	For	" 990-T] ,E	Extended to Novexempt Organization Bus) I C	iss income i	293933 ax Returr	32°	7 0 8 6 0 2 OMB No 1545-0887	9 ⁽ -		
		•		(and proxy tax und	der section 6033(e))				0040			
	,		For calendar year 2018 or other tax year beginning, and ending						2018			
		artment of the Treasury rnal Revenue Service		► Go to www.irs gov/Form990T for in Do not enter SSN numbers on this form as it ma		Open to Public Inspection for 501(c)(3) Organizations Only	-					
	A i	Check box if address changed		Name of organization (Check box if name of	Emi	ployer identification number ployees' trust, see ructions)						
		Exempt under section	1	<u>Princeton Professional</u>		9-1191045	_					
	[2	501(cQ)3)	or Type	Number, street, and room or suite no. If a P.O. bo		plated business activity code instructions)						
	닏	408(e) 220(e)		601 E. Rollins St.	-							
		408A		City or town, state or province, country, and ZIP of $Orlando$, FL 32803	446	5199	_					
	C B	ook value of all assets t end of year	require of all assets 78,654,976. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust The number of the organization's unrelated trades or businesses. 1 Procepts the organization's unrelated trades or businesses.							- ,		
	<u>. </u>	78,654,9	76.	G Check organization type ► X 501(c) cor	poratio	n 501(c) trust				- 4		
	11 C	inter the number of the C	n yanıza	iion s unrelated trades or businesses.	1	Describe	the only (or first) ur					
		ade or business here							=	,		
		usiness, then complete F		ce at the end of the previous sentence, complete Pa	iris i ai	io ii, compiete a Scheduli	e ivi for each addition	ai tradi	e or			
				oration a subsidiary in an affiliated group or a parei	nt-subs	Youghn bellottnoo visibil	Stmt 1▶	XIV	es No	-		
				ifying number of the parent corporation.	0000	Adl	Je	Ξ α.				
	JI	he books are in care of	► A	my Zbaraschuk		Teleph	ione number	I-V. If more than one, ditional trade or X Yes No 9-21-0017 (407) 303-9445				
BILLARY DATE	R	art 🛂 Unrelated	Trad	e or Business Income		(A) Income	(B) Expenses	3	(C) Net	-		
偃	₹1a	Gross receipts or sales	3							7		
复	N b	Less returns and allow	ances	c Balance	1c				ļ	_[
9	2	Cost of goods sold (So			2					_		
		Gross profit. Subtract I			3					-		
NS V		Capital gain net income	•	•	4a	,				-		
		Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b								-		
-	5	*	pital loss deduction for trusts defined from a partnership or an S corporation (attach statement) defined from a partnership or an S corporation (attach statement) defined from the statement defined from the st							-		
(V)	6	6 Rent income (Schedule C)				" - "				-		
2019	7	Unrelated debt-finance		e (Schedule E)	7					-		
•	8	Interest, annuities, roya	ities, an	d rents from a controlled organization (Schedule F)	8					_		
	9	Investment income of a	a section	1 501(c)(7), (9), or (17) organization (Schedule G)	9					_		
	10	Exploited exempt activi	•		10					_		
2019	11	Advertising income (So			11					-		
20	12	Other income (See inst		·	12	0.				-		
8		Total. Combine lines 3	s through	Taken Flsewhere (See instructions fo	13					-		
	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)											
DEC	14	Compensation of offic	ers, dire	ctors, and trustees (Schedule K)				14		-		
	15	Salaries and wages			CF	IVED		15		_		
Ω	16	Repairs and maintenar	nce	1 . 2	16		_					
SCANNED	17	Bad debts		Instructions)	17		_					
Z	18	Interest (attach schedu	ıle) (see	instructions)	18	· · · · · · · · · · · · · · · · · · ·						
$\tilde{\mathcal{O}}$	19	Taxes and licenses	10		19		-					
	20			nstructions for limitation rules)	GU	EN, UT		20		-		
	21 22	Depreciation (attach Fo		Schedule A and elsewhere on return		21 22a		OOL				
	22 23	Depletion	iicu Ull (Schedule A and Glocwhele On Icluiti		[223]		22b 23		•		
	24		ed com	pensation plans	24		•					
	25	_	Ontributions to deferred compensation plans Inployee benefit programs									
	26	Excess exempt expens		edule I)				25 26				
	27		Excess readership costs (Schedule J)									
	28	Other deductions (attac	ch sched	dule)		[28					
	29	Total deductions. Add		=				29	0.	,		
	30			ome before net operating loss deduction. Subtract			30	0.	۔ ا			
	31	Deduction for net opera	}	31		\wedge						
•	32			ome. Subtract line 31 from line 30				32	0 . (Form 990-T (2018)	N,		
8	23701	U1-09-19 LHA FOF	-aperwo	ork Reduction Act Notice, see instructions.					rorm 330-1 (2018)	7		

Form 990-	1111101,0011 11111111111111111111111111	Inc.		· 59-1.	19104	<u> </u>		age 2
Part	IIII Total Unrelated Business Taxable Income							
33	Total of unrelated business taxable income computed from all unrelated trades or be	usinesses (se	ee instruct	ions)	33			0.
` 34	Amounts paid for disallowed fringes				34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 20	35						
36	Total of unrelated business taxable income before specific deduction. Subtract line 3							
	lines 33 and 34				36			
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37		L,00	<u>, o .</u>			
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is great	ater than line	36.					
	enter the smaller of zero or line 36		,		38			0.
Parti	Vi Tax Computation				, ,,,			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)				▶ 39			0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	the amount	on line 38	-				
10	Tax rate schedule or Schedule D (Form 1041)	1110 011100111	011 11110 00	110111.	► 40	1		
41	Proxy tax. See instructions				→ 41			
42	Alternative minimum tax (trusts only)			•	42		_	
	• • • • • • • • • • • • • • • • • • • •							
43	Tax on Noncompliant Facility Income. See instructions Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				43			0.
Part V	Tax and Payments			<u></u>	44			<u>.</u>
			T ₄₅ T					—
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		45a					
b	Other credits (see instructions)		45b	<u> </u>				
C	General business credit. Attach Form 3800		45c	,				
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		45d					
	Total credits. Add lines 45a through 45d				45e			
46	Subtract line 45e from line 44	_			46			0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697	Form 88	66	Other (attach schedule				
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), I	line 2		405 005	49			0.
	Payments: A 2017 overpayment credited to 2018		50a	125,987				
	2018 estimated tax payments		50b		 ■■ 			
C	Tax deposited with Form 8868		50c					
	Foreign organizations: Tax paid or withheld at source (see instructions)		50d					
e	Backup withholding (see instructions)		50e					
f	Credit for small employer health insurance premiums (attach Form 8941)		50f					
g	Other credits, adjustments, and payments: Form 2439				ļ I			
	Form 4136 Other	Total 🕨	50g					
51	Total payments. Add lines 50a through 50g				51	125	<u>98, </u>	7.
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			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount	overpaid			► 54	125	, 98	7.
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	125,	987.	Refunded	► 55			0.
Part V	II Statements Regarding Certain Activities and Other In	formatio	n (see	instructions)				
56	At any time during the 2018 calendar year, did the organization have an interest in or	a signature	or other a	uthority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the	organization	may have	to file		i i		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	name of the	foreign co	untry				
	here					Γ		X
57	During the tax year, did the organization receive a distribution from, or was it the grain	ntor of, or tra	ansferor to	o, a foreign trust?				$\overline{\mathbf{x}}$
	If "Yes," see instructions for other forms the organization may have to file.	•		_		Ī		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$\infty\$\$	\$						
	Under penalties of perjury, I declare that I have examined this return, including accompanying sch				vledge and be	elief, it is true,		
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of	which preparer	has any kno	owledge				
Here	Sun C- Ceadments 11 14 19 As	sst Se	creta	arv	-	discuss this results shown below it		'
	Signature of officer Date Title				instructions)			No
_	Print/Type preparer's name Preparer's signature	Dat	ie .	Check	ıf PTIN			انند
Paid	- type property a many	"	-	self- employe				
	·or			33 31	-			
Prepar	le , k	I		Firm's EIN	<u> </u>			—
Use O	lly			, in its city				—
	Firm's address			Phone no.				
22711 01-0				1 / 110110 1101		Form QQ()_T (00	04.0\

Schedule A - Cost of Goo	de Sold Fata			1 37 / 3					
1 Inventory at beginning of year	1 1	r method of invel							
2 Purchases	1 1		6 Inventory at end of year						
3 Cost of labor	2		-	• • • • • • • • • • • • • • • • • • • •					
4a Additional section 263A costs	3	-		from line 5. Enter here and in Part I,				ł	
			١.	<u> </u>				L Van	TNA
(attach schedule)	4a		8 Do the rules of section 263A (with respect to					Yes	No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						+
5 Total Add lines 1 through 4b Schedule C - Rent Income	/From Book	Droperty and	1 Dom	the organization?		d With Bool Bron	A	<u></u>	Ц
(see instructions)	(rivili neai	Property and	1 FEI3	onal Property L	casc	u willi neal Frop	er ty)		
1. Description of property	 					· · · · · · · · · · · · · · · · · · ·	-	<u> </u>	
(1)	,		_						
(2)									
(3)	-				-				
(4)						. "			
	2. Rent receiv	ed or accrued							
(a) From personal property (if the property is more than 50% but not more than 50%	re than	of rent for p	personal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				'n
(1)	·								
(2)									
(3)			•					-m	
(4)									
Total	0.	Total			0.	`			
(c) Total income Add totals of columns	s 2(a) and 2(b). Er	iter				(b) Total deductions.			
here and on page 1, Part I, line 6, colum	nn (A)	>			0.	Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated De	bt-Financed	Income (see	ınstruc	tions)					
				Gross income from		Deductions directly cont to debt-finance			
1. Description of debt-	financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)	-, .,		 				-		
(2)			 				+		
(3)			+	-			+	- -	
(4)	-		1				+		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average ad of or alloi debt-finance		adjusted basis illocable to need property ischedule)	6. Column 4 divided by calumn 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct column 6 x total of co 3(a) and 3(b))		
(1)			+	%			+		
(2)				%			†		
(3)			1	%			 	· · · · · ·	
(4)	 		1	%			1		
	-		•			nter here and on page 1, art I, line 7, column (A)		nter here and on pag	
Totals						0.	ł		
rotals Total dividends-received deductions w	noludad in column	0		▶1		0.	+		0.

Form **990-T** (2018)

Form 990-T (2018) Princeton Professional Services, Inc. 59-11910 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

	<u> </u>		<u> </u>				
1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (cot 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					-		
(2)							
(3)				1			
(4)		,					
Totals from Part I	•	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B).			-	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)		0.	0.	_			0.
A		7.67					

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2018)

Princeton Pro	59-1191045						
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