For	տ 990-T	E	Exempt Orga	nization Bus	sine	ss Income	Tax Returr	1	OMB No 1545-0687
٠				nd proxy tax und			190		0040
		For cal	lendar year 2018 or other tax ye					<u>.9</u>	2018
	artment of the Treasury nal Revenue Service	•	Go to www Do not enter SSN numbe	.irs.gov/Form990T for in rs on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A 	Check box if address changed		Name of organization (Check box if name o	hanged	and see instructions.)		(Emp	loyer identification number ployees' trust, see uctions)
	Exempt under section	Print	Portercare .	Adventist H	eal	th System	•		84-0438224
<u> </u>	501(c)(3)	or Type	Number, street, and roon		x, see II	istructions.			lated business activity code instructions)
Ļ	408(e)220(e)	Type	9100 E. Min						
F	408A 530(a) 529(a)		City or town, state or pro		r foreig	n postal code		446	110
C B	nok value of all assets		Croup everentes surel	or (Cas instructions)	>	1071		1	
1	727,435,0	14.	G Check organization type	E X 501(c) corp	oration	501(c) trust	401(a) trust	Other trust
H E	nter the number of the o	rganizat	tion's unrelated trades or b	usinesses.	7	Describ	e the only (or first) ur		
tr	ade or business here 🕨	Non	-patient Pha	armacy Sales	S		e, complete Parts I-V.		
đ	escribe the first in the bl	ank spac	ce at the end of the previou	is sentence, complete Pa	rts I an				
_ b	usiness, then complete F	arts III-	V						
10	uring the tax year, was t	he corp	oration a subsidiary in an a	iffiliated group or a paren	ıt-subsi	diary controlled group?	Stmt 2▶[X Y	es No
			fying number of the paren						
JI	he books are in care of	D	avid Solomo	1			hone number 🕨 3	03-	
_			e or Business Inc	ome		(A) Income	(B) Expenses	5	(C) Net
	Gross receipts or sales		489,537.			400 527	现的	100	
b			A 1 7\	c Balance	10	489,537	LEWIS IN		CONTRACTOR OF STREET
2	Cost of goods sold (So		•		2	489,537.			489,537.
3	Gross profit. Subtract l Capital gain net incomi				3	403,337			409,537.
4 a b	· · ·	•	r Scheddie D) art II, line 17) (attach Form	4707)	4a 4b	<u></u>	And the same of th		
C	Capital loss deduction	-	,	4/3/)	4c		HEFFERE		
5	•		np or an S corporation (at	tach statement)	5		PER PRESENTA		
6	Rent income (Schedule		inp or air o corporation (at	addir statement)	6		- 175 La Maria 12072	7	
7	Unrelated debt-finance	•	e (Schedule E)		7				
8			d rents from a controlled o	rganization (Schedule F)	8				
9	Investment income of a	a section	1 501(c)(7), (9), or (17) or	ganization (Schedule G)	9				
10	Exploited exempt activi	ty incon	ne (Schedule f)		10				
11	Advertising income (So	hedule .	J)		11				
12	Other income (See inst	ructions	; attach schedule)		12		AND TERMEN		
13	Total. Combine lines 3	3 throug	h 12		13	489,537.			489,537.
Pa	TT II - Deduction	IS NO	Taken Elsewhere	(See instructions for	r limita	tions on deductions))		
			tions, deductions must		with th	ie unrelated busines	s income)		
14	•	ers, aire	ectors, and trustees (Sched	•		1 -		14	121 026
15	Salaries and wages Repairs and maintenai	000		Lec	al	ut l		15	131,026.
16 17	Bad debts	IICE		,	07	2t4 1520		16 17	197.
18	Interest (attach schede	ule) (see	e instructions)		U į	10 40		18	
19	Taxes and licenses	0,0) (300	, mad dodona)					19	10,713.
20		ıs (See i	instructions for limitation i	ules)				20	20,7250
21	Depreciation (attach Fo	•		,		21	4,283.	* "	·
22			Schedule A and elsewhere	on return		22a	•	22b	4,283.
23	Depletion					<u> </u>		23	
24	Contributions to defen	red com	pensation plans					24	
25	Employee benefit prog	rams					ļ	25	37,503.
26	Excess exempt expens	es (Sch	edule I)					26	
27	Excess readership cos	•	•					27	
28	Other deductions (atta					See Stat	tement 1	28	506,335.
29	Total deductions. Add		-				ର ୪	<i>2</i> 9	690,057.
30			ome before net operating				ļ	30	-200,520.
31		_	ss arising in tax years begi	-	/ 1, 201	8 (see instructions)	21	31.	.212.11111111
32			ome. Subtract line 31 from				31	32	-200,520.

630

Part I	II Total Unrelated Business Taxable Income		04 04.	7022	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (si	ee instructio	ns)	33	252,155.
34	Amounts paid for disallowed fringes		,	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	uctions)	Stmt 4	35	252,155.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the s		Dome 1	1 33 1	
	lines 33 and 34	Julii Oi		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		38	.37	1,000.
	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line	. 20	70	£31	1,000.
38	enter the smaller of zero or line 36	: 30,		1	0
Part I				38	0.
				T T	0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	l 00 f-		39	<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 38 tr	om:	 	
44	Tax rate schedule or Schedule D (Form 1041)		P	40	
41	Proxy tax. See instructions		•	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on Noncompliant Facility Income. See instructions			43	
Part V	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies Tax and Payments	<u></u>		44	0.
		T T		т г	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	 -	- 1	
b	Other credits (see instructions)	45b		- 1	
C	General business credit, Attach Form 3800	45c		1 1	
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	366 L Ot	her (attach schedule)	47	
	Total tax. Add lines 46 and 47 (see instructions)			48	0.
	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	<u> </u>
	Payments. A 2017 overpayment credited to 2018	50a		1 1	
b	2018 estimated tax payments	50b			
C	Tax deposited with Form 8868	50c		1 1	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		1	
	Backup withholding (see instructions)	50e		1 - 1	
f	Credit for small employer health insurance <u>prem</u> iums (attach Form 8941)	50f			
9	Other credits, adjustments, and payments: Form 2439 519		1	اسرا	
	Form 4136 X Other 2,282. Total	50g	<u>X 2,282.</u>	ш	
51	Fotal payments. Add lines 50a through 50gSee Sta	aťemen	t 3	51	2,282.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖			52	
53	Fax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		▶	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		55 ▶	54	2,282.
	nter the amount of line 54 you want. Credited to 2019 estimated tax		Refunded56 ▶	/ 55	2,282.
Part V	Statements Regarding Certain Activities and Other Information	n (see ins	tructions)		
	At any time during the 2018 calendar year, did the organization have an interest in or a signature of		•		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization				
I	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the f	foreign coun	try		
١	nere ►				X
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor to, a	a foreign trust?		X
	f "Yes," see instructions for other forms the organization may have to file.				
58	nter the amount of tax-exempt interest received or accrued during the tax year		· .		
Sign	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 has any knowl	the best of my knowled edge	ge and beli	af, it is true,
Here	A Dad in The Little as a second		Ma	y the IRS d	iscuss this return with
i iei e	Assistant 1/15/202 Assistant	nt Sec			hown below (see
_	Signature of officer Date Title		ins	tructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Dat	te	Check If	PTIN	_
Paid			self- employed		
Prepar	er Lynn C. Addiscott		1,		2150268
Use Or	ly Firm's name ► Adventist Hlth Sys Sunbelt Health	<u>lcare</u>	Firm's EIN	59	-2170012
	900 Hope Way				
	Firm's address ➤ Altamonte Springs, FL 32714		Phone no. 4	<u>07-3!</u>	57-2317
823711 01-0	- 14				TOOLS

Schedule A - Cost of Good	s Sold. Ente	r method of inve	entory valuation N/	A		
1 Inventory at beginning of year	1		6 Inventory at end of ye		6	
2 Purchases	2		7 Cost of goods sold.		line 6	
3 Cost of labor	3		from line 5. Enter her		1	
4 a Additional section 263A costs			line 2		,	7
(attach schedule)	4a		8 Do the rules of section	n 263A	(with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or		•	
_5 Total. Add lines 1 through 4b	5		the organization?		- · · · · · · · · · · · · · · · · · · ·	
Schedule C - Rent Income	(From Real	Property and		Lease	d With Real Prope	erty)
(see instructions)						_
Description of property						
(1)						<u> </u>
(2)						
(3)		-				
(4)		-				
	2. Rent receiv	red or accrued			1	
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	and personal property (if the percent personal property exceeds 50% or if ent is based on profit or income)	tage	3(a) Deductions directly of columns 2(a) and	ectty connected with the income in (a) and 2(b) (attach schedule)		
(1)	<u> </u>			•		
(2)	-		·			
(3)					<u> </u>	
(4)						
Total	0.	Total		0.		·
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 8, column (8)	0.
Schedule E - Unrelated Det	ot-Financed	Income (see	e instructions)			
	-		2 Grass income from		Deductions directly conne to debt-finance	
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)				T	.	
(2)						
(3)				1		
(4)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	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)		<u> </u>	%	1		
(2)			%			
(3)			%			
(4)	i		%			
·					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
			_	i	^	۸ ا
Totals					U.	U .
Totals Total dividends-received deductions in	rcluded in column	8	•	<u> </u>	<u>0.</u>	0.

Form 990-T (2018) Portex Schedule F - Interest,	rcare	<u>Adven</u>	tist F	Healt	h Syste	em		•	84-04	3822	4 Page
Schedule F - Interest,	Annuitie	s, Royal	ties, and					tion	S (see in:	struction	is)
1 Name of controlled organize	ation	dentif	nployer lication nber	3 Netun	npt Controlled Organizations et unrelated income s) (see instructions) 4. Total of spec payments man		otal of specified	of specified 5. Part of column 4 that		rolling	6. Deductions directly connected with income in column 5
(1)											
(1)		 						-			
		 				-					
(3)		 	-			<u> </u>		\vdash			·
(4) Nonexempt Controlled Organ	uzatione	<u> </u>				l .		<u> </u>			
7. Taxable Income	T	nrelated incon	no (lono)	O T-1-	of specified payr		40 Para et auto	0 #		44.5	
7. Taxable income		see instruction		9 Total	made	nents	10 Part of colur in the controlli gross		nization's		ductions directly connected in income in column 10
(1)											
(2)								-			
(3)				•							
(4)											
			_				Add colum Enter here and line 8, c	on page	9 1, Part I,		d columns 6 and 11 ere and on page 1, Part I, line 6, column (8)
Totals						▶			0.		0
Schedule G - Investme		ne of a S	Section 5	501(c)(7	7), (9), or (1	17) Org	ganization				•
(see inst	ructions)				1	 -			, 		
1. Desc	cription of incor	me			2. Amount of	ncome	3. Deduction directly connect (attach schedu	cted	4. Set-		5 Total deductions and set-asides (col 3 plus col 4)
(1)									<u> </u>		
(2)					ļ				<u> </u>		
(3)									ļ		
(4)									<u> </u>		
					Enter here and o Part I, line 9, col						Enter here and on page Part I, line 9, column (B)
otals			<i>.</i>	<u> </u>		0.	1 40 m 1 50 1 50 1 50 1 50 1 50 1 50 1 50 1	₹' *		(3,)	<u> </u>
Schedule I - Exploited (see instri	=	Activity	Income,	, Other	Than Adv	ertisin ———	g Income				
Description of exploited activity	2. Gr unrelated to income trade or b	business from	3. Expe directly col with prod of unret business i	nnected luction lated	4. Net income from unrelated business (column gain, compute through)	trade or umn 2 3) If a cols 5	 Gross incor from activity the is not urrelate business incor 	at d	6 Exp attribute colun	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)		İ			Ī	T					
(3)							-				
(4)											
	Enter here page 1, line 10, c	Part I,	Enter here page 1, F line 10, co	Parti,				•			Enter here and on page 1, Part II, line 26
otals •		0.		0.			•	· •	<u> </u>	r	<u>'</u>
Schedule J - Advertisir											
Part I Income From I	Periodica	als Repo	orted on	a Cons	solidated E	Basis					
1, Name of periodical		2. Gross advertising income		Oirect using costs	4. Advertis or (loss) (col col 3) If a gail cols 5 thre	2 minus n, compute	5. Circulation income	on	6 Reader costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						٠,				7	15.74
(2)					7						
(3)					7			$\neg \neg$			and the second s
(4)					7						1
							Ţ				
otals (carry to Part II, line (5))	▶	0		0	•			_			0.
										· ·	Form 990-T (2018

Form 990-T (2018) Portercare Adventist Health System 84-04382

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	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)				ĺ				
(4)							-	
Totals from Part I	▶	0.	0.	12-13-12-12-12-12-12-12-12-12-12-12-12-12-12-	经国际基础的	4276	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.	が記れて	reminer	A STEED A	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)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Entity OMB No 1545-0687

Internal Revenue Service (99) Name of the organization

Portercare Adventist Health System

Employer identification number 84-0438224

541610 Unrelated business activity code (see instructions) ▶ Management Services Describe the unrelated trade or business Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 391,1<u>35.</u> 1a Gross receipts or sales 391,135 b Less returns and allowances c Balance ► 1c 2 Cost of goods sold (Schedule A, line 7) 2 391,135 391,135 Gross profit Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 Total. Combine lines 3 through 12 13 391.135 391,135.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	173,000.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	52,592.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	225,592.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	165,543.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	. ///
32	Unrelated business taxable income Subtract line 31 from line 30	32	165,543.

LHA For Paperwork Reduction Act Notice, see instructions.

Portercar	e Advent	ist Heal	th System		84-0438	322 4	
Schedule A - Cost of Good	Is Sold. Enter	method of inver	ntory valuation 🕨 N/I	A			
1 Inventory at beginning of year	_1		6 Inventory at end of ye	ear -		6	
2 Purchases	2		7 Cost of goods sold.	Subtract I	ine 6	, r. r.	
3 Cost of labor	3		from line 5. Enter her	e and in l	Part I,	الْمُرْفِيِّ	
4a Additional section 263A costs			line 2		[7	
(attach schedule)	4a		8 Do the rules of section	n 263A (with respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to	256 B 24	
5 Total. Add lines 1 through 4b	5		the organization?			Х	
Schedule C - Rent Income	(From Real	Property and	Personal Property	Lease	d With Real Prope	erty)	
(see instructions)							
1. Description of property							
(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%)	and personal property (if the percent personal property exceeds 50% or if at is based on profit or income)	age	3(a) Deductions directly c columns 2(a) and	onnected with the income in 2(b) (attach schedule)			
(1)							
(2)						·	
(3)	-						
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter			(b) Total deductions.		
here and on page 1, Part I, line 6, columi		•		0.	Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Deb	ot-Financed	Income (see	instructions)				
			2 0		3. Deductions directly conne to debt-financed		
1. Description of debt-fit			Gross income from or allocable to debt-	(a)	Straight line depreciation	(b) Other deductions	
1. Description of dept-in	lanced property		financed property	1 '	(attach schedule)	(attach schedule)	
				 			
(1)				ļ			
(2)				 	.		
(3)				↓			
(4)				1			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to iced property 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)			%				
					iter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B).	
Totals			•		0.	0.	
Total dividends-received deductions in	cluded in column	8			>	0.	
						Form 990-T (2018)	

SCHEDULE M · (Form 990-T)

Department of the Treasury Internal Revenue Service (99)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30,

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Entity OMB No 1545-0687

Employer identification number Name of the organization Portercare Adventist Health System 84-0438224 Unrelated business activity code (see instructions) > 532000 Describe the unrelated trade or business

Rental Services Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 227,515. 1 a Gross receipts or sales 227,515 b Less returns and allowances. c Balance 10 Cost of goods sold (Schedule A, line 7) 2 2 227,515. Gross profit Subtract line 2 from line 1c 227,515 3 ٠. 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 227,515 13 Total. Combine lines 3 through 12 13 227,515. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions,

deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	80,542.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	24,485.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement	5 28	51,499.
29	Total deductions. Add lines 14 through 28	29	156,526.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	70,989.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		· · · · · · · · · · · · · · · · · · ·
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	70,989.

LHA For Paperwork Reduction Act Notice, see instructions.

Porterca	re Adven	tist Hea	lth System		84-0438	8224	ugo	
Schedule A - Cost of Good	ds Sold. Ente	r method of inv	entory valuation N/I	<u> </u>				
 Inventory at beginning of year 	1 1		6 Inventory at end of ye	аг		6		
2 Purchases	2		7 Cost of goods sold. S	Subtract	line 6			
3 Cost of labor	3		from line 5. Enter here	· —				
4 a Additional section 263A costs			line 2		L	7		
(attach schedule)	4a		B Do the rules of section		•	Yes	No	
b Other costs (attach schedule)	4b		property produced or	acquire	d for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?			. <u>.</u>	X	
Schedule C - Rent Income	(From Real	Property ar	id Personal Property	Lease	ed With Real Prope	erty)		
(see instructions)								
Description of property								
(1)								
(2)								
(3)						<u> </u>		
(4)					· · · · · · · · · · · · · · · · · · ·			
		ed or accrued			2/a) Doductions directly	connected with the income in		
rent for personal property is more than			al and personal property (if the percent or personal property exceeds 50% or if rent is based on profit or income)	age 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)			· · · · · · · · · · · · · · · · · · ·					
(2)						·		
(3)								
(4)								
Total	0.	Total		0.				
c) Total income. Add totals of columns nere and on page 1, Part I, line 6, colum		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	_	0.	
Schedule E - Unrelated De	, ,	Income (se	e instructions)		i at i, into o, bolumi (o)		<u> </u>	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	T	T	3. Deductions directly conne			
			 Gross income from or allocable to debt- 	/21	to debt-finance Straight line depreciation	T		
1. Description of debt-f	inanced property		financed property	(")	(attach schedule)	(b) Other deductions (attach schedule)		
(1)				 				
(2)								
(3)								
(4)				Ī				
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 deduction (column 6 x total of column 3(a) and 3(b))		
(1)			%					
(2)			%					
(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).		
Totałs			•		0.		0.	
Total dividends-received deductions	ncluded in column	8	•				0.	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Entity 3

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99) Name of the organization

Portercare Adventist Health System Employer identification number 84-0438224

Unrelated business activity code (see instructions) > 811000 ▶ Maintenance Services Describe the unrelated trade or business Part I, Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales 92,940 **b** Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) 2 92,940 92,940 Gross profit. Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Explorted exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 Total. Combine lines 3 through 12 13 92,940 92,940.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	24,750.
16	Repairs and maintenance	16	
17	Bad debts .	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses .	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	ية ا	<u>-</u>
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 6	28	68,190.
29	Total deductions. Add lines 14 through 28	29	92,940.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		-
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	

LHA For Paperwork Reduction Act Notice, see instructions.

Porterca:	re Advent	tist Heal	lth System		84-0438	224	
Schedule A - Cost of Good	is Sold. Enter	r method of inve	ntory valuation 🕨 N/A	<u> </u>			
 Inventory at beginning of year 	1		6 Inventory at end of year	ar		6	
2 Purchases	2		7 Cost of goods sold. S	Subtract line 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,		
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	1 263A (v	with respect to	Yes No	
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?			X	
Schedule C - Rent Income	(From Real	Property and	d Personal Property L	_ease	d With Real Prope	erty)	
(see instructions)				-			
1. Description of property							
(1)							
(2)		-				· · · · · · · · · · · · · · · · · · ·	
(3)							
(4)							
	2. Rent receiv	ed or accrued			2/ 12 /		
rent for personal property is more than for personal property is more than			and personal property (if the percenta personal property exceeds 50% or if int is based on profit or income)	ntage of columns 2(a) and 2(b) (attach schedule)			
(1)		-	· · · · · · · · · · · · · · · · · · ·				
(2)						•	
(3)		· · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns		ter			(b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, colum				0.	Part I, line 6, column (B)	<u> </u>	
Schedule E - Unrelated Del	bt-Financed	Income (see	instructions)	,	 		
			2. Grass income from		Deductions directly conne to debt-finances	cted with or allocable diproperty	
1. Description of debt-fi	inanced property		or 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) 	of or a	adjusted basis illocable to nced property i 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)	1		%				
(3)			%			-	
(4)			%				
					ter here and on page 1, art I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Tatala			_	''	0.		
Totals Total dividends-received deductions in	actuded to column	Q	•	L	0.	0.	
LOTAL GIALGELIGS-LECELAEG GEORGIOUS IL	ICIDACO III COMMINI	U					

SCHEDULE M (Form 990-T)

Department of the Treasury

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

1, 2018 and ending JUN 30, 2019

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Entity 4

OMB No 1545-0687

2018

Internal Revenue Service (99)

Do not enter SSN numbers on this form as it may be made public if y

Name of the organization

Portercare Adventist Health System

Employer identification number 84-0438224

Unrelated business activity code (see instructions) > 532420 Describe the unrelated trade or business Personal Property Rental Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances c Balance BETTIME BUSTEA 2 Cost of goods sold (Schedule A, line 7) 2 THE COMPANY OF THE PARTY. Gross profit. Subtract line 2 from line 1c 3 MANAGE AL 4 a Capital gain net income (attach Schedule D) 4a HOWEVER WAS b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b THE PROPERTY OF THE PARTY OF TH c Capital loss deduction for trusts 4c **公司公司** Income (loss) from a partnership or an S corporation (attach statement) 31,016. Rent income (Schedule C) 6 15,164. 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 NAMEDIA 12 Total. Combine lines 3 through 12 13 31,016. 15.852. 15,164.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salanes and wages	15	
16	Repairs and maintenance .	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19_	
20	Charitable contributions (See instructions for limitation rules)	20_	
21	Depreciation (attach Form 4562)	To b	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25_	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28_	
29	Total deductions. Add lines 14 through 28	29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	15,164.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	-25K+1	
	instructions)	31	Transmission of the second
32	Unrelated business taxable income Subtract line 31 from line 30	32	15,164.

LHA For Paperwork Reduction Act Notice, see instructions.

Portercar	e Advent	ist Heal	th System	84-04	438224	
Schedule A - Cost of Good	is Sold. Enter	method of inver	T			
1 Inventory at beginning of year	1 1		6 Inventory at end of ye		6	
2 Purchases	2		7 Cost of goods sold. S			
3 Cost of labor	3		from line 5. Enter here	e and in Part I,	├ <u>-</u>	
4a Additional section 263A costs			line 2		7	V. I.
(attach schedule)	4a		8 Do the rules of section	•	ŀ	Yes No
b Other costs (attach schedule)	4b	-	- ' ' - '	acquired for resale) apply to	1	
5 Total. Add lines 1 through 4b Schedule C - Rent Income	5	Dunnaria ana	the organization?	and Wah Dool D		
(see instructions)	(From Real	Property and	Personal Property I	Leased With Real Pr	operty	
(SEE INSUGCIONS)	-					
1. Description of property						
(1) Time Share Lease	s Includ	ing Pers	onal Property			
(2) Time Share Lease	s Includ	ing Pers	onal Property			
(3)						
(4)						
	2. Rent receive	ed or accrued	·	3/a) Dadustana da	ectly connected with the inc	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` of rent for p	and personal property (if the percenta ersonal property exceeds 50% or if it is based on profit or income)	columns 2	(a) and 2(b) (attach schedule atement 9)
(1)	0.		27,7	13.	14	,192.
(2)	3,303.			0.		,660.
(3)	·					
(4)						
Total	3,303.	Total	_ 27,7	13.		
(c) Total income. Add totals of columns		er		(b) Total deduction	•	
here and on page 1, Part I, line 6, column			31,0	16. Part I, line 6, column (B)	<u>"</u> ▶ 15	<u>5,852.</u>
Schedule E - Unrelated Det	ot-Financed	income (see	instructions)	1 272		
			2. Gross income from	3. Deductions directly to debt-fi	connected with or allocable nanced property	•
1. Description of debt-fu	nanced property		or allocable to debt- financed property	(a) Straight line depreciation		
			limandos proporty	(attach schedule)	(attach scho	edule)
(4)						
(1)						
(2)			 		- 	
(4)			 			
4. Amount of average acquisition	E Average	adjusted basis	6. Column 4 divided	7. Gross income	8. Allocable o	laduations
debt on or allocable to debt-financed property (attach schedule)	_ of car a	locable to ced property	by column 5	reportable (column 2 x column 6)	(column 6 x tota	l of columns
, ,		schedule)		z x column oj	3(a) and	3(0))
(1)			%	-		
(2)			%			
(3)		•	%			
(4)			%			
				Enter here and on page 1,	Enter here and o	n page 1,
				Part I, line 7, column (A).	Part I, line 7, co	lumn (B)
Totals			▶.			
Total dividends-received deductions in	cluded in column	8	·			
						90-T (2018)

SCHEDULE M · (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning __JUL 1, 2018_ and ending JUN 30, 2019_

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Entity 5 OMB No 1545-0687

*2*018

Internal Revenue Service (99) Name of the organization

Department of the Treasury

Portercare Adventist Health System

Employer identification number

84-0438224 Unrelated business activity code (see instructions) > 812300

▶ Laundry Services Describe the unrelated trade or business Part I: Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales 21,623 b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 2 21,623 Gross profit Subtract line 2 from line 1c 3 21.623 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 623 Total. Combine lines 3 through 12 21,623. Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22h 23 23 24 Contributions to deferred compensation plans 24 25 Employee benefit programs Excess exempt expenses (Schedule I) 26 26 27 Excess readership costs (Schedule J) 27 See Statement 7 28 21,623 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 623 29 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 0. 30 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

instructions)

Portercar	e Advent	tist Heal	lth System		84-0438	224	
Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory valuation > N/A	1	_		
1 Inventory at beginning of year	1	·	6 Inventory at end of ye	ar		6	
2 Purchases	2		7 Cost of goods sold. S	ubtract line 6		(a)	
3 Cost of labor	3		from line 5. Enter here	and in Part I,		670) Ma	
4 a Additional section 263A costs			line 2		Ĺ	7	
(attach schedule)	4a		8 Do the rules of section	263A (with re	espect to	Yes No	
b Other costs (attach schedule)	4b		property produced or	acquired for re	sale) apply to	13	
5 Total. Add lines 1 through 4b	5		the organization?			Х	
Schedule C - Rent Income ((From Real	Property and	d Personal Property I	eased Wi	th Real Proper	rty)	
(see instructions)							
. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receiv	ed or accrued					
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property (if the percenta personal property exceeds 50% or if int is based on profit or income)	ge 3(columns 2(a) and 2	nnected with the income in 2(b) (attach schedule)	
(1)							
(2)			· · · · · · · · · · · · · · · · · · ·				
(3)							
(4)							
Total	0.	Total		0.		·	
c) Total income. Add totals of columns:	2(a) and 2(b). En	ter			otal deductions.		
ere and on page 1, Part I, line 6, column		_		O. Part I,	here and on page 1, line 6, column (B)	<u> </u>	
chedule E - Unrelated Deb	t-Financed	Income (see	e instructions)			-	
			2 0	3. D	eductions directly connec to debt-financed		
1. Description of debt-fin			Gross income from or allocable to debt-	(a) Straigh	t line depreciation	(b) Other deductions	
1. Description of debt-in	anceo property		financed property	(attach schedule)		(ettach schedule)	
(1)							
2)						-	
3)		<u></u> .					
4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis llocable to nced property schedule)	6. Column 4 divided by column 5	report	oss income able (column column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
1)			%				
2)			%				
3)			%				
4)	-		%		-		
					e 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)	
otals			•		0.		
otal dividends-received deductions inc	cluded in column	8			D	0.	
			······································	-		Form 990-T (2018)	

SCHEDULE M '(Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information.

313

Open to Public Inspection for 501(c)(3) Organizations Only Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Entity

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization

Portercare Adventist Health System

Employer identification number 84-0438224

Unrelated business activity code (see instructions)

722320 Describe the unrelated trade or business Dietary Services **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales **b** Less returns and allowances c Balance ▶ 10 Cost of goods sold (Schedule A, line 7) 1,313 **しては、は、は、近日の**に Gross profit Subtract line 2 from line 1c 3 **在新疆地域** 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b FIL IN MAGA TIMES c Capital loss deduction for trusts 4c L WAR TOTAL. income (loss) from a partnership or an S corporation (attach "你只是什么说话怎么 statement) 5 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 المنافضة المنتفظة المنتفظة المنتفظة 12 Other income (See instructions, attach schedule)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	691.
16	Repairs and maintenance	16	
17	Bad debts ·	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	1000	
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 8	28	_ 163.
29	Total deductions. Add lines 14 through 28	29	854.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	459.
31	Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see	r-3.5	
	instructions)	31	The State of the Contract of t
32	Unrelated business taxable income Subtract line 31 from line 30	32	459.

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

13

Form 990-T (2018)

Portercar	<u>e Advent</u>	<u>tist Heal</u>	th	Syştem		84-0438	3224	
Schedule A - Cost of Goods	s Sold. Enter	method of invei	ntory v	aluation > N/A				
1 Inventory at beginning of year	1	_	6	Inventory at end of year	ır		6	
2 Purchases	2] 7	Cost of goods sold. Si	ubtract	line 6	7 48	
3 Cost of labor	3]	from line 5. Enter here			· (2)	
4 a Additional section 263A costs			7	line 2		·	7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	acquired	for resale) apply to	-34 ?	
5 Total. Add lines 1 through 4b	. 5		<u> </u>	the organization?				X
Schedule C - Rent Income ((From Real	Property and	Per	sonal Property L	.ease	d With Real Prope	erty)	
(see instructions)								
1. Description of property								
(1)								
(2)								
(3)								
(4)								
		ed or accrued				2(a) Dodustians disasthu	connected with the income in	
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percenta; property exceeds 50% or if ad on profit or income)	ge	cotumns 2(a) an	d 2(b) (attach schedule)	
(1)			-					
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns		ter				(b) Total deductions. Enter here and on page 1,		
here and on page 1, Part I, line 6, column					0.	Part I, line 6, column (B)	<u> </u>	<u>o.</u>
Schedule E - Unrelated Deb	t-Financed	Income (see	instru	ctions)				
			2	. Gross income from		Deductions directly conn to debt-finance		
1. Description of debt-fin	anced property		-	or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions	
	,		1	intended property		(attach schedule)	(attach schedule)	
			+				 	
(1)			+				 	
(2)			╁	-			 	
(3)			+					
(4)	5 4		 			7.0		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-finar	adjusted basis flocable to nced property i 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 column 3(a) and 3(b))	
(1)			†	%		<u> </u>		
(2)				%				
(3)			Ì	%				_
(4)		-		%				
						nter here and on page 1, art I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (8).	
Totals						0.	1	o .
Totals Total dividends-received deductions inc	cluded in column	8).

Department of the Treasunternal Revenue Service

Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No 1545-0172

990-T

Business or activity to which this form relates

	rtercare Adventist					r Page 1		84-0438224
Pa	rt Election To Expense Certain Prop	erty Under Section 17	79 Note: If y	ou have any lis	ted property	, complete Parl	V before y	ou complete Part I
1	Maximum amount (see instructions)						1	1,000,000.
2	Total cost of section 179 property pla	ced in service (see	instructions)				. 2	
3	Threshold cost of section 179 propert	y before reduction	in limitation				3	2,500,000.
4 1	Reduction in limitation. Subtract line 3	from line 2 If zero	or less, ente	er -0-			4	
_5 (Dollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter -	0- If married filin	g separately, see ii	structions		5	
6	(a) Description of p	property		(b) Cost (busin	ess use only)	(c) Elected	cost	
]
7 L	isted property. Enter the amount from	n line 29			7			
8 7	Total elected cost of section 179 prop	erty Add amounts	ın column (d), lines 6 and	7 .	-	8	
9 7	Tentative deduction Enter the smalle	r of line 5 or line 8					9	
10 (Carryover of disallowed deduction from	n line 13 of your 20	017 Form 45	62 .			10	
11 E	Business income limitation. Enter the	smaller of business	income (not	less than zero	o) or line 5		11	
12 5	Section 179 expense deduction Add	lines 9 and 10, but	don't enter r	nore than line	11		12	
13 (Carryover of disallowed deduction to 2	2019 Add lines 9 a	nd 10, less l	ne 12	▶ 13			
	: Don't use Part II or Part III below for	listed property in	stead, use P	art V				
Pai	T II Special Depreciation Allow	ance and Other De	epreciation	(Don't include	listed prope	erty)		
14 5	Special depreciation allowance for qua	alified property (oth	er than listed	d property) pla	ced in servici	e during		
t	he tax year						. 14	
15 F	Property subject to section 168(f)(1) el	ection					15	
<u>16 (</u>	Other depreciation (including ACRS)						16	4,283.
Pai	t III MACRS Depreciation (Don'	t include listed pro	perty See in	structions)				
			Se	ction A			· · · · ·	····
17 N	MACRS deductions for assets placed	in service in tax yea	ars beginning	g before 2018			_ 17	
<u>18 </u>	you are electing to group any assets placed in ser-	vice during the tax year in	to one or more o					
						<u> </u>		
	Section B - Assets	Placed in Service	e During 20	18 Tax Year L		neral Deprecia	tion Syste	e e e e e e e e e e e e e e e e e e e
			e During 20 (c) Basis fo (business/ir				tion Syste	e e e e e e e e e e e e e e e e e e e
19a	Section B - Assets	(b) Month and year placed	e During 20 (c) Basis fo (business/ir	18 Tax Year U r depreciation ivestment use	sing the Ger			m
19a b	Section B - Assets (a) Classification of property	(b) Month and year placed in service	e During 20 (c) Basis fo (business/ir	18 Tax Year U r depreciation ivestment use	sing the Ger			m
	Section B - Assets (a) Classification of property 3-year property	(b) Month and year placed in service	e During 20 (c) Basis fo (business/ir	18 Tax Year U r depreciation ivestment use	sing the Ger			m
b	Section B - Assets (a) Classification of property 3-year property 5-year property	(b) Month and year placed in service	e During 20 (c) Basis fo (business/ir	18 Tax Year U r depreciation ivestment use	sing the Ger			m
b c	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	(b) Month and year placed in service	e During 20 (c) Basis fo (business/ir	18 Tax Year U r depreciation ivestment use	sing the Ger			m
b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property	(b) Month and year placed in service	e During 20 (c) Basis fo (business/ir	18 Tax Year U r depreciation ivestment use	sing the Ger			m
b c d	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	(b) Month and year placed in service	e During 20 (c) Basis fo (business/ir	18 Tax Year U r depreciation ivestment use	sing the Ger			m
b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed in service	e During 20 (c) Basis fo (business/ir	18 Tax Year U r depreciation ivestment use	sing the Ger (d) Recovery period		(f) Method	m
b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	(b) Month and year placed in service	e During 20 (c) Basis fo (business/ir	18 Tax Year U r depreciation ivestment use	di Recovery (d) Recovery period	(e) Convention	(f) Method	m
b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	(b) Month and year placed in service	e During 20 (c) Basis fo (business/ir	18 Tax Year U r depreciation ivestment use	(d) Recovery period 25 yrs 27 5 yrs	(e) Convention	(f) Method	m
b c d e f	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	(b) Month and year placed in service	e During 20 (c) Basis fo (business/ir	18 Tax Year U r depreciation ivestment use	25 yrs 27 5 yrs 27 5 yrs	(e) Convention MM MM	(f) Method S/L S/L S/L	m
b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property	(b) Month and year placed in service	e During 20 (c) Basis for (business/ir only - see	18 Tax Year Urdepreciation investment use instructions)	25 yrs 27 5 yrs 27 5 yrs 39 yrs	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	(b) Month and year placed in service	e During 20 (c) Basis for (business/ir only - see	18 Tax Year Urdepreciation investment use instructions)	25 yrs 27 5 yrs 27 5 yrs 39 yrs	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I	(b) Month and year placed in service	e During 20 (c) Basis for (business/ir only - see	18 Tax Year Urdepreciation investment use instructions)	25 yrs 27 5 yrs 27 5 yrs 39 yrs	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I	(b) Month and year placed in service	e During 20 (c) Basis for (business/ir only - see	18 Tax Year Urdepreciation investment use instructions)	25 yrs 27 5 yrs 27 5 yrs 39 yrs	(e) Convention MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L ation Syst	(g) Depreciation deduction
b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year	(b) Month and year placed in service	e During 20 (c) Basis for (business/ir only - see	18 Tax Year Urdepreciation investment use instructions)	25 yrs 27 5 yrs 27 5 yrs 39 yrs ing the Altern	(e) Convention MM MM MM MM MM MM native Depreci	S/L S/L S/L S/L S/L S/L ation Syst S/L	(g) Depreciation deduction
b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year	(b) Month and year placed in service	e During 20 (c) Basis for (business/ir only - see	18 Tax Year Urdepreciation investment use instructions)	25 yrs 27 5 yrs 27 5 yrs 39 yrs ing the Altern 12 yrs 30 yrs	(e) Convention MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year	(b) Month and year placed in service (c) Month and year placed in service / / / / Placed in Service	e During 20 (c) Basis for (business/ir only - see	18 Tax Year Urdepreciation investment use instructions)	25 yrs 27 5 yrs 27 5 yrs 39 yrs ing the Altern 12 yrs 30 yrs	(e) Convention MM MM MM MM MM MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L	(g) Depreciation deduction
b c d e f g h i 20a b c d Par	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year	Placed in Service (b) Month and year placed in service // / / Placed in Service	e During 20 (c) Basis for (business/ir only - see	18 Tax Year Us	25 yrs 27 5 yrs 27 5 yrs 39 yrs 12 yrs 30 yrs 40 yrs	(e) Convention MM MM MM MM MM MM MM MM MM	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c d Par 21 L 222 T	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets I Class life 12-year 30-year 40-year t IV. Summary (See instructions) Insteed property Enter amount from line	Placed in Service (b) Month and year placed in service // / / Placed in Service / / / / 228 14 through 17, line	c) Basis for (business/ir only - see	IS Tax Year Us Transfer of the state of the	25 yrs 27 5 yrs 27 5 yrs 39 yrs 12 yrs 30 yrs 40 yrs	(e) Convention MM MM MM MM mative Depreci MM MM	S/L	(g) Depreciation deduction
b c d e f g h i 20a b c d Par 21 L 22 T E	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets in Class life 12-year 30-year 40-year t IV. Summary (See instructions) insteed property Enter amount from line otal. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service / / / Placed in Service / / / / 228 14 through 17, lines of your return Par	c) Basis for (business/ir only - see	Is Tax Year Use In column (g), and S corporation	25 yrs 27 5 yrs 27 5 yrs 39 yrs 12 yrs 30 yrs 40 yrs	(e) Convention MM MM MM MM mative Depreci MM MM	S/L	(g) Depreciation deduction

41 Do you meet the requirements concerning qualified automobile demonstration use?

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles

βP	art VI Amortization					
	(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization penod or percentage	(f) Amortization for this year
42	Amortization of costs that begins during your 2	2018 tax year_				
					[
43	Amortization of costs that began before your 2	43				
44	Total. Add amounts in column (f) See the inst	. 44				

816252 12-26-18

Form 4562 (2018)

Electing to Take 100% Refundable Credit Amt in 2018 - per CARES Act Sec. 2305(b) **Credit for Prior Year Minimum Tax - Corporations**

Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return.

► Go to www.irs.gov/Form8827 for the latest information.

OMB No. 1545-0123

Portercare Adventist Health System 84-0438224 1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626 2,282. 2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827 3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions) 2,282. 4 Add lines 1, 2, and 3 5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see 0 • ,282. 6 Enter the refundable minimum tax credit (see instructions) 6 7 2,282. 7 Add lines 5 and 6 8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has 2,282. pre-acquisition excess credits, see instructions 8a 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 0. 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 2,282. amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return) 8c 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

Form 990-T	Other Deductions	Statement 1
Description		Amount
Supplies		465,106
Purchased Services		29,185
Rent		10,061
Other Professional F	ees	257
Miscellaneous		1,726
Total to Form 990-T,	Page 1, line 28	506,335
Form 990-T Parent	Corporation's Name and Identifying Number	Statement 2
Corporation's Name		Identifying No
Adventist Health Sys	tem Sunbelt Healthcare Corporation	59-2170012

Form 990-T	Other Credits and Payments	Statement 3
Description		Amount
Form 8827, line 8c		2,282.
Total included on Form	990-T, Page 2, Part V, line 50g	2,282.

Form 990-T	Net	Statement 4		
Tax Year	Loss Sustained	Loss Previously Applied	Loss Remaining	Available This Year
06/30/99	39,823.	39,823.	0.	0.
06/30/03	52,690.	52,690.	0.	0.
06/30/05	67,243.	22,565.	44,678.	44,678.
06/30/06	87,529.	0.	87,529.	87,529.
06/30/07	156,262.	0.	156,262.	156,262.
06/30/08	652,443.	0.	652,443.	652,443.
06/30/09	1,094,612.	0.	1,094,612.	1,094,612.
06/30/10	576,381.	0.	576,381.	576,381.
06/30/11	1,146,630.	0.	1,146,630.	1,146,630.
06/30/12	467,122.	0.	467,122.	467,122.
06/30/13	370,637.	0.	370,637.	370,637.
06/30/14	435,703.	0.	435,703.	435,703.
06/30/15	445,782.	0.	445,782.	445,782.
06/30/16	764,851.	0.	764,851.	764,851.
06/30/18	102,314.	0.	102,314.	102,314.
NOL Carryov	er Available This	Year	6,344,944.	6,344,944.

Form 990-T (M)	Other Deductions	Statement 5
Description		Amount
Supplies		51,499.
Total to Schedule M, Part II, 1	ine 28	51,499.

Form 990-T (M)	Other Deductions	Statement 6
Description		Amount
Supplies		68,190.
Total to Schedule M, Par	t II, line 28	68,190.

Form 990-T (M)	Other Deductions	Statement 7		
Description		Amount		
Purchased Services		21,623.		
Total to Schedule M, Part II, 1	ine 28	21,623.		

Form 990-T (M)	Other Deductions	Statement 8		
Description		Amount		
Supplies		163.		
Total to Schedule M, Part II,	line 28	163.		

Form 990-T (M)	Deductions Connected w	ith Rental	Income	Statement 9
Description		Activity Number	Amount	Total
Supplies Supplies	- SubTotal - SubTotal	_	14,192. 1,660.	14,192. 1,660.
Total to Form 99	90-T, Schedule C, Column	3		15,852.

Explanation of Changes to Net Operating Loss Deduction Carryforward:

The change in net operating loss for the year ending June 30, 2018 is due to the repeal of Internal Revenue Code (IRC) Section 512(a)(7). The increase in net operating loss in the amount of \$12,575 has been carried forward to 2018 (fiscal year ending June 30, 2019) and is reflected on Statement 4 of this return. Below is a summary of changes to Parts I and II of the 2017 (fiscal year ending June 30, 2018) Form 990-T resulting in the increase of net operating loss in the amount of \$12,575.

	As Originally		Correct	
	Reported	Net Change	Amount	
Line 12 - Other income Amounts paid for disallowed fringes	12,575	(12,575)	-	
Line 32 - UTBI before specific deduction	(89,739)	(12,575)	(102,314)	
Line 34 - Unrelated business taxable income	(89,739)	(12,575)	(102,314)	

Portercare Adventist Health System EIN: 84-0438224 Form 990-T Fiscal Year Ending June 30, 2019

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.