	000 T	Exe	empt Organization B	ușii	ness Income Ta	x Return 10	917l	OMB No 1545 0047
Fo	orm <b>990-T</b>		· · · · · ·		section 6033(e))	ı	1.7	2019
		_	r 2019 or other tax year beginning			· · · · · · · · · · · · · · · · · · ·	<u> </u>	2019
Depart	lment of the Treasury	l	to www.irs gov/Form990T to				<b> </b>	Open to Public Inspection for
Interna	Revenue Service	► Do not	enter SSN numbers on this form as it	_	e made public if your organi changed and see instructions.)	zation is a 501(c)(3).	<u> </u>	501(c)(3) Organizations Only
A	J address changed		<u> </u>		ŕ		I Œ	mployees' trust, see structions )
	xempt under section	Print	San Joaquin Communi dba Adventist Healt	LCY -h R	HOSPITAL akersfield		1	·
×	1991	Type	la		akcisiieid			95-2294234  nrelated business activity code
-	]408(e)	·	Bakersfield, CA 933	301				See instructions )
<u> </u>	529(a)	a)						3 90454
C Bo	ook value of all assets	F Group	exemption number (See instruct	ions )	1071		ــــــــــــــــــــــــــــــــــــــ	
- at	end of year 407,871,835	O Charl			F7-9	(c) trust 4	01(a)	trust Other trust
H E			's unrelated trades or businesses		<del></del>	escribe the only (or		
	rade or business he	-	3 5 111 5 14 15 15 15 15 15 15 15 15 15 15 15 15 15		<del></del> -	- '	,	ne, complete Parts I-V
			t in the blank space at the end	of the	previous sentence, co	mplete Parts I an	ıd İl, c	omplete a Schedule M
			ss, then complete Parts III-V		<del></del>			
			ration a subsidiary in an affilia			ary controlled gro	oup <sup>7</sup>	► Yes XNo
	······································		fying number of the parent cor	porati				
Par	he books are in care	<u> </u>	Lipps usiness Income			elephone number		16) 406-1092
			usiness income	Т	(A) Income	(B) Expense	:5	(C) Net
	Gross receipts or s		<b>c</b> Balance▶	1 c				اً ، أ
	Less returns and allowated Cost of goods sold			2		1.1		
3	Gross profit Subtr			3		**		
	Capital gain net in		· ·	4a		-		
	Net gain (loss) (Form 4	•	•	4b		<del>/</del>		
	Cupital loss deduc		, (4.12.1., 2.1	4c	<i> </i>	Internal Revi	eaue	oervica
	Income (loss) from	a partnership oi	r an S corporation	<u> </u>		Received US	Bar	k - USB
	(attach statement)			5		^ ~ ~	<del>36</del>	
6	Rent income (Sche	•	(0.1.1.1.5)	6			. 7 _	<u> </u>
7	Unrelated debt fina		•	7	ļ <i> </i>	NAV 3	11 20	120
8			m a controlled organization (Schedule F)	8	<b>_</b>	1161		
10	Exploited exempt		(9), or (17) organization (Schedule G)	10	ļ	<del> </del>		
10 11	Advertising income	•	(Scriedule 1)	11		Ogde	<del>n, U</del>	Ţ
12	Other income (See		attach schedule)	├─	<del></del>	, since the same of the same o		
12	Other modifie (3ee	e mstructions,	attacii scrieddie)	12	·			
13	Total. Combine lin	es 3 through 1	2	13	0.		0.	
			n Elsewhere (See instru			deductions ) (		o.
<u>. u.</u>	directly co	onnected wi	th the unrelated business	inco	ome )	deddetions / (	CCGC	octions mast be
14			ors, and trustees (Schedule K)				14	
15	Salaries and wage		-				15	
16	Repairs and maint	enance					16	
17	Bad debts						17	
18	Interest (attach sci	hedule) (see ir	nstructions)				18	
19	Taxes and licenses	s					19	
20	Depreciation (attac	•			20		arin.	
21	Less depreciation	claimed on Sc	hedule A and elsewhere on ret	urn	21 a		21b	
22	Depletion						22	
23	Contributions to de		nsation plans				23	
24	Employee benefit		/				24	
25	Excess exempt ex	•	· //				25	
26 27	Excess readership Other deductions (	•	· #				26 27	
28	Total deductions.		//				28	
29			ne before net operating loss de	educto	on Subtract line 28 fro	m line 13	29	
30			tax years beginning on or after Januar				30	
31			ne Subtract line 30 from line 2		•		31	0.
BAA	For Paperwork Re	duction Act N	otice, see instructions.					Form <b>990-T</b> (2019)
		•			TEEA0201L 9/19	9/19		

			-2294234	Page
	Pa	till Total Unrelated Business Taxable Income		
	32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	234,178
	33	Amounts paid for disallowed fringes	33	234,170
		Charitable contributions (see instructions for limitation rules)	34	
		Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from	<del></del>	
	33	the sum of lines 32 and 33	35	234,178
	36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr.)	36	231/2/0
	37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		234,178
		Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	
		Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37.	38	1,000
11		enter the smaller of zero or line 37	39	233,178
		t V Tax Computation	<del></del>	
		Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	1 40 1	48,967.
		Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		10/ 50/
		on line 39 from Tax rate schedule or Schedule D (Form 1041)	4	
	42	Proxy tax. See instructions	42	
		Alternative minimum tax (trusts only)	43	
	44	Tax on Noncompliant Facility Income. See instructions	44	
11	45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	48,967.
	Par	<del></del>		10,30
		Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  Other credits (see instructions)  46a  46b		
		General business credit Attach Form 3800 (see instructions)  46c	' 11	
		Credit for prior year minimum tax (attach Form 8801 or 8827).	11	
		Total credits. Add lines 46a through 46d	46 e	0
		Subtract line 46e from line 45.	47	48,967.
		Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866	7	10/507.
		Other (attach schedule)	48	
	49	Total tax. Add lines 47 and 48 (see instructions)	49	48,967.
	50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	51 a	Payments A 2018 overpayment credited to 2019 6 4 5 a 9,839.	<del>-    </del>	
		2019 estimated tax payments (25 5 b) 39,000.	31	
		Tax deposited with Form 8868 . 51c	11	
		Foreign organizations Tax paid or withheld at source (see instructions) 51 d	<b>1</b>	
		Backup withholding (see instructions) 51 e		
	f	Credit for small employer health insurance premiums (attach Form 8941) 51 (	11	
	g	Other credits, adjustments, and payments Form 2439	1	
		Form 4136 ☐ Other Total ► 51 g	11	
	52	Total payments. Add lines 51a through 51g	52	48,839.
			5\$	3.
		Tax due, If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	131.
		, L	55	
		Enter the amount of line 55 you want. Credited to 2020 estimated tax > Refunded	56	
(	Part		7	
L		At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over	ur a	Yes No
		financial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN		163 100
		Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here	. O	
		• • • • • • • • • • • • • • • • • • • •		X
		During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	toreign trust?	X
		If 'Yes,' see instructions for other forms the organization may have to file		1 1
-	59	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$ 0		<u> </u>
,	r:	Under penalties of person i declare that I have examined this return, including accompanying schedules and statements and to the best of belief, it is true, policies and statements and to the best of belief, it is true, policies and which preparer has any k	my knowledge and inowledge	
	Sign Here	11111/2	viay the IRS discuss t he preparer shown b	his return with
1	nere		nstructions)? 🗔	es No
-		Partition appropries area	PTIN [A]	<u> </u>
1	Paid	Print/Type preparer's name  Preparer's sign:  11-03-2020   Scil employed	1	_
	re-	6 616mens	[P0121801	.2
	are		80-0519547	
	Jse	Firm's address 500 N Brand Blvd Fl 20		
_	Only	Glendale, CA 91203 Phone no	(818) 547	
ī	3 4 4	TEE A02021 02/23/200	Form 9	90-T (2019)

Form 990-T (2019) San Joaquin C	Community Hospi	tal	9:	5-2294234	Р	age 3
Schedule A - Cost of Goods Sole	d. Enter method of inve	entory valuation >				
1 Inventory at beginning of year	1	6 Invento	ory at end of year	6		
2 Purchases	2	7 Cost of	f goods sold. Subtract			
3 Cost of labor	3		rom line 5 Enter here Part I, line 2	7		
4 a Additional section 263A costs (attach schedule	)	anum	rait i, iiile 2		Yes	No
	4 a	0 0-46-			res	NO
b Other costs (altach sch)	4 b		rules of section 263A (w ty produced or acquired f			
5 Total Add lines 1 through 4b	5		organization?	or receive, apply		
Schedule C - Rent Income (From	Real Property and	d Personal Property	Leased With Real F	Property) (see	instruct	ions)
1 Description of property						•
(1)			= 4			
(2)						
(3)			•			
(4)						
	received or accrued					
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	d (if the perce property ex	eal and personal property entage of rent for person ceeds 50% or if the rent I on profit or income)	al the income	ns directly conne in columns 2(a) a ttach schedule)		
(1)		· · · · · · · · · · · · · · · · · · ·				
(2)						
(3)						
(4)						
Total	Total					
(c) Total income. Add totals of columns 2( here and on page 1, Part I, line 6, column			(b) Total deductions here and on page 1, P I, line 6, column (B)			
Schedule E - Unrelated Debt-Fin	anced Income (see	instructions)				
1 Description of debt-finance	d property	2 Gross income from or allocable to debt-	3 Deductions directly c debt-fina	onnected with or anced property	allocab	le to
r bescription of debt intance.	a property	financed property	(a) Straight line depreciation (attach sc	(b) Other of (attach s		
(1)						
(2)						
(3)						
(4)		1				
acquisition debt on or or alloc	age adjusted basis of cable to debt-financed rty (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 ) column 6)	8 Allocable (column 6 columns 3(a	x total	of

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% %

BAA

(1)

(2)

Form **990-T** (2019)

Schedule F – Interest, A		, <b>y</b>			trolled O					(300 111		
1 Name of controlled organization	ıde	Employer ntification number	ı	Net un ncome ee instr		•	<b>4</b> Total of spec payments ma	ified de	<b>5</b> Part of that is included the concept organizers in the concept org	cluded trolling ation's	ın in	Deductions directly connected with come in column 5
(1)						$\perp$						
(2)						Ц.						
(3)						$\perp$						
(4)									<u> </u>			
Nonexempt Controlled Organiz	ations											
<b>7</b> Taxable Income	in	let unrelated come (loss) : instructions)			f specifie nts made	d	10 Part of included in organizatio	n the d	controlling		connecte	ections directly ed with income column 10
(1)	<u> </u>				•	一				<b>†</b>		
(2)					-							
(3)									•			
(4)						T				†		
	•						Add columns here and on p 8, co		, Part I, line		e and on	s 6 and 11 Enter page 1, Part I, line plumn (B)
Totals												
Schedule G - Investmen	nt Inco	me of a Se	ctior	501(				nizati	on (see ins	tructio	าร)	
1 Description of income	:	2 Amount	of inc	ome	dire	ctly	ductions connected schedule)	(а	4 Set-asides ttach schedu		set-a	al deductions and asides (column 3 lus column 4)
(1)	_											
(2)									•		<u> </u>	
(3)												
(4)												
Totals	•	Enter here an Part I, line 9,										ere and on page 1 line 9, column (B)
Schedule I – Exploited E	xemp	t Activity I	com	e Otl	ner Tha	nΔ	dvertising	ncon	ne (see inst	ruction	<u>د)</u>	
1 Description of exploited a		2 Gross unrelate busines income fr trade o busines	s s om r	3 Expension connection of u	ses directly ected with duction nrelated ess income	4 from	Net income (loss) m unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7	5 Gros activi unrela	s income from ty that is not sted business income	6 Exp	penses otable to omn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		+				⊢						
(1)		<del></del>	<del></del>		· · · · ·	⊢						
(3)					<del></del>	-						
(4)		<del></del>							- +			
Totals		Enter here on page Part I, line column (	1, 10,	on p	here and page 1, , line 10, mn (B)						,	Enter here and on page 1, Part II, line 25
Schedule J - Advertisin	a Inco	me (con inch	ructio	ne)		L						1
Part I Income From Pe					na alida	<b>1</b> 00	Basis					
raiti income From Pe	riodic	2 Gross			Direct	_				• • •		1
1 Name of periodical		advertisi		adve	ertising osts	(lo	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		dership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)		<del> </del>				4						
(2)					<del></del>	4						
(3)	<del></del>	<del> </del>				-						4
(4)		<del> </del>				$\vdash$		-				
Totals (carry to Part II, line (5))	) '	<b>-</b>										
BAA			· · · · ·	TE	FA02041 1	00/10	2/10					Form <b>990-T</b> (2019)

Form **990-T** (2019)

C Sun Souquin	Community in	JUDICAI			75 2274234	
Part II Income From Periodica 7 on a line by line basis )	ils Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through
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 (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(2) (3) (4)						
Totals from Part I					*	
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)	-			Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1 – 5) ►	•					
Schedule K - Compensation o	f Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		
1 Name			2 Title	3 Percent of time devote to busines	d to unrel	ation attributable ated business
					왕	
					8	
					ક	
					8	
Total. Enter here and on page 1, Part I	l, line 14				<b>&gt;</b>	
BAA		TEE A0204 L	09/19/19		·	orm <b>990-T</b> (2019)

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

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

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ONAD	A1-	1545.	$\Delta \Delta \Delta \Delta$

Department of the Treasury

For calendar year 2019 or other tax year beginning \_, 2019, and ending ► Go to www irs gov/Form990T for instructions and the latest information.

Internal Revenue Service

Name of the organization San Joaquin Community Hospital dba Adventist Health Bakersfield Employer identification number

95-2294234

Unrelated Business Activity Code (see instructions) ► 621500

Describe the unrelated trade or business ► Lab

Par	Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 514,542.	$\Gamma$			
b	Less returns and allowances c Balance ▶	1c	514,542.		
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	514,542.		514,542.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
C	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
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			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	514,542.		514,542.

### Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

14	Componentian of officers dispeters and trustees (Cahadula II)		144	
	Compensation of officers, directors, and trustees (Schedule K)		14	
15	Salaries and wages		15	157,901.
16	Repairs and maintenance		16	•
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20   8.		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	8.
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	79,965.
25	Excess exempt expenses (Schedule I)		25	
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	44,273.
28	Total deductions. Add lines 14 through 27		28	282,147.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 fro	m line 13	29	232,395.
30	Deduction for net operating loss arising in tax years beginning on or aft	er January 1, 2018 (see		
	instructions)	•	30	
31	Unrelated business taxable income Subtract line 30 from line 29		31	232,395.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Schedule A - Cost of Good	ds Sold. Enter	method of inve	entory valuat	ion •	•						
1 Inventory at beginning of ye	ar	1		6	Invento	ry at	end of year	6			
2 Purchases		2		7	Cost of	good	ls sold. Subtract				
3 Cost of labor		3			line 6 f and in		ne 5 Enter here	7			
4 a Additional section 263A costs (attac	h schedule)				anu in	ran i,	iine 2			Yes	No
<b>b</b> Other costs	-	4 a 4 b		8 Do the rules of section 263A (with respect to							,
(altach sch)  5 Total Add lines 1 through 4	b -	5			to the		luced or acquired fo zation?	or resa	ile) apply		
Schedule C - Rent Income	(From Real	Property and	d Persona	l Pro	perty	Leas	sed With Real P	rope	rty) (see ır	structi	lons)
1 Description of property							·				
(1)	<del></del>	·									
(2)				-							
(3)						,			_		
(4)				-							
	2 Rent received	l or accrued					24.55.4.4				
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	personal	(if the perce property ex	eal and perso entage of rer ceeds 50% of on profit or	nt for or if th	persona ne rent	al	3(a) Deduction the income in (att	r colu	ctly connec mns 2(a) ar chedule)	ted wit nd 2(b)	in )
(1)					<del></del>				-,.	•	
(2)											
(3)											
(4)			•								
Total	Т	otal									
(c) Total income. Add totals of collhere and on page 1, Part I, line 6,	, column (A)	•					(b) Total deductions here and on page 1, Pa I, line 6, column (B)				
Schedule E - Unrelated De	ebt-Financed	Income (see	instructions)	)							
1 Description of debt	financed proper	rtv	2 Gross ind			<b>3</b> De	eductions directly co debt-fina			llocab	le to
	, managar propo	,	financed			depr	(a) Straight line eciation (attach sch		( <b>b)</b> Other de (attach scl		
(1)											
(2)											
(3)											
(4)											
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted or allocable to property (atta	debt-financed	6 Colu divide colur	ed by			7 Gross income ortable (column 2 x column 6)		Allocable d (column 6 x olumns 3(a)	total	of
(1)					8						
(2)					8		- <del></del>				
(3)					ક						-
(4)					8						
						Enter	here and on page I, line 7, column (A	1, Ent	er here and	on pa	ige 1,
Takala						3, (	.,ic 7, coluinii (A	′	. i, iii i⊊ 7, (	Joidini	. (3)
Totals					•			_			
Total dividends-received deduction	ons included in o							<b>&gt;</b>	E •	00 <del>T</del> /	2010
BAA		TE	EA0203L 09/19	/19					Form \$	プリート (	とい(り)

Schedule F - Interest, A	nnuiti	<u>-</u>			trolled Or	_		Orgai	nizations	(see in	structions	5)
1 Name of controlled organization	ıde	Employer ntification number	ın	come	related (loss) uctions)		4 Total of spec payments ma		5 Part of that is in- the con organiz gross i	cluded trolling ation's	in c	eductions directly onnected with ome in column 5
(1)						Τ						
(2)		·										· ·
(3)					•	Т						
(4)			•			T	-	-				
Nonexempt Controlled Organiz	atrons	•							<del>'</del>			
7 Taxable Income	ind	let unrelated come (loss) instructions)			f specified its made	d	10 Part of included in organization	n the d	controlling		connecte	tions directly d with income blumn 10
(1)							_		•			· · · · · · · · · · · · · · · · · · ·
(2)			1						·			
(3)												
(4)			† •									
Totals	·		<b>-                                    </b>				Add columns here and on p 8, co		, Part I, line		e and on p	6 and 11 Enter page 1, Part I, line lumn (B)
Schedule G - Investmen	t Inco	me of a Se	ction	5016	c)(7), (9)	۱. ۵	or (17) Organ	nizati	on (see ins	truction	ns)	
1 Description of income		2 Amount			3 direc	De tly	ductions connected schedule)		4 Set-asides	5	<b>5</b> Tota set∙a	I deductions and sides (column 3 us column 4)
(1)											,-	,
(2)												
(3)												
(4)								-				
		Enter here an Part I, line 9,							·			re and on page 1, ne 9, column (B).
Totals		A A -A': .'A I		- 04	<b>T</b> l		Valora di airo a l	1		<del></del>	<u>L</u>	<del></del>
Schedule I – Exploited E	xemp				1	_						
1 Description of exploited a	ctivity	2 Gross unrelate business income fro trade or business	d s om	conne proc of u	ses directly cted with fuction nrelated ss income	fro or 2 r If	Net income (loss) m unrelated trade business (column minus column 3) a gain, compute umns 5 through 7	activi	s income from ty that is not ated business income	attribi	penses Itable to Imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						-						
(2)			$\dashv$			$\vdash$				-		-
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(4)	-							<u> </u>				<u> </u>
		Enter here on page Part I, line column (	1,	on p Part I	here and lage 1, , line 10, nn (B)				·			Enter here and on page 1, Part II, line 25
Totals		<u> </u>				_						
Schedule J - Advertising												
Part I Income From Per	riodic	··		a Co	nsolida <sup>,</sup>	tec	d Basis					
1 Name of periodical		<b>2</b> Gross advertisin income		adve	Pirect ertising osts	(1	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						[						
(2)						Į						
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Totals (carry to Part II, line (5))	, 1	-										
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Form **990-T** (2019)

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

	2 Gross advertising	3 Direct advertising	4 Advertising gain or (loss) (col 2 minus	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus
1 Name of periodical	income	costs	col 3) If a gain, compute cols 5 through 7	iiiediiie	00313	col 5, but not more than col 4)
(1)						
(2)						
(3)						
(2) (3) (4)		-				
Totals from Part I						
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 – 5) ►						
Schedule K — Compensation of	Officers, Dire	ctors, and Tre	ustees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devoted to business		ation attributable ated business
				96	;	
				8		
				8	;	
				8	;	
Total. Enter here and on page 1, Part II	, line 14		_		<b>•</b>	

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

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

OMAD NIC	1545,0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning , 2019, 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)

Name of the organization San Joaquin Community Hospital dba Adventist Health Bakersfield

Employer identification number 95-2294234

Unrelated Business Activity Code (see instructions) ➤ 722513

Describe the unrelated trade or business ► Bistro

Part	I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 44, 397.				1
b	Less returns and allowances c Balance ▶	1c	44,397.	ì	
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3	44,397.		44,397.
4a	Capital gain net income (attach Schedule D)	4a			•
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c		,	
5	Income (loss) from a partnership or an S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7		. "	
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			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	44,397.		44,397.

#### Deductions Not Taken Elsewhere (See instructions for limitations on deductions ) (Deductions must be directly connected with the unrelated business income )

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	10,264.
16	Repairs and maintenance	16	306.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)   20   3,139		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	3,139.
22	Depletion	22	·
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	2,115.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	19,657.
28	Total deductions. Add lines 14 through 27	28	35,481.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	8,916.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		- 1
	instructions) See Statement 3	30	7,133.
_31	Unrelated business taxable income Subtract line 30 from line 29	31	1,783.

BAA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

Schedule A - Cost of Good	s Sold. Enter method o	f inventory val	luation 🟲						
1 Inventory at beginning of year			tory at	end of year	6		_		
2 Purchases.	2		7 Cost	of acco	ds sold. Subtract				
3 Cost of labor	3		line 6	from I	ne 5 Enter here				
4 a Additional section 263A costs (attach	schedule)		and in	n Part I	, line 2	7		1	
·	4 a							Yes	No
b Other costs	4 b				of section 263A (wi duced or acquired fo				ĺ
(attach sch)  5 Total. Add lines 1 through 4b	<del> </del>				udced or acquired it ization?	11 1626	пе) арріу		1
Schedule C - Rent Income		and Perso				rope	rty) (see in	nstructi	ions)
1 Description of property		•	<del></del>		<del></del>				
(1)					<del></del>				
(2)			·						
(3)		-							
(4)									
	2 Rent received or accrue	:d							
(a) From personal property (if the percentage of rent for personal property is more than 10% but not property ex			ersonal proper rent for perso % or if the ren t or income)	nal	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				h '
(1)		-··-···			†··				
(2)					<del>                                     </del>		_		
(3)					<del>                                     </del>				
(4)					· · · · · · · · · · · · · · · · · · ·				
Total	Total		<del></del>		<u> </u>				
(c) Total income. Add totals of columere and on page 1, Part I, line 6,		•	<del>-</del>		(b) Total deductions here and on page 1, Pa I, line 6, column (B)				
Schedule E - Unrelated De	bt-Financed Income	(see instruction	ons)						
1 Description of debt-	financed property		s income from	<b>3</b> D	eductions directly co debt-fina			llocab	le to
r Description of debt-	ппапсец ргоренту		or allocable to debt- financed property depr		(a) Straight line preciation (attach sch)		(b) Other deduct (attach schedu		
(1)				-					
(2)									
(3)	· · · · · · · · · · · · · · · · · · ·		,		<del></del>	1			
(4)					<del></del>	1			
4 Amount of average acquisition debt on or allocable to debt financed property (attach schedule)	5 Average adjusted basis or allocable to debt-finan property (attach schedu	iced di	Column 4 Ivided by olumn 5	rep	<b>7</b> Gross income portable (column 2 x column 6)	1	Allocable d (column 6 x olumns 3(a)	total	of
(1)			· · · · ·	5					
(2)				ś					
(3)				\$					
(4)			Ş	\$					
			· · · · ·	Ente Part	r here and on page I, line 7, column (A	1 Ent Pai	er here and rt I, line 7, c	l on pa column	ige 1, 1 (B)
Totals				<b>-</b>		-			
Total dividends-received deduction	ons included in column 8					<b>-</b>			
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Schedule F – Interest, An	inuiti	es, Royaiti			trolled O			Orga	nizations	(see in	struction	
organization identif		ntification in		Net unrelated Income (loss) ee instructions)		,	4 Total of specified payments made				in in	Deductions directly connected with come in column 5
(1)					_							
(2)												
(3)						1						
(4)												
Nonexempt Controlled Organizat			T	<del>+</del>		. 1	1000				44.5	
7 Taxable Income	ınc	et unrelated come (loss) instructions)	9	9 Total of specified payments made		a	10 Part of column 9 that is included in the controlling organization's gross income		controlling	connected		ections directly ed with income column 10
(1)												
(2)							·					
(3)			_									
(4)				•			<u> </u>			1		<del></del>
Totals							Add columns here and on p 8, co		, Part I, line		e and on	s 6 and 11 Enter page 1, Part I, line blumn (B)
Schedule G - Investment	Inco	me of a Se	ctio	n 501(	c)(7), (9	), (	or (17) Orga	nizati	on (see ins	truction	ns)	
1 Description of income	·	2 Amount			3 dire	De- ctly	eductions		4 Set asides attach schedule)		5 Total deductions and set-asides (column 3 plus column 4)	
(1)	-				<del> </del>						<del>  '</del>	<del></del>
(2)				·			•	· · · · · · · · · · · · · · · · · · ·				
(3)												
(4)												
<b>-</b>		Enter here an Part I, line 9,										ere and on page 1, line 9, column (B)
Totals		A A -A!!A 1		04	71	4	\ .dd !				<u> </u>	
Schedule I – Exploited Ex	emp					$\overline{}$						<del></del>
1 Description of exploited act	tivity	2 Gross unrelate busines income fro trade of busines	d s om	conne proc of u	ses directly ected with duction nrelated ess income	fro or 2 n If	Net income (loss) m unrelated trade business (column ninus column 3) a gain, compute umns 5 through 7	activi unrela	s income from ty that is not ated business income	attribi	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
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(2)		<del>                                     </del>									·	<del>                                     </del>
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(4)												
		Enter here on page Part I, line column (	1, : 10,	on p Part I	here and page 1, , line 10, nn (B)				1	·		Enter here and on page 1, Part II, line 25
Totals		-1				<u>L</u>	. ,					
Schedule J - Advertising												<del></del>
Part I Income From Peri	odica	<del></del>										
1 Name of periodical		2 Gross advertisii income		adve	Orect ertising osts	(10	Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation ncome		idership osts	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)			_			1	•					-
(2)		<del> </del>		<del></del>		1						-
(4)		<del></del>			<del></del>	1						-
		† · · · · ·		<del></del>		<del> </del>	1			-		<u> </u>
Totals (carry to Part II, line (5))	•	•										
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Total. Enter here and on page 1, Part II, line 14

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Part II Income From Periodica 7 on a line by-line basis )	ls Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through
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 (col 6 minus col 5, but not more than col 4)
(1)		, .				
(2)						
(3)						
(4)						
Totals from Part I				,		
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1 − 5)						
Schedule K - Compensation o	f Officers, Dire	ctors, and Tru	ustees (see instr	uctions)		·
1 Name			2 Title			ation attributable ated business
					96	•
					8	
					8	

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2019	Federal Statements	Page 1
	San Joaquin Community Hospital dba Adventist Health Bakersfield	95-2294234

Statement 3 Schedule M, Part II, Line 30 Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously <u>Used</u>		Loss Available		
12/31/18 Net Operating Loss Av Taxable Income 80% Of Taxable Income Net Operating Loss De			0. \$	\$ \$ \$	12,618. 12,618. 8,916. 7,133. 7,133.	