

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

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).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

B Exempt under section

Print or Type

AHS MIDWEST MANAGEMENT, INC.

36-3354567

X 501(c)(3)

Number, street, and room or suite no. If a P.O. box, see instructions.

E Unrelated business activity code (See instructions)

408(e) 220(e)

2601 NAVISTAR DRIVE, BLDG. 4 FINANCE

408A 530(a)

City or town, state or province, country, and ZIP or foreign postal code

812930

529(a)

F Group exemption number (See instructions.) 1071

C Book value of all assets at end of year

G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses.

Describe the only (or first) unrelated trade or business here

DISALLOWED FRINGES - PARKING

If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

STMT 1

X Yes No

If "Yes," enter the name and identifying number of the parent corporation.

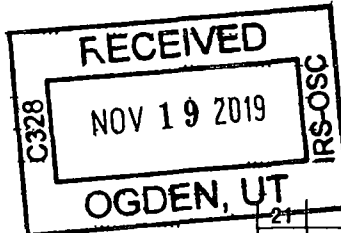
ADVE 59-2170012

J The books are in care of JUSTIN JOHNSON

Telephone number (224) 273-3347

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-32.



ENVELOPE NOV 15 2019 POSTMARK DATE

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for tax computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-45e, 46-49, 50a-50g, 51-55 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question number, Question text, and Yes/No response boxes. Includes questions 56-58.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 11/14/19 Title: ASSISTANT SECRETARY

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only section containing fields for Preparer's name, signature, date, PTIN, Firm's name, EIN, address, and phone number.

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

2018

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

Name AHS MIDWEST MANAGEMENT, INC.		Employer identification number 36-3354567
1	Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626	196.
2	Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827	2,239.
3	Enter any 2017 unallowed qualified electric vehicle credit (see instructions)	
4	Add lines 1, 2, and 3	2,435.
5	Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see instructions)	0.
6	Enter the refundable minimum tax credit (see instructions)	1,218.
7	Add lines 5 and 6	1,218.
8a	Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions	1,218.
8b	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 excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c	0.
8c	Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return)	1,218.
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	1,217.

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

<u>CORPORATION'S NAME</u>	<u>IDENTIFYING NO</u>
ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	59-2170012

FORM 990-T OTHER CREDITS AND PAYMENTS STATEMENT 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FORM 8827, LINE 8C	1,218.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	1,218.

FORM 990-T NET OPERATING LOSS DEDUCTION STATEMENT 3

<u>TAX YEAR</u>	<u>LOSS SUSTAINED</u>	<u>LOSS PREVIOUSLY APPLIED</u>	<u>LOSS REMAINING</u>	<u>AVAILABLE THIS YEAR</u>
12/31/04	201,977.	201,977.	0.	0.
12/31/06	22,224.	22,224.	0.	0.
12/31/07	18,133.	1,148.	16,985.	16,985.
NOL CARRYOVER AVAILABLE THIS YEAR			16,985.	16,985.