		"Yes,
	JT	ne bod
	Pa	ne boo
,	1 a	Gros
න /	b	Less
21	2	Cost
10	3	Gros
	4 a	Сарі
≥	b	Net
21	C	Сарі
سر	5	Inco
Ä	6	Rent
穿줄	7	Unre
MAR	8	Inter
	9	inve
2	10	Expl
	11	Adve
	12	Othe
	13	Tota
	LDa	-+ II

990-Ť	Exempt (ax Return	1	OMB No 1545-0687
	_	(and proxy tax	under sec	tion 6033(e))			2040
	For calendar year 2018 or c			, and ending		_	2018
partment of the Treasury ernal Revenue Service		Go to www.irs.gov/Form990T SN numbers on this form as i					Open to Public Inspection fo 501(c)(3) Organizations Only
Check box if address changed	Name of organi			and see instructions.)		D Emp	oloyer identification number ployees' trust, see ructions)
Exempt under section	Print FLORIDA	HOSPITAL WAT	ERMAN,	INC.		5	59-3140669
X 501(c(1)3)	Tune	, and room or suite no. If a P.	.O. box, see ins	tructions.			elated business activity code instructions.)
408(e)220(e)		TERMAN WAY				-	
408A 530(a) 529(a)	City or town, sta	ate or province, country, and 3, FL 32778	ZIP or foreign	postal code		621	1500
look value of all assets		otion number (See instruction	ns.) 1	.071		<u> 2 1</u>	300
st end of year 520,079,5		zation type 🕨 🗶 501(d		501(c) trust	401(a) trust	Other trust
	organization's unrelated to		1		e the only (or first) ur		
		Sales to Non			•		
escribe the first in the t usiness, then complete		the previous sentence, comple	ete Parts I and	ii, complete a Schedul	e ivi for each addition	ai trad	e or
		lary in an affiliated group or a	parent-subsid	ary controlled group?		XY	es No
		f the parent corporation.	·	AD	VE, 59-		10012
	Terri Wa d Trade or Busine						2)253-3386
Gross receipts or sale	0.50			(A) Income	(B) Expenses		(C) Net
Less returns and allo	-	c Balance	▶ 1c	259,431.	<u> </u>		•
Cost of goods sold (S	Schedule A, line 7)		2		المراد		
Gross profit. Subtract			3	259,431.	<u> </u>		259,431
	ne (attach Schedule D) ı 4797, Part II, line 17) (att	Hooh Form 4707\	4a				-
Capital loss deduction		.tach rum 4/9/)	4b 4c		1 4		
•		oration (attach statement)	5		in is		
Rent income (Schedu	ile C)		6	<u></u>			
	red income (Schedule E)		7				<u> </u>
•		ontrolled organization (Schedi or (17) organization (Schedu			 		
	vity income (Schedule I)	or (11) organization (contour	10 10				
Advertising income (S	Schedule J)		11				
	structions; attach schedule	e)	12	250 421		*****	250 431
Total. Combine lines		ewhere (See instructio	ns for limitati	259,431.	<u> </u>		259,431
		ons must be directly conne					
Compensation of off	icers, directors, and truste	ees (Schedule K)			٦	14	
O 1				CEIVED	Λ	15	109,886
Salaries and wages	เวกาย		1 ht		₫ \	16	
Repairs and mainten	anco		·		%1	17	
Repairs and mainten Bad debts	dule) (see instructions)		® NIC		Š. Š.	17 18	
Repairs and mainten Bad debts Interest (attach sche Taxes and licenses	dule) (see instructions)		131	OV 19 2019	185-08 185-08		481
Repairs and mainten Bad debts Interest (attach sche Taxes and licenses Charitable contribution	dule) (see instructions) ons (See instructions for I	limitation rules)	131	OV 19 2019	1850 0.	18	481
Repairs and mainten Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach	dule) (see instructions) ons (See instructions for I Form 4562)		131	OV 19 2019	3,970.	18 19 20	
Repairs and mainten Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach	dule) (see instructions) ons (See instructions for I		131	OV 19 2019	1850 0.	18 19	
Repairs and mainten Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Less depreciation clar Depletion	dule) (see instructions) ons (See instructions for I Form 4562)	elsewhere on return	131	OV 19 2019	1850 0	18 19 20 22b	3,970
Repairs and maintent Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Less depreciation clar Depletion Contributions to defe Employee benefit pro	dule) (see instructions) ons (See instructions for i Form 4562) aimed on Schedule A and i erred compensation plans ograms	elsewhere on return	131	OV 19 2019	1850 0	18 19 20 22b 23 24 25	3,970
Repairs and maintent Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Less depreciation claropeletion Contributions to defe Employee benefit pro Excess exempt experi	dule) (see instructions) ons (See instructions for i Form 4562) aimed on Schedule A and i erred compensation plans ograms nses (Schedule I)	elsewhere on return	131	OV 19 2019	1850 0	18 19 20 22b 23 24 25 26	3,970.
Repairs and mainten Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Less depreciation cla Depletion Contributions to defe Employee benefit pro Excess exempt exper Excess readership co	dule) (see instructions) ons (See instructions for i Form 4562) aimed on Schedule A and i erred compensation plans ograms nses (Schedule I) osts (Schedule J)	elsewhere on return	131	OV 19 2019 GDEN, UT 222	3,970.	18 19 20 22b 23 24 25 26 27	3,970. 8,477.
Repairs and mainten Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Less depreciation cla Depletion Contributions to defe Employee benefit pro Excess exempt exper Excess readership co Other deductions (attach	dule) (see instructions) ons (See instructions for i Form 4562) aimed on Schedule A and i erred compensation plans ograms nses (Schedule I) osts (Schedule J)	elsewhere on return	131	OV 19 2019	3,970.	18 19 20 22b 23 24 25 26	3,970.
Repairs and maintent Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Less depreciation clar Depletion Contributions to defe Employee benefit processes exempt exper Excess exempt exper Excess readership contributions (attach deductions). Ac Unrelated business to	dule) (see instructions) ons (See instructions for I Form 4562) aimed on Schedule A and of erred compensation plans ograms nses (Schedule I) osts (Schedule J) tach schedule) dd lines 14 through 28 axable income before net of	elsewhere on return	btract line 29 fr	OV 19 2019 GDEN UT 222 See State	3,970.	18 19 20 22b 23 24 25 26 27 28 29 30	3,970. 8,477.
Repairs and maintent Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Less depreciation clarabletion Contributions to defe Employee benefit process exempt exper Excess exempt exper Excess readership contributions (attach deductions). Act	dule) (see instructions) ons (See instructions for I Form 4562) aimed on Schedule A and of erred compensation plans ograms nses (Schedule I) osts (Schedule J) tach schedule) dd lines 14 through 28 axable income before net of erating loss arising in tax	elsewhere on return operating loss deduction. Sul years beginning on or after J	btract line 29 fr	OV 19 2019 GDEN UT 222 See State	3,970.	18 19 20 22b 23 24 25 26 27 28 29 30 31	3,970. 8,477. 105,480. 228,294. 31,137.
Repairs and maintent Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Less depreciation clarabletion Contributions to defe Employee benefit processes exempt experences readership controlled to the deductions (attach deductions). At Unrelated business to Deduction for net operune test and the deduction of the deduct	dule) (see instructions) ons (See instructions for i Form 4562) aimed on Schedule A and i erred compensation plans ograms nses (Schedule I) osts (Schedule J) tach schedule) dd lines 14 through 28 axable income before net o erating loss arising in tax axable income. Subtract lin	elsewhere on return operating loss deduction. Sul years beginning on or after J ine 31 from line 30	btract line 29 fr	OV 19 2019 GDEN UT 222 See State	3,970.	18 19 20 22b 23 24 25 26 27 28 29 30	3,970. 8,477. 105,480. 228,294. 31,137.
Repairs and maintent Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Less depreciation clarabletion Contributions to defe Employee benefit processes exempt experences readership controlled to the deductions (attach deductions). At Unrelated business to Deduction for net operune test and the deduction of the deduct	dule) (see instructions) ons (See instructions for i Form 4562) aimed on Schedule A and i erred compensation plans ograms nses (Schedule I) osts (Schedule J) tach schedule) dd lines 14 through 28 axable income before net o erating loss arising in tax axable income. Subtract lin	operating loss deduction. Sul years beginning on or after J ine 31 from line 30 Act Notice, see instructions.	btract line 29 fr lanuary 1, 2018	See State om line 13	3,970.	18 19 20 22b 23 24 25 26 27 28 29 30 31	228,294. 31,137.
Repairs and maintent Bad debts Interest (attach sche Taxes and licenses Charitable contribution Depreciation (attach Less depreciation claration Contributions to defe Employee benefit processes exempt experent Excess readership contributions (attach deductions). At Unrelated business to Deduction for net oper Unrelated business to 101-09-19 LHA Formarks and Interest	dule) (see instructions) ons (See instructions for i Form 4562) aimed on Schedule A and i erred compensation plans ograms nses (Schedule I) osts (Schedule J) tach schedule) dd lines 14 through 28 axable income before net o erating loss arising in tax axable income. Subtract lin	operating loss deduction. Sul years beginning on or after J ine 31 from line 30 Act Notice, see instructions.	btract line 29 fr lanuary 1, 2018	OV 19 2019 GDEN UT 222 See State	3,970.	18 19 20 22b 23 24 25 26 27 28 29 30 31	3,970. 8,477. 105,480. 228,294. 31,137. Form 990-T (2018

Part	Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	ee instructions)		33	31,137.
34	Amounts paid for disallowed fringes			34	12,600.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	uctions) \$	Stmt 4	35	43,737.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s				<u> </u>
	lines 33 and 34			36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			37	1,000.
-		20		3/	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line enter the smaller of zero or line 36	: 30,			0
Darti	VI Tax Computation			38	0.
				T T	
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 from	1:		
	Tax rate schedule or Schedule D (Form 1041)			40	
41	Proxy tax. See instructions			41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See Instructions			43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part \	Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
C	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
е	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	366 Othe	(attach schedule)	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.
	Payments: A 2017 overpayment credited to 2018	50a	9,524.		
	2018 estimated tax payments	50b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	i de la	
	Tax deposited with Form 8868	50c			
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
	Backup withholding (see instructions)				
		50e	 .		
	Credit for small employer health insurance premiums (attach Form 8941)	50f		{ ***	
9	Other credits, adjustments, and payments: Form 2439 Form 4136 X Other 738. Total	50.	738.		
		50g			10 262
		atement	3	51	10,262.
	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52	·
	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		.	53	10 000
	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	262 -		54	10,262.
			efunded >	55	0.
Part V		•			
	At any time during the 2018 calendar year, did the organization have an interest in or a signature		•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	-			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign country	•		
	here >				X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a fo	reign trust?		X
	If "Yes," 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 >\$				
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer	tements, and to the has any knowledo	e best of my knowled ie	ge and belief,	, it is true,
Sign	1 100 0 -		Ma	v the IRS disc	cuss this return with
Here	C. Cadresto 11 14 19 Assista	nt Secr	etary the		wn below (see
	Signafore of officer Date Title		ıns	tructions)?	Yes No
	Print/Type preparer's name Preparer's signature Dat	te	Check if	PTIN	
Paid			self- employed		
Prepar	er				
Use O	le : K		Firm's EIN		
		<u> </u>			
	Firm's address		Phone no.		
823711 01-0	Ð-19			Fo	orm 990-T (2018)

Sc	hedule A - Cost of Good	Sold Enter	mothed of inve	nton cycle ot	ion ▶ N/A					
-	Inventory at beginning of year	J J	metriod of files					6		
2	Purchases	2		6 Inventory at end of year				3		
3	Cost of labor	3		7 Cost of goods sold. Subtract line 6				۸, ۰		
-	Additional section 263A costs			from line 5. Enter here and in Part I,				7		
4 2		4.		line 2					Yes	No
	(attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to					168	140
	Other costs (attach schedule) Total. Add lines 1 through 4b	4b		- ' '		acquired	i for resale) apply to			+
	hedule C - Rent Income	(From Real	Property and		organization?	A26A	d With Real Prop	erty)	<u></u>	<u> </u>
	ee instructions)	(i rom ricar	r roperty and	a i ei 30iii	ar roperty L	.case	d Widi Near Flop	Ci ty,		
1 . D	escription of property	_					<u> </u>			
(1)										
(2)										
(3)										
(4)							-			
~~		2. Rent receiv	ed or accrued							
	(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for	and personal pr personal proper ent is based on p	operty (if the percenta ty exceeds 50% or if profit or income)	ge	3(a) Deductions directly columns 2(a) at		ted with the income i attach schedule)	n
(1)				 -		•				
(2)						-				
(3)										
(4)	•									
Total		0.	Total			0.				
	otal income Add totals of columns and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
	nedule E - Unrelated Deb		Income (see	nstruction	s)					
				T			3. Deductions directly con			
					ss income from ecable to debt-		to debt-finance	ed prop		
	Description of debt-fir	nanced property			iced property	(a)	Straight line depreciation (attach schedule)	(D) Other deductions (attach schedule)		
(1)			<u>-</u>					 		
(2)								\top		
(3)								\top		
(4)				†				\top		
	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to need property schedule)		ımn 4 dıvided column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)				 	%			+-		
(2)					%			1		
(3)					%			\top		
(4)					%			\top		
		· · · · ·	<u> </u>				nter here and on page 1, Part I, line 7, column (A)		nter here and on pag Part I, line 7, column	
Total	le .						0	İ		0.
	IS I dividande-raceived deductione III	cluded in column	R					+		~

Schedule F - Interest,		-, 			trolled O				(see ins	uction		
1 Name of controlled organiza	ation	2. Empl identifica numbe	ition (los:	let unrelate s) (see inst	ed income ructions)		otal of specified ments made	includ	5 Part of column 4 that is included in the controlling organization's gross income		Deductions directly connected with income in column 5	
(1)												
(2)												
(3)												
(4)						i						
Nonexempt Controlled Organ	izations											
7. Taxable Income		nrelated income se instructions)	(loss) 9.		ecified payr made	nents	10. Part of column in the controlling gross	nn 9 that ng organ s income	ızatıon's	11. De witt	ductions directly connected n income in column 10	
(1)												
(2)												
(3)												
(4)	<u> </u>					_						
							Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, Iine 8, column (B)	
Totals						<u> </u>			0.		0.	
Schedule G - Investme (see inst	ent Incom tructions)	ne of a Se	ection 501(c)(7), ((9), or (17) Org	ganization					
1. Des	cription of incom	ne		2.	Amount of	income	3 Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)	
(1)												
(2)												
(3)												
(4)				_								
					er here and o t I, line 9, col	umn (A)					Enter here and on page 1, Part I, line 9, column (B)	
Totals Schedule I - Exploited	Evernet	Activity I	ncome Otl	her Th	an Adv	0.	og Income				0.	
(see instr	=				all Aut	CI CISII						
1. Description of exploited activity	2. Gr unrelated b income trade or bi	from	3. Expenses directly connecte with production of unrelated business income	d fro	Net income unrelated ousiness (column column compute through	trade or umn 2 3) If a cols 5	5. Gross inco from activity the is not unrelate business income	nat ed	6 Exp attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)												
(2)							_		_			
(3)								J				
(4)												
	Enter here page 1, line 10, c	Parti,	Enter here and on page 1, Part I, line 10, col (B)	'							Enter here and on page 1, Part II, line 26	
otals	<u> </u>	0.		0.							0.	
Schedule J - Advertisi Partil Income From			tructions)	oncoli	datad	Pacie						
izaitiz income i fom			ted on a O									
1. Name of periodical		2. Gross advertising income	3 Direct advertising co		4. Adverti or (loss) (co ol 3) If a ga cols 5 the	l 2 minus in, computi	5 Circulati income	on	6 Reader		Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)			1	[}]		
(2)			ļ									
(3)												
(4)			 				!			}		
otals (carry to Part II, line (5))	•	0.		0.							0.	
											Form 990-T (2018)	

Part II Income From Periodicals Reported on a Separate Basis (For each penodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 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)							
(4)							
Totals from Part I		0.	0.			<u> </u>	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

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)

Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

0.

738.

738.

8b

8c

Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return.

	·-		
Go to www	.irs.aov/Form882	27 for the late	st information.

TABLE OF THE PROPERTY OF THE P	Employer Identification flumber		
FLORIDA HOSPITAL WATERMAN, INC.	59-3140669		
1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	1	115.	
2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2	1,361.	
3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	3		
4 Add lines 1, 2, and 3	4	1,476.	
5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	5	0.	
6 Enter the refundable minimum tax credit (see instructions)	6	738.	
7 Add lines 5 and 6	7	738.	
8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	738.	

b Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition

excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c

c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this

amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)

9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this

amount to carry forward and use in future years

Payroll taxes Redical and professional fees Supplies Payrchased services Repairs/maintenance Rent Pravel Riscellaneous Office/administration expense Porm 990-T Parent Corporation's Name and Identifying Number Rorporation's Name Rorporation's Name Rorporation Supplies Rorm 990-T Other Credits and Payments Rescription Rorm 9827, line 8c	Statement 1
Medical and professional fees Supplies Purchased services Repairs/maintenance Renat Pravel Miscellaneous Office/administration expense Porm 990-T Parent Corporation's Name and Identifying Number Corporation's Name Adventist Health System Sunbelt Healthcare Corporation Output	Amount
Supplies Purchased services Repairs/maintenance Rent Pravel Miscellaneous Office/administration expense Potal to Form 990-T, Page 1, line 28 Porm 990-T Parent Corporation's Name and Identifying Number Porporation's Name Adventist Health System Sunbelt Healthcare Corporation Form 990-T Other Credits and Payments Rescription	8,730
Purchased services Repairs/maintenance Repairs	2,808
Repairs/maintenance Rent Travel discellaneous Office/administration expense Cotal to Form 990-T, Page 1, line 28 Corm 990-T Parent Corporation's Name and Identifying Number Corporation's Name diventist Health System Sunbelt Healthcare Corporation Corm 990-T Other Credits and Payments escription	39,042
Rent Pravel discellaneous Office/administration expense Potal to Form 990-T, Page 1, line 28 Form 990-T Parent Corporation's Name and Identifying Number Corporation's Name diventist Health System Sunbelt Healthcare Corporation Orm 990-T Other Credits and Payments escription	12,342
Gravel Giscellaneous Office/administration expense Cotal to Form 990-T, Page 1, line 28 Corm 990-T Parent Corporation's Name and Identifying Number Corporation's Name deventist Health System Sunbelt Healthcare Corporation Orm 990-T Other Credits and Payments escription	86
Giscellaneous Office/administration expense Cotal to Form 990-T, Page 1, line 28 Corm 990-T Parent Corporation's Name and Identifying Number Corporation's Name Corporation's Name Corporation System Sunbelt Healthcare Corporation Orm 990-T Other Credits and Payments escription	2,712
Cotal to Form 990-T, Page 1, line 28 Corm 990-T Parent Corporation's Name and Identifying Number Corporation's Name Adventist Health System Sunbelt Healthcare Corporation Corm 990-T Other Credits and Payments Description	32
Cotal to Form 990-T, Page 1, line 28 Form 990-T Parent Corporation's Name and Identifying Number Corporation's Name Adventist Health System Sunbelt Healthcare Corporation Form 990-T Other Credits and Payments Description	14,147
Corm 990-T Parent Corporation's Name and Identifying Number Corporation's Name Adventist Health System Sunbelt Healthcare Corporation Orm 990-T Other Credits and Payments escription	25,581
Corporation's Name Adventist Health System Sunbelt Healthcare Corporation Form 990-T Other Credits and Payments escription	105,480
dventist Health System Sunbelt Healthcare Corporation orm 990-T Other Credits and Payments escription	Statement 2
orm 990-T Other Credits and Payments escription	Identifying No
escription	59-2170012
escription	
	Statement 3
orm 8827 line 8g	Amount
orm odzi, rine od	738
otal included on Form 990-T, Page 2, Part V, line 50g	738

Form 990-T		Operating Loss De	eduction	Statement 4	
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year	
12/31/05	616,401.	206,551	409,850.	409,850.	
12/31/06	279,468.	0.	279,468.	279,468.	
12/31/07	218,135.	0.	218,135.	218,135.	
12/31/08	117,234.	0.	117,234.	117,234.	
12/31/09	319,794.	0.	319,794.	319,794.	
12/31/10	128,635.	0.	128,635.	128,635.	
12/31/11	367,261.	0.	367,261.	367,261.	
12/31/12	641,506.	0.	641,506.	641,506.	
12/31/14	32,122.	0.	32,122.	32,122.	
NOL Carryo	ver Available This	Year	2,514,005.	2,514,005.	

Florida Hospital Waterman, Inc. EIN: 59-3140669 Form 990-T 2018

Section 1.263(a)-1(f) de minimis Safe Harbor Election

The above taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f) with respect to its unrelated business income activities.