*.							
Form 990- T	Exempt Orga				ax Return) <u> </u>	OMB No 1545-0687
¢~		nd proxy tax unde			YIU	Q	0040
	For calendar year 2018 or other tax ye					<u>9</u>	2018
Department of the Treasury	•	irs.gov/Form990T for in:				<u> </u>	pen to Public Inspection for
Internal Révenue Service	Do not enter SSN number				ation is a 30 i(c)(3).	D Emplo	01(c)(3) Organizations Only yer identification number
A Check box if address changed	Name of organization (L	Check box ii name ci	langeo	and see instructions.)		(Emplo	yees' trust, see
B Exempt under section	Print METHODIST H	OME FOR CHII	DRE	N FOUNDATIO	ОN	23	3-1401564
X 501(cy(3)	Of Number street and room or outside B.O. have see instructions.						ted business activity code
408(e) 220(e)	Type 4300 MONUMENT ROAD						
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code						
529(a)	PHILADELPHI		<u> </u>				
C Book value of all assets at end of year	F Group exemption num		<u> </u>				<u> </u>
44,227,6			oration		401(a)		Other trust
	organization's unrelated trades or	ousinesses.			the only (or first) ur		than ana
trade or business here	Iank space at the end of the provio	us contanas, complete Ba	rto Lan		, complete Parts I-V.		
business, then complete		us suntenco, complete rai	i to i ain	ı, cumpiata a schaunt	o Ni idi gacii additidii	ai ii auc i	JI
	the corporation a subsidiary in an	affiliated group or a paren	t-subsi	diary controlled group?	▶ [Yes	No No
	nd identifying number of the parei			, , , , , , , , , , , , , , , , , , ,	, ,		
J The books are in care of	► ANNE RICE-BU	RGESS, PRESI	[DEN	IT & CEO Teleph	ione number 🕨 2	15-8	377-1925
Part Unrelated	d Trade or Business Inc	ome		(A) Income	(B) Expense:	3	(C) Net
1a Gross receipts or sale	s			•		27	
b Less returns and allow		c Balance	1c		10 10 10 10 10 10 10 10 10 10 10 10 10 1	3 73	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
2 Cost of goods sold (S			2	<i>i</i> ,	[237] [247] [27] [237] [247] [27]		<u>~: </u>
3 Gross profit. Subtract			3	11 -	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	35 4	
4a Capital gain net incom	ie (attach Schedule D) 4797, Part II,-line 17) (attach Forr	n 4707)	4a 4b	,		35.55	-/
 b Net gain (loss) (Form c Capital loss deduction 		114797)	4c				/
•	partnership or an S corporation (a	ttach statement)	5		FREN TENT		
6 Rent income (Schedu		,	6				
· ·	ed income (Schedule E)		7				
8 Interest, annuities, roy	alties, and rents from a controlled	organization (Schedule F)	8				
9 Investment income of	a section 501(c)(7), (9), or (17) of	rganization (Schedule G)	9				
,	vity income (Schedule I)		10				
11 Advertising income (S	•		سللب			1774EE	
·	structions; attach schedule)		12	0.	1	F. 1868	· · · · · · · · · · · · · · · · · · ·
13 Total. Combine lines	ns Not Taken Elsewhei	'A /See instructions fo	13 r limits		l'		
(Except for d	contributions, deductions mus	t be directly connected	with t	he unrelated business	income)		
14 Compensation of off	icers, directors, and trustees (Sch	edule-K)		-		14	
15 Salaries and wages		RECEIVEL) -			15	
16 Repairs and mainten	ance /		1			16	•
17 Bad debts	7 2	JUL 2 8 2020	۱ ا			17	
18 Interest (attach sche	dule) (see instructions)	JUL 2 8 2020	9			18	
19 Taxes and licenses		CODEN				19	
	ons (See instructions for limitation	TUGUEN, U	!	الما		20	
21 Depreciation (attack		o on raturn		21 22a		22b	
22 Less depreciation cla 23 Depletion	aimed on Schedule A and elsewhe	e on return		[228]		23	
	erred compensation plans					24	
25' Employee penefit pro				•		25	
26 Excess exempt expe						26	
27 Excess eadership co						27	
28 Other/deductions (at	tach schedule)					28	
,	dd lines 14 through 28					29	0.
1	axable income before net operatin			1		30	0.
,	erating loss arising in tax years be	= =	ry 1, 20	18 (see instructions)		31	<u>(*//3-///201</u> 0・
	axable income. Subtract line 31 fr					32	Form 990-T (2018)
823791 01-09-19 LHA FO	or Paperwork Reduction Act Notic	e, see instructions.					(2010)

Form 990-		ETHODIST HOME FOR			ION	23-14	01564	Page 2
Part	III Total	Unrelated Business Taxa	able Income	e				
33	Total of unrel	ated business taxable income compi	uted from all unre	elated trades or business	ses (see instru	ctions)	33	0.
34	•	d for disallowed fringes					34	·
		r net operating loss arising in tax yea	ırs beginning bef	ore January 1, 2018 (see	e instructions)	STMT 1	35	0.
36		ated business taxable income before			· ·			
	lines 33 and		obcomo aácaca	``	Y	20.11	36	,
27		or iction (Generally \$1,000, but see line	37 instructions	for exceptions)	Y	WY1 4	37	1,000.
37					1. 26 anul na	VIII U	' 	
38		siness taxable income. Subtract lin	ie 37 irom ime 3	o. II illie 37 is greater tha	an line 30,		38	0.
(Doet)	 						[38]	
Part		omputation		(0.04)		<u>`</u>	1	0.
39	-	s Taxable as Corporations. Multiply				•	▶ 39	
40		le at Trust Rates. See instructions f	•	on. Income tax on the ar	mount on line 3	38 from:	<u> </u>	
	Tax rate	e schedule or Schedule D (F	orm 1041)			•	▶ 40	
41	Proxy tax. Se	ee instructions				•	<u>41</u>	
42	Alternative m	inimum tax (trusts only)					42	
43	Tax on Nonce	ompliant Facility Income. See instru	uctions				43	
44		ies 41, 42, and 43 to line 39 or 40, w	hichever applies	 			44	0.
(Part)	V Tax a	nd Payments						
45 a	Foreign tax ci	redit (corporations attach Form 1118	; trusts attach Fo	orm 1116)	45a			
b	Other credits	(see instructions)			45b	<i>r</i>		
c	General busin	ness credit. Attach Form 3800			45c			
d	Credit for price	or year minimum tax (attach Form 88	301 or 8827)		45d] <u>'</u>	
е	Total credits	. Add lines 45a through 45d					45e	
46		45e from line 44					46	0.
47			Form 8611	Form 8697 Fo	orm 8866 🗀	Other (attach schedule) 47	
48		d lines 46 and 47 (see instructions)					48	0.
49		tax liability paid from Form 965-A o	r Form 065-B D	art II column /k\ lina 2			49	0.
		. 2017 overpayment credited to 2018		art ii, column (k), mic 2	50a		3.0	
	•	· •	•		50b			
		ed tax payments						
	•	d with Form 8868	/		50c		⊣ ;`` ;	
		nizations: Tax paid or withheld at sou	irce (see instruct	ions)	50d	•	- .	
•	•	nolding (see instructions)		****	50e			
1		all employer health insurance premit	•	n 8941)	50f			
(_		Form 2439					
	Form 4		Other	Tota	al ▶ <u>50g</u>			
51		nts. Add lines 50a through 50g					51	
52	Estimated tax	penalty (see instructions). Check if	Form 2220 is att	ached 🕨 📖			52	
53		ne 51 is less than the total of lines 48				Þ	53	
54		t If line 51 is larger than the total of			oaid	, ▶	► <u>54</u>	
55		ount of line 54 you want: Credited to				Refunded	▶ 55	
Part:	VI State	ments Regarding Certain	Activities	and Other Inforn	nation (se	e instructions)		
56	At any time d	luring the 2018 calendar year, did the	e organization ha	ve an interest in or a sig	nature or other	r authority		· Yes No
	over a financi	ial account (bank, securities, or other	r) ın a foreign co	untry? If "Yes," the organ	nization may ha	ave to file		
	FinCEN Form	114, Report of Foreign Bank and Fin	nancial Accounts.	. If "Yes," enter the name	of the foreign	country		
	here ►	1		•				X
57	During the ta	x year, did the organization receive a	distribution from	n, or was it the grantor of	of, or transfero	r to, a foreign trust?		x
	-	nstructions for other forms the organ			•			
58	•	ount of tax-exempt interest received	•					
,	Under pena	Ities of perjury, I declare that I have examine	ed this return, includ	ing accompanying schedules	and statements,	and to the best of my know	vledge and beli	ef, it is true,
Sign	correct, and	complete Declaration of preparer (other the	an taxpayer) is base	ed on all information of which	preparer has any	knowledge		
Here	1	as elis Dark	10/3/	1/2000 PRES	SIDENT	& CEO		iscuss this return with hown below (see
	Signat	ture of office	Date /	Title		<u> </u>	instructions)?	X Yes No
			Dranges-la si	onature	Doto	Check	ıf PTIN	
_	Print	Гуре preparer's пате	Preparer's sign	ynaiul t	Date	, —		
Paid	0027	NITE M TIES	CONTACT	M TTD»	06/22	self- employe		0481097
Prep	arer	NIE M. LIRA		M. LIRA	06/22			-0746749
Use (Only Firm's	name ► CLIFTONLARS		LLP CUIT	E 400	Firm's EIN	41	0140143
	_			PIKE, SUIT	E 400		/ 21 E \	643 3000
] Firm's	address PLYMOUTH 1	MEETING	, PA 19462		Phone no.	(215)	643-3900

FORM 990-T	NET	STATEMENT 1			
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLĖ 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 CARRYOV	ER AVAILABLE THIS	YEAR	71,632.	71,632.	
NOL CARRIOV	EK AVAIDADDE INIS	IBAR	71,032.		