Form <b>990-T</b>	Exempt Organization Business Income Tax Return	OMB No 1545-0687					
	(and proxy tax under section 6033(e))	· ·					
	· · · · · · · · · · · · · · · · · · ·	<u>8</u>   <b>2017</b>					
Department of the Treasury Internal Revenue Service	<ul> <li>▶ Go to www.irs.gov/Form990T for instructions and the latest information</li> <li>▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)</li> </ul>	Open to Public Inspection for 50 t(c)(3) Organizations Only					
A Check box if address changed	Name of organization ( Check box if name changed and see instructions )	DEmployer identification number (Employees' trust, see instructions)					
B Exempt under section	Print METHODIST HOME FOR CHILDREN FOUNDATION	23-1401564					
$\times$ 501( $\circ$ 63)	Type I Number, Street, and room of Suite no if a P o. box, see instructions	E Unrelated business activity codes (See instructions)					
408(e) 220(e)	4300 MONOMENT ROAD						
529(a)	PHILADELPHIA, PA 19131 900099						
C Book value of all assets at end of year	F Group exemption number (See instructions.)	Arrick Other trust					
43,741,2	14. G Check organization type X 501(c) corporation 501(c) trust 401(a) to his primary unrelated business activity NONE	trust Other trust					
	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No					
	and identifying number of the parent corporation.						
	► MAULIN PATEL, CFO Telephone number ► 21	15-877-1925					
Part I Unrelated	d Trade or Business Income (A) Income (B) Expenses	(C) Net					
1 a Gross receipts or sale							
b Less returns and allow							
2 Cost of goods sold (S							
3 Gross profit Subtract							
4a Capital gain net incom	•						
<ul><li>b Net gain (loss) (Form</li><li>c Capital loss deduction</li></ul>	4797, Part II, line 17) (attach Form 4797)  1 for trusts  4 b  4 c						
•	artnerships and S corporations (attach statement) 5						
6 Rent income (Schedu	<del> </del>						
	ed income (Schedule E)						
	yalties, and rents from controlled organizations (Sch. F) 8						
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule G) 9						
	vity income (Schedule I)						
11 Advertising income (S	Schedule J)						
12 Other income (See in:	structions; attach schedule) 12						
13 Total. Combine lines		<u> </u>					
Part II Deductio	ns Not Taken Elsewhere (See instructions for <u>limitations on deductions</u> ) contributions, deductions must be directly connected with the បញ្ជាប់ ated ស្បែនកេទុន income )						
14 Compensation of off	icers, directors, and trustees (Schedule K)	14					
15 Salaries and wages	ance ISB MAY % 0 SO	15					
16 Repairs and mainten	ance MAY % 0	16					
17 Bad debts		17					
18 Interest (attach sche	dule) OGULIN, UT	18					
19 Taxes and licenses	and (Contractivations for limitation rules)	20					
	ons (See instructions for limitation rules)  Form 4562)   21	20					
21 Depreciation (attach 22 Less depreciation cla	aimed on Schedule A and elsewhere on return 22a	22b					
23 Depletion	amiles on scriedule A and discondict on total	23					
•	erred compensation plans	24					
25 Employee benefit pro	· · · · · ·	25					
26 Excess exempt expe	· · · · · · · · · · · · · · · · · · ·	26					
27 Excess readership c	r i i i i i i i i i i i i i i i i i i i	27					
28 Other deductions (at		28					
29 Total deductions A	dd lines 14 through 28	29 0.					
	axable income before net operating loss deduction. Subtract line 29 from line 13	30 0.					
	eduction (limited to the amount on line 30)  SEE STATEMENT 1	31					
32 Unrelated business t	32 0. 33 1,000.						
	Generally \$1,000, but see line 33 instructions for exceptions)	33 1,000.					
	taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	34 0.					
line 32	Ar Panerwork Reduction Act Notice see instructions	Form <b>990-T</b> (2017)					

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Forin 990-T	(2017) METHODIST HOME FOR CHILDREN FOUNDATION	J	23-14	01564		Page 1
Part I	I  Tax Computation					
35	Organizations Taxable as Corporations. See instructions for tax computation	•				-
	Controlled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions ar	ıd				
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	r)				
	(1) \$   (2)  \$   (3)  \$					
b	Enter organization's share of. (1) Additional 5% tax (not more than \$11,750)					
	(2) Additional 3% tax (not more than \$100,000)			-14		
C	Income tax on the amount on line 34		▶	35c		0.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 34 from				
	Tax rate schedule or Schedule D (Form 1041)		<b>&gt;</b>	36		
37	Proxy tax. See instructions		<b>&gt;</b>	37		
38	Alternative minimum tax			38		
39	Tax on Non-Compliant Facility Income. See instructions		Ul	39`	: - <u>-</u>	
40	Total Add lines 37, 38 and 39 to line 35c or 36, whichever applies		914	40		0.
Part I	√ Tax and Payments			<del>, , ,</del>		
41a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a		_ ,		
	Other credits (see instructions)	41b		ا ۱		
C	General business credit Attach Form 3800	41c		_		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d				
е	Total credits. Add lines 41a through 41d			4\1e	<u>, ,</u>	
42	Subtract line 41e from line 40			42		0.
43	Other taxes. Check if from Form 4255 Form 8611 Form 8697 Form 88	66 L Other	(attach schedule)	43		<u> </u>
44	Total tax. Add lines 42 and 43	1 1	ı	8 44		0.
	Payments: A 2016 overpayment credited to 2017	45a		<b>-</b>   .  ⊢		
	2017 estimated tax payments	45b		<b>⊣</b>		
	Tax deposited with Form 8868	45c		-		
	Foreign organizations Tax paid or withheld at source (see instructions)	45d				
	Backup withholding (see instructions)	45e				
	Credit for small employer health insurance premiums (Attach Form 8941)	45f		<b>⊣</b> 1		
g	Other credits and payments Form 2439	45-				
	Form 4136 Other Total ▶	45g		- <del>  </del>		
	Total payments Add lines 45a through 45g			46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached		- 5°3 ~	47		0.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		74	49		0.
49 50	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Enter the amount of line 49 you want: Credited to 2018 estimated tax	ا ا	funded >	50		:
	Statements Regarding Certain Activities and Other Informati			1 30 1		
	At any time during the 2017 calendar year, did the organization have an interest in or a signature				Yes	No
31	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization				100	+
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the		,		4	\ \ .
	here	loroigh country				X
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or ti	ansferor to a fo	reion trust?		_	X
32	If YES, see instructions for other forms the organization may have to file.	anoror or 10, a 70	roigh traot			<u> </u>
53	Enter the amount of tax-exempt interest received or accrued during the tax year >\$					١.
	Under penalties of periury, I declare that I have examined this return, including accompanying schedules and	statements, and to	the best of my kr	nowledge and beli	ef, it is true,	<del>'</del>
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	rer nas any knowle		May the IRS discu	ice thic return	with
Here	SALLENNES 5/15/19 PRESIDE	ENT & CE		the preparer show		
	Signature of officer Date Title			instructions)?	Yes 🗌	No
	Print/Type preparer's name Preparer's signature Da	ite	Check	ıf PTIN		
Paid			self- employe			_
Prepa	rer is seen as a see	/15/19			181097	
Use C	Firm's name CLIF'I'ONLARSONALLEN LLP		Firm's EIN	<u> 41-0</u>	74674	19
	610 W. GERMANTOWN PIKE, STE.	400	1			

Form **990-T** (2017)

Phone no. 215-643-3900

Firm's address ▶ PLYMOUTH MEETING, PA 19462

FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	35,400.	0.	35,400.	35,400.
06/30/11	22,416.	0.	22,416.	22,416.
06/30/12	5,238.	0.	5,238.	5,238.
06/30/13	103.	0.	103.	103.
06/30/14	2,064.	0.	2,064.	2,064.
06/30/15	1,335.	0.	1,335.	1,335.
06/30/16	1,718.	0.	1,718.	1,718.
06/30/17	3,358.	0.	3,358.	3,358.
NOL CARRYO	VER AVAILABLE THIS	YEAR	71,632.	71,632.