_	
C	_
E	٦
5	)
8	)
6	•
2	
Ø	

Form	990-T	E	empt Organi	zation	Bus	siness Inc der section	ome	e T	ax Retu	rn	_	OMB No	1545-0687
•>		For cales	ndar year 2018 or other ta	•				•	• •	20		90	<b>140</b>
Dena	tment of the Treasury	ror cale	Go to www.irs.go		_			_			1	$\angle U$	J IO
	al Revenue Service	<b>▶</b> Do	not enter SSN numbers							c)(3).	Ор 50	en to Pub	olic Inspection for ganizations Only •
A [	Check box if address changed		Name of organization (							D Em	ployer id	dentifica	nstructions )
B Ex	empt under section	1	METHODIST CH	ILDREN'	s HO	SPITAL							
X	501( C <u>)(</u> )3 )	Print	Number, street, and roor	n or suite no 1	faPO	box, see instruction	าร			75-	2428	911	
	408(e) 220(e)	Type											activity code
	408A530(a)	','-	1801 LIND AV							(386	nstruction	JIIS J	
<u>.</u>	529(a)		City or town, state or pro		•	IP or foreign postal	code						
	ok value of all assets end of year		RENTON, WA 9			<del></del>				SEE		ATC	<del>1</del> 1
2	00 200 760		up exemption number (	<u>`                                      </u>			T			1			<del></del>
			ck organization type				501	(c)	trust		a) trust		Other trust
	nter the number of ade or business hei	_	nization's unrelated trad	ies or busine	sses		only on		Describe				
			end of the previous se	entence cor	molete				omplete Parts I			i one, a	escribe the
	ade or business, th			cintence, coi	iipiete	raits raile ii, coi	mpiete a	1 30	nedule IVI IOI ea	CIT AUUIL	IUIIAI		
		•	corporation a subsidiai	rv ın an affılı	ated o	roup or a parent-s	ubsidian	v co	ntrolled group?			X	Yes No
			identifying number of t						4:070	· · ġċ	s'- '⊃	SA	9256
	he books are in care			TO PONOTIC CO.	pordu				number ▶ 80	6-72	5-523	34	D.
Pa	t I Unrelated	Trade o	or Business Incom	ne		(A) Incor		T	(B) Exper				C) Net
<b>≥</b> 1a	Gross receipts or	1	-					$\top$			- 1		
Žο	Less returns and allows			<b>c</b> Balance ▶	1c			-				•	Ì
Τ 2	Cost of goods so	d (Sched	ule A, line 7)	,	2			T		_			
3	Gross profit Sub	tract line	2 from line 1c		3				, 1				
4a	Capital gain net i	ncome (a	ttach Schedule D)		4a								
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Fo	m 4797)	4b				DECE!	/FD			
С	Capital loss dedu	ction for t	rusts		4c				T.L.OLI		$\neg \circ$		
` 5	Income (loss) from a p	artnership o	r an S corporation (attach state	ment)	5			2	```	2010	08		
6	Rent income (Sch	edule C)			6			3	NOV 2 5	2019	S		
7	Unrelated debt-fi	nanced in	come (Schedule E) .		7			۷			<u> </u>	<u> </u>	
8	Interest, annuities, roy	alties, and re	nts from a controlled organizati	on (Schedule F)	8			4	OGDEN	<u>1, U</u>		<u> </u>	
9			1(c)(7), (9), or (17) organization		9_	_		=					
10		-	ncome (Schedule I)		10	_		_					
11			lule J)		11			_					
12			tions, attach schedule)		12		0		# . <del>*</del>	•	-   -		
13			ough 12			no for limitati			dustions \ /		16000	4-:	
Fa			be directly connec							Excep	t for C	วทเกษเ	Juons,
14			directors, and trustees (				_						
15													
16													
17													
18			(see instructions)							_			
19			• • • • • • • • • •										
20			See instructions for limit										
21			4562)								-		
22			on Schedule A and els							22	ь		
23	Depletion					. <i>.</i>				2	3_		
24	Contributions to	deferred o	compensation plans			. <b></b>				2	4		
25	Employee benefit	programs	·							2	5		
26			Schedule I)								6		
27			chedule J)								7		
28			chedule)								3		
29			s 14 through 28								-		
30			le income before net										
31			g loss arising in tax ye										
32 For I			e income Subtract line		30 .	<del></del>	· · · · ·	<u> </u>	<u> </u>	32	2		
	Paperwork Reduct	ION ACT N	lotice, see instructions.	•								Form	990-T (2018)

33 Total of unrelated business tauable income computed from all unrelated trades or businesses (see instructions).  34 Amounts paid for disalloved fringes.  35 Boduction for net operating loss arising in tax years beginning before January 1, 2016 (see instructions).  36 Total of unrelated business tauable income before specific deduction Subtract line 35 from the sum of lines 33 and 34.  37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions).  38 Unrelated business tauable income. Subtract line 37 from the sum of lines 33 and 34.  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  30 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  31 Prosy tax. X Computation  32 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  33 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  34 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  35 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  36 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  37 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  38 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  40 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  41 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  42 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  43 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  44 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  45 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  46 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).  47 Organizations Taxable as Corporations.  48 Organizations as constant line 37 from 180 (0.21).  4	_	99Q-T (2018)		Page <b>2</b>
Manufactions pand for disallowed fringes  34 Announts pand for disallowed fringes  35 Defaultion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of interes 33 and 34.  37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  38 Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36, and the line 37 is greater than line 36.  39 Organizations Taxable as to Fruit Rates. See instructions for tax computation income tax on the amount on line 38 from 1 Tax rate schedule or Schedule 0 (Form 1041).  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 0 (Form 1041).  41 Prays tax. See instructions  41 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 0 (Form 1041).  42 Alternative mammum tax (fuxts cnry).  43 Tax on Noncompliant Facility income. See instructions  44 Trusts. Add lines 41.42, and 43 to line 39 or 40, whichever applies  44 Trusts. Add lines 41.42, and 43 to line 39 or 40, whichever applies  45 Foreign tax condit (scee natiructions).  45 Foreign tax condit (scee) structions.  45 Good of Credit for prony year minimum tax (stach Form 3800 (see minicutions)).  45 Good of Credit for prony year minimum tax (stach Form 3800 (see minicutions)).  45 Trust tax. Add lines 45 dark form 560 (see minicutions).  45 Trust and 45 from 10 from 45 see minimum tax (stach Form 3800 (see minicutions)).  45 Trust and the form 10 from 45 see minimum tax (stach Form 3800 (see minicutions)).  45 Trust and 50 subtractions and 50 subtract tax seeds and 10 subtract tax seeds and	Pai	t III Total Unrelated Business Taxable Income		
34 Amounts paid for disallowed finges  5 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions), 35 Total of unrelated business taxable income before specific deduction (Generally \$1.000, but see line 37 instructions for exceptions)  37 Specific deduction (Generally \$1.000, but see line 37 instructions for exceptions)  38 Unrelated business taxable income. Subtract line 37 from income 36 if line 37 is greater than line 36, enter the smaller of zero or line 36.  9 Tax Computation  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21),	33	· · · · · · · · · · · · · · · · · · ·	}	
35 Deduction   for net operating   loss arrang   in   tax   years   beginning   before   January   1, 2018   (see   Instructions)     35     35     36     36     36     36     36     36     37     37     37     37     37     38     37     38     37     38     37     38     37     38     37     38     37     38   37     38     37     38     37     38     37     38     37     38     37     38     37     38     37     38     37     38     37     38     37     38     38     39   39   39     39   39   3			33	
an antivocional provisited business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34.  37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  38 Unrelated business taxable income. Subtract line 37 instructions for exceptions)  39 Unrelated business taxable income. Subtract line 37 instructions for exceptions)  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (021).  39 Organizations Taxable as Corporations. Multiply line 38 by 21% (021).  40 Trusts Taxable as Corporations. Multiply line 38 by 21% (021).  41 Proxy tax. See instructions  42 Alternative minimum tax (fursts only).  42 Alternative minimum tax (fursts only).  43 Tax on Noncompliant Facility income. See instructions  44 Total, Add lines 41, 42, and 43 to line 39 or 40, whichever applies  45 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).  45 Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).  45 Foreign tax credit (corporations attach Form 3800 (see instructions).  45 Foreign tax of March 1118, trusts attach Form 1116).  45 Subtract line 45 from line 44.  46 Order teass Check drom	34	Amounts paid for disallowed fringes	34	
36 Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34.  37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions).  38 Unrelated business taxable income. Subtract line 37 from line 36.   37    39 Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36, enter the smaller of zero to into 36.   38    30 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21).   39    40 Trusts Taxable at Trust Rates. See instructions for itax computation income tax on the amount on line 38 from   Tax rate schedule or   Schedule 0 (Form 1041).   40    41 Proxy tax. See instructions   41    42 Alternative minimum lax (fursts only).   42    43 Tax on Noncomplaine facility income. See instructions   43    44 Total. Add lines 41. 42 and 43 to line 39 or 40, whichever applies   44    44 Total. Add lines 41. 42 and 43 to line 39 or 40, whichever applies   45    45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).   45    45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).   45    45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).   45    45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).   45    45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).   45    45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).   45    45 a Credit for prox year minimum tax (attach Form 8801 or 8827).   45    45 Credit for prox year minimum tax (attach Form 8801 or 8827).   45    46 Other credits, Add lines 45 and 47 (see instructions)   45    50 a Payments Add lines 45 and 47 (see instructions)   45    50 a Payments Add lines 45 and 47 (see instructions)   50    50 a Foreign or now year minimum tax (attach Form 8801 or 8827)   50    50 a Foreign or now year minimum tax (attach Form 8801 or 8827)   50    50 a Foreign or now year min	35			
of lines 33 and 34.  Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions).  37   38   Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36, 38   0.  Partivi Tax Computation  39 Organizations Taxable as Croporations. Multiply line 38 by 21% (0.21).  39 Organizations Taxable as Croporations. Multiply line 38 by 21% (0.21).  30 Organizations Taxable as Croporations. Multiply line 38 by 21% (0.21).  30 Organizations Taxable as Croporations. Multiply line 38 by 21% (0.21).  30 Organizations Taxable as Croporations. Multiply line 38 by 21% (0.21).  30 Organizations Taxable as Croporations. Multiply line 38 by 21% (0.21).  31 Tax on Noncompliant Facility income. See instructions of tax computation lincome tax on the amount on line 38 from Tax rate schedule or Schedule D (Form 1041).  32 Alternative minimum tax (trusts only).  33 Tax on Noncompliant Facility income. See instructions.  44 Total Add lines 41.42, and 43 to line 39 or 40, whichever applies.  45 Foreign tax credit (croporations attach Form 1118, trusts attach Form 1116).  45 Foreign tax credit (croporations attach Form 1118, trusts attach Form 1116).  45 Foreign tax credit (croporations attach Form 8801 or 8827).  45 Foreign tax credit (croporations attach Form 8801 or 8827).  45 Tax and Noncompliant tax (fatach Form 8801 or 8827).  45 Tax deredits. Add lines 45 attach Form 3800 (see instructions).  45 Total credits. Add lines 45 attach Form 8801 or 8827).  45 Total credits. Add lines 45 attach Form 8801 or 8827).  46 Subfract line 45 from line 44.  47 Onhet taxes Cred. «From 1178, from 8801 or 8827).  48 Total tax. Add lines 45 attach Form 3801 or 8827).  49 2016 net 985 tax labelity paid from Form 965-A or Form 965-B. Part II, column (k), line 2.  49 2016 net 985 tax labelity paid from Form 965-A or Form 965-B. Part II, column (k), line 2.  49 2016 net 985 tax labelity paid from Form 965-A or Form 965-B. Part II, column (k), line 2.  49 2016 net 985 tax labelity paid from Form 9		instructions)ATTACHMENT 3	35	_
37 Specific deduction (Generally \$1,000, but see inne 37 instructions for exceptions)	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
38 Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36.  20 Part V Tax Computation 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21). 40 Trusts Taxable as Corporations. Multiply line 38 by 21% (0 21). 41 Trust Taxable as Corporations. Multiply line 38 by 21% (0 21). 42 Alternative minimum lax (flusts only). 43 Tax on Noncompliant Facility Income. See instructions 42 Alternative minimum lax (flusts only). 43 Tax on Noncompliant Facility Income. See instructions 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 45 a Foreign tax credit (corporations attach Form 1118), trusts attach Form 1116). 45 a Foreign tax credit (corporations attach Form 580 or 8827). 45 a Foreign tax credit (corporations attach Form 880 or 8827). 45 a Foreign tax credit (corporations attach Form 880 or 8827). 45 a Foreign tax credit (corporations attach Form 880 or 8827). 45 a Foreign tax And the set of through 45 d. 46 Subtract line 45 from line 44. 47 Other taxes Add lines 45 and 47 (see instructions). 49 2018 net 965 tax kability pad from Form 965-A or Form 95-B, Part II, oolumn (k), line 2. 49 2018 net 965 tax kability pad from Form 965-A or Form 95-B, Part II, oolumn (k), line 2. 49 2018 estimated tax payments. 50 a Payments A 2017 overspayment credited to 2018. 50 a Payments A 2017 overspayment credited to 2018. 50 a Payments A 2017 overspayment credited to 2018. 50 a Backup withholding (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign d Foreign Tax pad or withheld at source (see instructions). 50 d Foreign		of lines 33 and 34	36	
38 Unrelated business taxable income. Subtract line 37 from line 36 if line 37 is greater than line 36.  20 Part V Tax Computation 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21). 40 Trusts Taxable as Corporations. Multiply line 38 by 21% (0 21). 41 Trust Taxable as Corporations. Multiply line 38 by 21% (0 21). 42 Alternative minimum lax (flusts only). 43 Tax on Noncompliant Facility Income. See instructions 42 Alternative minimum lax (flusts only). 43 Tax on Noncompliant Facility Income. See instructions 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 45 a Foreign tax credit (corporations attach Form 1118), trusts attach Form 1116). 45 a Foreign tax credit (corporations attach Form 580 or 8827). 45 a Foreign tax credit (corporations attach Form 880 or 8827). 45 a Foreign tax credit (corporations attach Form 880 or 8827). 45 a Foreign tax credit (corporations attach Form 880 or 8827). 45 a Foreign tax And the set of through 45 d. 46 Subtract line 45 from line 44. 47 Other taxes Add lines 45 and 47 (see instructions). 49 2018 net 965 tax kability pad from Form 965-A or Form 95-B, Part II, oolumn (k), line 2. 49 2018 net 965 tax kability pad from Form 965-A or Form 95-B, Part II, oolumn (k), line 2. 49 2018 estimated tax payments. 50 a Payments A 2017 overspayment credited to 2018. 50 a Payments A 2017 overspayment credited to 2018. 50 a Payments A 2017 overspayment credited to 2018. 50 a Backup withholding (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign organizations Tax pad or withheld at source (see instructions). 50 d Foreign d Foreign Tax pad or withheld at source (see instructions). 50 d Foreign	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
Part V Tax Computation 39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)				
Part   Tax Computation   39   Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21).   38   38   30   39   40   Trusts   Taxable as Corporations. Multiply line 38 by 21% (0 21).   38   38   30   30   30   30   30   30	•		38	0.
39 Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	Pai		100	
the amount on line 38 from			30	
the amount on line 38 from			33	
42 Alternative minimum tax (frusts only). 42 Alternative minimum tax (frusts only). 43 Tax on Noncompliant Facility Income. See instructions 43 Tax on Noncompliant Facility Income. See instructions 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44 Port V Tax and Payments 45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116). 45 b Other credits (see instructions). 45 C General business credit Attach Form 3800 (see instructions) 45 C General business credit Attach Form 3800 (see instructions) 45 C General business credit Attach Form 3800 (see instructions) 45 C General business credit Attach Form 3800 (see instructions) 45 C General business credit Attach Form 3800 (see instructions) 46 Subtract line 45e from line 44 47 Other taxes Check if from	70		40	· 
42   Alternative minimum tax (frusts only)		<del></del>		
43 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies				
Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies  44  Part V Tax and Payments  45		•		
## Tax and Payments ## 45a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)				
45 a Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)			44	
b Other credits (see instructions)				<del></del>
C General business credit. Attach Form 3800 (see instructions).  d Credit for prior year minimum tax (attach Form 8801 or 8827).  45d  45d  45d  45d  45d  45d  45d  45		- · · · · · · · · · · · · · · · · · · ·	_ ' !	
d Credit for prior year minimum tax (attach Form 8801 or 8827).  e Total credits. Add lines 45a through 45d  Subtract line 45e from line 44.  Giher taxes Check if from   Form 4255   Form 8611   Form 8667   Form 8866   Other (attach schedule).  7 Total tax. Add lines 45 and 47 (see instructions).  8 Total tax. Add lines 45 and 47 (see instructions).  9 2018 net 965 tax liability paid from Form 965-8 or Form 965-8. Part II, column (k), line 2.  9 2018 net 965 tax liability paid from Form 965-8 or Form 965-8. Part II, column (k), line 2.  9 2018 setimated tax payments.  50a   Payments A 2017 overpayment credited to 2018.  50a   Payments A 2017 overpayment credited to 2018.  50b   Care of the setimated tax payments.  6 Foreign organizations Tax paid or withheld at source (see instructions).  6 Packup withholding (see instructions).  7 Credit for small employer health insurance premiums (attach Form 8941).  9 Other credits, adjustments, and payments.  10 Form 2439   Sob    11 Total payments. Add lines 50a through 50g.  12 Estimated tax penalty (see instructions) Check if Form 2220 is attached.  13 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owerpaid.  15 Total payments. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  15 Total reamount of line 45 you want. Credited to 2019 estimated tax.  15 Part the amount of line 45 you want. Credited to 2019 estimated tax.  15 Attach time amount of line 45 you want. Credited to 2019 estimated tax.  16 Part VI Statements Regarding Certain Activities and Other Information (see instructions)  16 Attach time 45 you want. Credited to 2019 estimated tax.  16 Part VI Statements Regarding Certain Activities and Other Information may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here  17 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  18 Payments Add Innes	b	· · · · · · · · · · · · · · · · · · ·	_	
e Total credits. Add lines 45a through 45d  46 Subtract line 45e from line 44.  47 Other tizes Check if from			_	
Subtract line 45e from line 44.  7 Other taxes Check if from   Form 4255   Form 8611   Form 8687   Form 8866   Other (attach schedule).   477    8 Total tax. Add lines 46 and 47 (see instructions)   48   0.  9 2018 net 965 tax itability paid from Form 965-A or Form 965-B. Part II, column (k), line 2.   49    9 2018 estimated tax payments   49    10 2018 estimated tax payments   50   50   3,750    10 Total payments A 2017 overpayment credited to 2018   50   3,750    11 Total payments A 2017 overpayment credited to 2018   50   3,750    12 Tax deposited with Form 8668   50   3,750    13 Total payments A 2017 overpayment see instructions)   50   50    14 Foreign organizations Tax paid or withheld at source (see instructions)   50   50    15 Credit for small employer health insurance premiums (attach Form 8941)   50   50    15 Total payments. Add lines 50a through 50g   51   3,750    15 Total payments. Add lines 50a through 50g   51   3,750    15 Estimated tax penality (see instructions)   Check if Form 2220 is attached   52    15 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owerd   53    15 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   54   3,750    15 Enter the amount of line 54 you want   Credited to 2019 estimated tax   Refunded   55   3,750    16 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country   If "Yes," the organization may have to file   FinCEN Form 114, Report of Foreign Bank and Financial Accounts if "Yes," enter the name of the foreign country   If "Yes," the organization may have to file   FinCEN Form 114, Report of Foreign Bank and Financial Accounts if "Yes," enter the name of the foreign country   If "Yes," the organization may have to file   Interest received or accrued during the tax year   \$    15 During the tax year, did the organization for organization may have to f	d	Credit for prior year minimum tax (attach Form 8801 or 8827)	J	
147 Other taxes Check if from	е	Total credits. Add lines 45a through 45d	45e	
Total tax. Add lines 46 and 47 (see instructions).  48	46			
49 2018 net 965 tax liability paid from Form 965-A or Form 965-B. Part II, column (k), line 2	47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	47	
b 2018 estimated tax payments	48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
b 2018 estimated tax payments	49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
b 2018 estimated tax payments	50 a	Payments A 2017 overpayment credited to 2018	•	
c Tax deposited with Form 8868			]	
d Foreign organizations Tax paid or withheld at source (see instructions)  e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)  g Other credits, adjustments, and payments  Form 2439  Form 4136  Other  Total payments. Add lines 50a through 50g  51 Total payments. Add lines 50a through 50g  Estimated tax penalty (see instructions) Check if Form 2220 is attached.  52 Estimated tax penalty (see instructions) Check if Form 2220 is attached.  53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owerd  64 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  65 Enter the amount of line 54 you want Credited to 2019 estimated tax PRefunded 55  75 Enter the amount of lines 54 you want Credited to 2019 estimated tax Refunded 55  75 Statements Regarding Certain Activities and Other Information (see instructions)  75 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country Are If "Yes," see instructions for other forms the organization may have to file  75 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign bust?			.]	
e Backup withholding (see instructions)  f Credit for small employer health insurance premiums (attach Form 8941)			1:	
f Credit for small employer health insurance premiums (attach Form 8941)			1 .	
Source	_		1 ""	
Form 4136 Other Total > 50g		· · · · · · · · · · · · · · · · · · ·	1 !	
Total payments. Add lines 50a through 50g	9			
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  Coverpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  54  Coverpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  55  Enter the amount of line 54 you want. Credited to 2019 estimated tax.  Refunded.  55  Statements Regarding Certain Activities and Other Information (see instructions)  56  At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here.  57  During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	51		51	3,750.
Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Enter the amount of line 54 you want  Credited to 2019 estimated tax  Refunded  Total time 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Refunded  Total time 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Refunded  Total time 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Refunded  Total time 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Refunded  Total time 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Refunded  Total time 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Refunded  Total time 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Refunded  Total time 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Refunded  Total time 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Refunded  Total time 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.  Sign Interest the amount of line 54 you want Credited to 2019 estimated tax  Total time amount of the foreign and supplied country and the foreign country and the				
Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid.    Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   Statements Regarding Certain Activities and Other Information (see instructions)   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   FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country   K   Yes," see instructions for other forms the organization may have to file   Yes," see instructions for other forms the organization may have to file   Yes," see instructions for other forms the organization may have to file   Yes," see instructions for other forms the organization may have to file   Yes," see instructions of other forms the organization may have to file   Yes," see instructions for other forms the organization may have to file   Yes," see instructions of other forms the organization may have to file   Yes," see instructions of other forms the organization of preparer (other than taxpayer) is based on all information of which preparer has any knowledge   Yes   No   Print/Type preparer's name   Preparer's signature of Other   Print   Pri		, , , , , , , , , , , , , , , , , , ,		<del></del>
Part VI Statements Regarding Certain Activities and Other Information (see instructions)  56 At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?				3.750
Part VI Statements Regarding Certain Activities and Other Information (see instructions)  56 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  FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here ▶  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			-	
At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  58 Enter the amount of tax-exempt interest received or accrued during the tax year.  59 Sign  Characteristics of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name				
over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country  here  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  Sign  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is  Title  Print/Type preparer's name  Preparer's signature  Pre				- Voc No
FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country here  57 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X  16 "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 \$  10 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true former, and domplete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  Signature of officer  Date  Print/Type preparer's name  Preparer's signature  Preparer's signature  Check If PTIN	20	· · · · · · · · · · · · · · · · · · ·		
bere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? X  If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true to greet, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    No   Print/Type preparer's name   Preparer's signature   Date   Date   Print/Type preparer's name   Preparer's signature   Preparer's signa		taran da antara da a	-	1 1 1
During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?  If "Yes," see instructions for other forms the organization may have to file  Enter the amount of tax-exempt interest received or accrued during the tax year   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true to orrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    No   Print/Type preparer's name   Preparer's signature   Date   Date   Print/Type preparer's name   Preparer's signature   Pr			roreigi	
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 ▶\$  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true to preci, and dominate Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge    No   Print/Type preparer's name   Preparer's signature   Date   Date   Date   Print/Type preparer's name   Preparer's signature   Date   Date   Print/Type preparer's name   Preparer's signature   Preparer's signa				<del></del>
Enter the amount of tax-exempt interest received or accrued during the tax year   Sign Here  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below to prepare the preparer shown below the preparer shown bel	57		ign trus	
Sign Here Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge  May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name  Preparer's signature  Print/Type preparer's name		· · · · · · · · · · · · · · · · · · ·		[ 7 ]
Sign Here    Title   Date   Da	<u>58</u>			
Here    11   2   19   Coo   May the IRS discuss this return with the preparer shown below (see instructions)? X Yes No    Print/Type preparer's name   Preparer's signature   Preparer's signature   Preparer's signature   Print/Type preparer's name   Preparer's signature   P	<u> </u>	true correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of n	ny knowledge and belief, it is
Here Signature of officer Date Title With the preparer shown below (see instructions)? X Yes No  Print/Type preparer's name Preparer's signature (Print/Type preparer's name Print/Type preparer's name Preparer's signature (Print/Type preparer's name Preparer's signature (Print/Type preparer's name Preparer's signature (Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Preparer's signature (Print/Type preparer's name Preparer's name Preparer's name Preparer's name (Print/Type preparer's name	_		ay the	IRS discuss this return
Print/Type preparer's name Preparer's signature Date Check If PTIN	He	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	th the	preparer shown below
T \ I \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			e instruct	
		Description   Description   Description	1 1	I DTINI
Paid DEBRA HEISKALA   / WWW. CARCON 11/01/19   self-employed   P00649485		T) Indicate the check of the ch	к L J ı	f PIIN
Preparer    Firm's name	_	DEBRA HEISKALA THUSKALA 11/01/19 Self-e		T   D00640405
Use Only Firm's address ▶ 4365 EXECUTIVE DR, STE 1600 SAN DIEGO, CA 92121 Phone no 858-535-7200	Pre	DEBRA HEISKALA  DEBRA HEISKALA  Firm's name  DEBRA HEISKALA  TOWNS HEISKALA  11/01/19  Firm's name  Firm's name  Firm's name  TOWNS HEISKALA  Firm's name  Firm's name  Firm's name  Firm's name	employed s EIN ▶	P00649485 34-6565596

Form **990-T** (2018)

Description of debt-financed property		2. Gross income from or	Deductions directly connected with or allocable to debt-financed property					
1. Description o	дери-плансей ргоренту	allocable to debt-financed property	(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)				
(1)								
(2)								
(3)	_							
(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 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)		%						
(3)		%						
(4)		%						
			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)				
Total dividends-received dec	luctions included in column 8			1				

Form 990-T (2018)

Schedule F-Interest, Annu	intes, Royalties	<del></del>		ntrolled Org			ations (se	e instruction	) 115)	
1. Name of controlled organization	2. Employer identification numb	ei		ated income instructions)		of specified ents made 5 Part of column 4 that included in the controllir organization's gross incompanies in the controllir organization's gross incompanies in the controllir organization in the controllir organization is gross incompanies.		olling	g connected with income	
(1)								_		
(2)					ļ					
(3)		_			<b> </b>			_		<del></del>
(4)	<del></del>				L					
Nonexempt Controlled Organiz						40	Part of colum	o O that is	4.	1. Doductions directly
7. Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific ayments made		incl	uded in the control	ontrolling		Deductions directly nected with income in column 10
(1)										
(2)				_						· · · · · · · · · · · · · · · · · · ·
(3)						<u> </u>				
(4)							ld columns 5		<u> </u>	<del></del>
Totals	come of a Sec	tion 501(c	<u></u> :)(7),			Ent Pa	er here and or rt I, line 8, coli	n page 1, umn (A)	Ent	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
1. Description of income	2 Amount of	f income		3 Deduction of the 3 december 3 d	nnected			et-asides i schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)	ļ		<u> </u>		_					
(2)				_						
(3)		<del></del>	-							
(4)	Enter here and		ļ							Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c	come, Oth				ncome	(see instr	uctions)		Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business inc	with n of d	from unrelation business 2 minus could be gain, cou	nrelated trade incess (column sus column 3) ain, compute 5 through 7 5 Gross income from activity that is not unrelated business income 6. Experiments attributated column columns are columns.		able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)		
(1)					<del>-</del>	<u>-</u>				
(2)								1		
(3)					_		_			-
(4)										<del></del>
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Page 10, col	rt I,			, , ,			Enter here and on page 1, Part II, line 26	
Schedule J-Advertising In	come (see instr	uctions)		<u> </u>						
Part I Income From Per			nsoli	idated Bas	sis					
1. Name of periodical	2 Gross advertising income	3 Directions advertising of	t	4. Adver gain or (los 2 minus co a gain, co cols 5 thro	tising ss) (col of 3) If mpute		Circulation income	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-	. ,	-		+		
(2)				1		-	<del></del> -	1		┧, , , , , , , , , , , , , , , , , , ,
(3)				†	-	-		1		┪,
(4)				1 -		<del>-</del>		<del>                                     </del>		<del> </del> , .
<u>``'</u>				<del> </del>		<del>                                     </del>		<del>                                     </del>		
Totals (carry to Part II, line (5))										

Form 990-T (2018)

(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 ) 4. Advertising 7. Excess readership costs (column 6 gain or (loss) (col 2 Gross 6. Readership 3 Direct 5 Circulation 1. Name of periodical advertising 2 minus col 3) If minus column 5, but advertising costs ıncome costs a gain, compute not more than income cols 5 through 7 column 4) (1) (2) (3) (4) Totals from Part I. Enter here and on Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (B) Part II, line 27 line 11, col (A) Totals, Part II (lines 1-5) . . . Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of 4 Compensation attributable to 1. Name 2. Title time devoted to unrelated business business (1) (2) % (3) %

Form 990-T (2018)

%

ATTACHMENT 1

## ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THERE IS NO ACTIVITY IN THE CURRENT YEAR. THE ORGANIZATION IS FILING THE FORM 990-T TO CARRY OVER NET OPERATING LOSSES.

ATTACHMENT 2

## NAME AND FEIN OF PARENT CORPORATION

ST. JOSEPH HEALTH SYSTEM 95-3589356

. METHODIST CHILDREN'S HOSPITAL

FEIN: 75-2428911

FOR YEAR ENDED: DECEMBER 31, 2018

FORM 990-T

## NET OPERATING LOSS CARRYFORWARD

		AMOUNT	NOL CURRENTLY	BALANCE
TAX YEAR	LOSS INCURRED	PREVIOUSLY USED	USED	CARRYFORWARD
6/30/2009	91,929	0	0	91,929
6/30/2011	0	0	0	91,929
6/30/2012	0	0	0	91,929
6/30/2014	0	0	0	91,929
6/30/2015	0	0	0	91,929
6/30/2016	0	0	0	91,929
6/30/2017	0	0	0	91,929
12/31/2017	0	0	0	91,929
12/31/2018	0	0	0	91,929