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Section   Comparison   Compa	529(a)	Roseville,	CA 95661	r foreig	n postal code		811	000
H Enter the number of the organization's unrelated trades or businesses. ▶ 7 Describe the only (or first) unrelated trade or business here ▶ TPA - Murietta, ARM	at end of year			-				
trade or business here NTPA - MURIELTA, ARM If only one, complete Parts I +V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and III, complete Parts I and III, complete Parts I and III, complete Parts I till.  1 During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes \( \frac{\text{X}}{\text{ No}} \)  1 During the tax year, was the corporation as bisolodiary in an affiliated group or a parent-subsidiary controlled group?  1 The books are in care of \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ P 916 - 406 - 10.92} \)  1 The books are in care of \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ P 916 - 406 - 10.92} \)  1 The books are in care of \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ P 916 - 406 - 10.92} \)  1 The books are in care of \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ P 916 - 406 - 10.92} \)  1 The books are in care of \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ P 916 - 406 - 10.92} \)  1 The books are in care of \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ P 916 - 406 - 10.92} \)  1 The books are in care of \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ P 916 - 406 - 10.92} \)  1 The books are in care of \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ P 916 - 406 - 10.92} \)  1 The books are in care of \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ P 916 - 406 - 10.92} \)  1 The books are in care of \(  Jay Lipps. VP System Controller Tolephone number \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ Jay Lipps. VP System Controller Tolephone number \( \text{ Jay Lipps.				oration		<u>.</u>		
describe the first in the blank space at the end of the previous sertlence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III+V.  1 During the tax year, was the compration a subsidiary in an affiliated group or a parent-subsidiary controlled group?  1 Type		•		<del>/</del>				
Durning the tax year, was the corporation a subsidiary on an affiliated group or a parent-subsidiary controlled group?   Yes   X   No				rts I an				
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?   Ves   No   If Yes, enter the same and identifying number of the parent corporation.   Part I   Unrelated Trade or Business Income   (A) Income (B) Expenses (C) Net			as somenes, complete i a	10.0	a ii, complete a conceane	IN TOT COOK ACCURATE	ai uacc	. 01
The books are in care of   Jay Lipps, VP System Controller   Telephone number   916-406-1092			affiliated group or a parer	nt-subs	idiary controlled group?	<b></b>	Ye	es X No
Part I   Unrelated Trade or Business Income   (a) Income   (b) Expenses   (c) Net								
1a. Gross recupts or sales b. Less returns and allowances c. Cast of goods sold (Schedule A, line 7) 3. Gross profit. Subtract line 2 from line 1c 4. Capital gain net income (lattach Schedule D) b. Met gam (loss) (Form 4787, Part II, line 17) (attach form 4797) c. Capital loss deduction for trusts 5. Income (loss) from a partnership or an Scorporation (attach statement) 5. Income (loss) from a partnership or an Scorporation (attach statement) 6. Rent income (Schedule C) 7. Unrelated debt-financed income (Schedule C) 8. Interest, annuhes, royalbas, and rorsts from a controlled organization (schedule F) 9. Investment income of a section 501(c)(7), (9), or (17) organization (Schedule F) 10. Exploited exempt activity income (Schedule I) 11. Advertising income (Schedule I) 12. Other income (See instructions, statch schedule) 13. Total. Combine lines 3 through 12 14. Compensation of officers, directors, and trustes (Schedule K) 15. Salanes and wages 16. Repairs and maintenance 17. Bad debts 18. Interest (attach schedule) (see instructions) 18. Interest (attach schedule) (see instructions) 19. Taxes and incanese 10. Depreciation of attach form 4562 21. Less depreciation claimed or Schedule A and elsewhere on return 22. Depreciation of attach form 4562 23. Employee benefit, frograms 24. 288, 850. 25. Excess exempt/sepiness (Schedule I) 26. Excess exempt/sepiness (Schedule I) 27. Outhor deductions (Ad lines 14 through 27 28. Employee benefit, frograms 29. Language and maintenance before net operating loss deduction. Subtract line 28 from line 13 29. Language and 132, 369. 30. Outhor for operating loss ansing in tax years beginning on or after January 1, 2018 30. Outhor for net operating loss ansing in tax years beginning on or after January 1, 2018 31. Unrelated business taxable income Subtract line 29 from line 29 31. Unrelated business taxable income Subtract line 30 from line 29				ntro				
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Interest (attach schedule) (see instructions)  19	16 Repairs and mainter	ance	Received US	Даль Даль	nervice		16	325,964.
Interest (attach schedule) (see instructions)  Taxes and licenses  Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  Excess exempt expenses (Schedule I)  Cother deductions (attach schedule)  Total deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  Taxes and licenses  19 147,894.  20 21  22  23  24 288,850.  25  26  27 27,570.  28 2,487,939.  29 132,369.			322	<del>)</del> 	- 028	•	17	
Depreciation (attach Form 4562)  Less depreciation claimed or Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  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 deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29	•	dule) (see instructions)						145 004
Depreciation (attach Form 4562)  Less depreciation claimed on Schedule A and elsewhere on return  Depletion  Contributions to deferred compensation plans  Employee benefit programs  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 deduction. Subtract line 28 from line 13  Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29			NOV 2 ()	6.	, Las I		19	147,894.
Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Cother deductions (attach schedule) Cother deductions (attach schedule) Cother deductions. Add lines 14 through 27 Cother deductions. Add lines 14 through 27 Cother deductions (attach schedule) Cother		<i>T</i> 15			20			
Contributions to defered compensation plans  Employee benefit programs  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 deduction. Subtract line 28 from line 13  Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  132  23  24  288,850.  25  26  27  27,570.  28  2,487,939.  29  132,369.  30  0.  132,369.	·	almed on Schedule A and elsewhel		1 194	. [218]			
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 deduction. Subtract line 28 from line 13  Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  24  288,850.  25  26  27  227,570.  28  2,487,939.  29  132,369.  30  0.  132,369.	•	asted companestion plans	Hound	MI			$\overline{}$	<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 deduction. Subtract line 28 from line 13  Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  25  26  27  227,570.  28  2,487,939.  29  132,369.		, · · · · · · · · · · · · · · · · · · ·	RODRESTIE-				$\vdash$	288.850.
Excess readership costs (Schedule J)  Other deductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  26  27  227,570.  28  2,487,939.  29  132,369.		_	•				$\overline{}$	
Other geductions (attach schedule)  Total deductions. Add lines 14 through 27  Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018  (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  27			•					
Total deductions. Add lines 14 through 27  28 2,487,939.  29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018  (see instructions)  30 0.  31 Unrelated business taxable income. Subtract line 30 from line 29  31 132,369.					See Stat	ement 1		
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  Unrelated business taxable income. Subtract line 30 from line 29  30  0.  132,369.	/						28	2,487,939.
(see instructions) 30 0. 31 Unrelated business taxable income. Subtract line 30 from line 29 31 132,369.	29 Unrelated business t	taxable income before net operatin	g loss deduction. Subtrac	t line 2	3 from line 13		29	132,369.
31 132,369.	30 Deduction for net op	erating loss ansing in tax years be	ginning on or after Janua	ry 1, 20	118			
	<i>,</i> '						30	
						· · · · · · · · · · · · · · · · · · ·	31	132,369.

		Adventist Health System/West	<u>95-</u>	348458	9 Page 2
Par	<del>un I.</del>	Total Unrelated Business Taxable Income			
<i>J</i> 82	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	<u>1,089,</u>	<u>579.</u>
33	Amoun	its paid for disallowed fringes	33		
34	Chanta	ble contributions (see instructions for limitation rules) Stmt 2 $\bigvee$ Stmt 3 $4$	34		858.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 35	35	980,	721.
36	Deduct	on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36		
37	Total of	f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	980,	721.
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions) $\mathcal{G}[$	38	1,	000.
39	Unrela	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	$\Box$		
	enter (t	ne smaller of zero or line 37	39	979,	721.
Par	t,IV	Tax Computation			
49	Organi	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	205,	741.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	T		
	П	ax rate schedule or Schedule D (Form 1041)	41		
42	Proxy t	ax. See instructions	42		
43	-	tive minimum tax (trusts only)	43		_
44		Noncompliant Facility Income. See instructions	44		
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	205,	741.
Pagr		Tax and Payments	Ť	·	
46a	Foreign	n tax credit (corporations attach Form 1118; trusts attach Form 1116)			
b	_	eredits (see instructions)	i		
c		1 business credit. Attach Form 3800			
ď		for prior year minimum tax (attach Form 8801 or 8827)			
		redits. Add lines 46a through 46d	46e		
47		ct line 46e from line 45	47	205.	741.
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48		
49		ax. Add lines 47 and 48 (see instructions)	49	205.	741.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50		0.
		-tu A 0040	7		
	•	stimated tax payments $627,000$ .			
c		posited with Form 8868 51c			
		n organizations: Tax paid or withheld at source (see instructions)  51d			
	_	o withholding (see instructions)  51e			
f		for small employer health insurance premiums (attach Form 8941)			
		credits, adjustments, and payments: Form 2439	i		
8		orm 4136 Other Total 51g			
52	_	ayments. Add lines 51a through 51g	52	627.	000.
53		ted tax penalty (see instructions). Check if Form 2220 is attached	53	,	
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	5,4		
55,		syment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	421,	259.
56	•	he amount of line 55 you want. Credited to 2020 estimated tax 421, 259. Refunded	56		0.
Par		Statements Regarding Certain Activities and Other Information (see instructions)	- 32		
57		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		Ye	s No
•	-	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here	<b>&gt;</b>			x
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
-	-	see instructions for other forms the organization may have to file.			<del>                                     </del>
59	•	he amount of tax-exempt interest received or accrued during the tax year > \$			
<u> </u>	U	nder penalties of persury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge	e and bei	lief, it is true,	
Sign	a	orrect, and complete (Sectaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Here	•   •		•	discusa this retu shown below (se	
				Y X Yes	No No
		Print/Type preparer's name Preparer's signature Date Check if	PTIN	ITion	
		repairer s signature   Prepairer s signature   Date   Check   II	F S IN		
Paid		Tracy S. Paglia Tracy S. Paglia 10/29/20	חם	036688	4
	parer	Firm's name ► Moss Adams LLP Firm's EIN ►		-01893	
Use	Only	3121 W March Ln, Ste 200		<u> </u>	
		· · · · · · · · · · · · · · · · · · ·	)9_q	55-610	0
923711	01-27-20			Form 990-	
					· (CU 10)

Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation N/A				_	
1 Inventory at beginning of year	1		1 -	Inventory at end of year			6		
2 Purchases	2		7	Cost of goods sold. S		line 6			-
3 Cost of labor	3		7	from line 5. Enter here					
4a Additional section 263A costs			1	line 2		•	7		
(attach schedule)	. 4a		8	Do the rules of section	263A (	with respect to		Yes	No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b		]	property produced or a	acquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		<u></u>	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per:	sonal Property L	.ease	d With Real Prop	erty)		
1. Description of property									
(1)					-				
(2)						·			
(3)			-				_		
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is mon 1096 but not more than 50%)	e than	i of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connected (a) (a)	ted with the income in attach schedule)	1
(1)				·		<u> </u>		·	
(2)							_	<del></del>	
(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)	<b>•</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, cotumn (B)	<u> </u>		0.
Schedule E - Unrelated Del	ot-Financed	income (see	instru	ctions)				<del></del> -	
			2	. Gross income from		<ol><li>Deductions directly consto debt-finance</li></ol>			
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	9
(1)							+-		
(2)			1	·					
(3)			1						
(4)							1		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to need property a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(	8. Allocable deduction column 6 x total of column 5(a) and 3(b))	ons Lumns
(1)				%			1		
(2)				%			1	· · ·	
(3)			1	%			1		
(4)				%					
			<del>1</del>			nter here and on page 1, Part I, line 7, column (A).		inter here and on page Part I, line 7, column (E	
Totals				. •		0.			0.
Total dividends-received deductions	iciuaea in column	10		<u> </u>		<u> </u>	·		<u>0.</u>

Form 990-T (2019)

(4)

0

0

Totals (carry to Part II, line (5))

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. Orrect 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, Ime 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.				0.
Schedule K - Compensatio	n of Officers, E	Directors, and	Trustees (see in	structions)		<del>*</del>

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unretated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2019)

Form 990-T	Other Deductions	Statement 1
Description		Amount
Occupancy Office expenses Professional fees Purchased services Postage Travel Other expenses Bank Fees		81,116. 10,869. 51,761. 35,950. 24,339. 18,149. 4,838. 548.
Total to Form 990-T, Page 1, 1:	ine 27	227,570.

Form 990-T	Contributions	Statement 2	
Description/Kind of Property	Method Used to Determine FMV	Amount	
Various charitable donations	N/A	1,275,373.	
Total to Form 990-T, Page 2, 1	1,275,373.		

Form 990-T	Cor	ntributions Summary		Statement 3
Qualified	Contributions Subje	ect to 100% Limit		
Qualified	Contributions Subje	ect to 25% Limit		
Carryover	of Prior Years Unus	ed Contributions		
	Year 2014	340,025		
For Tax	Year 2015	2,251,600		
For Tax	Year 2016	368,600		
For Tax	Year 2017	514,657		
For Tax	Year 2018	5,102,654		
Total Carr	rvover		8,577,536	
	ent Year 10% Contri	butions	1,275,373	
Total Cont	ributions Available		9,852,909	-
Taxable In	ncome Limitation as	Adjusted	108,858	
	ntributions	_	9,744,051	-
Excess 100	% Contributions		0	
Total Exce	ess Contributions		9,744,051	
Allowable	Contributions Deduc	tion		108,858
Total Cont	ribution Deduction			108,858

# Unrelated Business Taxable Income from an Unrelated Trade or Business

Ent	ity	1
	OMB No.	1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning \_\_\_\_\_\_, and ending

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(9) Organizations Only

	Do not enter SSN numbers on this form as it	may be m	ade public if your or	ganization is a 501(c)(	3).	501(c)(3) Organizations Only
Name	of the organization  Adventist Health System,	/West		Emptoyer ide 95-34		
$\overline{}$	Unrelated Business Activity Code (see instructions)   81100					
	Describe the unrelated trade or business Mgmt Affi	liate	Program			
Par			(A) Income	(B) Expense	s	(C) Net
1a	Gross receipts or sales		-	1		<del> </del>
	Less returns and allowances c Balance	1c			f	
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3		<u> </u>		
4a		4a			f	
	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			t	
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) Stmt 4	12	375,829	•		375,829.
13	Total. Combine lines 3 through 12	13	375,829	•		375,829.
Da	Tell Deductions Not Taken Elsewhere (See instruction	one for	limitations on o	deductions \ (De	duction	ne must he
F 01	directly connected with the unrelated business in		initiations on c	reductions.) (De	auctio	is must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	733,886.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses		1		19	46,238.
20	Depreciation (attach Form 4562)		20		l	
21	Less depreciation claimed on Schedule A and elsewhere on return		21a	<u> </u>	21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	125,794.
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)		See Sta	tement 5	27	52,684.
28	Total deductions. Add lines 14 through 27				28	958,602.
29	Unrelated business taxable income before net operating loss deduce	ction Sub	stract line 28 from I	ne 13	29	-582,773.
30	Deduction for net operating loss arising in tax years beginning on o	r after Jai	nuary 1, 2018 (see	_		
	ınstructions)			Stmt 6	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29				31	-582,773.
LHA	For Paperwork Reduction Act Notice, see instructions.			S	chedule	M (Form 990-T) 2019

Total to Schedule M, Part I, line 12  Form 990-T (M)  Other Deductions  Statement 5  Description  Travel Office expenses Postage Other expenses Other expenses Other expenses Purchased services  Total to Schedule M, Part II, line 27  Schedule M  Net Operating Loss Deduction  Statement 6  Loss Previously Applied  Remaining  Available This Year	Form 990-T	(M)	Other	Income		Statement 4
Total to Schedule M, Part I, line 12   375,829	Description	ı				Amount
### Porm 990-T (M) Other Deductions	Mat'l Mgmt	Affiliate Program	n.			375,829
Description  Travel Office expenses Postage Other expenses Other expenses Other expenses Purchased services  Total to Schedule M, Part II, line 27  Schedule M  Net Operating Loss Deduction  Loss Previously Applied  Tax Year Loss Sustained Applied Remaining Amount  46,779 1,301 58 58 4,090 456 Total to Schedule M, Part II, line 27  52,684  Loss Previously Applied Remaining This Year  12/31/18 296,891. 296,891.	Total to So	hedule M, Part I,	, line 12			375,829
Travel Office expenses Postage Other expenses Other expenses Purchased services  Total to Schedule M, Part II, line 27  Schedule M Net Operating Loss Deduction  Statement 6  Loss Previously Applied Remaining This Year  12/31/18  296,891.  296,891.  296,891.	Form 990-T	(M)	Other	Deductio	ons	Statement 5
Office expenses Postage Other expenses Purchased services  Total to Schedule M, Part II, line 27  Schedule M  Net Operating Loss Deduction  Loss Previously Applied  Tax Year Loss Sustained Applied  Remaining  Available This Year  12/31/18  296,891.  296,891.  296,891.  296,891.	Description	L				Amount
Office expenses Postage Other expenses Purchased services  Total to Schedule M, Part II, line 27  Schedule M  Net Operating Loss Deduction  Loss Previously Tax Year Loss Sustained Applied Applied Remaining  1,301 58 4,090 456  52,684  Statement 6  Loss Previously Remaining This Year 12/31/18 296,891. 296,891. 296,891.	Travel	-				46,779
Other expenses Purchased services  Total to Schedule M, Part II, line 27  Schedule M  Net Operating Loss Deduction  Loss Previously Tax Year Loss Sustained Applied Applied Remaining This Year  12/31/18  296,891.  296,891.  296,891.		enses				1,301
Purchased services 456  Total to Schedule M, Part II, line 27 52,684  Schedule M Net Operating Loss Deduction Statement 6  Loss Previously Loss Available Tax Year Loss Sustained Applied Remaining This Year 12/31/18 296,891. 296,891. 296,891.						58.
Schedule M Net Operating Loss Deduction Statement 6  Loss Previously Loss Available Tax Year Loss Sustained Applied Remaining This Year  12/31/18 296,891. 296,891. 296,891.	Purchased s	ervices				456.
Loss Previously Applied  Loss Sustained Applied  Applied  296,891.  296,891.	Total to So	hedule M, Part II	I, line 27			52,684.
Tax Year Loss Sustained Applied Remaining This Year 296,891. 296,891. 296,891.	Schedule M	Net	Operating	J Loss De	eduction	Statement 6
	Tax Year	Loss Sustained	Previou	isly		
NOL Carryover Available This Year 296,891. 296,891.	12/31/18	296,891.			296,891.	296,891.
	NOL Carryov	er Available This	year		296,891.	296,891.

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

 J	
OMB No	1545-0047

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Revenue Service Do not enter SSN numbers on this form as	it may be	e made public if your	organization is a	501(c)(3).	l	501(c)(3) Organizations Only
Name	of the organization Adventist Health System	n/Wes	st	ı – •	yer ident 5 – 348		on number 89
	Inrelated Business Activity Code (see instructions) > 5610	00					
	escribe the unrelated trade or business AHP					- 1	
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) E	(penses		(C) Net
1a	Gross receipts or sales 1,476,681.		4 1-4 4-				<u> </u>
b	Less returns and allowances c Balance	► <u>1c</u>	1,476,68	1.			
2	Cost of goods sold (Schedule A, line 7)	2	4 4 5 6 6 6				
3	Gross profit Subtract line 2 from line 1c	3	1,476,68	1.			1,476,681.
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		<u> </u>			
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	_			$\dashv$	
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11					
12	Other income (See instructions, attach schedule)	12	1 456 60	4			1 456 601
<u>13</u>	Total. Combine lines 3 through 12	13	1,476,68	<u> </u>			1,476,681.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			deductions	.) (Dedi		ns must be
14	Compensation of officers, directors, and trustees (Schedule K)				· ·-  -	14	2,042,982.
15	Salaries and wages	•	•	•	⊢	15	3,607.
16	Repairs and maintenance				-	16	3,007.
17	Bad debts	-	• •		-	17	
18	Interest (attach schedule) (see instructions)	-			-	18	55,767.
19	Taxes and licenses		1,77,1		·  -	19	55,707.
20	Depreciation (attach Form 4562)		20				
21	Less depreciation claimed on Schedule A and elsewhere on return	n .	21a			21b	
22	Depletion	•			·  -	22	
23	Contributions to deferred compensation plans				·  -	23	149,862.
24	Employee benefit programs			•	-	24	147,002.
25	Excess exempt expenses (Schedule I)			-	·  -	25	
26	Excess readership costs (Schedule J)		Coo. C.		-, ⊦	26	163,049.
27	Other deductions (attach schedule)		see st	atement	′ ⊦	27	2,415,267.
28	Total deductions. Add lines 14 through 27				·  -	28	
29	Unrelated business taxable income before net operating loss ded	uction (	Subtract line 28 from	n line 13	. L	29	-938,586.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 30 from line 29

Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss ansing in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2019

-938,586.

instructions)

Stmt 8

Form 990-T	(M)	Other Deduct	tions	Statement 7
Description	ı			Amount
Office exper Other exper Travel Professions	ıses			2,102. 3,034. 59,573. 98,340.
Total to So	chedule M, Par	ct II, line 27		163,049.
Schedule M		Net Operating Loss	Deduction	Statement 8
Tax Year	Loss Sustain	Loss Previously ned Applied	Loss Remaining	Available This Year
12/31/18	105,9	17.	105,917.	105,917.
	ver Available	Mhia Voor	105,917.	105,917.

						Entity	2	i
orm 990-T (2019) Adventist	Voolth	Creat on /E	vo a t		95-348	1500	Pa	age 3
Schedule A - Cost of Goods	Sold. Enter	method of inve	ntory valuation N/A		33-340	4309	-	
1 Inventory at beginning of year	1	THOUSE OF THE	6 Inventory at end of ye			6	<del></del>	
A Durahaga	2		7 Cost of goods sold. S	•	ina 6		-	—
O Cost of labor	3		from line 5. Enter here					
4a Additional section 263A costs	<u>                                   </u>		line 2		urt i,	7		
(attach schedule)	4a		8 Do the rules of section		with respect to	<u> </u>	Yes	No
b Other costs (attach schedule)			property produced or	•	•			<del></del> ,
5 Total. Add lines 1 through 4b	5		the organization?		, voi rocalo, apply to		-	$\mathbf{x}^{-}$
Schedule C - Rent Income (		Property and		ease	d With Real Prop	erty)		<del></del>
(see instructions)		. ,	, ,		•			
Description of property  (1)			· · · · · · · · · · · · · · · · · · ·					
(2)	-					-		
(3)		<b></b>						
(4)						•		
· · · · · · · · · · · · · · · · · · ·	2. Rent receiv	ed or accrued						—
(a) From personal property (if the perc rent for personal property is more 1096 but not more than 50%)	entage of than	of rent for	and personal property (if the percent personal property exceeds 50% or if ent is based on profit or income)	ige	3(a) Deductions directly columns 2(a) ar	connected with the li nd 2(b) (attach schedu	ncome in nte)	
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
c) Total income. Add totals of columns there and on page 1, Part I, line 6, column	(A)	▶		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	<b>•</b>		Ο.
Schedule E - Unrelated Deb	t-Financed	Income (see	e instructions)		•		·	
			2. Gross income from		3. Deductions directly cont to debt-finance	nected with or allocat ed property	ble	
Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other d (attach so		
(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 allocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x to 3(a) ar		
(1)	· · · · · ·		%			1		
(2)			%					
(3)			%					
(4)		•		1		T		

Form 990-T (2019)

0.

0.

Enter here and on page 1,

Part I, line 7, column (B).

Total dividends-received deductions included in column 8

Enter here and on page 1,

Part I, line 7, column (A).

0.

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

- 1	OIND IN	1010-0011
		140

Entity

For calendar year 2019 or other tax year beginning

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	l Revenue Service	Do not enter SSN numbers	on this form as it	may be	e made public if your	organiza	ation is <u>a 501(c)(</u>	3).	501(c)(3) Organizations Only
	of the organization	Adventist Healt			st		Employer ide 95-34		
		Activity Code (see instructions)	<b>►</b> <u>52300</u>	0	<u>.</u>				
	Describe the unrela	ted trade or business P	artnersh	<u>ip</u>	pass-throu	ıgh -	- Consol	<u>idat</u>	<u>ed</u>
Pai	rt I Unrelated	Trade or Business Incor	ne		(A) Income		(B) Expense	s	(C) Net
1 a	Gross receipts or	sales							
ь	Less returns and all	owances	c Balance	1c					
2	Cost of goods sol	d (Schedule A, line 7)		2					<u> </u>
3	Gross profit. Subt	ract line 2 from line 1c		3					
4 a	Capital gain net in	come (attach Schedule D)		4a					
ь	Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach	Form 4797)	4b					
С	Capital loss dedu	ction for trusts		4c	_				
5	Income (loss) from	n a partnership or an S corporation	on (attach						
	statement)	<u> </u>		5	742,1	16.			742,116.
6	Rent income (Sch	edule C)		6					<u>.</u>
7	Unrelated debt-fin	anced income (Schedule E)		7					
8		, royalties, and rents from a cont	rolled						
	organization (Sch	edule F)	**	8					
9	Investment incom	e of a section 501(c)(7), (9), or (1)	7)						
	organization (Sch	edule G)		9					
10	Exploited exempt	activity income (Schedule I)		10					
11	Advertising incom	ie (Schedule J)		11					-·
12	Other income (Se	e instructions, attach schedule)		12					
13	Total. Combine li	nes 3 through 12		13	742,1	<u>[6.]</u>			742,116.
	directly co	ns Not Taken Elsewhere onnected with the unrelate	d business in	come	e.)	n dedi	ıctions.) (De	<del>, , .</del>	ns must be
14	•	officers, directors, and trustees (	Scriedule K)				•	15	<del></del>
15 16	Salaries and wage	stenance	•	•		•		16	
							•	17	
17 18						•-	••	18	
19	Taxes and license		•				•	19	12,656.
20	Depreciation (atta					-		18	12,0301
21	•	claimed on Schedule A and else	where on return		20 21a	-		21b	
22	Depletion	Claimed on Schedule A and else	where on return		[218]			22	
23	•	deferred compensation plans		•			•	23	
24 24	Employee benefit	·	•	•				24	
25	- ·	penses (Schedule I)	-		•			25	
26	•	costs (Schedule J)					•	26	
20 27	•	(attach schedule)					•	27	
27 28		. Add lines 14 through 27				•		28	12,656.
20 29		s taxable income before net ope	rating loss dodu	ction (	 Subtract line 28 fro	m line 1	a	29	729,460.
30		operating loss arising in tax year	_					20	127, ±000
-	instructions)	operating loss wishing in tax year	c bogiiiig on c	. GILUI	J. 1010 (3			30	0.
31	•	ss taxable income Subtract line 3	 30 from line 20					31	729,460.
<del></del>	C. II CIGLOG DUSING	Carried Company (1976)	ZO NOTH HID ES				<del></del>		. = 2 , 2 0 0 1

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

OMB No. 1545-0047

Entity

	I Revenue Service Do not enter SSN numbers on this form as it					3).	Open to Public Inspection for 501(c)(3) Organizations Only
Name	of the organization Adventist Health System				Employer ide 95-34	ntificati	
	Inrelated Business Activity Code (see instructions)   52300					_	
	escribe the unrelated trade or business Partnersh	ip	pass-thr	ough	- Stand	alor	ne Paradi
Paı	t I Unrelated Trade or Business Income		(A) Incon	ne	(B) Expense	s	(C) Net
1a	Gross receipts or sales						
ь	Less returns and allowances c Balance ▶	1c			<u>_</u> _		
2	Cost of goods sold (Schedule A, line 7)	2					
3	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					<del></del>
5	Income (loss) from a partnership or an S corporation (attach						
	statement)	5	140,	974.	<del></del> -		140,974.
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	140,	974.			140,974.
	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			on dec	luctions.) (De		ons must be
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	7,558.
19		• •- •			· · · · · · · · · · · · · · · · · · ·	19	1,556.
20			20				
21	Less depreciation claimed on Schedule A and elsewhere on return		<u></u> <u>.21</u>	<u>a  </u>		21b	
22	Depletion			•		22	
23	Contributions to deferred compensation plans	· • • •		•		23	
24	Employee benefit programs			•	•	24	<u> </u>
25	Excess exempt expenses (Schedule I)					25	
26	Excess readership costs (Schedule J)	-			-	26	
27	Other deductions (attach schedule)					27	7 550
28	Total deductions. Add lines 14 through 27					28	7,558.
29	Unrelated business taxable income before net operating loss deduc				13	29	133,416.
30	Deduction for net operating loss arising in tax years beginning on o	r arter	January 1, 2018	s (see			_
~						30	122 416
31	Unrelated business taxable income Subtract line 30 from line 29	-		·		31	133,416.
LHA	For Paperwork Reduction Act Notice, see instructions.				S	cnedul	le M (Form 990-T) 2019

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

Ent:	ity	7
	OMB No	1545-0047

			, and driving				. •
	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).						
	DO NOT GREEN SON HUMBERS ON THIS TOTAL AS IT MAY BE MADE IT YOUR ORGANIZATION IS A 30 NEWSPIN						ations Only
rvame	of the organization  Adventist Health System	entificat 4845					
ι	Inrelated Business Activity Code (see instructions)   52300			·			
	Describe the unrelated trade or business Partnersh		pass-through	- Stand	alor	ie PVHR	
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expens	ses	(C) Ne	≱t
1a	Gross receipts or sales						
ь	Less returns and allowances c Balance	- 1c				İ	
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit. Subtract line 2 from line 1c	3		·			
4a	Capital gain net income (attach Schedule D)	4a				<u> </u>	
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		<del></del> ·			
c	Capital loss deduction for trusts	4c				-	
5	Income (loss) from a partnership or an S corporation (attach					-	
_		5	94,334.			94	,334.
6	Book from the Control to Co	6	22,0021			<del>                                     </del>	, 5521
7	Haralated data forecast income (Oate data D	7				<del></del>	
8	Interest, annuities, royalties, and rents from a controlled	<b>–</b>	<del>                                     </del>			<del></del>	
0		8					
9	Investment income of a section 501(c)(7), (9), or (17)	<b>├</b>				<del>                                     </del>	
ð		9					
10	Exploited exempt activity income (Schedule I)	10		_		<del></del>	
		11				<del>                                     </del>	
11						<del>                                     </del>	
12	Other income (See instructions; attach schedule)	12	94,334.			9.4	,334.
13	Total. Combine lines 3 through 12		•				
Pai	Deductions Not Taken Elsewhere (See instruct directly connected with the unrelated business in	tions 1 ncome	e.)	luctions.) (D	eduction	ons must be	: = .
14	Compensation of officers, directors, and trustees (Schedule K)				14		
15	Salanes and wages				15		
16	Repairs and maintenance				16	<u> </u>	
17	Bad debts				17	<u> </u>	
18	Interest (attach schedule) (see instructions)				18		
19	Taxes and licenses				19		
20			20				
21	Less depreciation claimed on Schedule A and elsewhere on return	١	21a		21b		
22	Depletion			-	22		
23	Contributions to deferred compensation plans	<b>.</b>			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)				27		
28					28		0.
29	Unrelated business taxable income before net operating loss dedu				29	94	,334.
30	Deduction for net operating loss arising in tax years beginning on o			•			
	andra (ationa)				30		0.
31	Unrelated business taxable income Subtract line 30 from line 29	•			31	94	,334.
LHA	For Panaguark Reduction Act Notice see instructions	-				le M (Form 00)	•

# Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047	
0040	

Entity

For calendar year 2019 or other tax year beginning \_\_\_\_\_\_, and ending \_\_\_\_\_, and ending \_\_\_\_\_, and the latest

Open to Public Inspection for 501(c)(9) Organizations Only

Department of the Treasury Internal Revenue Service ▶ 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					Employer identification number 95-3484589			
$\overline{}$	Inrelated Business Activity Code (see instructions)   52300							
	Describe the unrelated trade or business   Partnersh	ip	pass-through	<ul><li>stand</li></ul>	alone	PVHR2		
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net		
1a	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	-81,345.			<u>-81,345.</u>		
6	Rent income (Schedule C)	6_						
7	Unrelated debt-financed income (Schedule E)	7						
8	Interest, annurties, 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	-81,345.			-81,345.		
_	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			luctions.) (De	1 1	s must be		
14	Compensation of officers, directors, and trustees (Schedule K)			•	14			
15	Salanes and wages				15			
16	Repairs and maintenance				16			
17	Bad debts	•		··· ·· · · · · · · · · · · · · · · · ·	17	<del></del>		
18	Interest (attach schedule) (see instructions)				18			
19	Taxes and licenses				19			
20	Depreciation (attach Form 4562)				- <del> </del>			
21	Less depreciation claimed on Schedule A and elsewhere on return	-	21a		21b			
22	Depletion				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)				27			
28	Total deductions. Add lines 14 through 27	-		-	28	0.		
29	Unrelated business taxable income before net operating loss deduced			13	29	-81,345.		
30	Deduction for net operating loss ansing in tax years beginning on o	r after	January 1, 2018 (see			_		
	instructions)			•	30	0.		
31	Unrelated business taxable income. Subtract line 30 from line 29				31	-81,345.		

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

# **TAX YEAR ENDING December 31, 2019**

(1) Transferee Corporation: Adhealth Limited

EIN. n/a

(2) Date(s) of the transfer(s) of assets: 12/31/2019

(3) Fair market value and basis of property transferred by transferor in the exchange, aggregated as follows:

(i)	(ii)	(iii)	(iv)
Importation property transferred in a loss importation transaction	Loss duplication property	Property as to which any gain or loss was recognized on the transfer (without regard to whether the property is also identified in columns (i) and (ii)	Property not described in column (ı), (ii), or (ııi)
Fair Market Value: N/A	Fair Market Value: N/A	Fair Market Value: N/A	Fair Market Value <sup>.</sup> \$1,214,763
Basis: N/A	Basis: N/A	Basis: N/A	Basis: \$1,214,763

Paragraph (1): Transferor

Name of Transferor: Address of Transferor Adventist Health System/West

250 University Avenue No. 200

Palo Alto, CA 94301

FEIN of Transferor: 95-3484589

Paragraph (2): Transferee

(i) Name of Transferee:

Adhealth Limited

Address of Transferee:

PO Box HM 2062, Hamilton, HMHX Bermuda

Transferee's FEIN (if any).

n/a

Country of Incorporation

Bermuda

(ii) Description of the Transfer During the tax year ended December 31, 2019, Adventist Health System/West contributed cash to Adhealth Limited (FEIN (if any): n/a).

The total value of the contribution subject to I.R.C. Section 6038B was \$1,214,763. The contribution value reflects the fair market value of the Adventist Health System/West cash received by Adhealth Limited (FEIN: n/a).

Transfer of cash pursuant to Section 351 as part of the capitalization of the company.

#### Paragraph (3) - Consideration received

Description of the consideration received by the Transferor:

Transfer treated as additional capital contribution to Adhealth Limited (FEIN: n/a).

#### Paragraph (4) - Property transferred

- (i) Active business property: N/A
- (ii) Stock or Securities: N/A
- (iii) Depreciated property. N/A
- (iv) Property to be leased: N/A
- (v) Property to be sold. N/A
- (vi) Transfers to FSCs: N/A
- (vii) Tainted property: N/A
- (viii) Foreign loss branch N/A
- (ix) Other intangibles. N/A

#### Paragraph (5) - Transfer of foreign branch with previously deducted losses

- (i) Branch operation (describe). N/A
- (ii) Branch property: N/A
- (iii) Previously deducted losses: N/A
- (iv) Character of the Gain: N/A

# **TAX YEAR ENDING December 31, 2019**

(1) Transferee Corporation: PSAM WorldArb Fund Limited

EIN: n/a

(2) Date(s) of the transfer(s) of assets: 11/29/2019

(3) Fair market value and basis of property transferred by transferor in the exchange, aggregated as follows.

(i)	(iı)	(iii)	(iv)
Importation property transferred in a loss importation transaction	Loss duplication property	Property as to which any gain or loss was recognized on the transfer (without regard to whether the property is also identified in columns (i) and (ii)	Property not described in column (i), (ii), or (iii)
Fair Market Value: N/A	Fair Market Value: N/A	Fair Market Value: N/A	Fair Market Value: \$15,000,000
Basis: N/A	Basis: N/A	Basis. N/A	Basis: \$15,000,000

Paragraph (1): Transferor

Name of Transferor Address of Transferor: Adventist Health System/West 250 University Avenue No. 200

Palo Alto, CA 94301

FEIN of Transferor:

95-3484589

Paragraph (2): Transferee

(i) Name of Transferee:

**PSAM WorldArb Fund Limited** 

Address of Transferee:

c/o Paradigm Governance Partners Limited, One Capital Place, 136 Shedden

Road, 3rd Floor, PO Box 677, Grand Cayman KY1-9006, Cayman Islands

Transferee's FEIN (if any).

n/a

Country of Incorporation:

Cayman Islands

(ii) Description of the Transfer During the tax year ended December 31, 2019, Adventist Health System/West contributed cash to PSAM WorldArb Fund Limited (FEIN (if any): n/a).

The total value of the contribution subject to I.R.C. Section 6038B was \$150,000,000 The contribution value reflects the fair market value of the Adventist Health System/West cash received by PSAM WorldArb Fund Limited (FEIN: n/a).

Transfer of cash pursuant to Section 351 as part of the capitalization of the company.

#### Paragraph (3) - Consideration received

Description of the consideration received by the Transferor:

Transfer treated as additional capital contribution to PSAM WorldArb Fund Limited (FEIN: n/a).

#### Paragraph (4) - Property transferred

- (i) Active business property: N/A
- (ii) Stock or Securities: N/A
- (iii) Depreciated property: N/A
- (iv) Property to be leased: N/A
- (v) Property to be sold: N/A
- (vi) Transfers to FSCs: N/A
- (vii) Tainted property N/A
- (viii) Foreign loss branch: N/A
- (ix) Other intangibles: N/A

#### Paragraph (5) – Transfer of foreign branch with previously deducted losses

- (i) Branch operation (describe): N/A
- (ii) Branch property: N/A
- (iii) Previously deducted losses: N/A
- (iv) Character of the Gain: N/A

### **TAX YEAR ENDING December 31, 2019**

(1) Transferee Corporation: Weiss Multi-Strategy Partners (Cayman) Ltd.

EIN. 98-1125355

(2) Date(s) of the transfer(s) of assets: 11/29/2019

(3) Fair market value and basis of property transferred by transferor in the exchange, aggregated as follows:

(i) Importation property transferred in a loss importation transaction	(ii) Loss duplication property	(iii) Property as to which any gain or loss was recognized on the transfer (without regard to whether the property is also identified in columns (i) and (ii)	(iv) Property not described in column (ı), (ii), or (iii)
Fair Market Value: N/A	Fair Market Value: N/A	Fair Market Value: N/A	Fair Market Value: \$15,000,000
Basis: N/A	Basis: N/A	Basis. N/A	Basis: \$15,000,000

Paragraph (1): Transferor

Name of Transferor: Address of Transferor. Adventist Health System/West

250 University Avenue No. 200 Palo Alto, CA 94301

FEIN of Transferor:

95-3484589

Paragraph (2): Transferee

(i) Name of Transferee:

Weiss Multi-Strategy Partners (Cayman) Ltd.

Address of Transferee.

C/O Citco Fund Services (Cayman) Ltd., 89 Nexus Way, Camana Bay, Grand

Cayman KY1-1205, Cayman Islands

Transferee's FEIN (if any):

98-1125355

Country of Incorporation: Cay

Cayman Islands

(ii) Description of the Transfer During the tax year ended December 31, 2019, Adventist Health System/West contributed cash to Weiss Multi-Strategy Partners (Cayman) Ltd (FEIN (if any): 98-1125355).

The total value of the contribution subject to I.R.C. Section 6038B was \$150,000,000. The contribution value reflects the fair market value of the Adventist Health System/West cash received by Weiss Multi-Strategy Partners (Cayman) Ltd. (FEIN: 98-1125355).

Transfer of cash pursuant to Section 351 as part of the capitalization of the company.

#### Paragraph (3) - Consideration received

Description of the consideration received by the Transferor:

Transfer treated as additional capital contribution to Weiss Multi-Strategy Partners (Cayman) Ltd. (FEIN: 98-1125355).

#### Paragraph (4) - Property transferred

- (i) Active business property: N/A
- (ii) Stock or Securities: N/A
- (iii) Depreciated property: N/A
- (iv) Property to be leased N/A
- (v) Property to be sold: N/A
- (vi) Transfers to FSCs: N/A
- (vii) Tainted property: N/A
- (viii) Foreign loss branch: N/A
- (ix) Other intangibles: N/A

#### Paragraph (5) - Transfer of foreign branch with previously deducted losses

- (i) Branch operation (describe): N/A
- (ii) Branch property: N/A
- (iii) Previously deducted losses: N/A
- (iv) Character of the Gain: N/A

# **TAX YEAR ENDING December 31, 2019**

(1) Transferee Corporation: Capula Tail Risk Fund Limited

EIN: n/a

(2) Date(s) of the transfer(s) of assets: 11/26/2019

(3) Fair market value and basis of property transferred by transferor in the exchange, aggregated as follows:

(i)	(ii)	(iii)	(iv)
Importation property transferred in a loss importation transaction	Loss duplication property	Property as to which any gain or loss was recognized on the transfer (without regard to whether the property is also identified in columns (i) and (ii)	Property not described in column (i), (ii), or (iii)
Fair Market Value: N/A	Fair Market Value: N/A	Fair Market Value: N/A	Fair Market Value: \$15,000,000
Basis: N/A	Basis: N/A	Basis: N/A	Basis: \$15,000,000

Paragraph (1): Transferor

Name of Transferor: Address of Transferor: Adventist Health System/West 250 University Avenue No. 200

Palo Alto, CA 94301

**FEIN of Transferor:** 

95-3484589

Paragraph (2): Transferee

(i) Name of Transferee:

Capula Tail Risk Fund Limited

Address of Transferee:

PO Box 309, Ugland House, Grand Cayman KY1-1104, Cayman Islands

Transferee's FEIN (if any):

n/a

Country of Incorporation:

Cayman Islands

(ii) Description of the Transfer During the tax year ended December 31, 2019, Adventist Health System/West contributed cash to Capula Tail Risk Fund Limited (FEIN (if any): n/a).

The total value of the contribution subject to I.R.C Section 6038B was \$150,000,000 The contribution value reflects the fair market value of the Adventist Health System/West cash received by Capula Tail Risk Fund Limited (FEIN: n/a).

Transfer of cash pursuant to Section 351 as part of the capitalization of the company.

#### Paragraph (3) - Consideration received

Description of the consideration received by the Transferor:

Transfer treated as additional capital contribution to Capula Tail Risk Fund Limited (FEIN: n/a).

#### Paragraph (4) - Property transferred

- (i) Active business property: N/A
- (ii) Stock or Securities: N/A
- (iii) Depreciated property: N/A
- (iv) Property to be leased: N/A
- (v) Property to be sold: N/A
- (vi) Transfers to FSCs: N/A
- (vii) Tainted property: N/A
- (viii) Foreign loss branch: N/A
- (ix) Other intangibles: N/A

# Paragraph (5) – Transfer of foreign branch with previously deducted losses

- (i) Branch operation (describe): N/A
- (ii) Branch property: N/A
- (iii) Previously deducted losses: N/A
- (iv) Character of the Gain: N/A