Form 990-T	E	Exempt Organization Bus				ax Returr	1	OMB No 1545-0687
•		(and proxy tax und	ler se	ction 6033	(e))			0040
	For ca	lendar year 2018 or other tax year beginning		, and end			_	2018
Department of the Treasury Internal Revenue Service	•	► Go to www.irs.gov/Form990T for i Do not enter SSN numbers on this form as it ma						Open to Public Inspection for 501(c)(3) Organizations Only
A X Check box if address changed		Name of organization (changed	d and see instruc	tions.)		(Emp	oyer identification number loyees' trust, see ictions)
B Exempt under section	Print Adventist Health System/West							5-3484589
X 501(c 0) 3)	or	Number, street, and room or suite no. If a P.O. bo		ated business activity code nstructions)				
408(e) 220(e)	Type	PO Box 619135					վ՝	
408A530(a) 529(a)		City or town, state or province, country, and ZIP (Roseville, CA 95661	811000					
C Book value of all assets at end of year		F Group exemption number (See instructions.)		1071		-		
1,914,161,0		G Check organization type ► X 501(c) co	poratio	n 501(c) trust	401(a) trust	Other trust
	-	ition's unrelated trades or businesses.	6			the only (or first) u		
		A - Murietta, ARM				complete Parts I-V.		
		ice at the end of the previous sentence, complete P	arts I ar	id II, complete a	Schedule	M for each addition	nal trade	or
business, then complete					0			es X No
		poration a subsidiary in an affiliated group or a pare tifying number of the parent corporation.	nt-subs	lalary controlled	group		Ye	es A No
		Jay Lipps, VP System Co	ntro	oller	Telepho	one number 🕨 (916)746-5932
		de or Business Income		(A) Incor		(B) Expense		(C) Net
1a Gross receipts or sale	es	3,251,883.						i
b Less returns and allow	wances	c Balance ▶	10	3,251,	883.			
2 Cost of goods sold (S	Schedule	A, line 7)	2					
3 Gross profit. Subtract	t line 2 fi	rom line 1c	3_	3,251,	883.			3,251,883.
4a Capital gain net incon	•	•	4a					
- , , ,		Part II, line 17) (attach Form 4797)	4b					
c Capital loss deduction			4c					
, ,		ship or an S corporation (attach statement)	6					
6 Rent income (Schedu7 Unrelated debt-finance	•	me (Schedule E)	7					
		nd rents from a controlled organization (Schedule F)	\vdash	1				
		on 501(c)(7), (9), or (17) organization (Schedule G	<u> </u>					
10 Exploited exempt acti			10					
11 Advertising income (S	Schedule	e J)	11					
12 Other income (See in:	struction	ns; attach schedule)	12					
13 Total. Combine lines	3 throu	gh 12	13	3,251,		-		3,251,883.
Part II Deductio	ns No	ot Taken Elsewhere (See instructions futions, deductions must be directly connecte	or limita	ations on dedu	ctions.)	incomo)		
					usiiless	income.)	T	
14 Compensation of off15 Salaries and wages	icers, ai	rectors, and trustees (Schedule K) RECEI\	/ III I				15	1,402,216.
16 Repairs and mainten	nance	9 14		RS-OSC			16	536,503.
17 Bad debts	iuiioo	88 моу	2019				17	333,333
18 Interest (attach sche	dule) (s			<u> </u>			18	
19 Taxes and licenses	, ,	OGDEN	i U	r			19	85,971.
20 Charitable contributi	ons (Se	e instructions for limitation rules) Statem	ent	3 S ee	Stat	ement 1	20	95,092.
21 Depreciątión (attach		*			21		ļ	
	aimed oi	n Schedule A and elsewhere on return		2	2a		22b	
23 Depletion							23	
24 Contributions to defe		mpensation plans					24	102 120
25 Employee benefit pro							25	183,138.
26 Excess exempt expe		•					26	
27 Excess readership co				See	Stat	ement 2	27 28	345,023.
29 Total deductions. A				Dec	Jul	-incirc 2	29	2,647,943.
C. 3		ncome before net operating loss deduction. Subtra	t line 29	9 from line 13			30	603,940.
		loss arising in tax years beginning on or after Janua			ions)		31	
	-	ncome. Subtract line 31 from line 30		<u> </u>	<u> </u>		32	603,940.
823701 01-09-19 LHA Fo	or Paper	work Reduction Act Notice, see instructions.	_			/	10	Form 990-T (2018)

Form 990-1		<u>95-3484</u>	<u> 589</u>		Page 2
Part I			1 -		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	· · · · · · -		,210,0	<u>09.</u>
34	Amounts paid for disallowed fringes	–	34	252,8	<u>88.</u>
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	Li	35		
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
	lines 33 and 34	. <u>L</u> i	36 1	<u>,462,8</u>	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	ئـا ا	37	1,0	00.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
	enter the smaller of zero or line 36	<u></u>	38 1	<u>,461,8</u>	<u>97.</u>
Part I					
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	> [3	39	306,9	98.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	<u> _</u>			
	Tax rate schedule or Schedule D (Form 1041)	▶ 14	10		
41	Proxy tax. See instructions	▶ [_4	11		
42	Alternative minimum tax (trusts only)	<u> </u>	12	_	
43	Tax on Noncompliant Facility Income. See instructions	<u>_</u>	13		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	4	14	306,9	<u>98.</u>
Part \	/ Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b	Other credits (see instructions)				
C	General business credit. Attach Form 3800				
d	Credit for prior year minimum tax (attach Form 8801 or 8827)				
е	Total credits. Add lines 45a through 45d	4	5e		
46	Subtract line 45e from line 44	4	16	306,9	98.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (atta	ich schedule)4	17		
48	Total tax. Add lines 46 and 47 (see instructions)	4	18	306,9	98.
49	2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		19		0.
50 a		0,671.			
b	2018 estimated tax payments	0,000.	i		
C	Tax deposited with Form 8868 50c				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d				
е	Backup withholding (see instructions) 50e				
f	Credit for small employer health insurance premiums (attach Form 8941) 50f		l		
g	Other credits, adjustments, and payments: Form 2439		ŀ		
	Form 4136 Other Total > 50g				
51	Total payments. Add lines 50a through 50g	. 5	51	240,6	<u>71.</u>
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	5	2	6	36.
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Statement 4	. ▶ 5	3	66,9	63.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ _5	4		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		5		
Part \	Statements Regarding Certain Activities and Other Information (see instruction	ins)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			<u> </u>	<u> </u>
	here 🕨			_ [X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig	n trust?			X
	If "Yes," see instructions for other forms the organization may have to file.				1
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$				
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete. Declaration of preparer (other than taxonized to be seed an all information of which preparer to be seen knowledge.	t of my knowledge a	and belief,	it is true,	
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Chief Financial	14m. #	e IDS ren-	uss this return v	ath 1
Here	11/13/19 Officer			vn below (see	''''
	Signature of officer Date Title	instruc	tions)?	X Yes	No
	Print/Type preparer's name Preparer's signature / Date Ch	eck if	PTIN		
Paid		f- employed			
Prepa	magazi e paglia magazide paglia 11/10/10		P00	366884	
Use C	Inty Firm's name ► Moss Adams LLP	rm's EIN 🕨		018931	8
550 0	3121 W March Ln, Ste 200				
	la l	hone no. 209	9-95	5-6100	
823711 01	09-19	"	Fo	ու 990- T	(2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation N	/A		
1 Inventory at beginning of year	1		6 Inventory at end o	f year		6
2 Purchases	2		7 Cost of goods sole	d. Subtract	line 6	
3 Cost of labor	3		from line 5. Enter	here and in	Part I,	_
4a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of sec	ction 263A	(with respect to	Yes No
b Other costs (attach schedule)	4b		property produced	or acquire	d for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income (see instructions)	(From Real	Property and	d Personal Propert	y Lease	ed With Real Prope	erty)
1. Description of property						
(1)						
(2)						
(3)						
(4)						<u></u>
		ed or accrued			0/a) Caduatiana dissatti	and the second of
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for	and personal property (if the per- personal property exceeds 50% nt is based on profit or income)	centage or if	columns 2(a) and	connected with the income in d 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	n (A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	• 0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)			
			2. Gross income from		3. Deductions directly conn to debt-finance	
1. Description of debt-fin	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)			· † · ·			
(3)		****				<u> </u>
(4)						
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced 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)				%		
(2)				%		
(3)				%		
(4)				%		
					Enter 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 in	ncluded in column	n 8			>	0.
				_	<u>F</u>	Form 990-T (2018)

Schedule F - Interest, F	Annuitie	s, Royal	ties, and	_			•	tions	see ins	structio	ns)
				Exempt (Controlled O	rganızatı	ons				
Name of controlled organizate	on	2. Em Identifi num	cation		elated income instructions)		al of specified nents made	includ	t of column 4 ed in the contr ation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)					_						. .
(2)			-							$\neg \uparrow$	
(3)					,						
(4)									-		
Nonexempt Controlled Organia	zations			-	-			·	-		****
7. Taxable Income		nrelated incom	ne (loss)	Q Total	of specified payr	nents	10. Part of colu	nn 9 thai	t is included	11 D	eductions directly connected
		ee instruction		J.	made		in the controlli	ng organ income	iization's	wi	th income in column 10
(1)											
(2)											
(3)					_						
(4)											
7.7		_					Add colun Enter here and line 8, c		1, Parti,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals									0.		0
Schedule G - Investme	nt Incon	ne of a S	Section	501(0)(7	1) (Q) or (17) Ora	anization		0.		
(see instr		ile oi a c	CUUII	301(0)(7), (3), 01 (ii, Oig	ailization				
•	ription of inco	me			2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set-	asides schedule)	5, Total deductions and set-asides (col 3 plus col 4)
(1)						+	(attach school	uloj			(cor 3 plus cor 4)
(2)											
(3)					-						
(4)											
			 		Enter here and	on page 1.					Enter here and on page
					Part I, line 9, co						Part I, line 9, column (B)
Tatala				_		0.					0
Totals Schedule I - Exploited	Evamet	A otivity	Income	Othor	Thon Adv		a Incomo				
(see instru	-	Activity	moonie	, Other	man Au	CI (ISIII	g moonie				
Description of exploited activity	unrelated	e from	directly c	duction elated	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 n 3) If a o cols 5	5. Gross inco from activity t is not urrelat business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)				-							1
(3)											
(4)											
	Enter her page 1 line 10,	, Part I,	Enter her page 1 line 10,	, Parti,		'				,	Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertising	ng Incor		nstruction		L					•	
Part I Income From I					solidated	Basis					·
Turt Income From	0.104.0	шо пор	J. 1.00 01		Jonaaroa	D 40.0					
1. Name of periodical		2. Gross advertising income		3. Direct rtising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, compute	5. Circulat		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					1						
(2)					\dashv						-{
(3)					-						-
(4)											
Totals (carry to Part II, line (5))	•		o.	0		سد					0 Form 990-T -1

823731 01-09-19

Form 990-T (2018) Adventist Health System/West 95-34845
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	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)	<u> </u>			-		
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 27
Totals, Part II (lines 1-5)	▶ 0.	0.				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		•	0.

Form 990-T (2018)

Form 990-T	Contributions	Statement 1
Description/Kind of Property	Method Used to Determine FMV	Amount
Various charitable donations	N/A	5,197,746.
Total to Form 990-T, Page 1, 1:	ine 20	5,197,746.
Form 990-T	Other Deductions	Statement 2
Description		Amount
Occupancy Office expenses Professional fees Purchased services Postage Travel Other expenses		45,583. 7,229. 108,735. 133,792. 21,277. 23,966. 4,441.
Total to Form 990-T, Page 1, 1:	ine 28	345,023.

Form 990-T	Contributions Summary		Statement 3
Qualified Contribution	ns Subject to 100% Limit		
	ars Unused Contributions		
For Tax Year 2013			
For Tax Year 2014	340,025		
For Tax Year 2015	2,251,600		
For Tax Year 2016	368,600		
For Tax Year 2017	514,657		
Total Carryover		3,474,882	
Total Current Year 10	% Contributions	5,197,746	
Total Contributions A	vailable	8,672,628	_
Taxable Income Limita	tion as Adjusted	95,092	
Excess 10% Contribution	ons —	8,577,536	_
Excess 100% Contribut:	ions	0	
Total Excess Contribut	tions	8,577,536	
Allowable Contribution	ns Deduction		 95,092
Total Contribution Dec	duction		95,092

Form 990-T	Intere	est and Penal	ties		Sta	tement 4
Tax from Form 990-T,						66,327
Underpayment penal						636
Late payment inter						1,778
Late payment penal	.ty					1,990
makal saasaat baa						70,731
Total Amount Due						
	La	te Payment I	nterest		Sta	tement 5
Form 990-T Description	La Date	te Payment I	nterest Balance	Rate		tement 5
Form 990-T	Date	Amount	Balance		Days	Interest
Form 990-T Description Tax due	Date	Amount 66,327.	Balance 66,327.	.0600	Days 46	Interest 503
Form 990-T Description	Date	Amount	Balance		Days	Interest

Form 990-T	Statement 6				
Description	Date	Amount	Balance	Months	Penalty
Tax due Date filed			66,327. 66,327.	6	1,990.
Total late payment	penalty				1,990.

Unrelated Business Taxable Income for Unrelated Trade or Business

Entit	y 1
OMB No	1545-0687

2018

Department of the Treasury Internal Revenue Service (99) Name of the organization For calendar year 2018 or other tax year beginning _______, and end

► 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

Employer identification number

	Adventist Health System	st	95-3484589				
	Inrelated business activity code (see instructions) > 81100					 	
	Describe the unrelated trade or business Mgmt Affi	lia	te Program				
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	es	(C) Net	
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3					
4 a	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) Stmt 7	12	525,000.			525,000.	
13	Total. Combine lines 3 through 12	13	525,000.			525,000.	
	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the u					or contributions,	
14	Compensation of officers, directors, and trustees (Schedule K)				14	(0(022	
15	Salaries and wages				15	606,823.	
16	Repairs and maintenance				16		
17	Bad debts				17		
18	Interest (attach schedule) (see instructions)				18	62 167	
19	Taxes and licenses				19	63,167.	
20	Charitable contributions (See instructions for limitation rules)		1 1		20	0.	
21	Depreciation (attach Form 4562)		21				
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	· 	
23	Depletion				23	· · · · · · · · · · · · · · · · · · ·	
24	Contributions to deferred compensation plans				24	112 562	
25	Employee benefit programs				25	113,562.	
26	Excess exempt expenses (Schedule I)				26		
27	Excess readership costs (Schedule J)		000 01-1	omont 0	27	20 220	
28	Other deductions (attach schedule)		See Stat	ement o	28	38,339.	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

29

30

821,891.

-296,891.

-296,891.

instructions)

29

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Form 990-T (M)	Other	Income	Statement 7
Description			Amount
Mat'l Mgmt Affiliate Pr	ogram		525,000.
Total to Schedule M, Pa	ert I, line 12		525,000.
Form 990-T (M)	Other	Deductions	Statement 8
Description			Amount
Travel Office expenses Postage Other expenses Purchased services			33,451. 1,313. 115. 1,610. 1,850.
Total to Schedule M, Pa	rt II, line 28		38,339.

Unrelated Business Taxable Income for Unrelated Trade or Business

En	t	i	ty	2

OMB No 1545-0687

2018

501(c)(3) Organizations Only

1,478,349.

Department of the Treasury Internal Revenue Service (99) Name of the organization For calendar year 2018 or other tax year beginning ► 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).

Adventist Health System/West Unrelated business activity code (see instructions)

561000

Employer identification number 95-3484589

Describe the unrelated trade or business > AHP Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1,478,349. 1a Gross receipts or sales 1,478,349. **b** Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) 2 1,478,349. 1,478,349. Gross profit. Subtract line 2 from line 1c 3 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule)

Part | Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

13

1,478,349.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	1,304,937.
16	Repairs and maintenance	16	4,689.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	66,305.
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)]	
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	125,648.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) See Statement 9	28_	82,687.
29	Total deductions. Add lines 14 through 28	29	1,584,266.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-105,917.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	-105,917.

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Schedule M (Form 990-T) 2018

Door
Page

Schedule A - Cost of Goods	Sold Fotor	system/w	tonyva	luation N/A		95-348	458	9	
1 Inventory at beginning of year	1	metriod of inven					6		
2 Purchases	2		6 Inventory at end of year			.no.6	-		
3 Cost of labor	3		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I,						
4a Additional section 263A costs			٦.		anu in F	rarti,	7		
	45		line 2 8 Do the rules of section 263A (with respect to			uth roomest to		Yes	No
(attach schedule)	4a 4		_		•	•		103	- 110
b Other costs (attach schedule)5 Total. Add lines 1 through 4b	4b		property produced or acquired for resale) apply to			for resale) apply to			$\begin{bmatrix} \mathbf{x} \end{bmatrix}$
Schedule C - Rent Income (Property and		the organization?	0250	d With Real Prop	artv)		<u> </u>
(see instructions)		roperty and		onai i roperty E	.casc		Ci ty,		
1. Description of property									
(1)				.					
(2)	,			_					
(3)									
(4)						···			
	2. Rent receiv	ed or accrued							
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	oersonal p	nal property (if the percental roperty exceeds 50% or if I on profit or income)	ge	3(a) Deductions directly columns 2(a) an			י
(1)						-			
(2)						-		<u>-</u>	
(3)									
(4)							-		
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2 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 (8)	•		0.
Schedule E - Unrelated Deb		Income (see	ınstruc	tions)		•			
			2.	Gross income from		3. Deductions directly conr to debt-financ			
1. Description of debt-fin	anced property		'	r allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)			†						
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8. Allocable deducti column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)			<u> </u>	%					
(3)			<u> </u>	%					
(4)				%					
						nter here and on page 1, art I, line 7, column (A)		nter here and on page Part I, line 7, column (
Totals				>	L	0.			0.
Total dividends-received deductions in	cluded in columr	18				>			0.
								Form 990-T	(0040)

Form 990-T (M)	Other Deductions	Statement 9
Description		Amount
Occupancy Office expenses Purchased services Bank Fees Postage Other expenses Travel		2,229. 8,927. 6,639. 4. 174. 7,088. 57,626.
Total to Schedule M, Part I	I, line 28	82,687.

Unrelated Business Taxable Income for Unrelated Trade or Business

Entity	4
OMD No. 1545 (1607

501(c)(3) Organizations Only

427,300.

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning ► 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 Adventist Health System/West Employer identification number

95-3484589 Unrelated business activity code (see instructions) 523000 Describe the unrelated trade or business > Partnership pass-through - Consolidated Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales **b** Less returns and allowances c Balance Cost of goods sold (Schedule A, line 7) Gross profit Subtract line 2 from line 1c 3 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 Income (loss) from a partnership or an S corporation (attach 427,300. 427,300. statement) 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 11 Other income (See instructions, attach schedule) 12

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

13

427,300.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	10,510.
20	Charitable contributions (See instructions for limitation rules)	20	41,464.
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	51,974.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	375,326.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	375,326.

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Schedule M (Form 990-T) 2018

12

Total. Combine lines 3 through 12

Unrelated Business Taxable Income for Unrelated Trade or Business

Entity	y 5
OMB No. 1	1545_0687

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

► 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	Adventist Health System/West					95-3484589		
$\overline{}$	Unrelated business activity code (see instructions) ▶ 621500							
	Describe the unrelated trade or business Clinical	engi	ineering					
Pa	Unrelated Trade or Business Income		(A) Income	•	(B) Expense	s	(C) Net	
1 a	Gross receipts or sales 756,531.							
b	Less returns and allowances c Balance ▶	1c	756,5	31.				
2	Cost of goods sold (Schedule A, line 7)	2						
3	Gross profit Subtract line 2 from line 1c	3	756,5	31.			756,531	
4 a	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	756,5	31.			756,531	
Pa	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the undertaken between the connected with	ions fo unrelat	or limitations ted business	on dedu income	uctions.) (Exc .)	ept fo	or contributions,	
14	Compensation of officers, directors, and trustees (Schedule K)					14		
15	Salaries and wages					15	472,074	
16	Repairs and maintenance					16	61,651	
17	Bad debts					17		
18	Interest (attach schedule) (see instructions)					18		
19	Taxes and licenses					19	45,286	
20	Charitable contributions (See instructions for limitation rules)			(20	6,918	
21	Depreciation (attach Form 4562)		21	ļ	1,766.			
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	<u> </u>		22b	1,766	
23	Depletion					23		
24	Contributions to deferred compensation plans					24		
25	Employee benefit programs					25	68,528	
26	Excess exempt expenses (Schedule I)					26		
27	Excess readership costs (Schedule J)					27		
28	Other deductions (attach schedule)		See :	State	ment 10	28	38,050.	
29	Total deductions. Add lines 14 through 28					29	694,273.	

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Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

62,258.

30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

instructions)

Adventist	Health	System/W	est		95-3484	1589	
Schedule A - Cost of Goods	Sold. Enter	method of inven	tory 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. Subtract lin			line 6		
3 Cost of labor	3		from line 5. Enter here	and in f	Part I,		
4a Additional section 263A costs			line 2		Ĺ	7	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes N	
 Other costs (attach schedule) 	4b_		property produced or a	acquired	l for resale) apply to	_ _	
5 Total. Add lines 1 through 4b	5		the organization?			X	
Schedule C - Rent Income (From Real	Property and	Personal Property L	.ease	d With Real Prope	erty)	
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	2. Rent receive	ed or accrued			0/->		
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	centage of than	` ′ of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ge		connected with the income in d 2(b) (attach schedule)	
(1)							
(2)							
(3)			· <u></u>				
(4)							
Total	0.	Total		0.		· · · · · · ·	
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)	• 0	
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
					3. Deductions directly conne	ected with or allocable	
			Gross income from or allocable to debt-	(0)	to debt-finance	1	
1. Description of debt-fin	anced property		financed property	(")	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)							
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i 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)			%				
(2)			%				
(3)			%				
(4)			%				
					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 in	cluded in column	8			>	0	
						Form 990-T (201	

Form 990-T (M)	Other Deductions	Statement 10
Description		Amount
Office expenses Professional fees Purchased services Insurance Bank fees Postage Travel Other expenses		16,960. 3,269. 9,790. 1,565. 6. 173. 4,508. 1,779.
Total to Schedule M, Part I	I, line 28	38,050.

Unrelated Business Taxable Income for Unrelated Trade or Business

En	t	i	ty	6

OMB No 1545-0687

Open to Public Inspection for

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning

► 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).

501(c)(3) Organizations Only Name of the organization **Employer identification number** Adventist Health System/West 95-3484589 Unrelated business activity code (see instructions)

523000

Describe the unrelated trade or business Partnership pass-through - Stand alone							
Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net		
1 a	Gross receipts or sales						
b	Less returns and allowances c Balance ▶	1c					
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3					
4 a	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	187,206.		187,206.		
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	187,206.		187,206.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, 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	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	18,721.
21	Depreciation (attach Form 4562)	J[
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	·
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	Total deductions. Add lines 14 through 28	29	18,721.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	168,485.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see	ll	
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	168,485.

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Schedule M (Form 990-T) 2018