990-T Exempt Organization Bus			ax Returr	۱ <u> </u>	OMB No 1545-0687			
For calendar year 2017 or other tax year beginning	0. 00	, and ending		l	2017			
Denartment of the Treasury II								
A Check box if Name of organization (Check box if name c address changed	k box if Name of organization (Check box if name changed and see instructions.) DEmployer identification (Employees trust see							
B Exempt under section Print Foundation for Morrist	own	Medical Ce	nter	2	2-3392808			
X 501(6)(3) Or Number, street, and room or suite no. If a P.O. box	k, see II	nstructions.			ated business activity codes instructions)			
	r foroig	un poetal code		┨				
529(a) Morristown, NJ 07960								
ook value of all assets F Group exemption number (See instructions.)								
154, 257, 717. G Check organization type ► X 501(c) corp			401(a)		Other trust			
H Describe the organization's primary unrelated business activity. Alterna I During the tax year, was the corporation a subsidiary in an affiliated group or a parei				X Xe				
		Statement 2	ist m	72°	~5 55 607 [
J The books are in care of ▶ Ken Butkowski				73-				
Part Unrelated Trade or Business Income	•	(A) Income	(B) Expense	4 163 1	(C) Net			
1a Gross receipts or sales b Less returns and allowances c Balance	 1c							
2 Cost of goods sold (Schedule A, line 7)	2		half harrin	gga skri	nan an			
3 Gross profit. Subtract line 2 from line 1c	3		建筑地区温 加					
4 a Capital gain net income (attach Schedule D)	4a	1,443.	\$等代數小數的數据		1,443.			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b							
c Capital loss deduction for trusts	4c 5	-2,293.	TANGENTERS		-2,293.			
 Income (loss) from partnerships and S corporations (attach statement) Rent income (Schedule C) 	6	2,255.	1 6 Sales Critic "Str	-11 <u>2</u> 2	2,255			
7 Unrelated debt-financed income (Schedule E)	7				·			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8							
9 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			SUPPLE F				
12 Other income (See instructions; attach schedule) 13 Total, Combine lines 3 through 12	13	-850.	48f8[[5][20.08bc][5][6-1352]	[2- 6,	-850.			
Partil Deductions Not Taken Elsewhere (See instructions for		ations on deductions)						
(Except for contributions, deductions must be directly connected	d with	the unrelated busines	s income)		·			
14 Compensation of officers, directors, and trustees (Schedule K)				14				
15 Salaries and wages		·		15. 16				
16 Repairs and maintenance . 17 Bad debts				17				
18 Interest (attach schedule)				18				
	- 18 /	ED 7		19				
Taxes and licenses Charitable contributions (See instructions for limitation rules) RECI	<u>=1V</u>	EU 701		20				
21 Depreciation (attach Form 4562)		12011 211		120/12				
21 Depreciation (attach Form 4562) 22 Less depreciation claimed on Schedule A and elsewhere on religion 23 Depletion 24 Contributions to deferred compensation plans	19 1	018		22b 23				
24 Contributions to deferred compensation plans				24	•			
24 Contributions to deferred compensation plans 25 Employee benefit programs OGE)EN	1,01		25				
26 Excess exempt expenses (Schedule I)				26				
27 Excess readership costs (Schedule J)			•	27				
Other deductions (attach schedule)			,	28	0			
 Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract 	t line ?	9 from line 13		30	-850.			
31 Net operating loss deduction (limited to the amount on line 30)	,, mic 2	S AGM IIIIG TO		31	050.			
32 Unrelated business taxable income before specific deduction. Subtract line 31 fr	om line	e 30 [·]		32	-850.			
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions	s)			33	1,000.			
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is line 32	greater	than line 32, enter the sn	naller of zero or	34	-850.			
Little Co-Denominal Deduction Act Notice and instructions					Form 000-T (2017)			

Form 990-1	(2017) Foundation for Mon	rristown Medical (Center	22-339	2808	Page 2
Part I	I Tax Computation					
35	Organizations Taxable as Corporations. See insti	ructions for tax computation.				
	Controlled group members (sections 1561 and 15	· · · · · · · · · · · · · · · · · · ·	ions and:			
а	Enter your share of the \$50,000, \$25,000, and \$9,	•				
	(1) \$ (2) \$	(3) \$	· ′ ′			
h	Enter organization's share of: (1) Additional 5% ta					
_	(2) Additional 3% tax (not more than \$100,000)	[\$				
	Income tax on the amount on line 34	ΙΨ			35c	0.
36	Trusts Taxable at Trust Rates. See instructions for	or tay computation. Income tay on the a	mount on line 34 from:			
00	Tax rate schedule or Schedule D (Fo	·	mount on time of from.		36	
37	Proxy tax. See instructions	5111 1041)			37	
38	Alternative minimum tax				38	
39	Tax on Non-Compliant Facility Income. See instr	uctions			39	
40	Total Add lines 37, 38 and 39 to line 35c or 36, w				40	0.
	V Tax and Payments	michever applies			40	
		truste attach Form 1116)	41a		1 1	
	Foreign tax credit (corporations attach Form 1118 Other credits (see instructions)	, trusts attacti Form 1110)	 		ł I	
0	,		41b			
C	General business credit. Attach Form 3800	04 0007)	41c			
	Credit for prior year minimum tax (attach Form 88	U I or 8827)	41d			
е	Total credits. Add lines 41a through 41d				41e	0.
42	Subtract line 41e from line 40] r	2000 🗔 011		42	<u> </u>
43	Other taxes. Check if from: Form 4255	J Form 8611 Form 869/ Fo	orm 8866 Other	(attach schedule)	43	
44	Total tax. Add lines 42 and 43		1 1	0 016	44	0.
	Payments: A 2016 overpayment credited to 2017		45a	2,216.		
	2017 estimated tax payments		45b			
	Tax deposited with Form 8868		45c			
	Foreign organizations: Tax paid or withheld at sou	rce (see instructions)	_ 45d			
	Backup withholding (see instructions)		45e			
	Credit for small employer health insurance premiu	•	451			
g		Form 2439	.			
		Other Tota	al ▶ 45g		ļ	
46	Total payments. Add lines 45a through 45g				46	2,216.
47	Estimated tax penalty (see instructions). Check if F	· · · · · · · · · · · · · · · · · · ·		_	47	
48	Tax due. If line 46 is less than the total of lines 44	· · · · · · · · · · · · · · · · · · ·			48	0.016
49	Overpayment. If line 46 is larger than the total of l	•	0.016.		49	2,216.
50	Enter the amount of line 49 you want: Credited to			efunded 🕨	50	0.
Part \						
51	At any time during the 2017 calendar year, did the	•		=		Yes No
	over a financial account (bank, securities, or other			3		
	FinCEN Form 114, Report of Foreign Bank and Fin	ancial Accounts. If YES, enter the name	or the foreign country			
	here >	dAbA 6	-44444-			_ X
52	During the tax year, did the organization receive a	•	or, or transferor to, a to	reign trust?		
	If YES, see instructions for other forms the organi	•				1 1 1
53	Enter the amount of tax-exempt interest received of Under penalties of perjury, I declare that I have examine		iles and statements, and to	the best of my keep	uladge and he	hof at as true
Sign	correct, and complete Declaration of preparer (other th	an taxpayer) is based on all information of which	ch preparer has any knowle	dge	wiedge and be	
Here	I			IV.		cuss this return with
110.0	Signature of officer	Date Offi	cer		e preparer shor structions)?	
			Ta.: 1			X Yes No
	Print/Type preparer's name	Preparer's signature	Date	Check r	PTIN	
Paid	Christopher B.	Christophe B. Boggs	11/13/18	self- employed	DOO	032403
Prepa	rer Boggs			Comple CIN N		032493 6565596
Use C	Inly Firm's name Frnst & Your	ng U.S. LLP Tryon Street - Su	11+0 3000	Firm's EIN ▶	34-	0202370
	Firm's address Charlotte		TTCE 3000	Phone no. 7	04-37	2-6300
	Trimis audiess > CHALLOCLE	, NC 20202	<u> </u>	Triione no. 7		
					Fo	m 990-T (2017)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A			-
1 Inventory at beginning of year	1		6 Inventory at end of year	r		6
2 Purchases	2		7 Cost of goods sold. St	ıbtract l	line 6	
3 Cost of labor	3		from line 5. Enter here	and in l	Part I,	<u> </u>
4 a Additional section 263A costs			line 2		ľ	7
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	cquirec	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?	•	,,	
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	ed With Real Prop	perty)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued			2/a\Dadudumana dusattu	connected with the receme in
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	age	columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)						
(2)						
(3)						
(4)						
Total	0.	Total		0.		<u>-</u>
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		iter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Del	bt-Financed	Income (see	: instructions)			
			2. Grass income from		Deductions directly conn 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)						
(2)						
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to unced property h 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)	Ĩ		%			
(2)			%			
(3)			%			
(4)			%			
	-				inter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions in	ncluded in columi	1 8		Ь—	<u> </u>	0.
					<u>_</u>	Form 990-T (2017)
						(=•)

Schedule F - Interest, /	·	- Juiliou, U		Controlled O				- (300 113	GUCTOTE	*1
Name of controlled organizat	ron	2. Employer identification number	3. Net unr	elated income instructions)	4 . Tot	tal of specified ments made	included	of column 4 t d in the contro tion's gross in	olling	6. Deductions directly connected with income in column 5
(1)			İ							
(2)										*
(3)			ļ					•		
(4)			<u> </u>		<u> </u>		<u> </u>	1		
Nonexempt Controlled Organia			T .							
7. Taxable Income	8. Net unrelater (see instr	d income (loss) ructions)	9. Total	of specified pay made	ments	10. Part of coluing the controlling the controlling gross			11. Dec with	fuctions directly connected income in column 10
(1)										
(2)										
(3)										
(4)		•								
						Add colun Enter here and line 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals					▶			0.		0.
Schedule G - Investme (see instr		of a Sectio	n 501(c)(7), (9) _, or	(17) Oı	rganization	1			
1. Desa	ription of income			2. Amount of	income	3. Deduction directly connected (attach scheduler)	cted	4. Set-a (attach so		5. Total deductions and set-asides (col 3 plus col 4)
(1)				ļ						
(2)										
(3)										+
(4)				Enter here and	20 2020 1		iraa lii Caharra	on the self distance of	ary 16 788040	Enter here and on page 1,
Totals			•	Part I, line 9, co						Part I, line 9, column (B)
Schedule I - Exploited		ivity Incon	ne, Othe	r Than Ac	lvertis	ing Income	• ,	of the organization of the	1 DNJ45-111	,
1. Description of exploited activity	2. Gross unrelated busine income from trade or busines	ss directly with p	xpenses connected roduction velated ss income	4. Net inconfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 in 3) If a e cols 5	5. Gross inco from activity is is not unrelat business inco	that ted	6. Expo attributa colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)						,				
(4)										,
Totals >	Enter here and o page 1, Part I, line 10, col (A)	page	ere and on 1, Part I,), col (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertision	ng Income			The standardal as	4-4123			A CRANE !	mital"	
Partil Income From I	Periodicals	Reported	on a Con	solidated	l Basis			_		
1. Name of periodical	2. G adver	tising	3. Direct vertising costs	or (loss) (c col 3) If a g cols 5 t	hrough 7	te income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	<u> </u>			CHEERL.		<u>;</u> ;				
(2)	,					503				
(3)										
(4)						35				
Totals (carry to Part II, line (5))	, 	0.	- 0	i i						0.
•										Form 990-T (2017)

Form 990-T (2017) Foundation for Morristown Medical Center 22-33928

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

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							•
(3)		,		•			
(4)							
Totals from Part I	•	0.	0.	NETTERS AND TO			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.	1 10 PERCON PERCONSIS		T	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 (2017)

Form 4626 Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

Attach to the corporation's tax return.

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

OMB No 1545-0123

2 Adjustments and preferences: a Depreciation of posts 1986 property b Amortzation of certified polition control facilities c Amortzation of certified polition control facilities d Amortzation of certified politicies (personal holding companies only) c Adjusted gain or loss 1 Long-term contracts g Merchant marine capital construction funds h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 1 Tax shelter farm activities (personal service corporations only) 2 Passive activities (personal service corporations only) 2 Loss limitations 1 Depletion m Tax-exempt interest income from specified private activity bonds 1 Depletion m Tax-exempt interest income from specified private activity bonds n Intangible drilling costs Other adjustments and preferences Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 Adjusted current earnings (ACE) adjustment: a ACE from line 1 of the ACE worksheet in the instructions b Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions Multiply line 4 by 175% (C75). Enter the result as a positive amount Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments. See instructions. Mole: You must enter an amount on line 4d (event fline 4b is less than zero, enter the smaller of line 4c or ine 4d as a negative amount Exemption phase-exity in the smaller of line 4c or ine 4d as a negative amount I fline 4b is less than zero, enter the smaller of line 4c or ine 4d as a negative amount I fline 4b is less than zero, enter the smaller of line 6c or ine 4d as a negative amount Exemption phase-exity fline 7 is \$310,000 or more, skip lines 8a and 4b and enter-0-on line 8c): Exemption phase-exity fline 7 is \$310,000 or more, skip lines 8a and 4b and enter-0-on l	Foundation for Morristown Medical Center	•		22-3392808
1 Taxable income or (loss) before net operating loss deduction 2 Adjustments and preferences: a Deprecation of post-1986 property 2 Amortization of certified pollution control facilities c Amortization of certified pollution expenditures (personal holding companies only) 2 dd 2 d	Note: See the instructions to find out if the corporation is a small corporation exempt			
2 Adjustments and preferences: a Deprecation of post-1986 property b Amortzation of certified pollution control facilities c Amortzation of certified pollution control facilities d Amortzation of certified pollution control facilities d Amortzation of certified pollution control facilities c Adjusted gain or loss c 2c d Amortzation of certified pollution (Blue Cross, Blue Shield, and similar type organizations only) c 2d d Amortzation of certified pollution (Blue Cross, Blue Shield, and similar type organizations only) c 3d d Amortzation of Blue Cross, Blue Shield, and similar type organizations only) c 3d d Acceptable farm activities (personal service corporations only) c 3d	from the alternative minimum tax (AMT) under section 55(e).			
a Depreciation of post-1986 property b Amortization of certified pollution control facilities c Amortization of running exploration and development costs d Amortization of circulation expenditures (personal holding companies only) e Adjusted gain or loss 1 Long-term contracts g Merchant manne capital construction funds h Section 833(f) deduction (Blue Cross, Blue Shield, and similar type organizations only) 1 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 3 Tax shetter farm activities (personal service corporations only) 4 Loss limitations 9 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 3 Tax shetter farm activities (personal service corporations only) 4 Loss limitations 9 Tax shetter farm activities (personal service corporations only) 1 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 2 Tax shetter farm activities (personal service corporations only) 3 Tax shetter farm activities (personal service corporations only) 3 Tax shetter farm activities (personal service corporations only) 3 Tax shetter farm activities (personal service corporations only) 3 Tax shetter farm activities (personal service corporat	1 Taxable income or (loss) before net operating loss deduction		1	-850.
b Amortization of certified pollution control facilities c Amortization of riming exploration and development costs d Amortization of circulation expenditures (personal holding companies only) e Adjusted gain or loss I Long-term contracts g Merchant manne capital construction funds h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) i Tax shelter farm activities (personal service corporations only) i Tax shelter farm activities (personal service corporations only) i Passive activities (closely held corporations and personal service corporations only) k Loss limitations l Depletion m Tax-exempt interest income from specified private activity bonds n Intangible drilling costs Other adjustments and preferences Pre-adjustment and preferences Nultiply line 4 by 75% (0.75). Enter the mistructions ACE and line 10 of the ACE worksheet in the instructions ACE and line 10 of the ACE worksheet in the instructions I filme 4b is positive) I filme 4b is less than zero, enter the amount from line 4d (even if line 4b is less than zero, enter the smaller of line 4 cor line 4d as a negative amount I filme 4b is less than zero, enter the smaller of line 4 cor line 4d as a negative amount I filme 4b is less than zero, enter the smaller of line 4 cor line 4d as a negative amount I filme 4b is less than zero, enter the smaller of line 4 cor line 4d as a negative amount I filme 4b is less than zero, enter the smaller of line 4 cor line 4d as a negative amount I filme 4b is less than zero, enter the smaller of line 4 cor line 4d as a negative amount Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions See Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter-0-on line 8c): Subtract in 8 REMIC, see instructions See Exemption phase-out (if line 7 is \$310,00	2 Adjustments and preferences:			
c Amortization of imming exploration and development costs d Amortization of criculation expenditures (personal holding companies only) e Adjusted gain or loss 2 de 1 Long-term contracts g Merchant marine capital construction funds h Section 83(0) deduction (Blue Cross, Blue Shield, and similar type organizations only) 1 Tax shelter farm activities (personal service corporations only) 2 h 1 Tax shelter farm activities (personal service corporations only) 2 h 2 h 2 c 2 g 3 c 3 c 4 c 4 c 4 c 4 c 4 c 5 c 6 c 6 c 6 c 6 c 7 c 7 c 7 c 7 c 7 c 8 c 8 c 8 c 8 c 8 c 8 c 8 c 8 c 8 c 8	a Depreciation of post-1986 property		2a	
d Amortization of circulation expenditures (personal holding companies only) e Adjusted gain or loss f Long-term contracts g Merchant marine capital construction funds h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 1 Tax shelter farm activities (personal service corporations only) 2 Passive activities (personal service corporations only) 2 Li 3 Passive activities (personal service corporations only) 2 Li 4 Loss limitations 1 Depletion 1 Tax-exempt interest income from specified private activity bonds 2 Intangible drilling costs 0 Other adjustments and preferences 2 Pre-adjustments and preferences 3 Pre-adjustment afternative minimum taxable income (AMTI). Combine lines 1 through 20 4 Adjusted current earnings (ACE) adjustment a ACE from line 10 of the ACE worksheet in the instructions 5 Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions 4 Center the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustment. • If line 4 bis gostive) • ACE adjustment. • If line 4 bis gostive) • ACE adjustment. • If line 4 bis gostive) • ACE adjustment. • If line 4 bis gostive) • ACE adjustment. • If line 4 bis gostive) • ACE adjustment. • If line 4 bis gostive) • ACE adjustment. • If line 4 bis gostive) • ACE adjustment. • If line 4 bis gostive) • ACE adjustment. • If line 4 bis gostive) • ACE adjustment. • If line 4 bis gostive) • ACE adjustment are minumum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions A ternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions Subtract IS 150,000 from line 7. If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- b Multiply line 8a by 25% (0.25) Exemption Subtract line 8 bis from	b Amortization of certified pollution control facilities		2b	•
e Adjusted gam or loss f Long-term contracts g Merchant marine capital construction funds h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) i Tax shelter farm activities (personal service corporations only) j Passive activities (closely held corporations and personal service corporations only) k Loss limitations l Depletion m Tax-exempt interest income from specified private activity bonds n Intangible drilling costs o Other adjustments and preferences Pre-adjustment sand preferences Pre-adjustment aternative minimum taxable income (AMTI). Combine lines 1 through 20 Adjusted current earnings (ACE) adjustment a ACE from line 10 of the ACE worksheet in the instructions Subtract line 3 from line 4 al. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions C Multiply line 4b by 75% (0.75). Enter the result as a positive amount of Enter the excess, flany, of the corporation's total increases in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is less than 2ero, enter the smaller of line 4c or line 4d as a negative amount I line 4b is less than zero, enter the amount from line 4c I line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT Alternative tax net operating loss deduction. See instructions Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions Exemption phase-out (filme 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): Subtract line 8 from \$40,000. If completing this line for a member of a controlled group, see instructions If zero or less, enter -0- b Multiply line 8a by \$25% (0.25) Exemption. Subtract line 8 from \$40,000. If completing this line for a member of a controlled group, see instructions If zero or less, enter -0-	c Amortization of mining exploration and development costs		2c	
f Long-term contracts g Merchant marine capital construction funds h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) i Tax shetter farm activities (personal service corporations only) 2 i Tax shetter farm activities (personal service corporations only) 2 i Tax shetter farm activities (personal service corporations only) 2 i Tax shetter farm activities (personal service corporations only) 2 i Tax shetter farm activities (personal service corporations only) 2 i Tax sex shetter farm activities (personal service corporations only) 2 i Tax shetter farm activities (personal service corporations only) 3 i Tax shetter farm activities (personal service corporations only) 4 k Loss limitations 1 Depletion 1 Depletion 2 1 Tax sex empt interest income from specified private activity bonds 1 Intangible drilling costs 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	d Amortization of circulation expenditures (personal holding companies only)		2d	
g Merchant marine capital construction funds h Section 833(b) deduction (Blue Cross, Blue Sheld, and similar type organizations only) 1 Tax shelter farm activities (porsonal service corporations only) 2 i 1 Passive activities (closely held corporations and personal service corporations only) 2 i 2 j 2 j 2 j 3 j 4 Loss limitations 1 Depletion 1 Tax-exempt interest income from specified private activity bonds 2 m 1 Tax-exempt interest income from specified private activity bonds 2 n 1 Intangible drilling costs 2 n 2 n 2 n 2 n 2 n 2 n 2 n 2 n 2 n 2 n	e Adjusted gain or loss		2e	·
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	9 Subtract line 8c from line 7. If zero or less, enter -0-		9	
10 Multiply line 9 by 20% (0.20)			—	
11 Alternative minimum tax foreign tax credit (AMTFTC). See instructions	• • • • • • • • • • • • • • • • • • • •		⊢	
12 Tentative minimum tax. Subtract line 11 from line 10				
13 Regular tax liability before applying all credits except the foreign tax credit	•		13	
14 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here and on			,,	
Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return JWA For Paperwork Reduction Act Notice, see separate instructions. Form 4626 (2			14	Form 4626 (2017

Adjusted Current Earnings (ACE) Worksheet

► See ACE Worksheet Instructions. -850. 1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 2 ACE depreciation adjustment a AMT depreciation b ACE depreciation: (1) Post-1993 property 2b(1) (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) (4) Pre-1990 original ACRS property 2b(4) (5) Property described in sections 168(f)(1) through (4) 2b(5) (6) Other property 2b(6) (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 2b(7 c ACE depreciation adjustment. Subtract line 2b(7) from line 2a 2c 3 Inclusion in ACE of items included in earnings and profits (E&P): a Tax-exempt interest income 3a **b** Death benefits from life insurance contracts 3b c All other distributions from life insurance contracts (including surrenders) 3с d Inside buildup of undistributed income in life insurance contracts 3ď e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) 3e f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e Disallowance of items not deductible from E&P: a Certain dividends received b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as 4b affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043) 4c c Dividends paid to an ESOP that are deductible under section 404(k) d Nonpatronage dividends that are paid and deductible under section 1382(c) e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e 4f 5 Other adjustments based on rules for figuring E&P: a Intangible drilling costs 5b **b** Circulation expenditures ٠ 5c c Organizational expenditures 5d d LIFO inventory adjustments e Installment sales 5e f Total other E&P adjustments. Combine lines 5a through 5e 6 Disallowance of loss on exchange of debt pools 6 7 Acquisition expenses of life insurance companies for qualified foreign contracts 8 9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of -850. 10

Form 4626

Form 990-T	Income (Loss) from Partnerships and S Corporations	Statement	
Description		Amount	
Park Street Ca Park Street Pr	tners, LP (TIN #13-4118851) pital Private Equity (TIN #20-3362394) ivate Equity Fund (TIN #26-1822109) (TIN #05-0548220)	-2,5 -5	66. 29. 28.
Total to Form	990-T, Page 1, line 5	-2,2	93.
Form 990-T	Parent Corporation's Name and Identifying Number	Statement	2
Corporation's	Name	Identifying	No
Atlantic Healt	h System	22-3380375	

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No: 1545-0123

Schedule D (Form 1120) 2017

Name

Employer identification number

Foundation for Mor				<u> 22-</u>	3392808
『Part:I器 Short-Term Capital Ga	ins and Losses - Ass	sets Held One Yea	ar or Less		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	9, I	(ħ) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on	-		· ·		
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					111.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 37	7	,	4	
5 Short-term capital gain or (loss) from like-kind	d exchanges from Form 8824			5	·
6 Unused capital loss carryover (attach comput	ation)			6	()
7 Net short-term capital gain or (loss). Combin-				7	111.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Th	an One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part II, line 2, column (s	.9	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
This form may be easier to complete if you round off cents to whole dollars.	(out of price)	(5. 5		"	(3)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					· · · · · · · · · · · · · · · · · · ·
8b Totals for all transactions reported on	,			:	
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					ı ı
Form(s) 8949 with Box E checked		_			
10 Totals for all transactions reported on					1,332.
Form(s) 8949 with Box F checked	<u> </u>	· · ·		44	1,332.
11 Enter gain from Form 4797, line 7 or 9	f F COFO has OC as O	7		11	
12 Long-term capital gain from installment sales	•		•	13	
13 Long-term capital gain or (loss) from like-kin	a exchanges from Form 8824		<u>•</u>	14	-
14 Capital gain distributions	- lunas Ca thuairah 14 in antum	- h		15	1,332.
15 Net long-term capital gain or (loss). Combine		II II		10	1,332+
Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (III		I loce (line 15)		16	111.
17 Net capital gain. Enter excess of net long-term			no 7\	17	1,332.
18 Add lines 16 and 17. Enter here and on Form					2,332.
has qualified timber gain, also complete Part	IV	oper mile on other returns.	sio oorpolution	18	1,443.
Note: If losses exceed gains, see Capital loss	es in the instructions.	*			

JWA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Rart IV Alternative Tax for Corporations with Qualified T	imber Gain.Complete P	Part IV only if the corporation has	
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instruct	tions.	
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line			
of your tax return	20		Mais
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or			
(c) the amount on Part III, line 17	21		
•			
22 Multiply line 21 by 23.8% (0.238)		22	
•			
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24. Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) ap	propriate for		
the return with which Schedule D (Form 1120) is being filed		24	
25 Add lines 21 and 23	25		
•			
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
	1.1		
27 Multiply line 26 by 35% (0.35)	,	27	
•			
28 Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) applicable tax rate.	propriate for the		
return with which Schedule D (Form 1120) is being filed		29	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule	J, line 2, or the		
applicable line of your tax return		. 30	
•		Schedule D (Form 11	20) 2017

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074 **2017**

Attachment Sequence No 124

Name(s) shown on return

Social security number or taxpayer identification no.

22-3392808 Foundation for Morristown Medical Center Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099 B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box, if more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box ctions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (e) (h) **(b)** (d) (a) (c) loss. If you enter an amount Proceeds Gain or (loss). Cost or other Description of property Date acquired Date sold or in column (g), enter a code in (sales price) Subtract column (e) basis See the disposed of (Example: 100 sh XYZ Co.) (Mo., day, yr) column (f). See instructions. from column (d) & Note below and (Mo, day, yr) (g) Amount of adjustment (f) see Column (e) ın combine the result Code(s) with column (g) the instructions K-1 Park Street Capital Private Equity Fund VII, K-1 Park Street Capital Private Equity Fund IX, L.P. <4.: 108. K-1 Scopia PX, LLC 2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D, line 1b (if Box A above is checked), line 2 (if Box B

above is checked), or line 3 (if Box C above is checked)

o**m 8949** (2017

111.

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1

Social security number or taxpayer identification no.

Foundation for Morristown Medical Center

22-3392808

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your <u>broker and may even tell you which box to check</u>

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1 Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS [X] (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo, day, yr) disposed of from column (d) & Note below and (Mo, day, yr) (g) Amount of combine the result see Column (e) ır Code(s) the instructions with column (g) adjustment K-1 GoldenTree Partners, LP 568. K-1 Park Street Capital Private Equity Fund VII, L.P. <137.> K-1 Park Street Capital Private Equity Fund IX, L.P. <252·> K-1 Scopia PX, LLC 1,153. Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2017)

723012 11-02-17

Form 8827

Credit for Prior Year Minimum Tax - Corporations

OMB No. 1545-0123

2017

Department of the Treasury Internal Revenue Service ► Attach to the corporation's tax return.

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

ame	Employer id	entification number
Foundation for Morristown Medical Center		3392808
1 Alternative minimum tax (AMT) for 2016. Enter the amount from line 14 of the 2016 Form 4626	1	
2 Minimum tax credit carryforward from 2016. Enter the amount from line 9 of the 2016 Form 8827	2	1,081.
3 Enter any 2016 unallowed qualified electric vehicle credit (see instructions)	3	
4 Add lines 1, 2, and 3	4	1,081.
5 Enter the corporation's 2017 regular income tax liability minus allowable tax credits (see instructions)	5	0.
6 Is the corporation a "small corporation" exempt from the AMT for 2017 (see instructions)? • Yes, Enter 25% of the excess of line 5 over \$25,000. If line 5 is \$25,000 or less, enter -0-	.	
• No. Complete Form 4626 for 2017 and enter the tentative minimum tax from line 12	· 6	0.
7a Subtract line 6 from line 5. If zero or less, enter -0-	7a	0.
b For a corporation electing to accelerate the minimum tax credit, enter the bonus depreciation		
amount attributable to the minimum tax credit (see instructions)	7b	
c Add lines 7a and 7b	7c	
8a Enter the smaller of line 4 or line 7c. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	8a	
b Current year minimum tax credit. Enter the smaller of line 4 or line 7a here and on Form 1120, Schedule J, Part I, line 5d		
(or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition		
excess credits, see instructions. If you made an entry on line 7b, go to line 8c. Otherwise, skip line 8c	8b	0 .
c Subtract line 8b from line 8a. This is the refundable amount for a corporation electing to accelerate		
the minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 19c (or the applicable line of		
your return)	8c	
9 Minimum tax credit carryforward to 2018. Subtract line 8a from line 4. Keep a record of this		1 001
amount to carry forward and use in future years	9	1,081.