B).
Totals	<u> </u>							0
Schedule G-Investment I	ncome of a Sec	tion 501		or (17) Organi Deductions				otal deductions
1. Description of income	2. Amount	of income	dire	ctly connected ach schedule)	4. Set-aside (attach sched		and s	et-asides (col 3 plus col. 4)
(1)								
(2)								
(3)								
(4)								
	Enter here an Part I, line 9,						Part I, li	re and on page 1, ne 9, column (B).
Totals	•		0					0
Schedule I—Exploited Exe	empt Activity Inc	ome, Ot	<u>ther Than</u>	Advertising In	ncome (see inst	tructions	<u>) </u>	
1. Description of exploited activi	2. Gross unrelated business Inc from trade business	ome con	Expenses directly nected with oduction of unrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7.	5. Gross income from activity that is not unrelated business income	attribu	censes table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)								
	Enter here ar page 1, Pa line 10, col.	rt I, pag (A). line	r here and on ge 1, Part I, 10, col. (B).					Enter here and on page 1, Part II, line 26.
Totals	neome /see inch	o	0	1				1 0
Part I Income From P			a Consoli		· · · · · · · · · · · · · · · · · · ·			
1. Name of periodical	2. Gross advertisin income	. '	3. Direct ertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols 5 through 7.	5. Circulation Income		dership ests	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)]				j
(3)				<u> </u>]
(4)								
						1		
Totals (carry to Part II, line (5))	. ▶	0	0	0		<u> </u>		0 form 990-T (2018)

(2)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14

Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns Part II 2 through 7 on a line-by-line basis.) 7. Excess readership 4. Advertising gain or (loss) (col. 2 minus col. 3). If 2. Gross costs (column 6 6. Readership 3. Direct 5. Circulation 1. Name of periodical advertising minus column 5, but costs advertising costs income Income a gain, compute not more than cols 5 through 7. cotumn 4). (1) (2) (3) (4) 0 0 0 Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col. (B) on page 1, Part II, line 27. page 1, Part I, line 11, col (A). 0 Totals, Part II (lines 1-5) Schedule K-Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business 4. Compensation attributable to 1. Name 2. Title unrelated business (1) 96

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0

%

96

96

▶

Form 9901 Part I, Line 12	Other Income		
· · · · · · · · · · · · · · · · · · ·	Description		Amount
TOWER RENTAL			
(1) TOWER RENTAL INCOME			29,947
		Total for Part I Line 12	29.947