4	, to				*	29393	52	706	5 (7	
Form	 990-T	E	Exempt Organization Bus	sine	ss Income 1	Гах Returi	n,	OMB No	1545-0687	
· Onn		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))					00.40			
		For ca	lendar year 2018 or other tax year beginning $\overline{ extstyle JUL}$ $ extstyle 1$ ,				<u>9</u>		<b>J18</b>	
Departn	nent of the Treasury Revenue Service		► Go to www irs gov/Form990T for ir Do not enter SSN numbers on this form as it may					Open to Put	olic Inspection for ganizations Only	
A	Check box if		Name of organization ( Check box if name of		<del></del>	zation is a 50 i(c)(5	DEmp	oloyer identific	ation number	
^ _	address changed		Name of organization ( officer box if fiame of	ilaliyeu	and see mistructions )		(Em	ployees' trust ructions )	, S88	
	empt under section	Print	METHODIST HEALTH SYSTE	M F	OUNDATION,	INC.		72-100		
-	501(c <b>)</b> 3 )	or Type	Number, street, and room or suite no If a P O bo	x, see ir	nstructions		E Unre (See	related business activity code se instructions)		
	408(e) 220(e)	,,,,,	360 OAK HARBOR BLVD.		<del></del>	<del></del>	4			
=	408A530(a) 529(a)		City or town, state or province, country, and ZIP of SLIDELL, LA 70458	r foreig	n postal code		52	3000		
C Book	value of all assets	<u>.                                    </u>	F Group exemption number (See instructions )	<b>&gt;</b>		<del></del>	<u>, 2 C .</u>	3000		
at en	7 <mark>5,467,7</mark>	52.	G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a	) trust		Other trust	
H Ente	er the number of the	organıza	ition's unrelated trades or businesses	1	Describe	the only (or first) u	nrelate	d		
			EE STATEMENT 1			, complete Parts I-V				
			ice at the end of the previous sentence, complete Pa	arts I an	id II, complete a Schedul	le M for each additio	nal trac	de or		
	ness, then complete		-v. Poration a subsidiary in an affiliated group or a parei	nt-cube	Idiary controlled group?			'es X	No	
	-		tifying number of the parent corporation	111-3003	iolary controlled group?			ts <u>La</u>	. 140	
	books are in care of				Teleph	none number 🕨 🤉	85-	-726-9	333	
Par	t I Unrelated	d Trac	de or Business Income	,	(A) Income	(B) Expense	s	(	C) Net	
	Gross receipts or sale									
	ess returns and allow		c Balance	1c				<del> </del>		
	Cost of goods sold (S Gross profit. Subtract		•	3				+		
	Capital gain net incon			4a						
			art II, line 17) (attach Form 4797)	4b		RECE	M	D		
c (	Capital loss deduction	for true	sts	4c		11201		ဗ		
		•	ship or an S corporation (attach statement)	5		NOV 1	<del>2</del> 20	19 19	<u> </u>	
	Rent income (Schedu		ma (Cahadula E)	6					<del> </del>	
	Inrelated debt-financ		TIB (SCREQUIBE) and rents from a controlled organization (Schedule F)	8		OCDE	N!	117	<del> </del>	
			on 501(c)(7), (9), or (17) organization (Schedule G)	-		<u> UGDL</u>	1 11	<u> </u>	<del></del>	
	xploited exempt acti			10						
	Advertising income (S			_11				ļ		
	Other income (See in:		•	12						
13 T	Total. Combine lines		gh 12 o <b>t Taken Elsewhere</b> (See instructions fo	13_	0.		-	1	<del></del>	
<u> </u>	(Except for d	contribi	utions, deductions must be directly connected	d with	the unrelated busines	ss income )				
14	Compensation of off	icers, di	rectors, and trustees (Schedule K)				14			
15	Salaries and wages						15	<u> </u>		
	Repairs and mainten	ance					16	<del> </del>		
	Bad debts	dula) /a	on unstructions)				17	<u> </u>		
	Interest (attach sche Taxes and licenses	uule) (S	ee instructions)				19			
	× 25	ons (Se	e instructions for limitation rules)		SEE STAT	EMENT 2	20	1		
	Depreciation (attach		•		21					
		aimed oi	n Schedule A and elsewhere on return		22a		22b	-		
	Depletion						23	-		
	Contributions to defe		mpensation plans		_		24	<del> </del>		
	Employee benefit pro Excess exempt expe		chedule I)		_		26	+		
	Excess readership co	-					27			
28	Other deductions (at	tach sch	nedule)				28			
	Total deductions. A						29	<del> </del>	<u> </u>	
			ncome before net operating loss deduction. Subtract				30	<del> </del>	0.	
		-	loss arising in tax years beginning on or after Janua ncome Subtract line 31 from line 30	ıy 1,2U	o to (see instructions)		31	<del>                                     </del>	0.	
<u> </u>	T O. C.						<del></del>		<del></del>	

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions

Form **990-T** (2018)

Form 990-T		<u>-100</u>	3934	Page 2
	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	
	Amounts paid for disallowed fringes	}	34	<del></del>
	· · · · · · · · · · · · · · · · · · ·	2		
		3	35	0.
	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
	lines 33 and 34	]	36	<del></del>
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	٠,	37	1,000.
	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,	ľ		
	enter the smaller of zero or line 36		38	0.
	/ Tax Computation		<del></del> _	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	<b>&gt;</b>	39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from:			
	Tax rate schedule or Schedule D (Form 1041)	<b>&gt;</b>	40	
41	Proxy tax. See instructions	<b>&gt;</b>	41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions	ĺ	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	[	44	0.
Part V				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
	Other credits (see instructions) 45b			
	General business credit. Attach Form 3800			
-	Credit for prior year minimum tax (attach Form 8801 or 8827)  45d			
	Total credits. Add lines 45a through 45d		AE o	
	Subtract line 45e from line 44	1	45e	
			46	0.
		:hedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)		48	
	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			
	2018 estimated tax payments 50b			
C	Tax deposited with Form 8868			
ď	Foreign organizations: Tax paid or withheld at source (see instructions)  50d			
е	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			
	Form 4136 Other Total ▶			
51	Total payments Add lines 50a through 50g		51	
52	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	<b>&gt;</b>	53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶	54	
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	<b>•</b>	55	
Part V				
	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
				v
	here			$- \frac{X}{X}$
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign tri	ISI		<del></del>
	If "Yes," see instructions for other forms the organization may have to file.			
<u>58</u>	Enter the amount of tax-exempt interest received or accrued during the tax year  \$\bigs\\$			
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	or my know	viedge and belie	., it is true,
Here	Linear the Boundalulus	Ma	y the IRS discus	ss this return with
Here	Wester 1701 Sew 11/6/19 PRESIDENT		preparer shown	
	Signature of officer Date / Title	ins	tructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Check	L If	PTIN	
Paid		nployed	1	
Prepa	rer JOHN S. WILES, CPA DO NOTE 10/31/19			22673
Use C	E + TADODMO ADAG	EIN ►	72-1	088864
J.56 O	5100 VILLAGE WALK, SUITE 300			
		no. 9	85-892	-5850
823711 01				n 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT BUSINESS ACTIVITY

INVESTMENT IN EQUITAS EVERGREEN FUND, L.P.

TO FORM 990-T, PAGE 1

FORM 990-T	CONTR	IBUTIONS SUMMARY		STATEMENT	2
QUALIFIED C	ONTRIBUTIONS SUBJECT	TO 100% LIMIT			
CARRYOVER OF FOR TAX YOU FOR T	EAR 2014 EAR 2015 EAR 2016	CONTRIBUTIONS 1,087,144 1,192,082 1,058,640 871,491 1,176,795			
TOTAL CARRY	OVER NT YEAR 10% CONTRIBU	rions	5,386,152 1,486,900		
	IBUTIONS AVAILABLE	6,873,052			
EXCESS 100%	CONTRIBUTIONS CONTRIBUTIONS S CONTRIBUTIONS	_	6,873,052 0 6,873,052		
ALLOWABLE C	ONTRIBUTIONS DEDUCTION	ON —			0
TOTAL CONTR	IBUTION DEDUCTION				0

FORM 990-T	NET	OPERATING L	OSS D	EDUCTION	STATEMENT 3	
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSL APPLIED		LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/18	86,170.		0.	86,170.	86,170.	
NOL CARRYO	VER AVAILABLE THIS	YEAR		86,170.	86,170.	