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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Adventist Health SystemWest
DBA Adventist Health

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2100 Douglas Blvd

City or town, state or country, and ZIP + 4
Roseville, CA 95661

D Employer identification number
95-3484589

E Telephone number
(916) 781-2000

G Gross receipts $ 216,284,670

F Name and address of principal officer
Robert Carmen
2100 Douglas Blvd
Roseville, CA 95661

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☑ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1071

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www adventisthealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1980

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To share God's love by providing physical, mental and spiritual healing

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	1,009
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	586,750
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)		0
	9 Program service revenue (Part VIII, line 2g)	144,715,178	152,942,195
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,370,386	48,775,832
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	416,928	504,233
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	190,502,492	202,222,260
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	737,591	382,875
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	106,280,154	115,609,621
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	90,027,655	95,085,251
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	197,045,400	211,077,747
	19 Revenue less expenses Subtract line 18 from line 12	-6,542,908	-8,855,487

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,228,152,236	1,411,714,648
	21 Total liabilities (Part X, line 26)	1,158,278,401	1,340,126,578
	22 Net assets or fund balances Subtract line 21 from line 20	69,873,835	71,588,070

Part II Signature Block

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.

Sign Here

****** 2012-11-15
Signature of officer Date

Douglas E Rebok Asst Sec/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			EIN ▶
			Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 208,251,360 including grants of $ 382,875) (Revenue $ 152,847,375)

Adventist Health is a faith-based, not-for-profit integrated health care delivery system with more than 20,000 employees serving communities in California, Hawaii, Oregon and Washington Founded on Seventh-day Adventist health values, Adventist Health provides compassionate care in 19 hospitals, more than 130 clinics (rural health and physician clinics), 14 home care agencies, 6 hospice agencies and 4 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-drivenOur 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 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 by belonging to a larger system that continually seeks to enhance its ability to serve pooled services, a centralized cash management program, economies of scale and purchasing power to name a few 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 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 and easily accessible Project IntelliCareTo 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 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 Of equal importance is the transformation of patient care processes to achieve the highest quality care Phases II and III expanded the use of the system to include electronic documentation for clinicians and applications for the emergency department and laboratory Phase IV and beyond adds surgical and radiological imaging applications and extends our ability to deliver results to physicians' offices using an electronic portal (Continued on next section)

4b (Code) (Expenses $ including grants of $) (Revenue $)

Adventist Health successfully implemented Computerized Provider Order Entry (CPOE) in 10 hospitals in 2011 - showing 75 percent or more of all physician orders entered electronically The remaining hospitals are scheduled to go live with CPOE throughout 2012 With the goal of enhancing information systems, physician input has been directed by the Chief Medical Information Officer The expected outcome is improved patient safety, quality of care and operational performance across the clinical continuum This 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 The patient experience is also 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 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 Part of Project IntelliCare is Mpages--a quick, easy to digest view of patient charts which offer real-time, dynamic clinical data to Project IntelliCare users The new page view offers a comprehensive summary of each patient's clinical profile Specifically, caregivers can access information on patient problems, diagnoses, vital signs, intake and output, microbiology, diagnostic tests and more, all from the same page Mpages seamlessly incorporates data with other Project IntelliCare applications such as PharmNet, PathNet and clinical documentation At Adventist Health, the Project IntelliCare Physician Advisory Group (PAG) was instrumental in setting up the current look and feel of our specific Mpages and piloting its use so that users have the data in an organized, easy to understand format Project IntelliCare standardizes and streamlines care, helping Adventist Health realize savings and efficiencies, reduce duplication of tasks and meet a growing number of national, state and regulatory requirements QualityAdventist Health has an unwavering committment to quality and patient safety which stems from a deep passion and belief in our mission In mid-2011, all Adventist Health hospitals implemented a new Cerner software tool to assist with Center for Medicare and Medicaid Services meaningful use core measure tracking and compliance Providers are able to ensure, in real-time, that the appropriate care for the patient has been given Based on 2011 data through October, Adventist Health achieved system-wide performance in the top 20 percent of hospitals nationally for heart failure, pneumonia and surgical improvement quality measures Additionally, perceived quality of teamwork and patient safety in hospital units continued to be above national average in 2011 Compared to 2009, 72 percent and 78 percent of the units either sustained at the desired high scores or improved significantly in teamwork and safety respectively In addition, two specific committees serve to ensure our patients have positive experiences while in our care Initiated in 2011, the Care Transitions Collaborative strives to ensure that discharged patients get appropriate follow-up care, such as home health, ambulatory care clinic, skilled nursing facility or telehealth The Patient Experience Council has representatives from each hospital who meet monthly to share tactics and best practices for improving patients' hospital experience and raised the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores five percentage points A sub-group has redesigned the Emergency Department experience in five of our hospitals as well The Physician Clinical Content Committee is focusing on physician documentation, quality of care and ICD-10 implementation Adventist Health also established a Clinical Decision Support committee to focus on improving medication management and improving physician orders workflow In addition, all Adventist Health hospitals are accredited and certified by the Joint Commission (Continued on next section)

4c (Code) (Expenses $ including grants of $) (Revenue $)

Home Care ServicesAdventist Health/Home Care Services offers advanced, quality health care in an in-home setting by operating 14 Home Care agencies and 6 Hospice agencies In 2011, caring, compassionate and quality services were provided during 226,637 home care visits and 86,528 hospice days Many of the agencies provide specialized programs and treatment plans such as pediatric, diabetes and palliative care Through Home Care, Adventist Health offers Personal Care in 14 counties throughout the network which helps patients stay at home and maintain as much independence as possible To further assist with the needs of our patients, 4 home medical equipment agencies supply oxygen, mobility aids, respiratory service and even Lifeline Home Care also made significant strides to enhance patient care and safety by implementing Cerner BeyondNow Homecare Solutions throughout all Adventist Health 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 any time from any location utilizing iPad technology Rural Health Clinics People living in rural or underserved communities are often at a disadvantage when accessing health care The Clinic Services department provides consultation and support services to Rural Health Clinics (RHCs) affiliated with Adventist Health hospitals We currently have more than 35 clinics providing health care to underserved populations throughout Northern and Central California, Oregon and Washington Our system of rural health is the largest network of clinics in the state of California (more than 10 percent of the RHCs in the state are part of Adventist Health) Our RHC network is also one of the largest, representing almost one percent of the nation's RHCs Services of this corporate department include financial monitoring, program audits, operational support, professional development, advocacy and education regarding new regulations But the real evidences of success are the patients served-more than 800,000 visits in 2011 (more than doubling the visits of only five years ago) 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 is also available at many RHC locations, including four behavioral health programs TelepharmacyAdventist Health's Telepharmacy West was designed to fill the gap created when small rural hospitals' in-patient pharmacies close each day This enables Adventist Health to provide 24/7 year-round pharmacy services to both system and non-system hospitals in need of support to enhance patient medication safety Innovations CouncilFor long term sustainability, Adventist Health is finding new ways of solving old problems The Innovation Council is comprised of 18 members from inside and outside the system who, among other things, are tasked with overseeing the Innovation initiatve, developing process steps for the organization and facilitating an innovations exchange program Health Care ReformAdventist Health leaders are defining what health care reform will mean to our organization, our patients and the communities we serve Our system continues to carefully examine issues such as meaningful use, accountable care organizations and population health management as we work toward complying with the government's rulings while providing quality, mission-focused care to our communities (Continued on next section)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 208,251,360

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* (see instructions)?	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	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**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	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	7,280		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,009		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	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 or securities account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country ▶ BD See instructions for 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?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a			No
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			No

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?			4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		No
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made 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 ▶

Douglas E Rebok
2100 Douglas Blvd
Roseville, CA 95661
(916) 781-2000

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								17,233,979	160,543	2,392,965

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 267

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Ernst & Young US LLP 2901 Douglas Blvd Suite 300 Roseville, CA 95661	Audit/Tax Consulting	1,010,138
Latham & Watkins LLP 505 Montgomery St Suite 2000 San Francisco, CA 941116538	Legal	1,764,399
Manatt Phelps & Phillips LLP 11355 W Olympic Blvd Los Angeles, CA 900641614	Legal	2,307,280
Blue Shield 50 Beale St 23rd Floor San Francisco, CA 94105	Health Claims Admin	2,698,602
Cerner Corporation 2800 Rockcreek Parkway Kansas City, MO 64117	Software Consulting	4,527,640

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 62

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants 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				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		0			
Program Service Revenue			Business Code				
	2a	Other Program Service Rev	900099	1,293,233	1,220,733		72,500
	b	Insurance Trust Reimburse	900099	3,261,893	3,261,893		
	c	Admin Fees - Health/Flex	561000	3,972,209	3,972,209		
	d	Prtnrshp Inc Rltd Prgm Sr	541900	10,763,253	10,740,933	22,320	
	e	Management Fees	900099	133,651,607	133,651,607		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		152,942,195			
	3	Investment income (including dividends, interest and other similar amounts)		41,186,004		64,947	41,121,057
	4	Income from investment of tax-exempt bond proceeds		2,882,818			2,882,818
	5	Royalties		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	4,750				
	b	Less rental expenses					
	c	Rental income or (loss)	4,750				
	d	Net rental income or (loss)		4,750			4,750
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	17,098,540 / 1,670,880				
	b	Less cost or other basis and sales expenses	12,069,476 / 1,992,934				
	c	Gain or (loss)	5,029,064 / -322,054				
	d	Net gain or (loss)		4,707,010			4,707,010
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	Clinical Engineering	811000	499,483		499,483	
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		499,483			
	12	**Total revenue.** See Instructions		202,222,260	152,847,375	586,750	48,788,135

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	379,875	379,875		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,000	3,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States 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	14,339,921	14,339,921		
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	69,479,967	69,479,967		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,129,813	6,129,813		
9	Other employee benefits	19,967,724	19,967,724		
10	Payroll taxes	5,692,196	5,692,196		
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,862,611		1,862,611	
c	Accounting	963,776		963,776	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	3,564,314	3,564,314		
12	Advertising and promotion	92,027	92,027		
13	Office expenses	3,383,494	3,383,494		
14	Information technology	18,595,508	18,595,508		
15	Royalties . .	0			
16	Occupancy	2,956,669	2,956,669		
17	Travel	2,863,716	2,863,716		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	215,912	215,912		
20	Interest	44,485,222	44,485,222		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	12,786,006	12,786,006		
23	Insurance	168,694	168,694		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Year End Expense Accrual	178,395	178,395		
b	Miscellaneous Expenses	224,697	224,697		
c	Clinical Innovation Awards	264,000	264,000		
d	Incentive Criteria Rebate Prg	272,367	272,367		
e	Purchased Services	1,710,146	1,710,146		
f	All other expenses	497,697	497,697		
25	**Total functional expenses.** Add lines 1 through 24f	211,077,747	208,251,360	2,826,387	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	21,700	1	77,572
	2	Savings and temporary cash investments	192,020,038	2	177,826,162
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	11,336,447	4	2,462,491
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	769,700	5	1,545,500
	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	16,922,308	7	14,038,108
	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	3,942,925	9	4,725,451
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 184,256,963			
	b	Less accumulated depreciation — 10b: 77,499,881	93,313,318	10c	106,757,082
	11	Investments—publicly traded securities	98,496,713	11	174,091,838
	12	Investments—other securities See Part IV, line 11	1,194,000	12	1,301,000
	13	Investments—program-related See Part IV, line 11	13,510,756	13	14,381,636
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	796,624,331	15	914,507,808
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,228,152,236	16	1,411,714,648
Liabilities	17	Accounts payable and accrued expenses	49,028,609	17	50,996,768
	18	Grants payable		18	
	19	Deferred revenue	6,042	19	7,109
	20	Tax-exempt bond liabilities	859,515,000	20	977,175,000
	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	24,357,041	24	11,228,264
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	225,371,709	25	300,719,437
	26	**Total liabilities.** Add lines 17 through 25	1,158,278,401	26	1,340,126,578
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	69,873,835	27	71,588,070
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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	69,873,835	33	71,588,070
	34	Total liabilities and net assets/fund balances	1,228,152,236	34	1,411,714,648

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	202,222,260
2	Total expenses (must equal Part IX, column (A), line 25)	2	211,077,747
3	Revenue less expenses Subtract line 2 from line 1	3	-8,855,487
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	69,873,835
5	Other changes in net assets or fund balances (explain in Schedule O)	5	10,569,722
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	71,588,070

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	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?	3a		No
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 . .	3b		No

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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

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemWest
DBA Adventist Health

Employer identification number
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 331/3% 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 331/3% 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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts 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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **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

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2010 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2011.** 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 ▶

b **33 1/3% support tests—2010.** 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 ▶

20 **Private 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
Adventist Health SystemWest DBA Adventist Health	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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group 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		
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-		

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

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? ☐ **Yes** ☐ **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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (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) Yes	(a) No	(b) Amount
1	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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		8,923
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		362,591
j	Total lines 1c through 1i			371,514
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
Part II-B, Line 1i	Part II-B, Line 1i - Other Activities Description	Adventist Health engages lobbyists and belongs to industry and professional associations for which a portion of the membership dues is used for lobbying activities

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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

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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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	1,140,318	1,132,335	1,143,266		
b Contributions					
c Investment earnings or losses	37,987	49,092	42,727		
d Grants or scholarships	-58,896	-41,109	-53,658		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,119,409	1,140,318	1,132,335		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 000 %
- 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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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

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

Description of property	(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	703,000	6,806,889	5,870,840	1,639,049
c Leasehold improvements		1,075,860	1,052,382	23,478
d Equipment		146,266,280	70,576,659	75,689,621
e Other		21,112,880		21,112,880
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				106,757,082

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Deferred Financing Costs	7,373,288
(2) Other Receivables	2,678,756
(3) Malpractice Trust Funds	72,586,343
(4) Receivables from Related Organizations	831,869,421
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	914,507,808

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Workers Compensation Liability	443,564
Other Liabilities	157,240
Bond Interest Payable	12,436,490
Deferred Compensation Payable	20,241,731
Due to Trust Funds	30,637,508
Professional Liability	82,313,168
Payables to Related Organizations	154,489,736
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	300,719,437

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation 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 XII Reconciliation 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 XIII Reconciliation 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 XIV Supplemental 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 XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Transfers from/to related orgs $10568128 Transfers to related organizations $ -0
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	A board designated fund of $1 000 000 was established and interest earnings are used to sponsor college students in summer internships throughout the hospital system

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemWest
DBA Adventist Health

Employer identification number
95-3484589

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central Amer & Caribbean	0	0	Passive Investments		0
3a Sub-total					
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☑
Use Part V if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation

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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

2011

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
(1) Walla Walla University 204 S College Ave College Place, WA 99324	91-0617727	501(c)(3)	58,000	0			Education - Health Care Related
(2) Pacific Union College1 Angwin Ave Angwin, CA 94508	94-1279798	501(c)(3)	85,000	0			Education - Health Care Related
(3) North American Div of SDAs12501 Old Columbia Pike Silver Spring, MD 20904	20-3164300	501(c)(3)	10,000	0			Childhood Obesity Prevention
(4) Maranatha Volunteers Intl990 Reserve Drive Suite 100 Roseville, CA 95678	38-1945104	501(c)(3)	20,000	0			Church/Comm Service Complex-Capital

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 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
(1) Scholarship	3	3,000			

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Annual assistance is provided with no reporting required by recipient

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No 1545-0047

2011

Open to Public Inspection

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 appropiate 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 ☑ First-class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 orprovision 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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ 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**		No
b	Any related organization?	**6b**		No
	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 accured 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

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other 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 reportable compensation				
See Additional Data Table							

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 1a	Part I, Line 1a 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

Additional Data

Return to Form

Software ID: 11000144
Software Version: 2011v1.2
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				
Beth Zachary	(I) (II)	422,760	96,345	232,580	98,684	19,239	869,608	191,120
Alan Soderblom	(I) (II)	358,630	82,042	93,519	81,827	21,485	637,503	54,080
Richard Rawson	(I) (II)	410,020	70,221	102,573	94,833	16,969	694,616	65,887
JoAline Olson	(I) (II)	333,500	81,559	122,486	75,167	21,470	634,182	80,814
Terrance Newmyer	(I) (II)	413,446	98,800	174,081	91,550	19,233	797,110	76,183
Peggy Nakamura Esq	(I) (II)	275,000	38,860	48,721	58,318	8,892	429,791	40,608
Keith Doram MD	(I) (II)	475,330	111,360	136,190	113,122	21,507	857,509	88,023
Jeffrey Conklin	(I) (II)	381,938	65,754	105,656	79,830	37,866	671,044	55,147
Lowell Church	(I) (II)	228,520	32,045	35,029	15,014	16,869	327,477	27,808
James Brewster	(I) (II)	87,553	78,784	92,402	11,062	11,302	281,103	60,508
John Beaman	(I) (II)	240,248		34,965	42,710	23,955	341,878	
Gloria Bancarz	(I) (II)	260,500	58,153	64,824	54,524	8,883	446,884	30,912
Mark Ashlock	(I) (II)	477,510	133,604	59,181	118,157	19,239	807,691	
Stanley Adams	(I) (II)	300,020	70,942	68,187	65,651	16,912	521,712	51,798
Bill Wing	(I) (II)	305,801		15,780	74,419	15,548	411,548	
Rodney Wehtje	(I) (II)	340,430	78,784	87,122	78,557	16,937	601,830	52,751
Douglas Rebok	(I) (II)	533,280	149,092	175,042	128,096	19,203	1,004,713	123,894
Scott Reiner	(I) (II)	577,345	149,092	181,404	138,780	21,507	1,068,128	119,583

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				
Larry Dodds	(I) (II)	303,557	171,094	210,693	79,089	16,971	781,404	120,139
Robert Carmen	(I) (II)	934,340	267,209	547,748	18,150	21,654	1,789,101	424,494
Steven Herber MD	(I) (II)	160,461 52,000		7,450	27,400	14,278	209,589 52,000	
Jeff Eller	(I) (II)	344,500	42,143	103,515	78,031	21,476	589,665	38,095
Kevin Roberts	(I) (II)	340,675	74,482	97,684	76,432	16,363	605,636	58,469
Robert Beehler	(I) (II)	376,600	95,310	75,159	86,022	16,957	650,048	58,045
Wayne Ferch	(I) (II)	364,462	82,497	101,355	81,193	21,486	650,993	53,916
Donna Bechtold	(I) (II)	57,562	27,664	689,541	9,806	7,009	791,582	674,652
Alan Rice	(I) (II)	229,815		32,877	17,510	17,171	297,373	32,877
Deryl Jones	(I) (II)			1,782,626	60	8,590	1,791,276	1,782,626

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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

2011

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	California Health Facilit	52-1643828		06-09-2011	130,000,000	See Schedule O		X		X		X
B	The Hospital Facilities Authority of Multnomah County OR	93-1266280	62551PBS5	09-30-2009	66,147,216	See Schedule O	X			X		X
C	California Health Facilities Financing Authority Series C	52-1643828	13033F8B9	05-20-2009	56,309,648	See Schedule O	X			X		X
D	California Health Facilities Financing Authority Series B	52-1643828	13033LBCO	05-20-2009	30,000,000	See Schedule O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired			17,655,000	
2	Amount of bonds defeased				
3	Total proceeds of issue	130,000,000	66,147,216	56,309,648	30,000,000
4	Gross proceeds in reserve funds		6,190,954	5,793,706	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	478,200	886,660	559,042	299,917
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	41,228,598			29,699,958
11	Other spent proceeds		59,011,989	50,119,642	
12	Other unspent proceeds	88,350,860			
13	Year of substantial completion	2013	2009	2009	2009

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		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
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			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 ▶								
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 ▶								
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	

Part IV Arbitrage

		A		B		C		D	
		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
2	Is the bond issue a variable rate issue?	X			X		X	X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		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
6	Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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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

2011

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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	California Health Facilities Financing Authority Series A	52-1643828	13033LBCO	05-20-2009	89,352,000	See Schedule O		X		X		X
B	California Statewide Communities Development Authority	68-0164610	130795EJ2	05-08-2007	115,000,000	See Schedule O		X		X		X
C	California Statewide Communities Development Authority	68-0164610	130911V49	10-18-2005	178,288,037	See Schedule O		X		X		X
D	California Health Facilities Financing Authority	52-1643828	13033FNA4	07-01-2003	170,181,205	See Schedule O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	89,352,000	115,000,000	178,288,037	170,181,205
4	Gross proceeds in reserve funds	9,000,000	9,823,380	16,315,618	15,828,982
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	899,751	912,500	1,336,913	1,321,320
8	Credit enhancement from proceeds		2,818,355		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	77,784,918	101,933,233	161,506,002	152,728,375
11	Other spent proceeds				
12	Other unspent proceeds	1,888,712			
13	Year of substantial completion	2011	2010	2007	2006

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

		A		B		C		D	
		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
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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 ▶					0 020 %		0 650 %	
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 ▶							0 040 %	
6	Total of lines 4 and 5					0 020 %		0 690 %	
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	

Part IV Arbitrage

		A		B		C		D	
		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
2	Is the bond issue a variable rate issue?		X	X			X		X
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		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
6	Did the bond issue qualify for an exception to rebate?								

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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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

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemWest
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	(c) Corrected? 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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
See Additional Data Table										
Total . . . . . ▶ $				1,545,500						

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

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
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
Kevin Roberts Relocation Assistance		X	400,000	400,000		No	Yes		Yes	
Jeff Eller Relocation Assistance		X	150,000	146,600		No	Yes		Yes	
Kirby McKague Relocation Assistance		X	100,000	99,200		No	Yes		Yes	
John Beaman Relocation Assistance		X	11,300	10,500		No	Yes		Yes	
John Beaman Relocation Assistance		X	35,500	34,400		No	Yes		Yes	
John Beaman Relocation Assistance		X	125,000	123,900		No	Yes		Yes	
Jeff Conklin Relocation Assistance		X	125,000	124,400		No	Yes		Yes	
JoAline Olson Relocation Assistance		X	50,000	37,400		No	Yes		Yes	
JoAline Olson Relocation Assistance		X	150,000	106,500		No	Yes		Yes	
Mark Ashlock Relocation Assistance		X	150,000	146,200		No	Yes		Yes	
Keith Doram Relocation Assistance		X	100,000	88,600		No	Yes		Yes	
Alan Soderblom Relocation Assistance		X	100,000	89,800		No	Yes		Yes	
Scott Reiner Relocation Assistance		X	139,500	138,000		No	Yes		Yes	

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemWest
DBA Adventist Health

Employer identification number
95-3484589

Identifier	Return Reference	Explanation
	Form 990, Part IX, Line 24	Due to software limitations, 2011 income tax expense of $4,000 is unable to be disclosed separately on lines 24 (a) - 24(d) The miscellaneous expenses amount is made up of a variety of expenses dissimilar enough in nature that aggregation for disclosure on lines 24(a) - 24(d) is not possible

Identifier	Return Reference	Explanation
	Sch K (2nd), Part 1, Column (f), Line D	Acquire, construct and equip the following health care facilities Adventist Health Clearlake Hospital Inc, Clearlake, CAFeather River Hospital, Paradise, CAGlendale Adventist Medical Center, Glendale, CASt Helena Hospital, St Helena, CASimi Valley Hospital and Health Care Services, Simi Valley, CAAcquire and install a clinical information system Adventist Health System/West, Roseville, CA

Identifier	Return Reference	Explanation
	Sch K (2nd), Part 1, Column (f), Line C	Refinance a bank loan used to construct, equip and improve Adventist Medical Center - Portland, Portland, OR

Identifier	Return Reference	Explanation
	Sch K (2nd), Part 1, Column (f), Line B	Refund outstanding balance of the following bond issues 1991 California Health Facilities Financing Authority (AHS/West Series A) bonds issued July 23, 19911991 California Health Facilities Financing Authority (AHS/West Series B) bonds issued September 25, 19911991 City of Glendale (AHS/West Series A) bonds issued July 23, 1991

Identifier	Return Reference	Explanation
	Schedule K (2nd), Part 1, Column(f), Line A	Acquire, construct and equip the following health care facilities Adventist Health Clearlake Hospital Inc, Clearlake, CAFeather River Hospital, Paradise, CAGlendale Adventist Medical Center, Glendale, CAHanford Community Hospital, Hanford, CASt Helena Hospital, St Helena, CASimi Valley Hospital and Health Care Services, Simi Valley, CA

Identifier	Return Reference	Explanation
	Schedule K, Part 1, Column (f), Line D	Acquire, construct and equip the following health care facilities Adventist Health Clearlake Hospital Inc, Clearlake, CAFeather River Hospital, Paradise, CAGlendale Adventist Medical Center, Glendale, CAHanford Community Hospital, Hanford, CASt Helena Hospital, St Helena, CASimi Valley Hospital and Health Care Services, Simi Valley, CA

Identifier	Return Reference	Explanation
	Schedule K, Part 1, Column (f), Line C	Construct, equip and remodel the following health care facilities Feather River Hospital, Paradise, CAHanford Community Hospital, Hanford, CASimi Valley Hospital and Health Care Services, Simi Valley, CA

Identifier	Return Reference	Explanation
	Schedule K, Part 1, Column (f), Line B	Construct, equip and remodel the following health care facilities Glendale Adventist Medical Center, Glendale, CASan Joaquin Community Hospital, Bakersfield, CASimi Valley Hospital and Health Care Services, Simi Valley, CAWhite Memorial Medical Center, Los Angeles, CAAcquire and install a clinical information system Adventist Health System/West, Roseville, CA

Identifier	Return Reference	Explanation
	Schedule K, Part 1, Column (f), Line A	Construct, equip and remodel the following health care facilities Adventist Health Clearlake Hospital Inc, Clearlake, CAFeather River Hospital, Paradise, CAGlendale Adventist Medical Center, Glendale, CAHanford Community Hospital, Hanford, CASt Helena Hospital, St Helena, CASan Joaquin Community Hospital, Bakersfield, CASimi Valley Hospital and Health Care Services, Simi Valley, CAUkiah Valley Hospital, Ukiah, CAWhite Memorial Medical Center, Los Angeles, CAAcquire and install a clinical information system Adventist Health System/West, Roseville, CARefinance a bank loan used to acquire equipment and facilities Selma Community Hospital, Selma, CARefund a portion of the following bond issue 1993 City of Bakersfield (AHS/West Series A) bonds issued June 3, 1993

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 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

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Adventist Health System/West board of directors has established a Compensation Committee to oversee the executive compensation program This committee is composed of independent directors with no conflicts of interest The committee performs the following functions recommends a total compensation philosophy to the board, assures compliance with the board-approved philosophy, meets annually to review comparability data from outside consultants, recommends any adjustments to current executive compensation that would be indicated by the data, including salary ranges for the organization's CEO and CFO, evaluates executive performance against annual goals, recommends appropriate incentive awards to the board for approval, follows a diligent process that meets regulatory requirements for a rebuttable presumption of reasonableness, records committee deliberations and decisions in timely minutes, selects, engages and supervises any consultant hired to advise and provide comparability data The board-approved executive compensation philosophy specifies that salary ranges will be established for executives with midpoints aligned with the 50th percentile of comparable system hospital data and having a 24 percent spread from minimum to maximum (industry norm is an approximately 50 percent spread) The CEO has a maximum potential incentive of 30 percent of base salary (This incentive potential is less than the industry norm) Other executives have a maximum potential incentive of 20 percent of base salary

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c 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 The questionnaire is accompanied by a letter of explanation to illustrate examples of a conflict and remind the recipient that if any perceived conflict should arise before the next annual questionnaire, he/she is to notify the CEO immediately The internal audit staff reviews these questionnaires and disclosures each year during the audit process

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The completed Form 990 is shared with members of the corporation's board of directors by electronic communication for their review prior to filing A special board meeting is scheduled to answer questions and receive input from the board after their review but prior to filing

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7b	Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Board appointments are approved by the membership

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a 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 with its Articles and Bylaws

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Individuals who represent the Seventh-day Adventist Church and lay people who are in good standing with the Seventh-day Adventist Church serve as members of Adventist Health System/West

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Adventist Health joined the Premier health care alliance's Accountable Care Organization (ACO) Readiness Collaborative, which includes more than 40 health systems nationwide They work together to test, measure and share best practices for creating ACOs and improving overall health and wellness in their communities In joining this effort, our system has begun the work necessary to implement essential health care reforms that deliver high-quality, patient-centered care As part of this collaborative, Adventist Health expects to work toward creating ACOs in its markets, accepting accountability for the care delivered to patients by improving care coordination, efficiency, quality and patient satisfaction Building for Tomorrow Through strategic planning and oversight of capital allocation as well as financing, the Adventist Health board has authorized major building projects and campus improvements to enhance the delivery of care in the communities we serve These improvements range from retrofitting existing structures to new patient towers, establishing convenient clinics and enlarging emergency departments outfitted with the latest technology and equipment Adventist Health is also building a new facility to replace the existing Frank R Howard Memorial Hospital in Willits, CA, which will increase beds and improve community care while meeting all seismic safety requirements

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) South Coast Medical Center 2100 Douglas Blvd Roseville, CA 95661 95-2037291	Wind down after sale of hospital	CA	N/A	C Corp			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization 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	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p	Yes	
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		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) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID: 11000144
Software Version: 2011v1.2
EIN: 95-3484589
Name: Adventist Health SystemWest
DBA Adventist Health

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

(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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Reedley Community Hospital 372 W Cypress Ave Reedley, CA 93654 45-3220509	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
San Joaquin Community Hospital 2615 Chester Avenue Bakersfield, CA 93301 95-2294234	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
Adv Hlth So California Med Fnd 3602 Inland Empire Blvd Suite C-11 Ontario, CA 91764 95-4424391	Discontinued Operations	CA	501(c)(3)	11c, III-FI	Adventist Health SystemWest		No
Adventist Health Physicians Network 2100 Douglas Blvd Roseville, CA 95661 68-0357690	Medical Foundation	CA	501(c)(3)	11b, II	Adventist Health SystemWest		No
Willits Hospital Inc 1 Madrone St Willits, CA 95490 68-0108919	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
White Memorial Medical Center 1720 Cesar E Chavez Ave Los Angeles, CA 90033 95-2282647	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
Walla Walla General Hospital 1025 S Second Ave Walla Walla, WA 99362 91-0617726	Hospital	WA	501(c)(3)	1	Adventist Health SystemWest		No
Ukiah Adventist Hospital 275 Hospital Dr Ukiah, CA 95482 94-1639901	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
Sonora Community Hospital 1000 Greenley Rd Sonora, CA 95370 94-1415069	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
Simi Valley Hospital & Health Care Serv 2975 N Sycamore Dr Simi Valley, CA 93065 95-6064971	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
St Helena Hospital 10 Woodland Rd St Helena, CA 94574 94-1279779	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
Portland Adventist Medical Center 10123 SE Market St Portland, OR 97216 93-0429015	Hospital	OR	501(c)(3)	1	Adventist Health SystemWest		No
Paradise Valley Hospital 2100 Douglas Blvd Roseville, CA 95661 95-1816034	Discontinued Operations	CA	501(c)(3)	1	Adventist Health SystemWest		No
Northwest Med Fnd of Tillamook 1000 Third St Tillamook, OR 97141 93-0622075	Hospital	OR	501(c)(3)	1	Adventist Health SystemWest		No
Hanford Community Hospital 115 Mall Dr Hanford, CA 93230 94-0535360	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
Glendale Adventist Medical Center 1509 Wilson Ter Glendale, CA 91206 95-1816017	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
Feather River Hospital 5974 Pentz Rd Paradise, CA 95969 94-1101228	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
Central Valley General Hospital 1025 N Douty St Hanford, CA 93230 77-0324630	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
Castle Medical Center 640 Ulukahiki St Kailua, HI 96734 99-0107330	Hospital	HI	501(c)(3)	1	Adventist Health SystemWest		No
Adventist Health Clearlake Hospital Inc 15630 18th Ave Clearlake, CA 95422 68-0395149	Hospital	CA	501(c)(3)	3	Adventist Health SystemWest		No

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TY 2011 Earnings and Profits Other Adjustments Statement

Name: Adventist Health SystemWest
DBA Adventist Health
EIN: 95-3484589
Software ID: 11000144
Software Version: 2011v1.2

Description	Amount
Net Contributions	-6,278,339
Loss and loss expenses	5,636,330

Additional Data

Software ID: 11000144
Software Version: 2011v1.2
EIN: 95-3484589
Name: Adventist Health SystemWest
DBA Adventist Health

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Scott Reiner Dir/Sec/EVP/COO	50 00	X		X				907,841	0	160,287
Larry Dodds Dir/Sec/EVP/COO	50 00	X		X				685,344	0	96,060
Robert Carmen President	50 00	X		X				1,749,297	0	39,804
Max Torkelson Dir/Vice Chair	1 00	X		X				2,381	0	0
Wesley Rippey MD Director	1 00	X						2,248	96,255	0
Al Reimche Director	1 00	X						1,637	0	0
Helmuth Jones Director	1 00	X						350	0	0
Meredith Jobe Esq Director	1 00	X						42,329	12,288	0
Larry Innocent Director	1 00	X						350	0	0
Steven Herber MD Director	1 00	X						167,911	52,000	41,678
Ricardo Graham Dir/Chair	1 00	X		X				2,652	0	0
Christine Friestad Esq Director	1 00	X						2,927	0	0
Ruthita Fike Director	1 00	X						635	0	0
Lynn Creitz Director	1 00	X						3,123	0	0
Larry Caviness Director	1 00	X						2,666	0	0
Robert Bradshaw DDS Director	1 00	X						4,652	0	0
Bill Wing AsstSec/Sr VP	50 00			X				321,581	0	89,967
Rodney Wehtje AsstSec/VPTreas	50 00			X				506,336	0	95,494
Douglas Rebok AsstSec/CFO/SVP	50 00			X				857,414	0	147,299
Beth Zachary VP/Pres SCN	50 00				X			751,685	0	117,923
Alan Soderblom VP/CIO	50 00				X			534,191	0	103,312
Richard Rawson VP CVN	50 00				X			582,814	0	111,802
JoAline Olson VP Clinical Innovation	50 00				X			537,545	0	96,637
Terrance Newmyer VP/Pres NCN	50 00				X			686,327	0	110,783
Peggy Nakamura Esq VP Risk Mgmt	50 00				X			362,581	0	67,210

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Keith Doram MD VP Clin Effectiveness/CMO	50 00				X			722,880	0	134,629
Jeffrey Conklin VP/Pres Managed Care	50 00				X			553,348	0	117,696
Lowell Church VP Materiel Mgmt	50 00				X			295,594	0	31,883
James Brewster VP Finance	50 00				X			258,739	0	22,364
John Beaman VP Finance	50 00				X			275,213	0	66,665
Gloria Bancarz VP/CNO	50 00				X			383,477	0	63,407
Mark Ashlock Sr VP Physician Strategy	50 00				X			670,295	0	137,396
Stanley Adams VP Hospital Finance	50 00				X			439,149	0	82,563
Donna Bechtold VP Pt Care TCGH	50 00					X		774,767	0	16,815
Wayne Ferch President CVN	50 00					X		548,314	0	102,679
Robert Beehler President SJCH	50 00					X		547,069	0	102,979
Kevin Roberts President CMC/GAMC	50 00					X		512,841	0	92,795
Jeff Eller President SCH	50 00					X		490,158	0	99,507
Alan Rice Former Sr VP	0 00						X	262,692	0	34,681
Deryl Jones Former President PAMC	0 00						X	1,782,626	0	8,650