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|                                                                                                                                                              |                                                                                                                                                                                                  |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Form <b>990</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Return of Organization Exempt From Income Tax</b><br><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b> | OMB No 1545-0047<br><div> <div>2009</div> <div>Open to Public Inspection</div> </div> |
|                                                                                                                                                              | The organization may have to use a copy of this return to satisfy state reporting requirements                                                                                                   |                                                                                       |

|                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                                                                                           |                                     |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------|
| <b>A</b> For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009                                                                                                                                                                                                  |                                                                          |                                                                                                                                                           |                                     |                                                       |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>Please use IRS label or print or type. See Specific Instructions.</b> | <b>C</b> Name of organization<br>Adventist Health SystemWest<br>DBA Adventist Health                                                                      |                                     | <b>D</b> Employer identification number<br>95-3484589 |
|                                                                                                                                                                                                                                                                                              |                                                                          | Doing Business As                                                                                                                                         |                                     | <b>E</b> Telephone number<br>(916) 781-2000           |
|                                                                                                                                                                                                                                                                                              |                                                                          | Number and street (or P O box if mail is not delivered to street address)<br>2100 Douglas Blvd                                                            | Room/suite                          | <b>G</b> Gross receipts \$ 175,852,862                |
|                                                                                                                                                                                                                                                                                              |                                                                          | City or town, state or country, and ZIP + 4<br>Roseville, CA 95661                                                                                        |                                     |                                                       |
|                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                                                                                           |                                     |                                                       |
| <b>F</b> Name and address of principal officer                                                                                                                                                                                                                                               |                                                                          | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                    |                                     |                                                       |
|                                                                                                                                                                                                                                                                                              |                                                                          | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "No," attach a list (see instructions) |                                     |                                                       |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527                                                                                                                                 |                                                                          | <b>H(c)</b> Group exemption number ▶ 1071                                                                                                                 |                                     |                                                       |
| <b>J</b> Website: ▶ www.adventisthealth.org                                                                                                                                                                                                                                                  |                                                                          |                                                                                                                                                           |                                     |                                                       |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                           |                                                                          | <b>L</b> Year of formation 1980                                                                                                                           | <b>M</b> State of legal domicile CA |                                                       |

| Part I                      |           | Summary                                                                                                                                               |                                                                             |                         |
|-----------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------|
| Activities & Governance     | <b>1</b>  | Briefly describe the organization's mission or most significant activities<br>To share God's love by providing physical, mental and spiritual healing |                                                                             |                         |
|                             | <b>2</b>  | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                |                                                                             |                         |
|                             | <b>3</b>  | Number of voting members of the governing body (Part VI, line 1a) . . . . .                                                                           | <b>3</b> 1                                                                  |                         |
|                             | <b>4</b>  | Number of independent voting members of the governing body (Part VI, line 1b) . . . . .                                                               | <b>4</b>                                                                    |                         |
|                             | <b>5</b>  | Total number of employees (Part V, line 2a) . . . . .                                                                                                 | <b>5</b> 85                                                                 |                         |
|                             | <b>6</b>  | Total number of volunteers (estimate if necessary) . . . . .                                                                                          | <b>6</b>                                                                    |                         |
|                             | <b>7a</b> | Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .                                                                  | <b>7a</b> 351,11                                                            |                         |
|                             | <b>b</b>  | Net unrelated business taxable income from Form 990-T, line 34 . . . . .                                                                              | <b>7b</b> -101,04                                                           |                         |
| Revenue                     | <b>8</b>  | Contributions and grants (Part VIII, line 1h) . . . . .                                                                                               | <b>Prior Year</b> 600                                                       | <b>Current Year</b> 804 |
|                             | <b>9</b>  | Program service revenue (Part VIII, line 2g) . . . . .                                                                                                | 89,233,971                                                                  | 131,842,139             |
|                             | <b>10</b> | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .                                                                              | 19,235,833                                                                  | 41,573,398              |
|                             | <b>11</b> | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                              | 332,411                                                                     | 378,557                 |
|                             | <b>12</b> | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .                                                            | 108,802,815                                                                 | 173,794,898             |
|                             | Expenses  | <b>13</b>                                                                                                                                             | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . | 428,148                 |
| <b>14</b>                   |           | Benefits paid to or for members (Part IX, column (A), line 4) . . . . .                                                                               |                                                                             | 0                       |
| <b>15</b>                   |           | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                     | 33,520,672                                                                  | 99,829,149              |
| <b>16a</b>                  |           | Professional fundraising fees (Part IX, column (A), line 11e) . . . . .                                                                               |                                                                             | 0                       |
| <b>b</b>                    |           | Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0                                                                  |                                                                             |                         |
| <b>17</b>                   |           | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .                                                                                | 102,656,464                                                                 | 81,410,062              |
| <b>18</b>                   |           | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                              | 136,605,284                                                                 | 181,651,988             |
| <b>19</b>                   |           | Revenue less expenses Subtract line 18 from line 12 . . . . .                                                                                         | -27,802,469                                                                 | -7,857,090              |
| Net Assets or Fund Balances |           |                                                                                                                                                       | <b>Beginning of Current Year</b>                                            | <b>End of Year</b>      |
|                             | <b>20</b> | Total assets (Part X, line 16) . . . . .                                                                                                              | 1,129,549,955                                                               | 1,332,388,171           |
|                             | <b>21</b> | Total liabilities (Part X, line 26) . . . . .                                                                                                         | 1,032,520,796                                                               | 1,241,016,382           |
|                             | <b>22</b> | Net assets or fund balances Subtract line 21 from line 20 . . . . .                                                                                   | 97,029,159                                                                  | 91,371,789              |

|                                 |                                                                                                                                                                                                                                                                                                                     |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Signature Block</b>  |                                                                                                                                                                                                                                                                                                                     |
| <b>Sign Here</b>                | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge |
|                                 | <div> <div>*****</div> <div>Signature of officer</div> </div> <div> <div>2010-11-15</div> <div>Date</div> </div>                                                                                                                                                                                                    |
|                                 | <div> <div>Douglas E Rebok Asst Sec/CFO</div> <div>Type or print name and title</div> </div>                                                                                                                                                                                                                        |
| <b>Paid Preparer's Use Only</b> | <div> <div>Preparer's signature</div> <div>Date</div> <div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div> <div>Preparer's identifying number (see instructions)</div> </div>                                                                                                         |
|                                 | <div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div>EIN</div> </div>                                                                                                                                                                                                                |
|                                 | <div> <div></div> <div>Phone no</div> </div>                                                                                                                                                                                                                                                                        |

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

To share God's love by providing physical, mental and spiritual healing

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . .

☐ Yes

☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . .

☐ Yes

☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 179,398,669 including grants of \$ ) (Revenue \$ 131,842,139 )

Adventist Health is a not-for-profit, faith-based health system operating in California, Hawaii, Oregon and Washington. Founded on the Seventh-day Adventist heritage of Christian health care, Adventist Health is comprised of 17 hospitals (managed, leased or operated) with more than 2,500 beds, approximately 18,600 employees, numerous clinics and outpatient facilities, the largest system of rural health clinics in California (with additional RHCs in Oregon and Washington), 14 home care agencies and four joint-venture retirement centers. Adventist Health's vision is to be a recognized leader in mission focus, quality care and fiscal strength. Our facilities do this by engaging their respective communities and patients in a partnership for personal and community health. Mission-driven. Our mission, "to share God's love by providing physical, mental and spiritual healing," compels us to provide quality medical health care regardless of age, sex, national origin, handicap or ability to pay. Although reimbursement for services rendered is critical to the operation and stability of our system both now and in the future, not everyone is able to pay for the essential medical services provided by our facilities. Instead of turning these people away, Adventist Health provides low or no cost services and offers a variety of programs to minister to their needs. Adventist Health has combined its mission and vision with strong organizational structure and leadership. Our facilities enjoy benefits such as pooled services, a centralized cash management program, economies of scale and purchasing power to name a few, by belonging to a larger system that continually seeks to enhance its ability to serve. For instance, the corporate office champions and directs a number of programs that are aimed at improving the organization as a whole. A few of our main endeavors include delivery of care, information technology, risk management, materiel management and financial analytical support. Each of these functions benefits each and every facility in some way. From time to time, extraordinary needs arise that require specialized attention and support. Fortunately, pooling resources and expertise at the corporate level makes this possible. Project IntelliCare. To further the ongoing pursuit of clinical quality improvement and operational efficiency to benefit our community hospitals, Adventist Health purchased the Cerner Millennium clinical information system and has committed more than \$100 million to the project. Named Project IntelliCare, this is Adventist Health's single largest initiative in terms of dollars spent and lives touched. At any one time nearly 4,000 physicians and employees are using this technology to deliver patient care. One goal of Project IntelliCare is to seamlessly manage the entire patient experience electronically by giving clinicians access to patient records, lab results, pharmacy support and more all online. Of equal importance is the transformation of patient care processes to achieve the highest quality care. Phase I of this project was application replacement and infrastructure, and Phase II included a pilot project of computerized physician order entry and electronic documentation for clinicians. Phase III is currently in progress, and in 2009 Adventist Health initiated plans to implement CPOE throughout its system. This exciting new technology is enhancing the health care experience for both patients and caregivers. First and foremost, Project IntelliCare is designed to improve patient safety. By automating multiple steps in the patient care process, it enhances documentation, decreases medical errors, improves detection of adverse events and associated interventions, and provides guidelines, prompts and alerts based on best practices. (Continued on next section)

4b

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

The patient experience also is positively impacted. At the heart of Project IntelliCare is a single, secure database that is available to everyone involved in a patient's care. As a result, patients only have to give their medical history once, and changes can be easily noted. Delays are reduced by making lab, radiology and emergency department results available online. Armed with this information, clinicians can make better, faster decisions. By standardizing and streamlining care, Adventist Health will realize savings and efficiencies, reduce duplication and meet a growing number of national, state and regulatory requirements. QualitySystemwide, Adventist Health made significant progress in achieving important quality goals in 2009. As a result, aggregate system scores were in the top 40 percent of hospitals nationally for acute myocardial infarction, heart failure, pneumonia and surgical improvement quality measures-and several Adventist Health hospitals ranked among the nation's top 10 percent in these areas. Hospitals also are compared nationally in mortality rates, and patients are less likely to die in facilities with adjusted mortality index scores of less than one. In 2009, Adventist Health, as a system, achieved an adjusted mortality index score of less than one when compared to a national comparison group with similar patient characteristics. In addition to implementing Quality Compass, the system's first electronic infection control software application and program, Adventist Health launched system-wide collaborative to reduce hospital-acquired pressure ulcers making significant progress toward identifying best practices for maintaining skin integrity and managing skin breakdown. Also notable is the continuing partnership. Bryan Sexton, Ph.D. -formerly with Johns Hopkins and now with Duke University Health System and an expert in health care culture improvement-on a Culture of Teamwork and Service Improvement Program, which has improved the culture of safety and teamwork system-wide. In 2009, Home Care also made significant strides to enhance patient care and safety by implementing Cerner BeyondNow Homecare Solutions throughout all 14 agencies. Along with better, safer care the software will enhance communication between caregivers, improve patient information security and allow clinicians access to records and information at anytime from any location. Additionally, eight agencies were named among the 2009 HomeCare Elite list compiled by Outcome Concept Systems, Inc., a Seattle-based company providing data products and benchmark services for home health, hospice and private duty agencies. In addition, many hospitals received numerous awards for quality, including national and state recognition through the Premier/CMS Hospital Quality Incentive Demonstration (HQID) project and the California Hospital Assessment and Reporting Taskforce (CHART). A silver-level CAPE Quality Award for Performance Excellence also was given to our Central Valley Network hospital's-Hanford Community Medical Center, Central Valley General Hospital and Selma Community Hospital. Administered by the California Council for Excellence, this recognition for quality is the State of California's equivalent to the national Malcolm Baldrige Quality award. And all Adventist Health hospitals are accredited by The Joint Commission. (Continued on next section)

4c

(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

To further engage physicians in system-level quality initiatives, the system's vice president of Clinical Effectiveness/Chief Medical Officer hosted a Physician Executive Leadership Conference featuring several renowned physician speakers and drawing numerous attendees from across the system. Adventist Health also has an established System Quality Council (SQC) in an effort to achieve a higher level of quality throughout its four-state health care system. SQC is an interdisciplinary committee that is responsible for providing input and direction for Adventist Health's overall quality improvement strategy. The council includes representatives from administration, nursing, finance, clinical information systems as well as several physician advocates. Rural Health Clinics. People living in rural or underserved communities are often at a disadvantage when accessing health care. In 2004, Adventist Health established its Clinic Services Department to provide consultation and support services to Rural Health Clinics (RHCs) based at Adventist Health hospitals. During 2009, Adventist Health opened two new rural health clinics for a total of more than 30 clinics providing health care to underserved populations throughout Northern and Central California, Oregon and Washington and making the system the largest network of clinics in the state of California. Services of this corporate department include financial monitoring, program audits, operations support, professional development, advocacy and education regarding new regulations. But the real evidences of success are the patients served-700,000 visits in 2009. Thanks to the RHCs, many of the community's most disenfranchised now have access to primary care, dentistry, women's and children's services and health education. A variety of specialty care also is available at many RHC locations, including four behavioral health programs. In addition to opening two new RHCs in 2009, many clinic sites added new technologies. Always mindful of providing the best care possible, the RHCs also participate in various quality initiatives, such as HEDIS, to track and benchmark outpatient health indicators. Home Care Services. Adventist Health/Home Care Services offers advanced, quality health care in an in-home setting by operating 14 Home Care agencies which in 2009, made 211,544 home care visits. Many of the agencies provide specialized treatment plans and unique programs, such as pediatric care. Hospice services also are offered throughout the system. Currently, Adventist Health operates four such programs, including one onsite Hospice House where patients can receive advanced medical care in a home-like setting. Through its Home Care department, Adventist Health also offers Personal Care, which helps patients stay at home and maintain as much independence as possible. Services include personal care and grooming, bathing, grocery shopping, meal preparation, light housekeeping, laundry, prescribed exercises or short walks, and even babysitting. (Continued on next section)

4d

Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e

Total program service expenses\$ 179,398,669

Part IV

Checklist of Required Schedules

|     |                                                                                                                                                                                                                                                                                                                                       |     |     |    |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|     |                                                                                                                                                                                                                                                                                                                                       | Yes | No  |    |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A                                                                                                                    | 1   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?                                                                                                                                                                                                                                                        | 2   |     | No |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                                 | 3   |     | No |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                   | 4   | Yes |    |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III                                       | 5   |     | No |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II                                      | 7   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III                                                                                                    | 8   |     | No |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V                                                                                         | 10  |     | No |
| 11  | Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.                                                                                                     | 11  | Yes |    |
|     | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.                                                                                                                                                                                                |     |     |    |
|     | • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.                                                                                                                              |     |     |    |
|     | • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.                                                                                                                              |     |     |    |
|     | • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.                                                                                                                                               |     |     |    |
|     | • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.                                                                                                                                                                                                              |     |     |    |
|     | • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.                                                                                               |     |     |    |
| 12  | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII                                                                                            | 12  |     | No |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year?                                                                                                                                                                                                                             | Yes | No  |    |
|     | If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional                                                                                                                                                                             | 12A | Yes |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E                                                                                                                                                                                                                                     | 13  |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                           | 14a |     | No |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I                                                                                                               | 14b |     | No |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II                                                                                                                                   | 15  |     | No |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III                                                                                                                                       | 16  |     | No |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I                                                                                                                                           | 17  |     | No |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II                                                                                                                                                        | 18  |     | No |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III                                                                                                                                                                                  | 19  |     | No |
| 20  | Did the organization operate one or more hospitals? If "Yes," complete Schedule H                                                                                                                                                                                                                                                     | 20  |     | No |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                          | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                           | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                | 23  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a | Yes |    |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                  | 24b |     | No |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                       | 24c | Yes |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                            | 24d |     | No |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                      | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .       | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                    | 26  | Yes |    |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .            | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                              |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                           | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                                                  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                      | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                      | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .                                                                                                                                         | 34  | Yes |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                                   | 35  |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .                                             | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                               | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

|                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                  |                                                                                 | Yes   | No  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------|-----|
| 1a                                                                                                                                                                                                                                                                                | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .                                                                                       | 1a                                                                              | 6,586 |     |
|                                                                                                                                                                                                                                                                                   | b                                                                                                                                                                                                                                                | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b    |     |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .                                                                                                              |                                                                                                                                                                                                                                                  |                                                                                 | 1c    | Yes |
| 2a                                                                                                                                                                                                                                                                                | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .                                                    | 2a                                                                              | 850   |     |
|                                                                                                                                                                                                                                                                                   | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) |                                                                                 |       |     |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .                                                                                                                                                 |                                                                                                                                                                                                                                                  |                                                                                 | 3a    | Yes |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                      |                                                                                                                                                                                                                                                  |                                                                                 | 3b    | Yes |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .                           |                                                                                                                                                                                                                                                  |                                                                                 | 4a    | Yes |
| b If "Yes," enter the name of the foreign country: <input type="text" value="BD"/><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts                                                            |                                                                                                                                                                                                                                                  |                                                                                 |       |     |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .                                                                                                                                                                    |                                                                                                                                                                                                                                                  |                                                                                 | 5a    | No  |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                                                                |                                                                                                                                                                                                                                                  |                                                                                 | 5b    | No  |
| c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                 | 5c    | No  |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .                                                                                          |                                                                                                                                                                                                                                                  |                                                                                 | 6a    | No  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .                                                                                                                         |                                                                                                                                                                                                                                                  |                                                                                 | 6b    | No  |
| 7 Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                                                                   |                                                                                                                                                                                                                                                  |                                                                                 |       |     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                 | 7a    | No  |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .                                                                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                 | 7b    | No  |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .                                                                                                                                  |                                                                                                                                                                                                                                                  |                                                                                 | 7c    | No  |
| d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .                                                                                                                                                                                                     |                                                                                                                                                                                                                                                  |                                                                                 | 7d    | 0   |
| e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .                                                                                                                                     |                                                                                                                                                                                                                                                  |                                                                                 | 7e    | No  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .                                                                                                                                                              |                                                                                                                                                                                                                                                  |                                                                                 | 7f    | No  |
| g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .                                                                                                                                                                |                                                                                                                                                                                                                                                  |                                                                                 | 7g    | No  |
| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .                                                                                                                                                 |                                                                                                                                                                                                                                                  |                                                                                 | 7h    | No  |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . . |                                                                                                                                                                                                                                                  |                                                                                 | 8     | No  |
| 9 Sponsoring organizations maintaining donor advised funds.                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                  |                                                                                 |       |     |
| a Did the organization make any taxable distributions under section 4966? . . . . .                                                                                                                                                                                               |                                                                                                                                                                                                                                                  |                                                                                 | 9a    | No  |
| b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .                                                                                                                                                                                |                                                                                                                                                                                                                                                  |                                                                                 | 9b    | No  |
| 10 Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                  |                                                                                 |       |     |
| a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .                                                                                                                                                                                              |                                                                                                                                                                                                                                                  |                                                                                 | 10a   |     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                                                     |                                                                                                                                                                                                                                                  |                                                                                 | 10b   |     |
| 11 Section 501(c)(12) organizations. Enter                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                  |                                                                                 |       |     |
| a Gross income from members or shareholders . . . . .                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                  |                                                                                 | 11a   |     |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .                                                                                                                                           |                                                                                                                                                                                                                                                  |                                                                                 | 11b   |     |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                                                    |                                                                                                                                                                                                                                                  |                                                                                 | 12a   | No  |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                                                           |                                                                                                                                                                                                                                                  |                                                                                 | 12b   |     |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

|    |                                                                                                                                                                                                                           |    |     |    |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
|    |                                                                                                                                                                                                                           |    | Yes | No |
| 1a | Enter the number of voting members of the governing body . . .                                                                                                                                                            | 1a | 13  |    |
| b  | Enter the number of voting members that are independent . . .                                                                                                                                                             | 1b | 8   |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                           | 2  |     | No |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . | 3  |     | No |
| 4  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?                                                                                                     | 4  |     | No |
| 5  | Did the organization become aware during the year of a material diversion of the organization's assets? . . .                                                                                                             | 5  |     | No |
| 6  | Does the organization have members or stockholders? . . . . .                                                                                                                                                             | 6  | Yes |    |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .                                                                                     | 7a | Yes |    |
| b  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .                                                                                                             | 7b | Yes |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                          |    |     |    |
| a  | The governing body? . . . . .                                                                                                                                                                                             | 8a | Yes |    |
| b  | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                           | 8b | Yes |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .    | 9  |     | No |

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

|     |                                                                                                                                                                                                                                                                                                          |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|     |                                                                                                                                                                                                                                                                                                          |     | Yes | No |
| 10a | Does the organization have local chapters, branches, or affiliates? . . . . .                                                                                                                                                                                                                            | 10a |     | No |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .                                                                             | 10b |     | No |
| 11  | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                                       | 11  | Yes |    |
| 11A | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .                                                                                                                                                                                                    |     |     |    |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .                                                                                                                                                                                                       | 12a | Yes |    |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .                                                                                                                                                              | 12b | Yes |    |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .                                                                                                                                             | 12c | Yes |    |
| 13  | Does the organization have a written whistleblower policy? . . . . .                                                                                                                                                                                                                                     | 13  | Yes |    |
| 14  | Does the organization have a written document retention and destruction policy? . . . . .                                                                                                                                                                                                                | 14  | Yes |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                                                                                     |     |     |    |
| a   | The organization's CEO, Executive Director, or top management official . . . . .                                                                                                                                                                                                                         | 15a | Yes |    |
| b   | Other officers or key employees of the organization . . . . .                                                                                                                                                                                                                                            | 15b | Yes |    |
|     | If "Yes" to line a or b, describe the process in Schedule O (See instructions )                                                                                                                                                                                                                          |     |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .                                                                                                                                          | 16a | Yes |    |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b | Yes |    |

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                          |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed ▶                                                                                                                                                                                                                                                                             |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.                                                                                                                                               |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶<br>Douglas E Rebok<br>2100 Douglas Blvd<br>Roseville, CA 95661<br>(916) 781-2000                                                                                                                                          |

## Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form 990 (2009)

|           |                        |            |         |           |
|-----------|------------------------|------------|---------|-----------|
| <b>1b</b> | <b>Total</b> . . . . . | 13,714,430 | 217,038 | 3,246,945 |
|-----------|------------------------|------------|---------|-----------|

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶246

|          |                                                                                                                                                                                                                                               |              |           |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------|
|          |                                                                                                                                                                                                                                               | <b>Yes</b>   | <b>No</b> |
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | <b>3</b> Yes |           |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> Yes |           |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                                     | <b>5</b>     | No        |

Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A)<br>Name and business address                                                       | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------------------------------------------------------------|--------------------------------|---------------------|
| Manatt Phelps & Phillips LLP<br>11355 W Olympic Boulevard<br>Los Angeles, CA 900641614 | Legal                          | 1,410,920           |
| Cerner Corporation<br>2800 Rockcreek Parkway<br>Kansas City, MO 64117                  | Software Consulting            | 2,481,661           |
| Blue Shield<br>50 Beale St 23rd Floor<br>San Francisco, CA 94105                       | Claims Admin                   | 2,423,785           |
| Latham & Watkins LLP<br>505 Montgomery St Ste 2000<br>San Francisco, CA 941116538      | Legal                          | 3,588,023           |
| Ernst & Young LLP<br>2901 Douglas Blvd Suite 300<br>Roseville, CA 95661                | Audit/Tax                      | 1,119,991           |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶44

Part VIII

Statement of Revenue

|                                                           |                                                                    |                                                                                                                                            |               | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |            |
|-----------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|------------|
| Contributions, gifts, grants<br>and other similar amounts | 1a                                                                 | Federated campaigns . . .                                                                                                                  | 1a            |                      |                                                    |                                         |                                                                                 |            |
|                                                           | b                                                                  | Membership dues . . . . .                                                                                                                  | 1b            |                      |                                                    |                                         |                                                                                 |            |
|                                                           | c                                                                  | Fundraising events . . . . .                                                                                                               | 1c            |                      |                                                    |                                         |                                                                                 |            |
|                                                           | d                                                                  | Related organizations . . . .                                                                                                              | 1d            |                      |                                                    |                                         |                                                                                 |            |
|                                                           | e                                                                  | Government grants (contributions)                                                                                                          | 1e            |                      | 804                                                |                                         |                                                                                 |            |
|                                                           | f                                                                  | All other contributions, gifts, grants, and<br>similar amounts not included above                                                          | 1f            |                      |                                                    |                                         |                                                                                 |            |
|                                                           | g                                                                  | Noncash contributions included in<br>lines 1a-1f \$ _____                                                                                  |               |                      |                                                    |                                         |                                                                                 |            |
|                                                           | h                                                                  | Total. Add lines 1a-1f . . . . .                                                                                                           |               |                      | 804                                                |                                         |                                                                                 |            |
| Program Service Revenue                                   |                                                                    |                                                                                                                                            | Business Code |                      |                                                    |                                         |                                                                                 |            |
|                                                           | 2a                                                                 | Purchasing Rebates                                                                                                                         | 900,099       | 580,388              | 580,388                                            |                                         |                                                                                 |            |
|                                                           | b                                                                  | Insurance Trust Reimburse                                                                                                                  | 900,099       | 3,089,621            | 3,089,621                                          |                                         |                                                                                 |            |
|                                                           | c                                                                  | Admin Fees - Heathh/Flex                                                                                                                   | 561,000       | 3,507,830            | 3,507,830                                          |                                         |                                                                                 |            |
|                                                           | d                                                                  | Prtnrshp Inc Rltd Prgm Sr                                                                                                                  | 541,900       | 8,606,860            | 8,675,021                                          | -68,161                                 |                                                                                 |            |
|                                                           | e                                                                  | Management Fees                                                                                                                            | 900,099       | 115,998,363          | 115,998,363                                        |                                         |                                                                                 |            |
|                                                           | f                                                                  | All other program service revenue                                                                                                          |               | 59,077               | 1,938                                              |                                         | 57,139                                                                          |            |
|                                                           | g                                                                  | Total. Add lines 2a-2f . . . . .                                                                                                           |               |                      | 131,842,139                                        |                                         |                                                                                 |            |
| Other Revenue                                             | 3                                                                  | Investment income (including dividends, interest<br>and other similar amounts) . . . . .                                                   |               |                      | 38,266,619                                         |                                         | 40,716                                                                          | 38,225,903 |
|                                                           | 4                                                                  | Income from investment of tax-exempt bond proceeds . . .                                                                                   |               |                      | 3,303,688                                          |                                         |                                                                                 | 3,303,688  |
|                                                           | 5                                                                  | Royalties . . . . .                                                                                                                        |               |                      | 0                                                  |                                         |                                                                                 |            |
|                                                           | 6a                                                                 | (i) Real                                                                                                                                   |               | (ii) Personal        |                                                    |                                         |                                                                                 |            |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |            |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |            |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |            |
|                                                           | b                                                                  | Less rental expenses                                                                                                                       |               |                      |                                                    |                                         |                                                                                 |            |
|                                                           | c                                                                  | Rental income or (loss)                                                                                                                    |               |                      |                                                    |                                         |                                                                                 |            |
|                                                           | d                                                                  | Net rental income or (loss) . . . . .                                                                                                      |               |                      | 0                                                  |                                         |                                                                                 |            |
|                                                           | 7a                                                                 | (i) Securities                                                                                                                             |               | (ii) O ther          |                                                    |                                         |                                                                                 |            |
|                                                           |                                                                    | 500,886                                                                                                                                    |               | 1,560,169            |                                                    |                                         |                                                                                 |            |
|                                                           |                                                                    | 524,643                                                                                                                                    |               | 1,533,321            |                                                    |                                         |                                                                                 |            |
|                                                           |                                                                    | -23,757                                                                                                                                    |               | 26,848               |                                                    |                                         |                                                                                 |            |
|                                                           | d                                                                  | Net gain or (loss) . . . . .                                                                                                               |               |                      | 3,091                                              |                                         |                                                                                 | 3,091      |
|                                                           | 8a                                                                 | Gross income from fundraising events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |               | a                    |                                                    |                                         |                                                                                 |            |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |            |
|                                                           |                                                                    | Less direct expenses . . . . .                                                                                                             |               | b                    |                                                    |                                         |                                                                                 |            |
|                                                           | c                                                                  | Net income or (loss) from fundraising events . . .                                                                                         |               |                      | 0                                                  |                                         |                                                                                 |            |
|                                                           | 9a                                                                 | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                      |               | a                    |                                                    |                                         |                                                                                 |            |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |            |
| Less direct expenses . . . . .                            |                                                                    | b                                                                                                                                          |               |                      |                                                    |                                         |                                                                                 |            |
| c                                                         | Net income or (loss) from gaming activities . . .                  |                                                                                                                                            |               | 0                    |                                                    |                                         |                                                                                 |            |
| 10a                                                       | Gross sales of inventory, less<br>returns and allowances . . . . . |                                                                                                                                            | a             |                      |                                                    |                                         |                                                                                 |            |
|                                                           |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |            |
|                                                           | Less cost of goods sold . . . . .                                  |                                                                                                                                            | b             |                      |                                                    |                                         |                                                                                 |            |
| c                                                         | Net income or (loss) from sales of inventory . . .                 |                                                                                                                                            |               | 0                    |                                                    |                                         |                                                                                 |            |
| Miscellaneous Revenue                                     |                                                                    | Business Code                                                                                                                              |               |                      |                                                    |                                         |                                                                                 |            |
| 11a                                                       | Info Tech Services                                                 |                                                                                                                                            | 518,210       | 7,125                |                                                    | 7,125                                   |                                                                                 |            |
| b                                                         | Clinical Engineering                                               |                                                                                                                                            | 811,000       | 371,432              |                                                    | 371,432                                 |                                                                                 |            |
| c                                                         |                                                                    |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |            |
| d                                                         | All other revenue . . . . .                                        |                                                                                                                                            |               |                      |                                                    |                                         |                                                                                 |            |
| e                                                         | Total. Add lines 11a-11d . . . . .                                 |                                                                                                                                            |               | 378,557              |                                                    |                                         |                                                                                 |            |
| 12                                                        | Total revenue. See Instructions . . . . .                          |                                                                                                                                            |               | 173,794,898          | 131,853,161                                        | 351,112                                 | 41,589,821                                                                      |            |

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |                                                                                                                                                                                                                                    | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to governments and organizations in the U S See Part IV, line 21                                                                                                                                       | 410,777               | 410,777                         |                                        |                             |
| 2                                                                              | Grants and other assistance to individuals in the U S See Part IV, line 22                                                                                                                                                         | 2,000                 | 2,000                           |                                        |                             |
| 3                                                                              | Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16                                                                                                            | 0                     |                                 |                                        |                             |
| 4                                                                              | Benefits paid to or for members                                                                                                                                                                                                    | 0                     |                                 |                                        |                             |
| 5                                                                              | Compensation of current officers, directors, trustees, and key employees . . . . .                                                                                                                                                 | 13,138,197            | 13,138,197                      |                                        |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .                                                                            | 0                     |                                 |                                        |                             |
| 7                                                                              | Other salaries and wages                                                                                                                                                                                                           | 59,142,815            | 59,142,815                      |                                        |                             |
| 8                                                                              | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .                                                                                                                            | 8,396,821             | 8,396,821                       |                                        |                             |
| 9                                                                              | Other employee benefits . . . . .                                                                                                                                                                                                  | 14,273,642            | 14,273,642                      |                                        |                             |
| 10                                                                             | Payroll taxes . . . . .                                                                                                                                                                                                            | 4,877,674             | 4,877,674                       |                                        |                             |
| 11                                                                             | Fees for services (non-employees)                                                                                                                                                                                                  |                       |                                 |                                        |                             |
| a                                                                              | Management . . . . .                                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| b                                                                              | Legal . . . . .                                                                                                                                                                                                                    | 1,114,019             |                                 | 1,114,019                              |                             |
| c                                                                              | Accounting . . . . .                                                                                                                                                                                                               | 1,139,300             |                                 | 1,139,300                              |                             |
| d                                                                              | Lobbying . . . . .                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| e                                                                              | Professional fundraising See Part IV, line 17 . . . . .                                                                                                                                                                            | 0                     |                                 |                                        |                             |
| f                                                                              | Investment management fees . . . . .                                                                                                                                                                                               | 0                     |                                 |                                        |                             |
| g                                                                              | Other . . . . .                                                                                                                                                                                                                    | 1,100,154             | 1,100,154                       |                                        |                             |
| 12                                                                             | Advertising and promotion . . . . .                                                                                                                                                                                                | 154,817               | 154,817                         |                                        |                             |
| 13                                                                             | Office expenses . . . . .                                                                                                                                                                                                          | 1,754,625             | 1,754,625                       |                                        |                             |
| 14                                                                             | Information technology . . . . .                                                                                                                                                                                                   | 14,123,363            | 14,123,363                      |                                        |                             |
| 15                                                                             | Royalties . . . . .                                                                                                                                                                                                                | 0                     |                                 |                                        |                             |
| 16                                                                             | Occupancy . . . . .                                                                                                                                                                                                                | 2,494,685             | 2,494,685                       |                                        |                             |
| 17                                                                             | Travel . . . . .                                                                                                                                                                                                                   | 2,007,819             | 2,007,819                       |                                        |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .                                                                                                                           | 0                     |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings . . . . .                                                                                                                                                                                   | 14,711                | 14,711                          |                                        |                             |
| 20                                                                             | Interest . . . . .                                                                                                                                                                                                                 | 43,163,417            | 43,163,417                      |                                        |                             |
| 21                                                                             | Payments to affiliates . . . . .                                                                                                                                                                                                   | 0                     |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization . . . . .                                                                                                                                                                                | 11,307,464            | 11,307,464                      |                                        |                             |
| 23                                                                             | Insurance . . . . .                                                                                                                                                                                                                | -97,897               | -97,897                         |                                        |                             |
| 24                                                                             | Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )                                                                |                       |                                 |                                        |                             |
| a                                                                              | Equipment Rentals/Leases                                                                                                                                                                                                           | 17,228                | 17,228                          |                                        |                             |
| b                                                                              | Loss on Debt Refinancing                                                                                                                                                                                                           | 500,482               | 500,482                         |                                        |                             |
| c                                                                              | Miscellaneous Expenses                                                                                                                                                                                                             | 828,131               | 828,131                         |                                        |                             |
| d                                                                              | Purchased Services                                                                                                                                                                                                                 | 1,787,744             | 1,787,744                       |                                        |                             |
| e                                                                              |                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| f                                                                              | All other expenses                                                                                                                                                                                                                 | 0                     |                                 |                                        |                             |
| 25                                                                             | Total functional expenses. Add lines 1 through 24f                                                                                                                                                                                 | 181,651,988           | 179,398,669                     | 2,253,319                              | 0                           |
| 26                                                                             | Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation |                       |                                 |                                        |                             |

Part X

Balance Sheet

|                             |                                                                                                                                           |                                                                                                                                                                               |     |               | (A)               |               | (B)           |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------|-------------------|---------------|---------------|
|                             |                                                                                                                                           |                                                                                                                                                                               |     |               | Beginning of year |               | End of year   |
| Assets                      | 1                                                                                                                                         | Cash—non-interest-bearing . . . . .                                                                                                                                           |     |               | 22,350            | 1             | 22,350        |
|                             | 2                                                                                                                                         | Savings and temporary cash investments . . . . .                                                                                                                              |     |               | 187,085,754       | 2             | 211,744,078   |
|                             | 3                                                                                                                                         | Pledges and grants receivable, net . . . . .                                                                                                                                  |     |               | 212,167           | 3             | 0             |
|                             | 4                                                                                                                                         | Accounts receivable, net . . . . .                                                                                                                                            |     |               | 4,856,207         | 4             | 2,778,246     |
|                             | 5                                                                                                                                         | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                  |     |               | 504,100           | 5             | 0             |
|                             | 6                                                                                                                                         | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .     |     |               |                   | 6             | 0             |
|                             | 7                                                                                                                                         | Notes and loans receivable, net . . . . .                                                                                                                                     |     |               | 2,702,227         | 7             | 3,263,701     |
|                             | 8                                                                                                                                         | Inventories for sale or use . . . . .                                                                                                                                         |     |               |                   | 8             | 0             |
|                             | 9                                                                                                                                         | Prepaid expenses and deferred charges . . . . .                                                                                                                               |     |               | 2,110,197         | 9             | 2,724,778     |
|                             | 10a                                                                                                                                       | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                             | 10a | 149,856,336   |                   |               |               |
|                             | b                                                                                                                                         | Less accumulated depreciation . . . . .                                                                                                                                       | 10b | 56,943,992    | 94,510,052        | 10c           | 92,912,344    |
|                             | 11                                                                                                                                        | Investments—publicly traded securities . . . . .                                                                                                                              |     |               | 124,864,187       | 11            | 152,758,590   |
|                             | 12                                                                                                                                        | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                   |     |               | 1,057,000         | 12            | 1,121,000     |
|                             | 13                                                                                                                                        | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                    |     |               | 27,331,423        | 13            | 26,911,393    |
|                             | 14                                                                                                                                        | Intangible assets . . . . .                                                                                                                                                   |     |               |                   | 14            | 0             |
|                             | 15                                                                                                                                        | Other assets See Part IV, line 11 . . . . .                                                                                                                                   |     |               | 684,294,291       | 15            | 838,151,691   |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                       |                                                                                                                                                                               |     | 1,129,549,955 | 16                | 1,332,388,171 |               |
| Liabilities                 | 17                                                                                                                                        | Accounts payable and accrued expenses . . . . .                                                                                                                               |     |               | 29,483,600        | 17            | 45,894,765    |
|                             | 18                                                                                                                                        | Grants payable . . . . .                                                                                                                                                      |     |               |                   | 18            |               |
|                             | 19                                                                                                                                        | Deferred revenue . . . . .                                                                                                                                                    |     |               |                   | 19            | 445           |
|                             | 20                                                                                                                                        | Tax-exempt bond liabilities . . . . .                                                                                                                                         |     |               | 732,660,000       | 20            | 890,960,000   |
|                             | 21                                                                                                                                        | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .                                                                                                |     |               |                   | 21            |               |
|                             | 22                                                                                                                                        | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . . |     |               |                   | 22            |               |
|                             | 23                                                                                                                                        | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                      |     |               |                   | 23            |               |
|                             | 24                                                                                                                                        | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                        |     |               | 10,584,031        | 24            | 8,884,391     |
|                             | 25                                                                                                                                        | Other liabilities Complete Part X of Schedule D . . . . .                                                                                                                     |     |               | 259,793,165       | 25            | 295,276,781   |
|                             | 26                                                                                                                                        | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                          |     |               | 1,032,520,796     | 26            | 1,241,016,382 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                               |     |               |                   |               |               |
|                             | 27                                                                                                                                        | Unrestricted net assets . . . . .                                                                                                                                             |     |               | 97,029,159        | 27            | 91,371,789    |
|                             | 28                                                                                                                                        | Temporarily restricted net assets . . . . .                                                                                                                                   |     |               |                   | 28            |               |
|                             | 29                                                                                                                                        | Permanently restricted net assets . . . . .                                                                                                                                   |     |               |                   | 29            |               |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                               |     |               |                   |               |               |
|                             | 30                                                                                                                                        | Capital stock or trust principal, or current funds . . . . .                                                                                                                  |     |               |                   | 30            |               |
|                             | 31                                                                                                                                        | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                     |     |               |                   | 31            |               |
|                             | 32                                                                                                                                        | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                    |     |               |                   | 32            |               |
|                             | 33                                                                                                                                        | Total net assets or fund balances . . . . .                                                                                                                                   |     |               | 97,029,159        | 33            | 91,371,789    |
|                             | 34                                                                                                                                        | Total liabilities and net assets/fund balances . . . . .                                                                                                                      |     |               | 1,129,549,955     | 34            | 1,332,388,171 |

**Part XI**    **Financial Statements and Reporting**

|           |                                                                                                                                                                                                                                                                                                                                                          |            |           |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
|           |                                                                                                                                                                                                                                                                                                                                                          | <b>Yes</b> | <b>No</b> |
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                        |            |           |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant? . . .                                                                                                                                                                                                                                                    | <b>2a</b>  | No        |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant? . . . . .                                                                                                                                                                                                                                                             | <b>2b</b>  | Yes       |
| <b>c</b>  | If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . | <b>2c</b>  | Yes       |
| <b>d</b>  | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis                     |            |           |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .                                                                                                                                                                                       | <b>3a</b>  | Yes       |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .                                                                                                                               | <b>3b</b>  | Yes       |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

|                                                                                 |                                                  |
|---------------------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>Adventist Health SystemWest<br>DBA Adventist Health | Employer identification number<br><br>95-3484589 |
|---------------------------------------------------------------------------------|--------------------------------------------------|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☒

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support? |
|---------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
|                                       |             |                                                                                                 | Yes                                                                       | No | Yes                                                                | No | Yes                                                           | No |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
|                                       |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |
| Total                                 |             |                                                                                                 |                                                                           |    |                                                                    |    |                                                               |    |                             |

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)                                                                                                                                                           | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

Section B. Total Support

| Calendar year (or fiscal year beginning in)                                                                                                                             | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4                                                                                                                                                   |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                        |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on                                                                    |          |          |          |          |          |           |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets                                                                       |          |          |          |          |          |           |
| 11 Total support (Add lines 7 through 10)                                                                                                                               |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (See instructions )                                                                                                      |          |          |          |          | 12       |           |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

Section C. Computation of Public Support Percentage

|                                                                                                                                                                                                                                                                                                                                                                                            |    |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                    | 14 |  |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                         | 15 |  |
| 16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                         |    |  |
| b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                    |    |  |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization    |    |  |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization |    |  |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions                                                                                                                                                                                                                                                        |    |  |

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in)                                                                                                                               | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                        |          |          |          |          |          |           |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose |          |          |          |          |          |           |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513                                                                             |          |          |          |          |          |           |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                          |          |          |          |          |          |           |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge                                                                  |          |          |          |          |          |           |
| 6Total. Add lines 1 through 5                                                                                                                                             |          |          |          |          |          |           |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                |          |          |          |          |          |           |
| bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| cAdd lines 7a and 7b                                                                                                                                                      |          |          |          |          |          |           |
| 8Public Support (Subtract line 7c from line 6 )                                                                                                                           |          |          |          |          |          |           |

Section B. Total Support

| Calendar year (or fiscal year beginning in)                                                                                                                            | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9Amounts from line 6                                                                                                                                                   |          |          |          |          |          |           |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                      |          |          |          |          |          |           |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                               |          |          |          |          |          |           |
| cAdd lines 10a and 10b                                                                                                                                                 |          |          |          |          |          |           |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                          |          |          |          |          |          |           |
| 12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)                                                                      |          |          |          |          |          |           |
| 13Total support (Add lines 9, 10c, 11 and 12.)                                                                                                                         |          |          |          |          |          |           |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

Section C. Computation of Public Support Percentage

|                                                                                        |    |  |
|----------------------------------------------------------------------------------------|----|--|
| 15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16Public support percentage from 2008 Schedule A, Part III, line 15                    | 16 |  |

Section D. Computation of Investment Income Percentage

|                                                                                                                                                                                                                                                                   |    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                       | 17 |  |
| 18Investment income percentage from 2008 Schedule A, Part III, line 17                                                                                                                                                                                            | 18 |  |
| 19a33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization         |    |  |
| b33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |    |  |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                          |    |  |

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

|                                                                                 |                                                  |
|---------------------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>Adventist Health SystemWest<br>DBA Adventist Health | Employer identification number<br><br>95-3484589 |
|---------------------------------------------------------------------------------|--------------------------------------------------|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☒ No
- 4a

Was a correction made?

☐ Yes

☒ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                     |                                                                                                                                            |
|          |             |         |                                                                     |                                                                                                                                            |

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

| Limits on Lobbying Expenditures<br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | (a) Filing<br>Organization's<br>Totals          | (b) Affiliated<br>Group<br>Totals  |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------|------------------------------------|--------------------|------------------------------|-----------------------------------------|-------------------------------------------------|-------------------------------------------|---------------------------------------------------|--------------------------------------------|--------------------------------------------------|-------------------|-------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| b Total lobbying expenditures to influence a legislative body (direct lobbying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| c Total lobbying expenditures (add lines 1a and 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| d Other exempt purpose expenditures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| e Total exempt purpose expenditures (add lines 1c and 1d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| <table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table> |                                                   | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The lobbying nontaxable amount is:                |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 20% of the amount on line 1e                      |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$100,000 plus 15% of the excess over \$500,000   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$175,000 plus 10% of the excess over \$1,000,000 |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$225,000 plus 5% of the excess over \$1,500,000  |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1,000,000                                       |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| g Grassroots nontaxable amount (enter 25% of line 1f)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| h Subtract line 1g from line 1a If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| i Subtract line 1f from line 1c If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                                                 |                                    |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                   | <input type="checkbox"/> Yes                    | <input type="checkbox"/> No        |                    |                              |                                         |                                                 |                                           |                                                   |                                            |                                                  |                   |             |  |  |

4-Year Averaging Period Under Section 501(h)  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period         |          |          |          |          |           |
|--------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                  | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
| 2a Lobbying non-taxable amount                               |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots non-taxable amount                              |          |          |          |          |           |
| e Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| f Grassroots lobbying expenditures                           |          |          |          |          |           |

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

|                                    |                                                                                                                                                                                                                              | (a) |         | (b)     |    |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|---------|----|
|                                    |                                                                                                                                                                                                                              | Yes | No      | Amount  |    |
| <b>1</b>                           | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |         |         |    |
|                                    | <b>a</b> Volunteers?                                                                                                                                                                                                         |     |         |         | No |
|                                    | <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                        |     |         |         | No |
|                                    | <b>c</b> Media advertisements?                                                                                                                                                                                               |     |         |         | No |
|                                    | <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                    | No  |         |         |    |
|                                    | <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                 | No  |         |         |    |
|                                    | <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                | No  |         |         |    |
|                                    | <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                         | Yes |         | 4,867   |    |
|                                    | <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                           | Yes |         | 196,048 |    |
|                                    | <b>i</b> Other activities? If "Yes," describe in Part IV                                                                                                                                                                     |     | No      |         |    |
| <b>j</b> Total lines 1c through 1i |                                                                                                                                                                                                                              |     | 200,915 |         |    |
| <b>2a</b>                          | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | No      |         |    |
| <b>b</b>                           | If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                            |     |         |         |    |
| <b>c</b>                           | If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                   |     |         |         |    |
| <b>d</b>                           | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                 |     |         | No      |    |

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

|   |                                                                                                  | Yes | No |
|---|--------------------------------------------------------------------------------------------------|-----|----|
| 1 | Were substantially all (90% or more) dues received nondeductible by members?                     | 1   |    |
| 2 | Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2   |    |
| 3 | Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3   |    |

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

|   |                                                                                                                                                                                                                                            |    |  |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 1 | Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| 2 | Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                |    |  |
| a | Current year                                                                                                                                                                                                                               | 2a |  |
| b | Carryover from last year                                                                                                                                                                                                                   | 2b |  |
| c | Total                                                                                                                                                                                                                                      | 2c |  |
| 3 | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | 3  |  |
| 4 | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| 5 | Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  |  |

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|            |                  |             |

SCHEDULE D

(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public  
Inspection

**Name of the organization**  
Adventist Health SystemWest  
DBA Adventist Health

**Employer identification number**  
  
95-3484589

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   |                                                                                                                                                                                                                                                                                                                                       |                              |
|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                               | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                           |                              |
| 2 | Aggregate contributions to (during year)                                                                                                                                                                                                                                                                                              |                              |
| 3 | Aggregate grants from (during year)                                                                                                                                                                                                                                                                                                   |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                        |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>                                                           |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div> |                              |

Part II

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

|    |                                                                                    |
|----|------------------------------------------------------------------------------------|
|    | Held at the End of the Year                                                        |
| 2a | Total number of conservation easements                                             |
| 2b | Total acreage restricted by conservation easements                                 |
| 2c | Number of conservation easements on a certified historic structure included in (a) |
| 2d | Number of conservation easements included in (c) acquired after 8/17/06            |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X▶ \$ \_\_\_\_\_

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

|    |                                                          |               |                   |                     |                    |
|----|----------------------------------------------------------|---------------|-------------------|---------------------|--------------------|
|    | (a)Current Year                                          | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
| 1a | Beginning of year balance . . . . .                      |               |                   |                     |                    |
| b  | Contributions . . . . .                                  |               |                   |                     |                    |
| c  | Investment earnings or losses . . . . .                  |               |                   |                     |                    |
| d  | Grants or scholarships . . . . .                         |               |                   |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . |               |                   |                     |                    |
| f  | Administrative expenses . . . . .                        |               |                   |                     |                    |
| g  | End of year balance . . . . .                            |               |                   |                     |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

|                                                                                                 |        |    |
|-------------------------------------------------------------------------------------------------|--------|----|
|                                                                                                 | Yes    | No |
| (i) unrelated organizations . . . . .                                                           | 3a(i)  |    |
| (ii) related organizations . . . . .                                                            | 3a(ii) |    |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 3b     |    |

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment                                                                            | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .                                                                                    | 1,724,595                            | 6,567,459                      |                              | 8,292,054      |
| b Buildings . . . . .                                                                                |                                      | 6,696,209                      | 5,578,096                    | 1,118,113      |
| c Leasehold improvements . . . . .                                                                   |                                      | 1,069,280                      | 779,509                      | 289,771        |
| d Equipment . . . . .                                                                                |                                      | 122,509,920                    | 50,586,387                   | 71,923,533     |
| e Other . . . . .                                                                                    |                                      | 11,288,873                     |                              | 11,288,873     |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                |                              | 92,912,344     |



| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements |                                                                                 |    |  |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|----|--|
| 1                                                                                   | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  |  |
| 2                                                                                   | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  |  |
| 3                                                                                   | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  |  |
| 4                                                                                   | Net unrealized gains (losses) on investments                                    | 4  |  |
| 5                                                                                   | Donated services and use of facilities                                          | 5  |  |
| 6                                                                                   | Investment expenses                                                             | 6  |  |
| 7                                                                                   | Prior period adjustments                                                        | 7  |  |
| 8                                                                                   | Other (Describe in Part XIV)                                                    | 8  |  |
| 9                                                                                   | Total adjustments (net) Add lines 4 - 8                                         | 9  |  |
| 10                                                                                  | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 |  |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return |                                                                                            |    |  |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----|--|
| 1                                                                                          | Total revenue, gains, and other support per audited financial statements . . . . .         | 1  |  |
| 2                                                                                          | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |    |  |
| a                                                                                          | Net unrealized gains on investments . . . . .                                              | 2a |  |
| b                                                                                          | Donated services and use of facilities . . . . .                                           | 2b |  |
| c                                                                                          | Recoveries of prior year grants . . . . .                                                  | 2c |  |
| d                                                                                          | Other (Describe in Part XIV) . . . . .                                                     | 2d |  |
| e                                                                                          | Add lines 2a through 2d . . . . .                                                          | 2e |  |
| 3                                                                                          | Subtract line 2e from line 1 . . . . .                                                     | 3  |  |
| 4                                                                                          | Amounts included on Form 990, Part VIII, line 12, but not on line 1                        |    |  |
| a                                                                                          | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                 | 4a |  |
| b                                                                                          | Other (Describe in Part XIV) . . . . .                                                     | 4b |  |
| c                                                                                          | Add lines 4a and 4b . . . . .                                                              | 4c |  |
| 5                                                                                          | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  |  |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return |                                                                                             |    |  |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----|--|
| 1                                                                                             | Total expenses and losses per audited financial statements . . . . .                        | 1  |  |
| 2                                                                                             | Amounts included on line 1 but not on Form 990, Part IX, line 25                            |    |  |
| a                                                                                             | Donated services and use of facilities . . . . .                                            | 2a |  |
| b                                                                                             | Prior year adjustments . . . . .                                                            | 2b |  |
| c                                                                                             | Other losses . . . . .                                                                      | 2c |  |
| d                                                                                             | Other (Describe in Part XIV) . . . . .                                                      | 2d |  |
| e                                                                                             | Add lines 2a through 2d . . . . .                                                           | 2e |  |
| 3                                                                                             | Subtract line 2e from line 1 . . . . .                                                      | 3  |  |
| 4                                                                                             | Amounts included on Form 990, Part IX, line 25, but not on line 1:                          |    |  |
| a                                                                                             | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                  | 4a |  |
| b                                                                                             | Other (Describe in Part XIV) . . . . .                                                      | 4b |  |
| c                                                                                             | Add lines 4a and 4b . . . . .                                                               | 4c |  |
| 5                                                                                             | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . . | 5  |  |

| Part XIVSupplemental Information                                                                                                                                                                                                                                                                               |                       |                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------|
| Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. |                       |                                                                                        |
| Identifier                                                                                                                                                                                                                                                                                                     | Return Reference      | Explanation                                                                            |
| Part X                                                                                                                                                                                                                                                                                                         | Part X FIN48 Footnote | The audited combined financial statement footnotes do not contain a FIN 48 disclosure. |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Adventist Health SystemWest  
DBA Adventist Health

Employer identification number  
95-3484589

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ☐

| (a) Name and address of organization or government                 | (b) EIN   | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------|-----------|------------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| Walla Walla University204 S College Avenue College Place, WA 99324 | 910617727 |                                    | 56,000                   | 0                                 |                                                       |                                        | Education - Health Care Related    |
| Pacific Union College1 Angwin Avenue Angwin, CA 94508              | 941279798 |                                    | 82,000                   | 0                                 |                                                       |                                        | Education - Health Care Related    |
| La Sierra University4500 Riverwalk Parkway Riverside, CA 92505     | 330413730 |                                    | 56,000                   | 0                                 |                                                       |                                        | Education - Health Care Related    |
| La Sierra University4500 Riverwalk Parkway Riverside, CA 92505     | 330413730 |                                    | 33,333                   | 0                                 |                                                       |                                        | Education - Capital Project        |

2

Enter total number of section 501(c)(3) and government organizations . . . . .

3

3

Enter total number of other organizations . . . . .

0

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV , appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| Scholarship                    | 4                       | 2,000                   |                                  |                                                       |                                       |
| See Additional Data Table      |                         |                         |                                  |                                                       |                                       |

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
Adventist Health SystemWest  
DBA Adventist Health

Employer identification number  
  
95-3484589

Part I

Questions Regarding Compensation

|                                     |                                                                                                                                                                                                                                 |                                     |                                                 |
|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|
|                                     |                                                                                                                                                                                                                                 | Yes                                 | No                                              |
| 1a                                  | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items |                                     |                                                 |
| <input checked="" type="checkbox"/> | First-class or charter travel                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> | Travel for companions                                                                                                                                                                                                           | <input type="checkbox"/>            | Payments for business use of personal residence |
| <input checked="" type="checkbox"/> | Tax idemnification and gross-up payments                                                                                                                                                                                        | <input type="checkbox"/>            | Health or social club dues or initiation fees   |
| <input type="checkbox"/>            | Discretionary spending account                                                                                                                                                                                                  | <input type="checkbox"/>            | Personal services (e g , maid, chauffeur, chef) |
| b                                   | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain             | 1b                                  | Yes                                             |
| 2                                   | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?                    | 2                                   | Yes                                             |
| 3                                   | Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply                                                                  |                                     |                                                 |
| <input checked="" type="checkbox"/> | Compensation committee                                                                                                                                                                                                          | <input type="checkbox"/>            | Written employment contract                     |
| <input checked="" type="checkbox"/> | Independent compensation consultant                                                                                                                                                                                             | <input checked="" type="checkbox"/> | Compensation survey or study                    |
| <input type="checkbox"/>            | Form 990 of other organizations                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | Approval by the board or compensation committee |
| 4                                   | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization                                                                              |                                     |                                                 |
| a                                   | Receive a severance payment or change-of-control payment?                                                                                                                                                                       | 4a                                  | Yes                                             |
| b                                   | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                           | 4b                                  | Yes                                             |
| c                                   | Participate in, or receive payment from, an equity-based compensation arrangement?                                                                                                                                              | 4c                                  | No                                              |
|                                     | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III                                                                                                                    |                                     |                                                 |
|                                     | Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.                                                                                                                                                        |                                     |                                                 |
| 5                                   | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of                                                                                 |                                     |                                                 |
| a                                   | The organization?                                                                                                                                                                                                               | 5a                                  | No                                              |
| b                                   | Any related organization?                                                                                                                                                                                                       | 5b                                  | No                                              |
|                                     | If "Yes," to line 5a or 5b, describe in Part III                                                                                                                                                                                |                                     |                                                 |
| 6                                   | For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of                                                                             |                                     |                                                 |
| a                                   | The organization?                                                                                                                                                                                                               | 6a                                  | Yes                                             |
| b                                   | Any related organization?                                                                                                                                                                                                       | 6b                                  | Yes                                             |
|                                     | If "Yes," to line 6a or 6b, describe in Part III                                                                                                                                                                                |                                     |                                                 |
| 7                                   | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III                                                | 7                                   | No                                              |
| 8                                   | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III            | 8                                   | No                                              |
| 9                                   | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?                                                                                        | 9                                   | No                                              |

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

| Identifier             | Return Reference                                                                                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sch J, Part I, Line 6b | Part I, Line 6b<br>Explanation of organization compensation contingent on net earnings from related or | An incentive plan is included as part of the board-approved compensation plan for corporate executives. The corporation has a similar plan for department directors. The purpose of these plans is to provide incentives to corporate management to accomplish the financial, operational, quality and mission objectives of the corporation during each fiscal year. Each member of the management team is evaluated against pre-determined objectives to arrive at the incentive amount, if any, for the fiscal year. The corporation must achieve a specific financial goal before any incentives can be earned. See Schedule O for additional detail. |
| Sch J, Part I, Line 1a | Part I, Line 1a<br>Relevant information in regards to selections on 1a                                 | All items checked on this line are reported as taxable income to the employee, except first class or charter travel, which is only approved for business purposes on an exception basis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

Software ID: 09000047

Software Version: 2009v1.3

EIN: 95-3484589

Name: Adventist Health SystemWest  
DBA Adventist Health

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|-----------------|----------------------------------------------------|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
|                 | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |                                                            |
| Mark Ashlock    | (i)<br>(ii)94,397                                  |                                     | 274,877                  |                           | 16,096                  | 385,370                         |                                                            |
| Keith Doram MD  | (i)<br>(ii)422,280                                 | 93,401                              | 112,610                  | 98,120                    | 23,876                  | 750,287                         | 62,925                                                     |
| Teresa Day      | (i)<br>(ii)362,740                                 | 70,000                              | 701                      | 15,014                    | 10,849                  | 459,304                         |                                                            |
| Stanley Adams   | (i)<br>(ii)281,520                                 | 69,035                              | 89,930                   | 73,666                    | 16,483                  | 530,634                         | 73,423                                                     |
| Rodney Wehtje   | (i)<br>(ii)305,124                                 | 73,589                              | 88,270                   | 106,776                   | 16,497                  | 590,256                         | 50,684                                                     |
| Alan Soderblom  | (i)<br>(ii)302,330                                 | 72,973                              | 164,032                  | 66,044                    | 23,834                  | 629,213                         | 125,561                                                    |
| Gloria Bancarz  | (i)<br>(ii)217,500                                 | 44,347                              | 58,903                   | 44,258                    | 9,795                   | 374,803                         | 22,591                                                     |
| James Brewster  | (i)<br>(ii)313,030                                 | 76,788                              | 418,855                  | 68,459                    | 16,502                  | 893,634                         | 372,084                                                    |
| Scott Reiner    | (i)<br>(ii)479,026                                 | 139,499                             | 63,420                   | 111,767                   | 23,876                  | 817,588                         |                                                            |
| Douglas E Rebok | (i)<br>(ii)489,854                                 | 144,217                             | 1,895,051                | 114,949                   | 18,017                  | 2,662,088                       | 1,840,998                                                  |
| Larry Dodds     | (i)<br>(ii)543,967                                 | 157,489                             | 278,299                  | 128,525                   | 16,540                  | 1,124,820                       | 222,738                                                    |
| Robert G Carmen | (i)<br>(ii)840,419                                 | 249,020                             | 388,357                  | 356,400                   | 19,331                  | 1,853,527                       | 312,934                                                    |
| JoAline Olson   | (i)<br>(ii)334,670                                 |                                     | 234,592                  | 778,633                   | 20,791                  | 1,368,686                       | 188,837                                                    |
| Morre Dean      | (i)<br>(ii)385,085                                 | 94,840                              | 69,438                   | 90,836                    | 23,874                  | 664,073                         | 38,383                                                     |
| Rick Rawson     | (i)<br>(ii)346,330                                 | 92,285                              | 143,427                  | 77,166                    | 17,130                  | 676,338                         | 114,517                                                    |
| Darwin Remboldt | (i)<br>(ii)291,020                                 | 54,370                              | 406,859                  | 61,648                    | 16,488                  | 830,385                         | 364,361                                                    |
| Beth Zachary    | (i)<br>(ii)395,860                                 | 91,063                              | 101,976                  | 90,715                    | 20,208                  | 699,822                         | 71,141                                                     |
| Harry Janke     | (i)<br>(ii)256,345                                 | 37,898                              | 118,294                  | 595,772                   | 20,136                  | 1,028,445                       | 91,552                                                     |
| Alan Rice       | (i)<br>(ii)229,560                                 |                                     | 36,335                   | 14,360                    | 16,636                  | 296,891                         | 32,145                                                     |
| Donald Ammon    | (i)<br>(ii)                                        |                                     | 301,662                  |                           | 3,985                   | 305,647                         | 301,662                                                    |

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization  
Adventist Health SystemWest  
DBA Adventist Health

Employer identification number  
95-3484589

Part I

Bond Issues

|   | (a) Issuer Name                                           | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased |    | (h) On Behalf of Issuer |    |
|---|-----------------------------------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
|   |                                                           |                |             |                 |                 |                            | Yes          | No | Yes                     | No |
| A | The Hospital Facilities Authority of Multnomah County OR  | 93-1266280     | 62551PBS5   | 09-30-2009      | 66,147,216      | See Schedule O             | X            |    |                         | X  |
| B | California Health Facilities Financing Authority Series C | 52-1643828     | 13033F8B9   | 05-20-2009      | 56,309,648      | See Schedule O             | X            |    |                         | X  |

Part II

Proceeds

|    |                                                                                                        | A          | B          | C   | D  | E   |    |     |    |
|----|--------------------------------------------------------------------------------------------------------|------------|------------|-----|----|-----|----|-----|----|
| 1  | Total proceeds of issue                                                                                | 66,147,216 | 56,309,648 |     |    |     |    |     |    |
| 2  | Gross proceeds in reserve funds                                                                        | 6,218,951  | 5,731,385  |     |    |     |    |     |    |
| 3  | Proceeds in refunding or defeasance escrows                                                            |            |            |     |    |     |    |     |    |
| 4  | Other unspent proceeds                                                                                 |            |            |     |    |     |    |     |    |
| 5  | Issuance costs from proceeds                                                                           | 886,660    | 559,042    |     |    |     |    |     |    |
| 6  | Working capital expenditures from proceeds                                                             |            |            |     |    |     |    |     |    |
| 7  | Capital expenditures from proceeds                                                                     |            |            |     |    |     |    |     |    |
| 8  | Year of substantial completion                                                                         | 2009       | 2009       |     |    |     |    |     |    |
|    |                                                                                                        | Yes        | No         | Yes | No | Yes | No | Yes | No |
| 9  | Were the bonds issued as part of a current refunding issue?                                            |            | X          | X   |    |     |    |     |    |
| 10 | Were the bonds issued as part of an advance refunding issue?                                           |            | X          |     | X  |     |    |     |    |
| 11 | Has the final allocation of proceeds been made?                                                        | X          |            | X   |    |     |    |     |    |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X          |            | X   |    |     |    |     |    |

Part III

Private Business Use

|   |                                                                                                                            | A   |    | B   |    | C   |    | D   |    | E   |    |
|---|----------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|-----|----|
|   |                                                                                                                            | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |     | X  |     | X  |     |    |     |    |     |    |
| 2 | Are there any lease arrangements with respect to the financed property which may result in private business use?           |     | X  |     | X  |     |    |     |    |     |    |

Part III

Private Business Use (Continued)

|    |                                                                                                                                                                                                                                      | A   |     | B   |     | C   |    | D   |    | E   |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|----|-----|----|-----|----|
|    |                                                                                                                                                                                                                                      | Yes | No  | Yes | No  | Yes | No | Yes | No | Yes | No |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use?                                                                                                        |     | X   |     | X   |     |    |     |    |     |    |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use?                                                                                                                    |     | X   |     | X   |     |    |     |    |     |    |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?                                                 | X   |     | X   |     |     |    |     |    |     |    |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government                                                                      |     | 0 % |     | 0 % |     |    |     |    |     |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government |     | 0 % |     | 0 % |     |    |     |    |     |    |
| 6  | Total of lines 4 and 5                                                                                                                                                                                                               |     |     |     |     |     |    |     |    |     |    |
| 7  | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?                                                                                          | X   |     | X   |     |     |    |     |    |     |    |

Part IV

Arbitrage

|    |                                                                                                                                          | A   |    | B   |    | C   |    | D   |    | E   |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                          | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1  | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? |     | X  |     | X  |     |    |     |    |     |    |
| 2  | Is the bond issue a variable rate issue?                                                                                                 |     | X  |     | X  |     |    |     |    |     |    |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?              |     | X  |     | X  |     |    |     |    |     |    |
| b  | Name of provider                                                                                                                         |     |    |     |    |     |    |     |    |     |    |
| c  | Term of hedge                                                                                                                            |     |    |     |    |     |    |     |    |     |    |
| 4a | Were gross proceeds invested in a GIC?                                                                                                   |     | X  |     | X  |     |    |     |    |     |    |
| b  | Name of provider                                                                                                                         |     |    |     |    |     |    |     |    |     |    |
| c  | Term of GIC                                                                                                                              |     |    |     |    |     |    |     |    |     |    |
| d  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?                                              |     |    |     |    |     |    |     |    |     |    |
| 5  | Were any gross proceeds invested beyond an available temporary period?                                                                   |     | X  |     | X  |     |    |     |    |     |    |
| 6  | Did the bond issue qualify for an exception to rebate?                                                                                   |     |    |     |    |     |    |     |    |     |    |

|                                                                                 |                                                                                                                                                                                                                                                                                                      |                                              |                           |
|---------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------|
| Schedule K<br>(Form 990)                                                        | <div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).<br/>▶ Attach to Form 990. ▶ See separate instructions.</div> |                                              | OMB No 1545-0047          |
|                                                                                 |                                                                                                                                                                                                                                                                                                      |                                              | 2009                      |
|                                                                                 |                                                                                                                                                                                                                                                                                                      |                                              | Open to Public Inspection |
| Department of the Treasury<br>Internal Revenue Service                          |                                                                                                                                                                                                                                                                                                      |                                              |                           |
| Name of the organization<br>Adventist Health SystemWest<br>DBA Adventist Health |                                                                                                                                                                                                                                                                                                      | Employer identification number<br>95-3484589 |                           |

Part I

Bond Issues

|   | (a) Issuer Name                                           | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose | (g) Defeased |    | (h) On Behalf of Issuer |    |
|---|-----------------------------------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
|   |                                                           |                |             |                 |                 |                            | Yes          | No | Yes                     | No |
| A | California Health Facilities Financing Authority Series B | 52-1643828     | 13033LBCO   | 05-20-2009      | 30,000,000      | See Schedule O             |              | X  |                         | X  |
| B | California Health Facilities Financing Authority Series A | 52-1643828     | 13033LBCO   | 05-20-2009      | 89,352,000      | See Schedule O             |              | X  |                         | X  |
| C | California Statewide Communities Development Authority    | 68-0164610     | 130795EJ2   | 05-08-2007      | 115,000,000     | See Schedule O             |              | X  |                         | X  |
| D | California Statewide Communities Development Authority    | 68-0164610     | 130911V49   | 10-18-2005      | 178,288,037     | See Schedule O             |              | X  |                         | X  |
| E | California Health Facilities Financing Authority          | 52-1643828     | 13033FNA4   | 07-01-2003      | 170,181,205     | See Schedule O             |              | X  |                         | X  |

Part II

Proceeds

|    |                                                                                                        | A          |    | B          |    | C           |    | D           |    | E           |    |
|----|--------------------------------------------------------------------------------------------------------|------------|----|------------|----|-------------|----|-------------|----|-------------|----|
|    |                                                                                                        |            |    |            |    |             |    |             |    |             |    |
| 1  | Total proceeds of issue                                                                                | 30,000,000 |    | 89,352,000 |    | 115,000,000 |    | 178,288,037 |    | 170,181,205 |    |
| 2  | Gross proceeds in reserve funds                                                                        | 9,000,000  |    | 9,000,000  |    | 9,840,249   |    | 17,026,154  |    | 15,849,304  |    |
| 3  | Proceeds in refunding or defeasance escrows                                                            |            |    |            |    |             |    |             |    |             |    |
| 4  | Other unspent proceeds                                                                                 | 57,267,837 |    | 57,267,837 |    | 10,594,899  |    |             |    |             |    |
| 5  | Issuance costs from proceeds                                                                           | 299,917    |    | 899,751    |    | 3,730,855   |    | 1,336,913   |    | 1,321,320   |    |
| 6  | Working capital expenditures from proceeds                                                             |            |    |            |    |             |    |             |    |             |    |
| 7  | Capital expenditures from proceeds                                                                     | 29,699,958 |    | 22,441,825 |    | 91,338,334  |    | 161,506,002 |    | 152,728,375 |    |
| 8  | Year of substantial completion                                                                         | 2009       |    | 2012       |    | 2010        |    | 2007        |    | 2006        |    |
|    |                                                                                                        | Yes        | No | Yes        | No | Yes         | No | Yes         | No | Yes         | No |
| 9  | Were the bonds issued as part of a current refunding issue?                                            | X          |    | X          |    | X           |    | X           |    | X           |    |
| 10 | Were the bonds issued as part of an advance refunding issue?                                           | X          |    | X          |    | X           |    | X           |    | X           |    |
| 11 | Has the final allocation of proceeds been made?                                                        | X          |    | X          |    | X           |    | X           |    | X           |    |
| 12 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X          |    | X          |    | X           |    | X           |    | X           |    |

Part III

Private Business Use

|   |                                                                                                                            | A   |    | B   |    | C   |    | D   |    | E   |    |
|---|----------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|-----|----|
|   |                                                                                                                            | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 | Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? |     | X  |     | X  |     | X  |     | X  |     | X  |
| 2 | Are there any lease arrangements with respect to the financed property which may result in private business use?           |     | X  |     | X  |     | X  |     | X  |     | X  |

Part IIIPrivate Business Use (Continued)

|    |                                                                                                                                                                                                                                      | A   |     | B   |     | C   |     | D   |         | E   |     |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|---------|-----|-----|
|    |                                                                                                                                                                                                                                      | Yes | No  | Yes | No  | Yes | No  | Yes | No      | Yes | No  |
| 3a | Are there any management or service contracts with respect to the financed property which may result in private business use?                                                                                                        |     | X   |     | X   |     | X   |     | X       |     | X   |
| 3b | Are there any research agreements with respect to the financed property which may result in private business use?                                                                                                                    |     | X   |     | X   |     | X   |     | X       |     | X   |
| 3c | Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?                                                 | X   |     | X   |     | X   |     | X   |         | X   |     |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government                                                                      |     | 0 % |     | 0 % |     | 0 % |     | 0 020 % |     | 0 % |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government |     | 0 % |     | 0 % |     | 0 % |     | 0 %     |     | 0 % |
| 6  | Total of lines 4 and 5                                                                                                                                                                                                               |     |     |     |     |     |     |     |         |     |     |
| 7  | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?                                                                                          | X   |     | X   |     | X   |     | X   |         | X   |     |

Part IVArbitrage

|    |                                                                                                                                          | A   |    | B   |    | C   |    | D   |    | E   |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|-----|----|
|    |                                                                                                                                          | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1  | Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? |     | X  |     | X  |     | X  |     | X  |     | X  |
| 2  | Is the bond issue a variable rate issue?                                                                                                 | X   |    |     | X  | X   |    |     | X  |     | X  |
| 3a | Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?              |     | X  |     | X  |     | X  |     | X  |     | X  |
| b  | Name of provider                                                                                                                         |     |    |     |    |     |    |     |    |     |    |
| c  | Term of hedge                                                                                                                            |     |    |     |    |     |    |     |    |     |    |
| 4a | Were gross proceeds invested in a GIC?                                                                                                   |     | X  |     | X  |     | X  |     | X  |     | X  |
| b  | Name of provider                                                                                                                         |     |    |     |    |     |    |     |    |     |    |
| c  | Term of GIC                                                                                                                              |     |    |     |    |     |    |     |    |     |    |
| d  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?                                              |     |    |     |    |     |    |     |    |     |    |
| 5  | Were any gross proceeds invested beyond an available temporary period?                                                                   |     | X  |     | X  |     | X  |     | X  |     | X  |
| 6  | Did the bond issue qualify for an exception to rebate?                                                                                   |     |    |     |    |     |    |     |    |     |    |

# Schedule L

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

## Transactions with Interested Persons

**► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

**► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

OMB No 1545-0047

# 2009

## Open to Public Inspection

**Name of the organization**  
Adventist Health System West  
DBA Adventist Health

Employer identification number

95-3484589

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|---|---------------------------------|--------------------------------|----------------|----|
|   |                                 |                                | Yes            | No |

**2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . \$ \_\_\_\_\_

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . .  \$ \_\_\_\_\_

## Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

[illegible]

|                 |                                                                                       |    |         |  |  |  |
|-----------------|---------------------------------------------------------------------------------------|----|---------|--|--|--|
| Total . . . . . |  | \$ | 835,900 |  |  |  |
|-----------------|---------------------------------------------------------------------------------------|----|---------|--|--|--|

**Part III** Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of grant or type of assistance |
|-------------------------------|-----------------------------------------------------------------|-------------------------------------------|
|-------------------------------|-----------------------------------------------------------------|-------------------------------------------|

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                               |                                                                 |                           |                                | Yes                                     | No |

|                                                                                        |                                                                                                                                                                                                |                 |                                                  |
|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                   |                                                                                                                                                                                                | As Filed Data - | DLN: 93493320007040                              |
| SCHEDULE O<br>(Form 990)<br><br>Department of the Treasury<br>Internal Revenue Service | Supplemental Information to Form 990<br><br>Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.<br>▶ Attach to Form 990. |                 | OMB No 1545-0047                                 |
|                                                                                        |                                                                                                                                                                                                |                 | 2009                                             |
|                                                                                        |                                                                                                                                                                                                |                 | Open to Public Inspection                        |
| Name of the organization<br>Adventist Health SystemWest<br>DBA Adventist Health        |                                                                                                                                                                                                |                 | Employer identification number<br><br>95-3484589 |

| Identifier                  | Return Reference                                                                                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 19  | Form 990, Part VI, Line 19<br>Other Organization Documents Publicly Available                          | The corporation does not make its governing documents publicly available, beyond required filings of articles of incorporation with the secretary of state The corporation does not make its conflict of interest policy available upon request                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Form 990, Part VI, Line 15b | Form 990, Part VI, Line 15b<br>Compensation Review and Approval Process for Officers and Key Employees | See Schedule O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Form 990, Part VI, Line 12c | Form 990, Part VI, Line 12c<br>Explanation of Monitoring and Enforcement of Conflicts                  | During the first quarter of each year, the annual conflict of interest questionnaire is sent to board members, corporate officers, key employees, and department directors for completion and signature A letter of explanation accompanies the questionnaire The letter illustrates examples of a conflict and reminds the recipient that if any perceived conflict should arise before the next annual questionnaire, the individual is to notify the CEO immediately The internal audit staff review s these questionnaires and disclosures each year during the audit process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Form 990, Part VI, Line 11  | Form 990, Part VI, Line 11<br>Form 990 Review Process                                                  | The completed Form 990 is shared w ith members of the corporation's board of directors by electronic communication for their review prior to filing A special board meeting is scheduled to answ er questions and receive input from the board after their review but prior to filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Form 990, Part VI, Line 7a  | Form 990, Part VI, Line 7a<br>How Members or Shareholders Elect Governing Body                         | Annually the members meet for the purpose of conducting the business of the membership Actions are taken as required to enable Adventist Health System/West to continue operating in concert w ith its Articles and Bylaw s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Form 990, Part VI, Line 6   | Form 990, Part VI, Line 6<br>Explanation of Classes of Members or Shareholder                          | Individuals w ho represent the Seventh-day Adventist Church and lay people w ho are in good standing w ith the Seventh-day Adventist Church serve as members of Adventist Health System/West                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Form 990, Part III, Line 4d | Form 990, Part III, Line 4d<br>Other Program Services Description                                      | OTHER PROGRAM SERVICES 4 Materiel ManagementThrough its Corporate Materiels Management Department, Adventist Health is able to provide economies of scale to its member hospitals, thus cutting costs for supplies and items used throughout hospitals and clinics In 2009, the materiel management softw are Proclick continued to be leveraged throughout the system Proclick brings a host of benefits to Adventist Health including and increase in standardization of supply catalogs and a reduction in supply manufacturers Moreover, a centralized database is managed at the corporate office to improve overall accuracy At the hospital level, employees dealing w ith Proclick not only are able to easily order supplies, they can check current inventory and compare prices hospital to hospital Patient Financial Services (PFS)Adventist Health uses a system-standard charge master, w hich is a complete master listing of all services rendered and billed across the entire enterprise The Charge Master Group (part of PFS) maintains the standard along w ith the myriad of codes that are associated w ith it Each item is completely researched and coded appropriately Individual Adventist Health facilities are able to "shop" fromthe corporate standard to create their ow n charge master All the facility has to do is price the service selected and move it into its ow n charge master Standardization of the charge master enables Adventist Health to be in compliance w ith federal, state and local rules regarding charge coding Standardization provides for more accurate billing Additionally, Adventist Health strives to utilize descriptions that are patient friendly, for those patients that receive detailed bills Assisting patients in finding the best way to get their health care costs paid is a principal job function of PFS With corporate oversight, financial counselors assist patients w ithout insurance coverage in finding appropriate financial assistance If the patient does not qualify for third-party assistance, Adventist Health w orks w ith patients to arrange low monthly payments that are interest free By system-w ide policy, all uninsured patients automatically receive a minimum 25 percent discount off the standard charge master price for all services For those w ho are not able to share in the cost of their care, the system informs the patient that charity care may be available after the patient undergoes financial screening Building for TomorrowThe non-funded mandate in California for seismic compliance has prompted substantial capital improvements throughout Adventist Health, as has the desire to meet emerging community needs Through strategic planning and oversight of capital allocation as w ell as financing, the Adventist Health board has authorized major building projects and campus improvements to enhance the delivery of care in the communities w e serve These improvements range from retrofitting existing structures to new patient tow ers, establishing convenient clinics, and enlarging emergency departments outfitted w ith the latest technology and equipment Upon conclusion of projects that w ere in process at the end of 2009, the systemw ill have substantially completed its major seismic upgrades and compliance |

**SCHEDULE R**  
**(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

# 2009

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

**Name of the organization**  
Adventist Health SystemWest  
DBA Adventist Health

Employer identification number

95-3484589

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)  
Name, address, and EIN of disregarded entity

**(b)**  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Total income

(e)  
End-of-year assets

(f)  
Direct controlling  
entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)  
Name, address, and EIN of related organization

(b)  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Exempt Code section

(e)  
Public charity status  
(if section 501(c)(3))

(f)  
Direct controlling  
entity

See Additional Data Table

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax<br>under sections 512-<br>514) | (f)<br>Share of total income | (g)<br>Share of end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|
|                                                          |                         |                                                              |                                     |                                                                                                       |                              |                                       | Yes                                     | No |                                                                         | Yes                                       | No |

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|-------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|
|-------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

|     | (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved |
|-----|-----------------------------------|---------------------------------|------------------------|
| (1) |                                   |                                 |                        |
| (2) |                                   |                                 |                        |
| (3) |                                   |                                 |                        |
| (4) |                                   |                                 |                        |
| (5) |                                   |                                 |                        |
| (6) |                                   |                                 |                        |

Schedule R (Form 990) 2009

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)                              | (b)              | (c)                                             | (d)                                                           |    | (e)                               | (f)                              |    | (g)                                                              | (h)                                |    |
|----------------------------------|------------------|-------------------------------------------------|---------------------------------------------------------------|----|-----------------------------------|----------------------------------|----|------------------------------------------------------------------|------------------------------------|----|
| Name, address, and EIN of entity | Primary activity | Legal domicile<br>(state or foreign<br>country) | Are all<br>partners<br>section<br>501(c)(3)<br>organizations? |    | Share of<br>end-of-year<br>assets | Disproportionate<br>allocations? |    | Code V—UBI<br>amount in box<br>20 of Schedule K-1<br>(Form 1065) | General or<br>managing<br>partner? |    |
|                                  |                  |                                                 | Yes                                                           | No |                                   | Yes                              | No |                                                                  | Yes                                | No |

Software ID: 09000047

Software Version: 2009v1.3

EIN: 95-3484589

Name: Adventist Health SystemWest  
DBA Adventist Health

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN of related organization                                                      | (b)<br>Primary Activity         | (c)<br>Legal Domicile<br>(State<br>or Foreign Country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if 501(c)(3)) | (f)<br>Direct Controlling<br>Entity |
|------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------|-------------------------------|---------------------------------------------------|-------------------------------------|
| San Joaquin Community Hospital<br><br>2615 Chester Avenue<br>Bakersfield, CA93301<br>95-2294234            | Hospital                        | CA                                                     | 501(C)(3)                     | 1                                                 | N/A                                 |
| Adv Hlth So California Med Fnd<br><br>3602 Inland Empire Blvd Suite C-11<br>Ontario, CA91764<br>95-4424391 | Discontinued<br>Operations      | CA                                                     | 501(c)(3)                     | 11 Type 3 FI                                      | N/A                                 |
| Adv Hlth California Medical Fnd<br><br>2100 Douglas Blvd<br>Roseville, CA95661<br>68-0357690               | Discontinued<br>Operations      | CA                                                     | 501(c)(3)                     | 11 Type 3 FI                                      | N/A                                 |
| Willits Hospital Inc<br><br>1 Madrone St<br>Willits, CA95490<br>68-0108919                                 | Hospital                        | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| White Memorial Medical Center<br><br>1720 Cesar E Chavez Ave<br>Los Angeles, CA90033<br>95-2282647         | Hospital                        | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Walla Walla General Hospital<br><br>1025 S Second Ave<br>Walla Walla, WA99362<br>91-0617726                | Hospital                        | WA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Ukiah Adventist Hospital<br><br>275 Hospital Dr<br>Ukiah, CA95482<br>94-1639901                            | Hospital                        | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| South Coast Medical Center<br><br>2100 Douglas Blvd<br>Roseville, CA95661<br>95-2037291                    | Discontinued<br>Operations      | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Sonora Community Hospital<br><br>1000 Greenley Rd<br>Sonora, CA95370<br>94-1415069                         | Hospital                        | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Simi Valley Hospital & Health Care Serv<br><br>2975 N Sycamore Dr<br>Simi Valley, CA93065<br>95-6064971    | Hospital                        | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Selma Community Hospital Inc<br><br>1141 Rose Ave<br>Selma, CA93662<br>77-0509133                          | Supporting Hanford<br>Comm Hosp | CA                                                     | 501(c)(3)                     | 11 Type 3 FI                                      | N/A                                 |
| St Helena Hospital<br><br>10 Woodland Rd<br>St Helena, CA94574<br>94-1279779                               | Hospital                        | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Portland Adventist Medical Center<br><br>10123 SE Market St<br>Portland, OR97216<br>93-0429015             | Hospital                        | OR                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Port Hueneme Adventist Hospital<br><br>2100 Douglas Blvd<br>Roseville, CA95661<br>95-2915819               | Dissolved in 2009               | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Paradise Valley Hospital<br><br>2100 Douglas Blvd<br>Roseville, CA95661<br>95-1816034                      | Discontinued<br>Operations      | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Northwest Med Fnd of Tillamook<br><br>1000 Third St<br>Tillamook, OR97141<br>93-0622075                    | Hospital                        | OR                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Hanford Community Hospital<br><br>450 Greenfield Ave<br>Hanford, CA93230<br>94-0535360                     | Hospital                        | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Glendale Adventist Medical Center<br><br>1509 Wilson Ter<br>Glendale, CA91206<br>95-1816017                | Hospital                        | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Feather River Hospital<br><br>5974 Pentz Rd<br>Paradise, CA95969<br>94-1101228                             | Hospital                        | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Central Valley General Hospital<br><br>1025 N Douty St<br>Hanford, CA93230<br>77-0324630                   | Hospital                        | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Castle Medical Center<br><br>640 Ulukahiki St<br>Kailua, HI96734<br>99-0107330                             | Hospital                        | HI                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |
| Adventist Health Clearlake Hospital Inc<br><br>Ave 18 at Hwy 53<br>Clearlake, CA95422<br>68-0395149        | Hospital                        | CA                                                     | 501(c)(3)                     | 1                                                 | N/A                                 |

**TY 2009 Earnings and Profits Other  
Adjustments Statement**

**Name:** Adventist Health SystemWest  
DBA Adventist Health

**EIN:** 95-3484589

**Software ID:** 09000047

**Software Version:** 2009v1.3

| Description            | Amount   |
|------------------------|----------|
| Net Contributions      | -200,000 |
| Loss and loss expenses | 329,612  |

Additional Data

Software ID:

Software Version:

EIN: 95-3484589

Name: Adventist Health SystemWest  
DBA Adventist Health

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| (A)<br>Name and Title                | (B)<br>Average<br>hours<br>per<br>week | (C)<br>Position (check all<br>that apply) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W- 2/1099-<br>MISC) | (F)<br>Estimated<br>amount of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|--------------------------------------|----------------------------------------|-------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                      |                                        | Individual trustee<br>or director         | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                   |                                                                                            |                                                                                                                 |
| Alan Rice<br>Former Sr VP            | 0                                      |                                           |                       |         |              |                                 | X      | 265,895                                                                           | 0                                                                                          | 30,996                                                                                                          |
| Donald Ammon<br>Former Dir/Pres/CEO  | 0                                      |                                           |                       |         |              |                                 | X      | 301,662                                                                           | 0                                                                                          | 3,985                                                                                                           |
| Max Torkelsen<br>Director            | 1 00                                   | X                                         |                       | X       |              |                                 |        | 964                                                                               | 0                                                                                          | 323                                                                                                             |
| Wes Rippey MD<br>Director            | 1 00                                   | X                                         |                       |         |              |                                 |        | 1,542                                                                             | 100,949                                                                                    | 254                                                                                                             |
| Meredith Jobe Esq<br>Director        | 1 00                                   | X                                         |                       |         |              |                                 |        | 5,642                                                                             | 9,672                                                                                      | 254                                                                                                             |
| Steven C Herber MD<br>Director       | 1 00                                   | X                                         |                       |         |              |                                 |        | 2,328                                                                             | 104,004                                                                                    | 254                                                                                                             |
| Lynn Creitz<br>Director              | 1 00                                   | X                                         |                       |         |              |                                 |        | 1,670                                                                             | 0                                                                                          | 254                                                                                                             |
| Larry Caviness<br>Director           | 1 00                                   | X                                         |                       |         |              |                                 |        | 1,432                                                                             | 0                                                                                          | 254                                                                                                             |
| Ruthita Fike<br>Director             | 1 00                                   | X                                         |                       |         |              |                                 |        | 300                                                                               | 0                                                                                          | 254                                                                                                             |
| Robert Bradshaw DDS<br>Director      | 1 00                                   | X                                         |                       |         |              |                                 |        | 0                                                                                 | 2,413                                                                                      | 254                                                                                                             |
| Mark Ashlock<br>Sr VP MD Straty      | 50 00                                  |                                           |                       |         | X            |                                 |        | 369,274                                                                           | 0                                                                                          | 16,096                                                                                                          |
| Ricardo Graham<br>Dir/Chair/VChr     | 1 00                                   | X                                         |                       | X       |              |                                 |        | 1,178                                                                             | 0                                                                                          | 323                                                                                                             |
| Christine E Friestad Esq<br>Director | 1 00                                   | X                                         |                       |         |              |                                 |        | 1,107                                                                             | 0                                                                                          | 254                                                                                                             |
| Keith Doram MD<br>VP CInc Eff/CMO    | 50 00                                  |                                           |                       |         | X            |                                 |        | 628,291                                                                           | 0                                                                                          | 121,996                                                                                                         |
| Teresa Day<br>Consultant             | 50 00                                  |                                           |                       |         | X            |                                 |        | 433,441                                                                           | 0                                                                                          | 25,863                                                                                                          |
| Stanley Adams<br>VP Hosp Finance     | 50 00                                  |                                           |                       |         | X            |                                 |        | 440,485                                                                           | 0                                                                                          | 90,149                                                                                                          |
| Al Reimche<br>Director               | 1 00                                   | X                                         |                       |         |              |                                 |        | 508                                                                               | 0                                                                                          | 215                                                                                                             |
| Rodney Wehtje<br>Asst Sec/VPTrea     | 50 00                                  |                                           |                       | X       |              |                                 |        | 466,983                                                                           | 0                                                                                          | 123,273                                                                                                         |
| Alan Soderblom<br>VP/CIO             | 50 00                                  |                                           |                       |         | X            |                                 |        | 539,335                                                                           | 0                                                                                          | 89,878                                                                                                          |
| Gloria Bancarz<br>VP/CNO             | 50 00                                  |                                           |                       |         | X            |                                 |        | 320,750                                                                           | 0                                                                                          | 54,053                                                                                                          |
| James Brewster<br>VP Finance         | 50 00                                  |                                           |                       |         | X            |                                 |        | 808,673                                                                           | 0                                                                                          | 84,961                                                                                                          |
| Scott Reiner<br>Asst Sec/Sr VP       | 50 00                                  |                                           |                       | X       |              |                                 |        | 681,945                                                                           | 0                                                                                          | 135,643                                                                                                         |
| Douglas E Rebok<br>Asst Sec/CFO      | 50 00                                  |                                           |                       | X       |              |                                 |        | 2,529,122                                                                         | 0                                                                                          | 132,966                                                                                                         |
| Larry Dodds<br>Sec/Exec VP/COO       | 50 00                                  | X                                         |                       | X       |              |                                 |        | 979,755                                                                           | 0                                                                                          | 145,065                                                                                                         |
| Robert G Carmen<br>President/CEO     | 50 00                                  | X                                         |                       | X       |              |                                 |        | 1,477,796                                                                         | 0                                                                                          | 375,731                                                                                                         |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors |                               |                                        |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A)<br>Name and Title                                                                                                                         | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|                                                                                                                                               |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| JoAline Olson<br>VP Clinical Inv                                                                                                              | 50 00                         |                                        |                       |         | X            |                              |        | 569,262                                                              | 0                                                                         | 799,424                                                                                       |
| Morre Dean<br>President GAMC                                                                                                                  | 0                             |                                        |                       |         |              | X                            |        | 549,363                                                              | 0                                                                         | 114,710                                                                                       |
| Rick Rawson<br>President CVN                                                                                                                  | 50 00                         |                                        |                       |         |              | X                            |        | 582,042                                                              | 0                                                                         | 94,296                                                                                        |
| Darwin Remboldt<br>President SVH                                                                                                              | 50 00                         |                                        |                       |         |              | X                            |        | 752,249                                                              | 0                                                                         | 78,136                                                                                        |
| Beth Zachary<br>President WMMC                                                                                                                | 50 00                         |                                        |                       |         |              | X                            |        | 588,899                                                              | 0                                                                         | 110,923                                                                                       |
| Harry Janke<br>Asst CIO/Asst VP                                                                                                               | 50 00                         |                                        |                       |         |              | X                            |        | 412,537                                                              | 0                                                                         | 615,908                                                                                       |

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

|                           | Business Code | (A)<br>Total Revenue | (B)<br>Related or<br>Exempt<br>Function<br>Revenue | (C)<br>Unrelated<br>Business<br>Revenue | (D)<br>Revenue<br>Excluded from<br>Tax under IRC<br>512, 513, or 514 |
|---------------------------|---------------|----------------------|----------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------|
| Purchasing Rebates        | 900,099       | 580,388              | 580,388                                            |                                         |                                                                      |
| Insurance Trust Reimburse | 900,099       | 3,089,621            | 3,089,621                                          |                                         |                                                                      |
| Admin Fees - Health/Flex  | 561,000       | 3,507,830            | 3,507,830                                          |                                         |                                                                      |
| Prtnrshp Inc Rltd Prgm Sr | 541,900       | 8,606,860            | 8,675,021                                          | -68,161                                 |                                                                      |
| Management Fees           | 900,099       | 115,998,363          | 115,998,363                                        |                                         |                                                                      |

Additional Data

Software ID:  
Software Version:  
EIN: 95-3484589  
Name: Adventist Health SystemWest  
DBA Adventist Health

Form 990, Schedule D, Part X, - Other Liabilities

| 1 | (a) Description of Liability            | (b) Amount  |
|---|-----------------------------------------|-------------|
|   | Workers Compensation Liability          | 229,097     |
|   | Other Liabilities                       | 512,098     |
|   | Contractual Liability Investment Losses | 6,403,595   |
|   | Bond Interest Payable                   | 13,255,726  |
|   | Deferred Compensation Payable           | 18,937,441  |
|   | Due to Trust Funds                      | 32,621,235  |
|   | Professional Liability                  | 90,842,247  |
|   | Payables to Related Organizations       | 132,475,342 |

Additional Data

Software ID:

Software Version:

EIN: 95-3484589

Name: Adventist Health SystemWest  
DBA Adventist Health

Form 990, Schedule L, Part II - Loans to and from Interested Persons

| (a) Name of interested person and purpose | (b) Loan to or from the organization? |      | (c) Original principal amount \$ | (d) Balance due \$ | (e) In default? |    | (f) Approved by board or committee? |    | (g) Written agreement? |    |
|-------------------------------------------|---------------------------------------|------|----------------------------------|--------------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                                           | To                                    | From |                                  |                    | Yes             | No | Yes                                 | No | Yes                    | No |
| Scott Reiner<br>Relocation Assistance     |                                       | X    | 50,000                           | 46,400             |                 | No | Yes                                 |    | Yes                    |    |
| Morre Dean<br>Relocation Assistance       |                                       | X    | 150,000                          | 146,200            |                 | No | Yes                                 |    | Yes                    |    |
| JoAline Olson<br>Relocation Assistance    |                                       | X    | 50,000                           | 39,800             |                 | No | Yes                                 |    | Yes                    |    |
| JoAline Olson<br>Relocation Assistance    |                                       | X    | 150,000                          | 118,500            |                 | No | Yes                                 |    | Yes                    |    |
| Mark Ashlock<br>Relocation Assistance     |                                       | X    | 150,000                          | 149,600            |                 | No | Yes                                 |    | Yes                    |    |
| Keith Doram<br>Relocation Assistance      |                                       | X    | 100,000                          | 95,000             |                 | No | Yes                                 |    | Yes                    |    |
| Alan Soderblom<br>Relocation Assistance   |                                       | X    | 100,000                          | 95,800             |                 | No | Yes                                 |    | Yes                    |    |
| Scott Reiner<br>Relocation Assistance     |                                       | X    | 150,000                          | 144,600            |                 | No | Yes                                 |    | Yes                    |    |