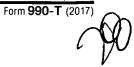
Form 990-T	E	Exempt Organization Bus	sine	ss In	come T	ax Return) .	OMB No 1545-0687
- '		(and proxy tax und	ler se	ction 6	i033(e))	1900	4	2017
	For ca	lendar year 2017 or other tax year beginning OCT 1, 20			nd ending SEP		_	ZU 17
Department of the Treasury Internal Revenue Service	▶	► Go to www irs gov/Form990T for II • Do not enter SSN numbers on this form as it may	/ be ma	de public	if your organiz			Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed		Name of organization (Lage Check box if name of	hanged	and see ii	nstructions.)		(Emp	oyer identification number loyees' trust, see uctions)
B Exempt under section	Print	Health First, Inc.						9-3336894
x 501(c 23)	or Type	Number, street, and room or suite no. If a P O. bo.	x, see ır	structions	S.			ated business activity codes nstructions)
408(e) 220(e)	.,,,,	3300 Fiske Blvd.]	
408A 530(a)	.	City or town, state or province, country, and ZIP o	ir foreig	n postal co	ode		E 220	0.0
C Book value of all assets		Rockledge, FL 32955-4305 F Group exemption number (See instructions.)					53200	
at end of year 1 , 010 , 974	076		noration	ı	501(c) trust	401(a)	\ trust	Other trust
		ary unrelated business activity. Captive in						
		poration a subsidiary in an affiliated group or a pare					X Ye	
· · · · · · · · · · · · · · · · · · ·				atement	1117	EAU		99-333
		Arthur Craig Springer, II			Telepho	one number > 3	21-43	4-5584
Part I Unrelated	d Trac	de or Business Income		(A)	Income	(B) Expense:		(C) Net
1a Gross receipts or sale	!S							
b Less returns and allow	vances	c Balance ►	1c					
2 Cost of goods sold (S	chedule	A, line 7)	2					
3 Gross profit. Subtract	line 2 fr	rom line 1c	3			_•		
4a Capital gain net incon	ne (attac	h Schedule D)	4a				٠.	
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b					
c Capital loss deduction			4c			-		
		ips and S corporations (attach statement)	5			c		
6 Rent income (Schedu			6					
7 Unrelated debt-financ		,	7					
		and rents from controlled organizations (Sch. F)	8					
		on 501(c)(7), (9), or (17) organization (Schedule G)		-				
10 Exploited exempt acti	-	· · ·	10					
11 Advertising income (\$12 Other income (See ins		•	12		43,833.	•		43,833.
13 Total. Combine lines		· ·	13		43,833.	•	·	43,833.
		ot Taken Elsewhere (See instructions for		ations on				· · · · · · · · · · · · · · · · · · ·
(Except for d	contribu	utions, deductions mus t be directly connecte	d-with-	the un rel	ated business	income)		
14 Compensation of off	icers, di	rectors, and trustees (Schedule K) RECIEV	ED				14	
15 Salaries and wages	·	l I		ଅଥା			15	
16 Repairs and mainten	ance	S AUG 21 2	019	RS-OS			16	
17 Bad debts		[2]		18			17	
18 Interest (attach sche	dule)	OCOEN	1 17				18	
19 Taxes and licenses		OGDEN,	UI				19	2,411.
20 Charitable contribution	ons (See	e instructions for limitation rules) See Statem	ent 5	See	e Statement	: 2	20	3,972.
21 Depreciation (attach					21		<u> </u>	
•	rimed or	n Schedule A and elsewhere on return			22a		22b	
23 Depletion							23	
24 Contributions to defe		mpensation plans					24	
25 Employee benefit pro							25	
26 Excess exempt expe		•					26	
27 Excess readership co				50	e Statement	· a	27	700.
28 United the deductions (at 29 Total deductions A				566	г эсасеше ПС		28	7,083.
		14 through 28 ncome before net operating loss deduction. Subtrac	t line 20	from line	13		30	36,750.
		ncome before het operating loss deduction. Subtract (limited to the amount on line 30)	, inte 23	שוווו וווטוו פ	: 13		31	30,730.
		come before specific deduction. Subtract line 31 fr	om line	30			32	36,750.
		/\$1,000, but see line 33 instructions for exceptions		50			33	1,000.
		income Subtract line 33 from line 32 If line 33 is		than line 3	2. enter the sm	aller of zero or	اٿا	
U ∫ine 32			J 22.0.		,	234	34	35,750.

G12



FOITH BBU-	(2017)	Health First, Inc.			33-33300	774			8
Part i		Tax Computation							
35	Orga	nizations Taxable as Corporations. See instructions for tax computation.							
	Contr	rolled group members (sections 1561 and 1563) check here 🕨 🕱 See instructions	and:						
a	Enter	your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that or	rder):						
	(1)	 \$ (2) \$ (3) \$	35,	750.					
b		organization's share of: (1) Additional 5% tax (not more than \$11,750)		i					
	(2) A	Additional 3% tax (not more than \$100,000)		i					
C	Incor	me tax on the amount on line 34 See Statem	ent 6		>	35c		8	,680
36	Trust	ts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amou	int on line	34 from					
		Tax rate schedule or Schedule D (Form 1041)			>	36			
37	Proxy	y tax. See instructions			>	37			
38	Altern	native minimum tax				38			
39	Tax	on Non-Compliant Facility Income. See instructions			. + (\$	39	_		
40	Total	L Add lines 37, 38 and 39 to line 35c or 36, whichever applies			<u>uu</u>	40		8	,680.
Part I	V 1	Tax and Payments							
41a	Forei	gn tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	<u> </u>		╛			
b	Other	r credits (see instructions)	41b		_	⊣ ∣			
C	Gene	ral business credit. Attach Form 3800	410			⊣ ∣			
d	Credi	it for prior year minimum tax (attach Form 8801 or 8827)	41d			-			
е		credits. Add lines 41a through 41d				41e			
42		ract line 41e from line 40	_	_		42		8	,680
43		r taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	8866 L	Other	(attach schedule)				
44		tax. Add lines 42 and 43	۱	1	ut) 44		8	,680
	-	nents: A 2016 overpayment credited to 2017) 45a	<u> </u>	10 500	-			
		estimated tax payments	45b	4	10,520	′			
		deposited with Form 8868	45c	1	 -	-			
		gn organizations: Tax paid or withheld at source (see instructions)	45d	 		-			
		up withholding (see instructions)	45e	+		-			
		it for small employer health insurance premiums (Attach Form 8941)	45f	+		-			
g		r credits and payments: Form 2439 Other Total	► 45g						
46		payments. Add lines 45a through 45g	40g	1	GI	76		10	,520
47		nated tax penalty (see instructions). Check if Form 2220 is attached			át.	/ 47			340
48		due. If line 46 is less than the total of lines 44 and 47, enter amount owed				48			
49		payment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid			54 L	49		1	,500
50		the amount of line 49 you want; Credited to 2018 estimated tax	1,50	0. R	efunded 🕨	50			0
Part '		Statements Regarding Certain Activities and Other Informa	ation (s	ee ınstrı	uctions)				
51	At an	y time during the 2017 calendar year, did the organization have an interest in or a signati	ure or oth	er author	rity			Yes	No
	over	a financial account (bank, securities, or other) in a foreign country? If YES, the organizati	ion may h	ave to fil	e				
	FinCE	EN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of t	he foreigr	country					<u> </u>
	here								X
52		ig the tax year, did the organization receive a distribution from, or was it the grantor of, o	r transfer	or to, a fo	oreign trust?				х
		S, see instructions for other forms the organization may have to file.							
53		the amount of tax-exempt interest received or accrued during the tax year \$\sum_\$ \$ should be penalties of perjury, I declare that I have examined this return, including accompanying schedules at	nd stateme	nto and to	the best of my kn	owledge a	nd belief it i	e true	
Sign	60	prect, and complete Declaration of preparer (other than taxpayer) is based on all information of which pre-	eparer has	any knowle	edge	iowiedge a	and Dener, it i	3 tido,	
Here		7/31/19 EVP/CFO				-	S discuss th		with
		Signature of officer Date Title				ine prepare instruction	er shown bel s)? 😨 Y	ow (see 'es	No
	L_		Date		Check	ıf PTI			
6 -11		Rebetur Clay		, ₁₀	self- employed				
Paid		Rebekuh Eley	7/25	, וא	Jan Ginployo		124767	2	
Prepa		Firm's name ▶ RSM US LLP			Firm's EIN		2-07143		
Use (פוחכ	1 S. Wacker Drive, Ste 800			1				
		Firm's address Chicago, IL 60606			Phone no.	(312)	634-340	0	
	_								_

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A		_	
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6
2 Purchases	2		7	Cost of goods sold S	ubtract l	ine 6	
3 Cost of labor	3		}	from line 5. Enter here	and in F	Part I,	
4a Additional section 263A costs			1	line 2			7
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to	Yes No
b Other costs (attach schedule)	4b]	property produced or	acquired	l for resale) apply to	
5 Total Add lines 1 through 4b	5			the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Pe	rsonal Property	Lease	ed With Real Prop	perty)
1 Description of property							
(1)							
(2)							
(3)							
(4)	-						
	2 Rent receiv	ed or accrued				0(-)-	
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for p	ersonal	onal property (if the percent property exceeds 50% or if ed on profit or income)	tage f		connected with the income in d 2(b) (attach schedule)
(1)							- "
(2)							
(3)							
(4)							
Total	0.	Total			0.		
(c) Total income Add totals of columns here 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.
Schedule E - Unrelated Del	ot-Financec	Income (see	ınstru	ctions)			
			2	Gross income from		3 Deductions directly conn to debt-finance	ed property
1 Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)							
(2)							
(3)							
(4)							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)			\Box				
(3)				%			
(4)				%			
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals				•		0.	
Total dividends-received deductions in	ıcluded ın columr	18				>	0.
			_				

Form 990-T (2017) Health Fi									59-33368		Page
Schedule F - Interest,	Annuitie	s, Roya	lties, an					zatio	ns (see ins	structio	ns)
1 Name of controlled organiza	tion		ployer ication iber	3 Net uni	Controlled O	4 Tot	ONS al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross income		rolling	6 Deductions directly connected with income in column 5
(1)						_					
											
(2)										$\overline{}$	
(3)		<u>.</u>	-				·				- v
(4)											
Nonexempt Controlled Organi			[0			10 5	•		44 -	
7 Taxable Income		nrelated incon ee instruction		y Total	of specified pays made	ments	10 Part of colur in the controlli gross		nization s		eductions directly connected th income in column 10
(1)											
(2)						1					
(3)											
(4)	<u> </u>										
			1				Add colun Enter here and line 8, c		e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0
Schedule G - Investme		ne of a	Section	501(c)((7), (9), or	(17) Or	ganization	1			
(see inst							3 Deductio		4 Set-	asides	5 Total deductions
	eription of inco	me 	 		2 Amount of	income	directly conne (attach sched			schedule)	and set-asides (col 3 plus col 4)
(1)					-				-		_
(2)											
(3)				-	-				-		
(4)					Enter here and Part I, line 9, co				<u> </u>		Enter here and on page 1 Part I, line 9, column (B)
Tatala				_		0.					0
Schedule I - Exploited	-	Activity	/ Income	e, Othe	r Than Ad		ng Income)			
(see instru	retions)				T 4						
1 Description of exploited activity	2. G unrelated income trade or b	business from	3 Expedirectly co- with production of unre- business	onnected duction elated	4 Net incom from unrelated business (co minus columi gain, compute through	I trade or olumn 2 n 3) If a e cols 5	5 Gross inco from activity t is not unrelat business inco	hat ed	6 Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)	İ			_		İ			1		
(3)						1					
(4)											
	Enter here page 1, line 10, c	Part I, col (A)	Enter here page 1, line 10, c	Part I, col (B)		•			•		Enter here and on page 1, Part II, line 26
Totals	<u> </u>	0.		0.	<u> </u>						0.
Schedule J - Advertisi											
Part I Income From	Periodic	als Rep	orted or	ı a Con	isolidated	Basis					
1 Name of periodical		2 Gross advertising income		Direct	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, comput	5 Circulat income	ion	6 Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)			<u> </u>		╗						1
(3)				 -	7						1
(4)			- +		┪		—	-			1
			+				† · · · · ·				
Totals (carry to Part II, line (5))	•	.	0.		o.						0 . Form 990-T (2017

Form 990-T (2017) Health First, Inc. 59-3336894 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)

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

Form 990-T (2017)

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return

► Go to www irs gov/Form4626 for instructions and the latest information

OMB No 1545-0123

Note, See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(c). 1 Taxable income or (loss) before net operating loss deduction 2 Adjustments and preferences: 2 a Deprevation of post-1966 property 3 2 4 b Amortization of certified pollution control facilities 3 c Amortization of certified pollution control facilities 4 c Amortization of certified pollution control facilities 5 c Amortization of certified pollution control facilities 5 c Amortization of certified pollution control facilities 6 c Amortization of certified pollution control facilities 7 c Adjusted gain or foss 7 c Adjusted gain or foss 9 c Adjusted gain or foss 1 c Implement capital construction funds 9 b Section 83(3) deduction (Blue Cross, Blue Sheld, and similar type organizations only) 1 Tax shelter fam activates (pressonal service corporations only) 2 c Adjusted gain mackines (pressonal service corporations only) 2 c Tax shelter fam activates (pressonal service corporations only) 2 c Tax shelter fam activates (pressonal service corporations only) 3 c Tax shelter fam activates (pressonal service corporations only) 4 c Loss limitations 1 c Depletion 1 c Tax shelter fam activates (pressonal service corporations only) 2 c Tax shelter fam activates (pressonal service corporations only) 3 c Tax shelter fam activates (pressonal service corporations only) 4 c Tax shelter familiations 4 c Tax shelter familiations 4 c Tax shelter familiations 5 c Tax shelter familiations 5 c Tax shelter familiations 6 c Tax shelter familiations 7 c Tax shelter familiations 7 c Tax shelter familiations 7 c Tax shelter familiations 8 c Tax shelter familiations 8 c Tax shelter developed familiations 9 c Tax shelter familiations 9 c Tax shelter familiations 9 c Tax shelter familiations 9 c Tax shelter familiations 9 c Tax shelter familiations 9 c Tax shelter familiations 9 c Tax shelter familiations 9 c Tax shelter familiations 9 c Tax shelter familiations 9 c Tax shelter familiations 9 c T	Name	Health First Inc			59-3336894
from the alternative minimum tax (AMT) under section 55(e). 1 Table in come or (loss) before net operating loss deduction Adjustments and preferences: a Depreciation of post-1985 property b Amortization of certified pollution control facilities c Amortization of mining epicification and development costs d Amortization of internity pollution rependitures (gersonal holding companies only) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Health First, Inc.	_	1	37-3330034
1 Taxable income or (loss) before net operating loss deduction Adjustments and preferences: a Dispression of post-1986 property Adjustments and preferences: a Dispression of post-1986 property Adjustments and preferences: 2 Description of certified pollution control facilities 2 Amortization of mining exploration and development costs 4 Cell Condition of certified pollution control facilities 5 Amortization of remaining exploration and development costs 6 Amortization of remaining explorations and development costs 7 Long-term contracts 9 Mechant mannes capital construction funds 9 Section 833(9) deduction (Blue Cross, Blue Sheef, and similar type organizations only) 1 Tax sheller farm activities (personal service corporations only) 2 Passes activities (closely held corporations and personal service corporations only) 2 Passes activities (closely held corporations and personal service corporations only) 3 Passes activities (closely held corporations and personal service corporations only) 4 Loss limitations 1 Depletion 1 Tax-absetire farm activities (personal service corporations only) 2 Passes activities (closely held corporations and personal service corporations only) 3 Passes activities (closely held corporations and personal service corporations only) 4 Loss limitations 2 Passes activities (closely held corporations and personal service corporations only) 3 Passes activities (closely held corporations and personal service corporations only) 4 Loss limitations 4 Passes and the service of the service activity bonds 5 International service (closely held corporations only) 5 Passes activities (closely held corporations only) 6 Passes activities (closely held corporations only) 7 Passes activities (closely held corporations only) 8 District closely 1 Passes activities (closely held corporations only) 8 Passes activities (closely held corporations only) 8 Passes activities (closely held corporations only) 8 Passes activities (closely held corporations only) 8 Passes activities (closely held corporations on AM					
2 A plegreciation of post-1986 property		Troff the alternative minimum tax (AWT) under Section 33(e).		1	
2 A plegreciation of post-1986 property	1	Tayable income or (loss) before net operating loss deduction			35 750
a Deprecation of post-1986 property b Amortization of circuitable pollution control facilities c Amortization of circuitable pollution control facilities c Amortization of circuitable pollution control facilities c Amortization of circuitable pollution control facilities c Amortization of circuitable periodical pollution control facilities c Adjusted gain or loss c 2e c Adjusted gain or loss c 2g d C C C C C C C C C C C C C C C C C C C				H	
b Amortization of certified pollution control facilities c Amortization of circulation applications and development costs d Amortization of mining explorations and development costs e Adjusted gain or loss 1 Cong-term contracts 2 2 2 2 2 2 2 3 2 2 3 3 3 4 3 3 5 5 5 5 5 3 3 5 7 5 0 5 3 3 5 7 5 0 5 3 3 5 7 5 0 5 3 3 5 7 5 0 5 3 3 5 7 5 0 5 3 3 5 7 5 0 5 3 3 5 7 5 0 5 3 3 5 7 5 0 5 5 3 3 5 7 5 0 5 5 3 3 5 7 5 0 5 5 3 3 5 7 5 0 5 5 3 3 5 7 5 0 5 5 3 3 5 7 5 0 5 5 3 3 5 7 5 0 5 5 3 3 5 7 5 0 5 5 5 3 3 5 7 5 0 5 5 5 3 3 5 7 5 0 5 5 5 5 3 3 5 7 5 0 5 5 5 5 5 5 7 5 0 5 5 5 5 5 7 5 0 5 5 5 5		·		22	
C Amortization of mining exploration and development costs 2 d 2					
A contractation of circulation expenditures (personal holding companies only) 2 2 2 2 2 2 2 2 2		·			
Comparison Com		* '			
f Long-term contracts g Morchant manne capital construction funds h Section 820(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) i Tax shelter farm activities (personal service corporations only) j Passive activities (closely held corporations and personal service corporations only) k Loss limitations l Depletion m Tax-exempt interest income from specified private activity bonds n Inangible drilling costs O ther adjustments and preferences Pre-adjustment atternative minimum taxable income (AMTI), Combine lines 1 through 20 A Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions C Multiply line 4b by 75% (C75), Enter the result as a postive amount of the ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is spositive) ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is sees than zero, enter the smaller of line 4o or line 4 as a negative amount I line 4b is sees than zero, enter the smaller of line 4o or line 4 as a negative amount I line 4b is sees than zero, enter the smaller of line 4o or line 4 as a negative amount I line 4b is sees than zero, enter the smaller of line 4o or line 4 as a negative amount Combine lines 3 and 4e. If zero or less, stolp here; the corporation does not ove any AMT Alternative tax net operating loss deduction. See instructions Alternative tax net operating loss deduction. See instructions Alternative minimum tax bid lines and seed in line 4o or line 4 as a negative amount Fig. 3 and 4e. If zero or less, enter -0- Multiply line 8 by 25% (O.26) Multiply line 8 by 26% (O.26) Multiply line 8 by 26% (O.20) Multiply line 9 by 20% (O.20) Multiply					
g Merchant manne capital construction funds h Section 833(b) deduction (Blue Cross, Blue Sheld, and similar type organizations only) i Tax sheller farm activities (personal service corporations only) j Passive activities (closely held corporations and personal service corporations only) k Loss firmations Tax-exempt interest income from specified private activity bonds n Intangible drilling costs o Other adjustments and preferences Other adjustments and preferences Other adjustment laternative minimum taxable income (AMTI). Combine lines 1 through 20 Adjusted current earnings (ACE) adjustment: a ACE from line 10 of the ACE worksheet in the instructions b Subtract line 3 from line 4.1 If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions c Multiply line 4b by 75% (0.75), Enter the result as a postive amount d Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments. See instructions in AMTI from prior year ACE adjustments. See instructions in AMTI from prior year ACE adjustments. See instructions. Note; You must enter an amount on line 4d (even if line 4b is zero or more, enter the amount from line 4c i If line 4b is zero or more, enter the amount from line 4c i If line 4b is zero or more, enter the amount from line 4c i If line 4b is zero or more, enter the amount from line 4c i If line 4b is zero or more, enter the amount from line 4c i If line 4b is zero or more, enter the amount from line 4c i If line 4b is zero or more, enter the amount from line 4c i If line 4b is zero or more, enter the amount from line 4c i If line 4b is zero or more, enter the amount from line 4c i If line 4b is zero or lines, enter the amount from line 4c i If line 4b is zero or lines, enter the amount from line 6c i If line 4b is zero or lines, enter the amount from line 4c i If line 4b is zero or lines, enter the amount from line 6c i If line 4b is zero or lines, enter -0. b Multiply line 8 by 25% (0.25) c Exemption, Subtract line 1 from line 10 State 8 B	f	· · · · ·		-	
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		·		14	n
	AWI.			,	Form 4626 (2017)

* See also

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•	Adjus	ted Current Earnings (•		-
	·-····································	See ACE Worksheet Instr	uctions	 	
1	Pre-adjustment AMTI. Enter the amount from line 3 of	Form 4626		1 1	35,750.
2	ACE depreciation adjustment:	1011111020		 	
	AMT depreciation		2a		
	ACE depreciation.				
_	(1) Post-1993 property	2b(1)	 		
	(2) Post-1989, pre-1994 property	2b(2)	-		
	(3) Pre-1990 MACRS property	2b(3)			
	(4) Pre-1990 original ACRS property	2b(4)			
	(5) Property described in sections	25(4)	=		
	168(f)(1) through (4)	2b(5)			
	(6) Other property	2b(6)			
	(7) Total ACE depreciation. Add lines 2b(1) through		2b(7)		
_	ACE depreciation adjustment. Subtract line 2b(7) from	, ,	[20(7)]	2c	
3	Inclusion in ACE of items included in earnings and pro			20	
	Tax-exempt interest income	ints (EQF).	ا وو ا		
	Death benefits from life insurance contracts		3a 3b		
		aludina aurrandara)			
	All other distributions from life insurance contracts (in	- '	3c 3d		
	Inside buildup of undistributed income in life insurance Other storms (see Regulations sections 1.55(c), 1(c)(5)		30		
е	Other items (see Regulations sections 1.56(g)-1(c)(6)	(iii) tili ougii (ix)	20		
	for a partial list)	saludad in ERD. Add lines 2s throu	3e		
	Total increase to ACE from inclusion in ACE of items in	iciudeu in E&P. Adu illies 3a tilrot	igii se	3f	
4	Disallowance of items not deductible from E&P		4a		
	Certain dividends received		44		
U	Dividends paid on certain preferred stock of public utilities that		4.		
_	affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19,		4b	 	
	Dividends paid to an ESOP that are deductible under s	• •	4c		
u	Nonpatronage dividends that are paid and deductible t	maer section			
_	1382(c)	(1) and (11) for a	4d		
e	Other items (see Regulations sections 1 56(g)-1(d)(3)	(ו) מווט (וו) וטר מ	4.		
	partial list)	a not doductible from ESD. Add In	4e		
_	Total increase to ACE because of disallowance of items	S not deductible nom E&P Add iii	ies 4a tiirouyii 4e	4f	
5	Other adjustments based on rules for figuring E&P: intangible drilling costs		5a		
	Circulation expenditures		5b		
	Organizational expenditures		 		
	· ·		5c 5d		
	LIFO inventory adjustments				
	Installment sales Total other F&R adjustments. Combine lines 5a through	ıh So	5e		
	Total other E&P adjustments. Combine lines 5a throug	lii 96		5f	
6	Disallowance of loss on exchange of debt pools	unalified foreign contracts		6	
7	Acquisition expenses of life insurance companies for o	quaimed foreign contracts		7	
8	Depletion	la or avahagas of the 1004 times	.	8	
9	Basis adjustments in determining gain or loss from sal	•	•	9	
10	Adjusted current earnings Combine lines 1, 2c, 3f, 4f	, and 51 through 9. Enter the resul	t nere and on line 4a of	40	35 750
	Form 4626			10	35,750.

Form 990-T	Other Income	Statement 1
Description		Amount
Amounts Paid for Disallowed	Fringes	43,833.
Total to Form 990-T, Page 1,	line 12	43,833.
	ı	
Form 990-T	Contributions	Statement 2
Description/Kind of Property	Method Used to Determine FMV	Amount
University of Central Florid	la N/A	108,814.
Total to Form 990-T, Page 1,	line 20	108,814.
Form 990-T	Other Deductions	Statement 3
Description		Amount
Tax Preparation Fees		700.
Total to Form 990-T, Page 1,	line 28	700.
Form 990-T Parent Corpora	tion's Name and Identifying Number	Statement 4
Corporation's Name		Identifying No
Health First, Inc.		59-3336894

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Form 990-T	Contributions Summary		Statement	5
Qualified Contri	butions Subject to 100% Limit			
Carryover of Pri For Tax Year 2 For Tax Year 2 For Tax Year 2 For Tax Year 2	013 014 015			
Total Carryover Total Current Ye	ar 10% Contributions	108,814		
Total Contributi Taxable Income L	ons Available imitation as Adjusted	108,814 3,972		
Excess 10% Contr Excess 100% Cont Total Excess Con	ributions	104,842 0 104,842		
Allowable Contri	butions Deduction		3,	972
Total Contributi	on Deduction	•	3,	972

• • • • •

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Form	990-T Line 35c Tax Computat	ion		Statement 6
1.	Taxable Income		35,750	
2.	Lesser of Line 1 or First Bracket Amount		. 0	
3.	Line 1 Less Line 2		35,750	
4.	Lesser of Line 3 or Second Bracket Amoun	nt	. 0	
5.	Line 3 Less Line 4		35,750	
6.	Income Subject to 34% Tax Rate		35,750	
7.	Income Subject to 35% Tax Rate		. 0	
8.	15 Percent of Line 2		. 0	
9.	25 Percent of Line 4		. 0	
10.	34 Percent of Line 6		12,155	
11.	35 Percent of Line 7		. 0	
12.	Additional 5% Surtax		. 0	
13.	Additional 3% Surtax		. 0	
14.	Total Income Tax		_	12,155
15.	Tax at 21% Rate effective after 12/31/20	17	7,508	
		Days		
16. 17.	Tax Prorated for Number of Days in 2017 Tax Prorated for Number of Days in 2018	92 273	3,064 5,616	
18.	Total Tax Prorated	365		8,680

Form 4626	AMT Contributions	Statement 7
Carryover of Prior Yea	ars Unused Contributions	
For Tax Year 2012		
For Tax Year 2013		
For Tax Year 2014		
For Tax Year 2015 For Tax Year 2016		
		
Total Carryover Current Year Contribut	cions	108,814
Total Contributions		108,814
10% of Taxable Income	as Adjusted	3,972
Excess Contributions		104,842
Allowable Contribution	ns	3,972
num should all a deducts		2.070
AMT charitable deduct: Regular contribution (3,972 3,972
AMT contribution adjus	stment	0