	Form	990-T	E	Exempt Orga	nization Bu	sine	ss Income 1	Γax Returr	1 L	OMB N	0 1545-0047
				· (a	nd proxy tax und	der se	ction 6033(e))		1	2	010
			For cal	lendar year 2019 or other tax ye	ar beginning		, and ending	<del>,,</del> _	_	Z	019
		ment of the Treasury If Revenue Service	<b>&gt;</b>	Do not enter SSN numbe	rs on this form as it may	y be ma	ons and the latest inform de public if your sommi	<b>2600</b> n is a 501(c)(3)			Mic Inspection for ganizations Only
	A L	Check box if address changed		Name of organization (	Check box if name of	changed	and see servicions COMI	PLIANCE	(Emp	loyer Identif loyees trus actions)	ication number st, see
	B E	cempt under section	Print	ADVENTIST HEALTH	CARE, INC.		1111 0 0	2004	5	2-15325	556
	X	]501(c)(3 <b>03</b>	Or	Number, street, and roon	or suite no. If a P.O. bo	X, see IF	structions.JUL 2 8	2021		ated busing	ass activity code
		]408(e)220(e)	Туре	820 WEST DIAMOND	AVE., NO. 600				, -		•
		408A530(a)		City or town, state or pro-	vince, country, and ZIP o	or foreig	n postal code	MD DOD			
		]529(a)	<u> </u>	GILLIAM COUNTY, 125				WID POD	9000	99	
	C Bot	ok value of all assets and of year		F Group exemption num			1071			····	Y- <u>-</u>
				G Check organization typ				401(a)			Other trust
			_	ation's unrelated trades or t		3	<del></del>	the only (or first) un			
				JP PURCHASING PROG				complete Parts I-V.			·,
			•	ice at the end of the previou	is sentence, complete P	arts i an	d II, complete a Schedul	e NI TOT each adoition	ai trao	e or	
L.		siness, then complete		oration a subsidiary in an :	affiliated aroun or a nare	nt-cube	ideny controlled group?	emen 2	X Y	<u>, , , , , , , , , , , , , , , , , , , </u>	No
				tifying number of the parer		1111-20031	idially controlled group:	SIMI 2	<u>~</u>	~ <u> </u>	J 140
	_			TAMES G. LEE, EXEC			Telenh	one number > 30	1 31	5 3030	
できるかにも、FEB+ 4-4 2022				de or Business Inc			(A) Income	(B) Expenses	_		(C) Net
<b>⋈</b>	_	Gross receipts or sale			<del></del>			THE TANKS OF THE		873973	
4	Ď	Less returns and allow	vances		c Balance	10					
ġz.		Cost of goods sold (S		A, line 7)	•	2				Sheet Self	
	3	Gross profit. Subtract	line 2 fr	rom line 1c		3		A STATE OF THE STA			
Į	4 a	Capital gain net incom	ne (attac	h Schedule D)		48			<b>建建的</b>		
a (e	b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b		<b>拉斯罗斯斯</b>	1,1,1,2,1		
**	C	Capital loss deduction	for trus	sts		4c		<b>建筑器的</b>			
<b>*</b>	5	Income (loss) from a	partners	ship or an S corporation (at	tach statement)	5	93,565,	STAT 1			93,565.
₹∖	8	Rent income (Schedu	le C)			6					
Y	7	Unrelated debt-financ	ed incor	me (Schedule E)		7					
~	8	Interest, annuities, ray	/alties, a	and rents from a controlled	organization (Schedule F)	8					
	9	Investment income of	a sectio	on 501(c)(7), (9), or (17) o	rganization (Schedule G)						
		Exploited exempt active	-			10					
		Advertising income (S		•		11		W. SCHOOL CO. AC. AC.	302		
		Other income (See ins		•		12	/	to a sugar south of the	"E. 42 )		
	_	Total, Combine lines				182	93,565.				93,565.
	Pal			ot Taken Elsewher be directly connected w							
	14	Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14		
	15	Salaries and wages							15		
	16	Repairs and mainten	ance						18		
	17	Bad debts							17		
	18	Interest (attach sche	dule) (se	ee instructions)					18		
	19	Taxes and licenses					1 1		19		
	20	Depreciation (attach		· /			20		133		
	21		umed or	n Schedule A and elsewher	e on return		21a		21b		
	22	Depletion							22		
	23	Contributions to dete		mpensation plans			·		23		·
	24	Employee benefit pro		. /					24		
	25	Excess exempt exper	•	<i>,</i>					25		
	26	Excess readership co					•	ļ	26		
	27	Other deductions (at		•					27		
	28	Total deductions. Ad	,	=	loss daduation Subtrac	nt line on	from line 12	ŀ	28		93 565
	29			ncome before net operating				}	29		93,565.
	30	,	cialiilg l	loss arising in tax years beg	jaminy on or aller Janua	11 y 1, 2U	10		30		^
	21	(see instructions)	avahla i-	nooma Subtract line 20 fro	m line 20				30 31		93,565.
	31_	Universited Dusiness to	axavie ii	ncome. Subtract line 30 fro	III WIE 29			<del></del>	31	C C	93,365.

Parts 900	>T (29 13)	ADVENTIST MEALTECARS, INC.	52-1532586 Aug
Part	MIT	otal Unrelated Business Taxable Income	
#2	Total of	unrelated business fenable income computed from all unrelated frades or businesses (see instructions)	\$3,56
\$3	Amount	peid for disallowed fringes	*
34	Charles	le contributions (see instructions for limitation rules)	9
\$5	Total un	related business taxable income before pre-2018 NOLs and specific deduction. Subtest the 94 tom the sum of thes 22 and 255	93,56
			93,56
27	Total of	unrelated business taxable income before apacific deduction. Subtract line 36 from line 35	<del>87</del>
			1,00
		ed business buxable income. Subtract line 38 from line 37, if tine 88 is greater than line 37,	11
( Kaia	SHOW IN	semaler of zero or line 37	*
		ax Computation allows Taxable as Gerporatiess. Multiply line 39 by 21% (0.21)	40
		Except at Trust Rates, See instructions for tax computation, income tax on the amount on line 59 from;	***
		x rate schedule or Schedule D (Form 1041)	41
		X. See Instructions	42
		ve minimum tax (truets only)	48
4	Tex en	Seacompiliant Facility Income. See Instructions	4
46	Total A	50 lines 42, 45, and 44 to lise 40 or 41, whichever applies	46
Part	VI	ax and Payments	
		tax credit (corporations attach Form 1116; truste attach Form 1116) 46a	
	-	edits (see instructions)	\$ <b>3</b>
8	Goneral	Destrices credit. Attach Form 3800	
		r prior year minimum tax (ettach Form 8801 or 8827)	- 1
	Total er		480
47	Subtrac	l line 46e from line 45	47
42	Other to	t line 48e from line 45	40
		x. Add fines 47 and 48 (see instructions)	48
60	2019 no	t 985 tax Hability paid from Form 985-A or Form 985-B, Part II, column (k), line 3	50
		ts: A 2018 overpayment credited to 2019	
		threeled tax payments 510	
	Tax dep	ceited with Form 8868	
i	Foreign	organizations: Tex paid or withheld at source (see instructions)	
	Backup	withholding (see instructions) 51e	
		or small employer health insurance premiums (attach Form 8941)	
		edis, adjustments, and payments: Porm 2436	i
-	□ Ft	rm 4126 ☐ Other Total ➤ Stg	
52	Total p	rymewite. Add lines 51s through 51g	62
62	Estimat	nd fax pensity (see instructions). Check if Form 2220 is attached 🕨 🔲	63
54	Tex do	L If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	84
		rment. If time 52 in targer than the total of lines 49, 50, and 53, order amount overpaid	55
		e amount of line 55 you want. Credited to 2020 estimated tax	58
Part	V	Statements Regarding Certain Activities and Other Information (see instructions)	
57		ine during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yee Mo
		nencial account (basis, securities, or other) in a foreign sountry? If "Yes," the organization may have to file	1 1
	FINCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	1
	here		
58	_	the tax year, clid the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	
	•	see instructions for other forms the organization may have to file.	
69		e amount of tax-exampt interest received or accrued during the tax year 🕨 \$	
	100	der panalities of perjuly, il decistre that il teine examined this teturn, trickeling accompanying actionalise and etatements, and to this best of my there's med, and complisis. Decistalism of preparer (other than texpayer) is based on all internation of which preparer has any knowledge.	hollo sizo ameri' u m 1/10'
Sign	- 1	The second secon	the SAC change this return with
Here	' IN		Supplies Spinist paper (poo
			undonet? X Yes Ke
		Print/Type preparer's name Preparer's signature Date Check if	PTIN
Pald	Í	self-employed	
_	perer	EMBRI M. BORDA, CPA Keny Kogela 11/11/20	P00760402
	Only	Firm's name > maker tilly us lip U Firm's EM >	36-0859910
		1570 PRUTTVILLE PIKE, STE, 400	
		Firm's address > LANCASTER, PA 17601 Phone no. 72	
020211	D1_27_20		Form 990-T (201

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	ar		6
2 Purchases	2		7 Cost of goods sold. St	ubtract li		
3 Cost of labor	3		from line 5. Enter here	and in P	art I,	
4a Additional section 263A costs			tine 2			7
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to	Yes No
b Other costs (attach schedule)	46		property produced or a	acquired	for resale) apply to	
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Prop	erty)
Description of property				·		
(1)						
(2)						
(3)	· · · · · · · · · · · · · · · · · · ·					<del></del>
(4)						<del></del>
	2. Rent receiv	ed or accrued				······································
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of real for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age		onnected with the income in 2(b) (attach schedule)
(1)		· · · · · · · · · · · · · · · · · · ·				******
(2)		<u> </u>				
(3)			·			· · · · · · · · · · · · · · · · · · ·
(4)		···	<del></del>			
Total	0.	Total		0.	****	7.00
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b> 0.
Schedule E - Unrelated De		Income (see	instructions)			
Ochedale L - Omelated Bo		111001110 (360	2. Gross income from		3. Deductions directly conne	
1 Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)				<u> </u>		
(3)				L		
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to inced property h schedule)	6 Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)	1		%		<u> </u>	
(2)	<del>                                     </del>		%			
(3)			%			
(4)	<u> </u>		%	1		
	<del></del>		-		nter here and on page 1, lart I line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions (	ocluded to column	n 8	•			0.
I OTOL ALAIGEMAS-LEPEIAEN MENNEROUS II	TOTAL CONTRACTOR		<del></del>			Corm 000 T (2010)

Schedule F - Interest,	[			Controlled O				- (000 iii)			
1. Name of contro∄ed organiza	[ iden	Employer Itification umber	3. Net unre (loss) (see	elated income instructions)	<b>4</b> . То рву	tal of specified ments made	include	of column 4 d in the cont tion's gross (	rolling	6. Deductions directly connected with income in column 5	
(1)		<del></del>			<b></b>	· · · · · · · · · · · · · · · · · · ·					
(2)											
(3)											
(4)							<u> </u>				
Nonexempt Controlled Organ	izations							<del>_</del>			
7. Taxable Income	8. Net unrelated inc (see instructi		9. Total o	of specified pay made	ments	10_ Part of colur in the controlli gross	mn 9 that ing organize shoome	is included zation's	11, De with	ductions directly connected income in column 10	
(1)						<del></del>					
(2)											
(3)											
(4)	I										
Total:						Add colum Enter here and hne 8, c		1, Part I,	Enter h	d columns 6 and 11 ere and on page 1 Part I line 8, column (8)	
Totals		- Ca atian	E04/-)/5	* (0)	<u>≯</u>			0.[		0.	
Schedule G - Investme	ent income of a ructions)	a Section	501(0)(	(), ( <del>9</del> ), or	(17) (1	rganization	)				
	pription of income			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4. Set-a		5. Total deductions and set-asides	
(1)						(attach solie)	(10)			(col 3 plus col 4)	
(2)										<del></del>	
(3)											
(4)								~~			
Totals				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)	
Schedule I - Exploited (see instru		ty Incom	e, Other	Than Ac	vertis	ing Income	,		· · · · · · · · · · · · · · · · · · ·		
1 Description of exploited activity	2. Gross unretated business income from trade or business	3. Exp directly of with pro of unit business	duction elated	4. Net incom from unrelated business (co minus colum gain, compute through	trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Expe attribute colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but hot more than column 4)	
(1)	<del></del>	<del> </del>						~~		<del>                                     </del>	
(2)		1			-						
(3)											
(4)								_			
	Enter here and on page 1, Part I, kne 10, col (A)	Enter her page 1 line 10,	Part I, col (B)							Enter here and on page 1, Part II, line 25	
Schedule J - Advertisi	na Income (see			46.6 5.36,603	1.3-3.6	a to Marty South of the Section	1.55.11 45.11		इत्याद्याः द	.10.	
Part I Income From				solidated	Basis				<del></del> .		
1. Name of periodical	2. Gross advertising income	.   `	B Direct rtising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	of 2 minus on, comput rough 7		on	6. Reader costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	in the second					
(2)											
(3)					المواملين والمواملين المواملين والمواملين						
(4)						Na.				STATE STATE	
						]					
Totals (carry to Part II, line (5))	<u> </u>	0.[	0	•		<u> </u>		<del></del>		0. Form <b>990-T</b> (2019)	

## 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.				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 26
Totals, Part II (lines 1-5)	•	0.	0.		是最高的政策		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		<b>&gt;</b>	

Form 990-T (2019)

FORM 990-T	' INCOM	ME (LOSS) FROM PA	RTNERSHIPS	STATEMENT
DESCRIPTIO	N	,		NET INCOME OR (LOSS)
GROUP PURC	CHASING PROGRAMS - C	OTHER INCOME (LOS	S)	93,50
TOTAL INCL	LUDED ON FORM 990-T;	PAGE 1, LINE 5		93,50
FORM 990-T	PARENT CORPORAT	rion's name and i	DENTIFYING NUMBER	STATEMENT
CORPORATIO	ON'S NAME			IDENTIFYING NO
MID ATLANI	TIC ADVENTIST HEALTH	CARE CORPORATION		52-1884153
FORM 990-1	net net	OPERATING LOSS D	EDUCTION	STATEMENT
	r NET	OPERATING LOSS D  LOSS PREVIOUSLY APPLIED	EDUCTION  LOSS REMAINING	STATEMENT  AVAILABLE THIS YEAR
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY	LOSS	AVAILABLE
PAX YEAR 2/31/99		LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
PAX YEAR -2/31/99 -2/31/00	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED  515,670.	LOSS REMAINING 80,294.	AVAILABLE THIS YEAR
PAX YEAR  2/31/99 2/31/00 2/31/01	LOSS SUSTAINED 595,964. 86,457.	LOSS PREVIOUSLY APPLIED  515,670.	LOSS REMAINING 80,294. 86,457.	AVAILABLE THIS YEAR 80,294 86,457
2/31/99 2/31/00 2/31/01 2/31/06	LOSS SUSTAINED  595,964. 86,457. 408,279.	LOSS PREVIOUSLY APPLIED  515,670. 0.	LOSS REMAINING 80,294. 86,457. 408,279.	AVAILABLE THIS YEAR 80,294 86,457 408,279
2/31/99 .2/31/00 .2/31/01 .2/31/06 .2/31/07	LOSS SUSTAINED  595,964. 86,457. 408,279. 134,340.	LOSS PREVIOUSLY APPLIED  515,670. 0. 0.	LOSS REMAINING 80,294. 86,457. 408,279. 134,340.	AVAILABLE THIS YEAR 80,294 86,457 408,279 134,340
2/31/99 2/31/00 2/31/01 2/31/06 2/31/07 2/31/09	LOSS SUSTAINED  595,964. 86,457. 408,279. 134,340. 189,158.	LOSS PREVIOUSLY APPLIED  515,670. 0. 0. 0.	LOSS REMAINING 80,294. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032.	AVAILABLE THIS YEAR 80,294 86,457 408,279 134,340 189,158 114,155 81,032
PAX YEAR  2/31/99 2/31/00 2/31/01 2/31/06 2/31/07 2/31/09 2/31/10	595,964. 86,457. 408,279. 134,340. 189,158. 114,155.	LOSS PREVIOUSLY APPLIED  515,670. 0. 0. 0. 0. 0.	LOSS REMAINING 80,294. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032. 8,919.	AVAILABLE THIS YEAR  80,294 86,457 408,279 134,340 189,158 114,155 81,032 8,919
TAX YEAR  .2/31/99 .2/31/00 .2/31/01 .2/31/06 .2/31/07 .2/31/09 .2/31/10 .2/31/11	595,964. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032.	LOSS PREVIOUSLY APPLIED  515,670. 0. 0. 0. 0. 0. 0. 0.	LOSS REMAINING  80,294. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032. 8,919. 237,980.	AVAILABLE THIS YEAR  80,294 86,457 408,279 134,340 189,158 114,155 81,032 8,919 237,980
TAX YEAR  1.2/31/99 1.2/31/00 1.2/31/01 1.2/31/06 1.2/31/07 1.2/31/09 1.2/31/10 1.2/31/11	595,964. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032. 8,919. 237,980. 121,602.	LOSS PREVIOUSLY APPLIED  515,670. 0. 0. 0. 0. 0. 0. 0. 0. 0.	LOSS REMAINING  80,294. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032. 8,919. 237,980. 121,602.	AVAILABLE THIS YEAR  80,294 86,457 408,279 134,340 189,158 114,155 81,032 8,919 237,980 121,602
TAX YEAR  12/31/99 12/31/00 12/31/01 12/31/06 12/31/07 12/31/09 12/31/10 12/31/11 12/31/12	595,964. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032. 8,919. 237,980. 121,602. 100,745.	LOSS PREVIOUSLY APPLIED  515,670. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	LOSS REMAINING  80,294. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032. 8,919. 237,980. 121,602. 100,745.	AVAILABLE THIS YEAR  80,294 86,457 408,279 134,340 189,158 114,155 81,032 8,919 237,980 121,602 100,745
TAX YEAR  12/31/99 12/31/00 12/31/01 12/31/06 12/31/07 12/31/10 12/31/10 12/31/11 12/31/12 12/31/14 12/31/15	595,964. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032. 8,919. 237,980. 121,602. 100,745. 140,744.	LOSS PREVIOUSLY APPLIED  515,670.  0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	LOSS REMAINING  80,294. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032. 8,919. 237,980. 121,602. 100,745. 140,744.	AVAILABLE THIS YEAR  80,294 86,457 408,279 134,340 189,158 114,155 81,032 8,919 237,980 121,602 100,745 140,744
TAX YEAR  12/31/99 12/31/00 12/31/06 12/31/07 12/31/10 12/31/10 12/31/11 12/31/11 12/31/12 12/31/14 12/31/15 12/31/16 12/31/17	595,964. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032. 8,919. 237,980. 121,602. 100,745.	LOSS PREVIOUSLY APPLIED  515,670. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	LOSS REMAINING  80,294. 86,457. 408,279. 134,340. 189,158. 114,155. 81,032. 8,919. 237,980. 121,602. 100,745.	AVAILABLE THIS YEAR  80,294 86,457 408,279 134,340 189,158 114,155 81,032 8,919 237,980 121,602 100,745

### **SCHEDULE M** (Form 990-T)

## **Unrelated Business Taxable Income from an Unrelated Trade or Business**

ENTITY

OMB No 1545-0047

	Department of the Treasury Internal Revenue Service  Do not enter SSN numbers on this form as it may be made public if your organization  Same of the organization						Open to Public Inspection to I(c)(3). 60 ((c)(3) Organizations Only		
Name	of the organization  ADVENTIST HEALTHCARE, INC.				Employer Ide 52 -1532		on number		
-	Inrelated Business Activity Code (see instructions) 532000								
	Describe the unrelated trade or business LEASE OFFICE	SPACE	<del></del>		<u> </u>				
Pa	Unrelated Trade or Business Income		(A) Income		(B) Expense	es	(C) Net		
	Gross receipts or sales 23,392.			3.836					
b	Less returns and allowances c Balance ▶	1c	23,3	92.[ <u>[</u> ]					
2	Cost of goods sold (Schedule A, line 7)	2	22.2	3% 3%					
3	Gross profit. Subtract line 2 from line 1c	3	23,3	72.0			23,392.		
4 a	Capital gain net income (attach Schedule D)	4a	<del></del>	385 385					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b					<del></del>		
c	Capital loss deduction for trusts	4c		37E					
5	Income (loss) from a partnership or an S corporation (attach	_							
_	statement)	5	<del></del>		<b>高级影響工作。</b>	are distribution			
6	Rent income (Schedule C)	6 7	·		<del></del>				
7	Unrelated debt-financed income (Schedule E)	<del></del>	<del></del>				<del></del>		
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule 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		$\Box$					
11	Advertising income (Schedule J)	11							
12	Other income (See instructions; attach schedule)	12		15	X 14 10 18 16 18 18 18 18 18 18 18 18 18 18 18 18 18	W.C.S			
13	Total. Combine lines 3 through 12	13	23,39	2.			23,392.		
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in	ons fo	or limitations on	dedu	uctions ) (De	<del>, ,</del>	ons must be		
14	Compensation of officers, directors, and trustees (Schedule K)			•		15			
15 16	Salaries and wages				•	16			
17	Repairs and maintenance		-	•		17			
18	Interest (attach schedule) (see instructions)	•				18	<del> </del>		
19	Taxes and licenses		•		-	19	<del></del>		
20	Depreciation (attach Form 4562)		20			13.28	<del></del>		
21	Less depreciation claimed on Schedule A and elsewhere on return		21a			21b			
22	Depletion .		, (=191			22			
23	Contributions to deferred compensation plans		•			23			
24	Employee benefit programs					24			
25	Excess exempt expenses (Schedule I)	••		-		25	··		
26	Excess readership costs (Schedule J)					26			
27	Other deductions (attach schedule)		SEE STATE	ENT 4	ŀ	27	27,178.		
28	Total deductions. Add lines 14 through 27					28	27,178.		
29	Unrelated business taxable income before net operating loss dedu	ction.	Subtract line 28 fron	n line 1	3	29	3,786.		
30	Deduction for net operating loss arising in tax years beginning on o					- 45th E			
	instructions)		, ,==:=(00		STMT 5	30	0.		
31	Unrelated business taxable income Subtract line 30 from line 29	· 				31	-3,786.		
LHA					S	chedul	e M (Form 990-T) 2019		

FORM 990-T (M)	OTHER DEDUC'	rions	STATEMENT
DESCRIPTION			AMOUNT
SUBLEASE RENT JANITORIAL EXPENSES		•	24,57 2,60
TOTAL TO SCHEDULE M, PART I	I, LINE 27		27,17
SCHEDULE M NET	OPERATING LOSS	DEDUCTION	STATEMENT
TAX YEAR LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/18 16,362.		16,362.	16,362

ADVENTIST HEA	LTHCARE, INC	3,		52-1532556						
Schedule A - Cost of Good			tory 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. St	ubtract l	ine 6				
3 Cost of labor	3		from line 5. Enter here and in Part I,							
4a Additional section 263A costs			1	line 2		•	7			
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to	Yes No			
b Other costs (attach schedule)	4b		1	property produced or a	acquired	for resale) apply to				
5 Total. Add lines 1 through 4b	5		1	the organization?	•		x			
Schedule C - Rent Income	(From Real	Property and	d Pe	rsonal Property	Leas	ed With Real Prop	erty)			
(see instructions)							·			
1 Description of property										
(1)										
(2)										
(3)										
(4)										
	2. Rent receiv	ed or accrued				2(4)2				
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	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 here and on page 1, Part I, line 6, column		iter			0.	(b) Total deductions. Enter here and on page 1 Part 1 line 6, column (B)	• 0.			
Schedule E - Unrelated De	bt-Financed	I Income (see	instru	ctions)						
				Gross income from		Deductions directly conne to debt-financed	cted with or allocable property			
1. Description of debt-fi	nanced property		1 -	or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other deductions (attach schedule)			
•				,		(attach schedule)	(attach schoole)			
(1)			十				· · · · · · · · · · · · · · · · · · ·			
(2)										
(3)										
(4)		<del></del>	<del> </del>							
4. Amount of average acquisition debt on or allocable to dabt-financed property (attach schedule)	of or a	e adjusted basis allocable to inced 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)				%	<b>—</b>					
(2)			1	%						
(3)	1			%						
(4)			1	%						
						nter here and on page 1, Part I, line 7 column (A)	Enter here and on page 1 Part I line 7 column (8).			
Totals				▶		0.	0.			
Total dividends-received deductions	actuded in column	n 8			Щ.		0.			
AM ALLIACHAS LEGGISCO ACARCHAILS	TOTAL CONTINUE						Form 99/1-T (2019)			

#### **SCHEDULE M** (Form 990-T)

# **Unrelated Business Taxable Income from an**

**Unrelated Trade or Business** 

OMB No 1545-0047

ENTITY

Department of the Treasury  The Market Service  Department of the Treasury  Department of the Treasury  Department of the Treasury  Department of the Treasury		, an	d ending			-0:0
Do not enter SSN numbers on this form as it n		Open to Public Inspection for 501(ck3) Organizations Only				
Name of the organization ADVENTIST BEALTHCARE, INC.					ployer identifica 52-1532556	ition number
Unrelated Business Activity Code (see instructions) 621500						
Describe the unrelated trade or business LABORATORY SERV	/ICES					
Part 1 Unrelated Trade or Business Income		(A) Inco	ome	(B)	Expenses	(C) Net
1a Gross receipts or sales 1,580,777.	_					TANK TANK TANK TANK
	1c	1,	580,777.			
2 Cost of goods sold (Schedule A, line 7)	2			760		
3 Gross profit Subtract line 2 from line 1c	3	1,	580,777.	常要激		1,580,777.
4a Capital gain net income (attach Schedule D)	4a					
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			疆域縣		
c Capital loss deduction for trusts	4c			翻纏	A SHARE	
5 Income (loss) from a partnership or an S corporation (attach						/
statement)	5			是經過		
6 Rent income (Schedule C)	6					
7 Unrelated debt-financed income (Schedule E)	7					
8 Interest, annuities, royalties, and rents from a controlled						1
organization (Schedule F)	8			L		
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					
12 Other income (See instructions, attach schedule)	12			<b>建造型数</b>		
13 Total. Combine lines 3 through 12	13	1,5	580,777,		_	1,580,777.
Part II Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business inc		limitation	ns on de	duction	<del></del>	ions must be
Compensation of officers, directors, and trustees (Schedule K)	•			• • • •	14	400 656
15 Salaries and wages				•	15	480,656.
Repairs and maintenance					16	157,380.
17 Bad debts		•		•	17	<del>, </del>
18 Interest (attach schedule) (see instructions)					18	<del> </del>
19 Taxes and licenses		· r.	) ·		. 19	<del> </del>
20 Depreciation (attach Form 4562)		_	20			1
Less depreciation claimed on Schedule A and elsewhere on return		. 6	21a		21b	<del> </del>
Depletion		•		••	22	<del> </del>
23 Contributions to deferred compensation plans					. 23	101,739.
to the term of the second seco		••			. 24	101,733.
Employee benefit programs	_	•		•	25	<del> </del>
25 Excess exempt expenses (Schedule I)	-				1 20	
Excess exempt expenses (Schedule I)  Excess readership costs (Schedule J)		SER S	TATEMEN	ጥ 6	<b>—</b>	961 885
25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule)		SEE S	STATEMEN	т6	27	961,885.
25 Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27	tion S.	-	•		27 28	1,701,660.
Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduct		btract line	28 from lin		27 28 29	<del>+</del>
Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduct Deduction for net operating loss arising in tax years beginning on or		btract line	28 from lin	e 13	27 28 29	1,701,660. -120,883.
Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduct		btract line	28 from lin		27 28 29	1,701,660.

FORM 990-T (M)		OTHER I	DEDUCTIONS	STATEMENT	6
DESCRIPTION				AMOUNT	
PHYSICIAN PROFESS: MEDICAL SUPPLIES GENERAL & ADMINIST PURCHASED SERVICES OTHER OPERATING EX	TRATIVE S CPENSES		•	174,	779. 905.
TOTAL TO SCHEDULE	M, PART II	, LINE 27		961,	885.
SCHEDULE M	NET	OPERATING	LOSS DEDUCTION	STATEMENT	7
TAX YEAR LOSS S	SUSTAINED	LOSS PREVIOUS APPLIE		AVAILABLE NG THIS YEAR	
12/31/18	191,775.		. 1	91,775. 191,7	75.
NOL CARRYOVER AVAI	LABLE THIS	YEAR	1	91,775. 191,77	75.

ADVENTIST BEALTHCARE, INC.				52-1532556				
Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	aluation N/A				
1 Inventory at beginning of year	1		<del></del>	6 Inventory at end of year 6				
2 Purchases	2		<b>⊣</b>	7 Cost of goods sold. Subtract		ine 6		
3 Cost of labor	3		┨ `	from line 5. Enter here and in Part I.				
4a Additional section 263A costs	<del> </del>		1	line 2				
(attach schedule)	4a			8 Do the rules of section 263A (with respect to Yes No				
b Other costs (attach schedule)	4b	·····	7 T	property produced or acquired for resale) as				
5 Total. Add lines 1 through 4b	5		7	the organization?				
Schedule C - Rent Income		Property an	d Per		Leas	ed With Real Prop	erty)	
(see instructions)  1. Description of property								
					···		<del></del>	
(1)							·	
(2)	· · · · · · · · · · · · · · · · · · ·	<del></del>				······	<del></del>	
(3)		<del></del>				<del></del>		
(4)		<del></del>				<del></del>	<del></del>	
2. Rent received or accrued						3(a)Deductions directly o	onnected with the income in	
rent for personal property is more than of rent for p			personal (	d personal property (if the percentage resonal property exceeds 50% or if is based on profit or income)  3(8) Deductions directly connected with the incomes columns 2(a) and 2(b) (attach schedule)				
(1)								
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns 2(a) and 2(b). Enter						(b) Total deductions.		
here and on page 1, Part I, line 6, column (A)					0. Enter here and on page 1 Part I, line 6, column (B)			
Schedule E - Unrelated Del	t-Financed	Income (see	instruc	ctions)				
					3. Deductions directly connected with or allocable			
4				2. Gross income from or allocable to debt-	to debt-financed property  (a) Streight line depreciation (b) Other deductions			
Description of debt-financed property				financed property	(attach schedule)		(attach schedule)	
			1					
(1)								
(2)			T					
(3)			1					
(4)							***************************************	
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-linanced property (attach 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)	<del></del>		<b>†</b>	%		<del></del>		
(2)		***		%				
(3)				%				
(4)			1	%				
						nter 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 included in column 8							0.	
							Form 990-T (2019)	