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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 province, country, and ZIP or foreign postal code
Roseville, CA 95661

D Employer identification number
95-3484589

E Telephone number
(916) 781-2000

G Gross receipts $ 334,521,330

F Name and address of principal officer
Scott Reiner

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

H(b) Are all subordinates 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 2014 (Part V, line 2a)	**5**	1,311
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,471,497
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		49,080
9	Program service revenue (Part VIII, line 2g)	232,829,373	279,525,453
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,358,808	45,905,193
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,925,398	1,620,132
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	281,113,579	327,099,858
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	524,575	347,525
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)	145,066,208	172,796,515
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)	190,775,000	174,873,914
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	336,365,783	348,017,954
19	Revenue less expenses Subtract line 18 from line 12	-55,252,204	-20,918,096

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,537,220,164	1,598,504,033
21	Total liabilities (Part X, line 26)	1,526,955,161	1,542,509,516
22	Net assets or fund balances Subtract line 21 from line 20	10,265,003	55,994,517

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

****** | 2015-11-18
Signature of officer | Date

Jack W Wagner AsstSec/CFO/SVP
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			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 or note to any line 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 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 $ 342,668,354 including grants of $ 534,478) (Revenue $ 279,707,745)

Adventist Health is a faith-based, nonprofit integrated health system serving more than 75 communities in California, Hawaii, Oregon and Washington Our workforce of 31,000 includes more than 21,000 employees, 4,500 medical staff physicians, and 3,700 volunteers Founded on Seventh-day Adventist heritage and values, Adventist Health provides compassionate care in 20 hospitals, more than 260 clinics (hospital-based, rural health and physician clinics), 14 home care agencies, seven hospice agencies and four joint-venture retirement centers Adventist Health's vision is to be a recognized leader in mission focus, quality care and fiscal strength Our facilities accomplish 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 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 afford 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 through 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 selection of our significant endeavors include strategic planning, delivery of care and care transformation, 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 Community Health DevelopmentWords like prevention, wellness and partnerships are more than the latest buzzwords at Adventist Health Since St Helena Sanitarium opened its doors 137 years ago in Californias picturesque Napa Valley, the heritage of the Seventh-day Adventist Church has focused on whole person health Adventist Health not only strives to promote individual health, but also healthy families and communitiesa natural fit in todays population health environment With health care reform in full-swing, Adventist Health has dedicated a team to develop and deploy our Mission Model The Adventist Health Way The Mission Model embodies the three core care elements contained in Adventist Healths mission sharing Gods love through physical, mental and spiritual healing and seeks to empower our populations to live healthier lives Once again in 2014, Adventist Health partnered with 30 community churches across the system to integrate population health programs in their congregations with the intent for these congregations to be recognized as wellness centers in their communities Population HealthPopulation health is a whole-person, outcomes-based approach that works to improve the health of entire communities It requires collaboration among researchers, providers, public health entities and policy makers Population health aligns with Adventist Healths philosophy of care and, as overall health declines in North America, provides unprecedented opportunities Adventist Health believes that improving the health status of entire populations begins at home In 2014, Adventist Health entered its second year of offering two health plans for employees and their families Engaged! and Base Both plans offer wellness-focused programs and tools, including a wellness website, fitness activities, nutrition guidance, smoking cessation workshops and more Participants complete a biometric screening and wellness assessment, and those with high-risk conditions take part in a free care management program that provides support and education Nearly 97 percent of employees signed up for the Engaged! Plan in 2014 Whole-person health involves mind, body and spirit The health plans empower employees, their families and, by extension, the larger community to take an active role in managing their health so they may live vibrant and productive lives Healthy Employees Lead by Example Throughout 2014, several Adventist Health facilities achieved recognition for having healthy employees Adventist Medical Center Portland was recognized by the Portland Business Journal as one of the top three healthiest employers in Oregon for the third consecutive year The hospital also was ranked 12th Healthiest Workplace in America by Healthiest Employers and received the Fit-Friendly Worksite Platinum Award by the American Heart Association Castle Medical Center and White Memorial Medical Center were designated as a Gold Fit-Friendly Worksite by the American Heart Association

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

Care TransformationCare Transformation in Adventist Health reflects our promise to deliver and continually improve care and patient experience while extending our mission across all care settings The vision created by the Adventist Health Care Model focuses our transformation efforts by effectively blending people, processes and technology It includes consistent design, delivery and evaluation of care performance Our caregivers are working hard every day to exceed top quartile regulatory and quality performance requirements In 2014, our hospitals as well as our hospital-based home care agencies and clinics were once again accredited through The Joint Commission to ensure the safest, highest quality health care we can provide As a system, in 2014 we took care of 8,152 fathers, mothers, aunts, uncles, grandparents, children and friends with severe sepsis/septic shocka disease that often kills anywhere from one-quarter to one-half of all people who get it At Adventist Health, our mortality rate for 2014 was one of the lowest mortality rates for that population in the nation, with a rate of 13 4 percent This rate is lower than the lowest published rate of 14 7 percent (Gaieski, D, Edwards, J, Kallan M, Carr, B 2013 Benchmarking the incidence and mortality of severe sepsis in the United States, Critical Care Medicine, 41(5) 1167-1174) Systemwide efforts to reduce sepsis hit a milestone by saving 29 more lives than expected in 2014 (based on the patients risk of dying) Each hospital team contributed to this positive outcome, thanks to the dedicated efforts of nurse and physician sepsis champions at each hospital, which include one to three physicians and one or more nurses and clinicians QualityAdventist Health focuses not only on quality patient care, but also provides a quality work environment for its employees Maintaining a culture of teamwork and safety among its clinicians and staff is a crucial component to the Care Transformation Model For the past five years, we have participated in the Safety Attitude Questionnaire The survey provides Adventist Health with insight into focused areas where actions can be taken to improve the safety and teamwork climate in clinical departments Adventist Health hospitals received quality and safety awards from The Joint Commission, The LeapFrog Group and Healthgrades The Joint Commission 2013 Top Performer on Key Quality Measures program recognizes accredited hospitals that attain excellence in accountability measure performance Six Adventist Health hospitals received this recognition The LeapFrog Group announced A grades for three Adventist Health Hospitals and Healthgrades presented several awards to Adventist Health hospitals Physician AlignmentAmbulatory care clinics throughout Adventist Health provide general medical care as well as specialized care for patients of all ages in an outpatient setting Adventist Health PhysicianServices (AHPS) operates within a variety of clinic models, including direct employment, hospital-based clinics, rural health clinics and a medical foundation Adventist Health Physician Services provides comprehensive management services for all physician models operated across our four-state system The AHPS management team provides key leadership and business functions such as administrative, operational, financial and clinical services, recruitment, acquisitions, and information and application technology Our physician practices are characterized by clinical excellence and have a reputation for quality service, high physician satisfaction with the working environment, high patient satisfaction and a physician-driven culture that continually works on improvements and is accountable for results Active partnerships with our physicians are critical for building clinically integrated networks that can meet the demands of health care reform By developing new partnerships, we can reach beyond the doors of our clinics to maintain a healthier population in our communities Our delivery of highly coordinated care and involvement of patients and their families with healthcare decisions is integral to our goal of providing whole person care, the core of our mission and values Rural Health ClinicsAs an extension of our mission, high quality services are provided to small communities where access to care is often significantly less available than more urbanized areas People living in rural or underserved communities are often at a disadvantage when accessing health care The Rural Health Services Department provides consultation and support services to Rural Health Clinics (RHCs) affiliated with Adventist Health hospitals At the end of 2014, we had 52 clinics providing health care to underserved populations throughout Northern and Central California, Oregon and Washington Our system of rural health continues to be 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 nations 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 served944,535 visits in 2014 (86,000 more than in 2013) Thanks to the RHCs, many of the communitys most disenfranchised now have access to primary care, dentistry, womens and childrens services and health education A variety of specialty care is also available at many RHC locations, including four behavioral health programs One example of this is the Konocti Wellness Center, a rural health clinic located inside Lower Lake High School in Lower Lake, California The center offers basic clinic services as well as dental care and nutrition education The partnership is part of a long-term plan to improve the health and academic performance of the students in the district

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

Home Care ServicesAdventist Health/Home Care Services offers advanced, quality health care in an at-home setting by operating 14 home health agencies and seven hospices In 2014, care, compassion and quality services were provided with 234,551 home health visits and 55,930 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 13 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, four home medical equipment agencies supply oxygen, mobility aids, respiratory service and even Lifeline Developing a TeleHealth NetworkThe Adventist Health TeleHealth Network allows health care professionals to evaluate, diagnose and treat patients in both remote and urban locations using telecommunications technology Telehealth is the umbrella term for the group of services and functions that include Telemedicine, Telepharmacy, TeleICU, Teleradiology, and Telepathology, but which also includes and can support regional health information sharing, patient education and provider networking During 2014, telehealth services continued to develop and grow Ukiah Valley Medical Center and St Helena Hospital Napa Valley implemented telehealth stroke services, with two additional facilities scheduled for implementation in early 2015 Under an initiative with Blue Shield of California, telehealth services for medical specialty care were available at nine sites during 2014, and an additional 16 are being implemented Adventist Health is a preferred provider for telehealth with the California Department of Correction and Rehabilitation, serving multiple prison locations through the Telehealth Care Coordination Center Program development was initiated to support emergency cardiology services at three Northern California hospitals, with an early 2015 service initiation date More than 900 telehealth services and 3,811 telepharmacy services were provided for Adventist Health facilities in 2014 Telemedicine provides patients with access to high-quality, affordable specialty care when and where they need it, aiding in rapid diagnosis, treatment and improved patient outcomes This collaboration supports Adventist Healths mission of bringing high-quality health and healing to the communities it serves, and is consistent with the organizations focus on innovation, strategic growth, and population health Empowering our CommunitiesThroughout Adventist Health, our hospitals are empowering communities through community programs and outreach In Glendale, California, a specially designed RV roams neighborhoods to provide individuals and families in need with free medical services The van has two exam rooms and is equipped with an X-ray booth and blood pressure station A staff of four to five peoplemade up of doctors and nursesadminister health screenings and blood draws as well as screenings for body mass index, electrocardiogram, vision and pulmonary function Like many innovative projects before it, the Greenfield Community Garden originated as a seed in the minds of Central Valley Network leaders This seed was then nurtured and developed and has blossomed in the form of an 80-by-200-foot stretch of land on Greenfield Avenue in Hanford, California The garden is a place where people can interact with other members of the community, learn gardening techniques and cultivate nutritious, locally grown produce The Greenfield Community Garden features a greenhouse, 30 octagon planting beds, a water spigot in every planting bed and a toolshed Several other Adventist Health hospitals also host community gardens near or on their campuses Strategic PlanningTo strengthen our ability to deliver optimal health, Adventist Health deployed a five-year systemwide strategic plan in 2013 Guided by our mission, these initiatives have become our roadmap and will ensure we remain a key player in care delivery on the West Coast As we reach the halfway point of this plan, we have seen great successes Growth is also a major component of our strategic initiatives We are actively seeking opportunities to create new working relationships with hospitals, other providers, payersand even some competitorsthat align with our goals and extend our mission In 2014, Adventist Health signed a letter of intent to acquire Lodi Health in Lodi, California Throughout our health system, our workforce is leading the way to make a difference in the lives of those we serve

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

4e **Total program service expenses** ▶ 342,668,354

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	Yes	
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 for escrow or custodial account liability, 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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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* (see instructions)	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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**		No
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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
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 direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	7,576		
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		Yes	
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	1,311		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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			
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 as charitable contributions? . . .	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			
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			
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			No
b	Did the sponsoring 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.** See the instructions for additional information the organization must report on Schedule O	13a			No
b	Enter the 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 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			

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 or note to any line 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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
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**		Yes	
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**		
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records

▶Jack Wagner
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 or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	21,513,561	194,147	4,697,793

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 ▶ 434

			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
Cerner Corporation 2800 Rockcreek Parkway Kansas City, MO 64117	IT Solutions Mgmt	55,864,355
Huron Consulting Group Inc 12230 El Camino Real San Diego, CA 92130	Hlthcare Consulting	16,831,089
Quest Media & Supplies Inc 5822 Roseville Rd Sacramento, CA 95842	Contr Labor Cons	5,409,467
GE Healthcare 3000 N Grandview Blvd Wawkecha, WI 53188	Hlthcare Consulting	4,772,257
Morgan Hunter Healthcare 7600 W 110th St Overland Pk, KS 66210	IT Consulting	4,042,257

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 ▶ 98

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	49,080			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		49,080			
Program Service Revenue			Business Code				
	2a	Admin Fees - Health/Flex	561000	113,483	113,483		
	b	Insurance Trust Reimburse	900099	18,662,659	18,662,659		
	c	Management Fees	900099	256,432,047	256,432,047		
	d	Other Program Service Rev	900099	1,181,495	1,181,495		
	e	Telemedicine	621400	3,027,269	3,027,269		
	f	All other program service revenue		108,500	288,692	-180,192	
	g	**Total.** Add lines 2a–2f . . . . . ▶		279,525,453			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		43,804,607		115,607	43,689,000
	4	Income from investment of tax-exempt bond proceeds . . ▶		1,850,829			1,850,829
	5	Royalties . . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	81,950				
	b	Less rental expenses					
	c	Rental income or (loss)	81,950				
	d	Net rental income or (loss) . . . . . ▶		81,950			81,950
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	6,702,396 / 968,833				
	b	Less cost or other basis and sales expenses	6,105,366 / 1,316,106				
	c	Gain or (loss)	597,030 / -347,273				
	d	Net gain or (loss) . . . . . ▶		249,757			249,757
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	1,536,082		1,536,082	
	b	Home Care training	900099	2,100	2,100		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,538,182			
	12	**Total revenue.** See Instructions . . . . . ▶		327,099,858	279,707,745	1,471,497	45,871,536

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)

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	340,025	340,025		
2 Grants and other assistance to domestic individuals See Part IV, line 22	7,500	7,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	21,576,348	20,966,275	610,073	
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	112,348,140	112,348,140		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,470,501	4,470,501		
9 Other employee benefits	25,781,366	25,781,366		
10 Payroll taxes	8,620,160	8,620,160		
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,494,729		3,494,729	
c Accounting	962,413		962,413	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	22,378,696	22,342,198	36,498	
12 Advertising and promotion	232,626	232,626		
13 Office expenses	-6,711,211	-6,756,499	45,288	
14 Information technology	40,358,720	40,346,717	12,003	
15 Royalties	0			
16 Occupancy	4,469,370	4,469,370		
17 Travel	5,516,382	5,477,414	38,968	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	630,084	630,084		
20 Interest	48,671,122	48,671,122		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	24,116,659	24,109,896	6,763	
23 Insurance	231,042	231,042		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Purchased Services	26,949,844	26,806,979	142,865	
b PCORI/TRP Fees	1,957,403	1,957,403		
c Incentive/Innovation Prg	452,548	452,548		
d Year End Expense Accrual	450,000	450,000		
e All other expenses	713,487	713,487		
25 **Total functional expenses.** Add lines 1 through 24e	348,017,954	342,668,354	5,349,600	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		21,700	1	21,700
	2	Savings and temporary cash investments		205,733,299	2	294,159,137
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		11,605,025	4	2,369,141
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		2,094,848	5	2,451,924
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net		16,077,800	7	16,297,950
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges		19,345,150	9	19,831,037
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 266,293,230			
	b	Less accumulated depreciation	10b 120,636,105	139,255,468	10c	145,657,125
	11	Investments—publicly traded securities		158,399,025	11	100,983,720
	12	Investments—other securities See Part IV, line 11		9,559,377	12	21,820,344
	13	Investments—program-related See Part IV, line 11		3,110,977	13	3,042,112
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		972,017,495	15	991,869,843
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,537,220,164	16	1,598,504,033
Liabilities	17	Accounts payable and accrued expenses		102,946,975	17	119,914,704
	18	Grants payable			18	
	19	Deferred revenue		7,353	19	1,156,381
	20	Tax-exempt bond liabilities		1,009,570,000	20	993,540,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		97,262,119	24	136,062,561
	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		317,168,714	25	291,835,870
	26	**Total liabilities.** Add lines 17 through 25		1,526,955,161	26	1,542,509,516
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		10,265,003	27	55,945,437
	28	Temporarily restricted net assets			28	49,080
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		10,265,003	33	55,994,517
	34	Total liabilities and net assets/fund balances		1,537,220,164	34	1,598,504,033

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	327,099,858
2	Total expenses (must equal Part IX, column (A), line 25)	2	348,017,954
3	Revenue less expenses Subtract line 2 from line 1	3	-20,918,096
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,265,003
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	66,647,610
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	55,994,517

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

Additional Data

Software ID: 14000265
Software Version: 2014v5.0
EIN: 95-3484589
Name: Adventist Health SystemWest
DBA Adventist Health

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(1) Caviness Larry Director	2 00 0 00	X						3,081	0	0
(1) Dickinson Charles Director	2 00 0 00	X						6,340	0	0
(2) Fike Ruthita Director	2 00 0 00	X						2,050	0	0
(3) Friestad Christine Director	2 00 0 00	X						2,557	0	0
(4) Gabriel Melody Director	2 00 0 00	X						2,388	0	0
(5) Graham Ricardo Director/Chair	2 00 0 00	X		X				7,573	0	0
(6) Heinrich Kerry Director	2 00 0 00	X						0	0	0
(7) Innocent Larry Director	2 00 0 00	X						2,388	0	0
(8) Jones Helmuth Director	2 00 0 00	X						3,132	80,750	0
(9) Reimche Allan Director	2 00 0 00	X						3,958	0	0
(10) Rippey Wesley Director	2 00 0 00	X						3,408	113,397	0
(11) Torkelsen Max Director/VChair	2 00 0 00	X		X				3,731	0	0
(12) Carmen Robert Dir/Pres/CEO	50 00 0 00	X		X				440,880	0	14,928
(13) Reiner Scott Dir/Pres/CEO	50 00 0 00	X		X				1,256,086	0	211,057
(14) Wing Bill Dir/COO/Exec VP	50 00 0 00	X		X				903,909	0	198,325
(15) Jobe Meredith Esq Sec/VP Gen Cnsl	50 00 0 00			X				432,115	0	83,255
(16) Wagner Jack AsstSec/CFO/SVP	50 00 0 00			X				535,352	0	27,472
(17) Rebok Douglas AsstSec/CFO/CAO	50 00 0 00			X				800,609	0	156,007
(18) Wehtje Rodney AsstSec/VPTreas	50 00 0 00			X				1,607,163	0	97,250
(19) Ashlock Mark Sr VP Physician Strategy	50 00 0 00				X			747,848	0	158,851
(20) Bancarz Gloria VP/CNO	50 00 0 00				X			403,366	0	81,424
(21) Beaman John VP Finance/SFO	50 00 0 00				X			437,022	0	93,257
(22) Berry Stanley VP/CEO Home Care Srvs	50 00 0 00				X			290,935	0	28,964
(23) Church Lowell VP Materiel Mgmt	50 00 0 00				X			357,186	0	71,968
(24) Conklin Jeffrey VP/Pres Managed Care	50 00 0 00				X			460,625	0	116,298

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 (list any hours for related organizations below dotted line)	(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			
(26) Doram Keith MD VP Clin Effectiveness/CMO	50 00 0 00				X			666,947	0	139,306
(1) Ferch Wayne Sr VP/Pres CCR	50 00 0 00				X			641,554	0	391,786
(2) Jakobsen Dag VP/COO AHPS	50 00 0 00				X			382,803	0	87,822
(3) Marchuk Robert VP Ancillary Svcs	50 00 0 00				X			304,760	0	65,574
(4) McKague Kirby VP/CFO AHPS	50 00 0 00				X			439,177	0	87,761
(5) Newmyer Joyce Sr VP/Pres PNR	50 00 0 00				X			297,958	0	84,350
(6) Olson JoAline Sr VP/CHRO/Innovation	50 00 0 00				X			603,094	0	119,806
(7) Ormerod David MD VP/	50 00 0 00				X			470,647	0	88,683
(8) Rhodes Daniel VP Phys/Home Hlth Cont	50 00 0 00				X			220,444	0	32,771
(9) Soderblom Alan VP/CIO	50 00 0 00				X			533,253	0	112,548
(10) Zachary Beth Sr VP/Pres SCR	50 00 0 00				X			849,214	0	456,336
(11) Beehler Robert VP Mkt Dev, M&A	50 00 0 00				X			516,462	0	95,636
(12) Gordon Daniel VP Rev Mgmt	50 00 0 00				X			335,105	0	66,478
(13) Gustin John VP Facilities Mngt Const	50 00 0 00				X			289,695	0	103,729
(14) Leyba Susan VP Managed Care	50 00 0 00				X			224,011	0	56,294
(15) Patterson Leeanne VP Risk Mgmt	50 00 0 00				X			280,678	0	38,204
(16) Wilson Kathleen VP Benefits Admin	50 00 0 00				X			291,961	0	63,984
(17) Eller Jeff Sr VP/Pres NCR	50 00 0 00				X			737,409	0	132,908
(18) Russell Thomas VP Pop Hlth Innov	50 00 0 00				X			524,066	0	172,512
(19) Mendoza Sherry VP/President WHR	50 00 0 00				X			232,002	0	43,202
(20) Roberts Kevin President GAMC	50 00 0 00					X		707,034	0	118,043
(21) Erich Kevin President FRH	50 00 0 00					X		499,355	0	312,332
(22) Raffoul John ExecVP/COO/CFOWMMC	50 00 0 00					X		445,870	0	152,057
(23) Duffield Douglas President SJCH	50 00 0 00					X		437,219	0	109,304
(24) Raethel Kathryn President CMC	50 00 0 00					X		439,790	0	105,873

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 (list any hours for related organizations below dotted line)	(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			
(51) Heiser Pamela ..... Former VP PAMC	0 00 ..... 0 00						X	170,774	0	25,711
(1) Rawson Richard ..... Former VP/Pres CVN	0 00 ..... 0 00						X	101,992	0	0
(2) Remboldt Darwin ..... Former President SVH	0 00 ..... 0 00						X	107,878	0	677
(3) Nakamura Peggy ..... Former VP Risk Mgmt	0 00 ..... 0 00						X	357,252	0	53,294
(4) Newmyer Terrance ..... Former VP/Pres NCR	0 00 ..... 0 00						X	691,455	0	41,756

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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 Section 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	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.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 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 function 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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		23,420
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		1,987,969
j	Total Add lines 1c through 1i			2,011,389
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue 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 (ASC 958) relating to these items

a Revenue 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 acquisition, 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 XIII

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 XIII 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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	1,103,082	1,116,920	1,119,409	1,140,318	1,132,335
b	Contributions	49,080				
c	Net investment earnings, gains, and losses	28,237	28,777	40,580	37,987	49,092
d	Grants or scholarships	39,883	42,615	43,069	58,896	41,109
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	1,140,516	1,103,082	1,116,920	1,119,409	1,140,318

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 95 700 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶ 4 300 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		6,567,459		6,567,459
b Buildings	368,000	6,722,432	5,864,782	1,225,650
c Leasehold improvements		1,568,994	1,222,382	346,612
d Equipment		231,751,804	113,548,941	118,202,863
e Other		19,314,541		19,314,541
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				145,657,125

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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		
(3) Other		
(A) Coon International	100,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Adhealth, Ltd	150,000	C
(2) The Equitable	1,016,952	F
(3) Aurora Policies (Split Dollar Life Ins)	220,560	C
(4) Granite Bay Golf Club	54,600	C
(5) Adventist Plan Health, Inc	1,600,000	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Deferred Financing Costs	7,504,579
(2) Malpractice Trust Funds	127,179,217
(3) Other Receivables	5,506,758
(4) Receivables from Related Organizations	851,679,289
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	991,869,843

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Bond Interest Payable	13,970,789
Deferred Compensation Payable	17,913,770
Due to Trust Funds	36,676,829
Other Liabilities	106,443
Payables to Related Organizations	100,099,272
Professional Liability	120,418,105
Workers Compensation Liability	2,650,662
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	291,835,870

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
Part V, Line 4 Intended uses of the endowment fund	A $1M board-designated fund was established to honor a former AH president The earnings are used to provide funding for paying college student interns and graduate student residents as they participate in tracks such as accounting/finance, human resources, communications and management with the goal of introducing the participants to career options in the integrated health care field Individuals who participate in the program frequently become employed within the AH system upon completion of their academic studies

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

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 its grants and other 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 its grants and other assistance outside the United States.

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
(1) Central Amer & Caribbean	0	0	Passive Investments	Progr rel investment	150,000
(2) Central Amer & Caribbean	0	0	Program Service	Reinsurance	1,311,125
(3) Central Amer & Caribbean	0	0	Program Service	Admin Fees	56,213
(4) East Asia & Pacific	0	0	Passive Investments	Invest-Non-Publ Traded Sec	100,000
(5) East Asia & Pacific	0	0	Passive Investments	Legal Fees	346,941
3a Sub-total					1,964,279
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					1,964,279

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. Part II can be duplicated 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)
(1)									
(2)									
(3)									
(4)									

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. Part III can be duplicated 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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Return by a U.S. Transferor of Property to a Foreign Corporation (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, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ 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, Information 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; do not file with Form 990)*	☐ Yes	☑ No

Additional Data

Software ID: 14000265
Software Version: 2014v5.0
EIN: 95-3484589
Name: Adventist Health SystemWest
DBA Adventist Health

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

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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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 9

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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	4	7,500			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Grantmaker's Description of How Grants are Used	The scholarships are paid directly to the colleges the recipients are attending, and are applied directly to the students' tuition Funding provided to other organizations is provided to recipients with the understanding that the funds are being used only for the designated purposes No monitoring is conducted by AH

Additional Data

Software ID: 14000265
Software Version: 2014v5.0
EIN: 95-3484589
Name: Adventist Health SystemWest
DBA Adventist Health

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Forever Faithful Ministries 821 Haslam Dr Santa Maria, CA 93454	46-0948533	501(c)(3)	12,000	0			Education Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Loma Linda University24760 Stewart St Loma Linda, CA 92354	95-1816009	501(c)(3)	13,000	0			Education Grant-School of Religion

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
N Pacific Union Conference 5709 N 20th St Ridgefield, WA 98642	93-6022695	501(c)(3)	30,000	0			Education Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Orangevale SDA School 5810 Pecan Ave Orangevale,CA 95662	68-0178156	501(c)(3)	10,000	0			Education grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Pacific Union ASI2686 Townsgate Rd Westlk Village, CA 91361	52-0643036	501(c)(3)	10,000	0			Medical Mission Trip

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Pacific Union College1 Angwin Avenue Angwin,CA 94508	94-1279798	501(c)(3)	85,000	0			Health Related Education Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Sacramento Adventist Academy5601 Winding Way Sacramento,CA 95608	94-1431179	501(c)(3)	35,000	0			Education grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Walla Walla University204 S College Ave College Place, WA 99324	91-0617727	501(c)(3)	60,000	0			Health Related Education Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WMMC Charitable Foundation 1720 Cesar E Chavez Ave Los Angeles, CA 90033	95-3760201	501(c)(3)	15,000	0			Neonatal ICU Project

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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, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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), 501(c)(4), and 501(c)(29) organizations 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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
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

Software ID: 14000265
Software Version: 2014v5.0
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 and Title		(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Ashlock Mark, Sr VP Physician Strategy	(I) (II)	588,772		159,076	136,435	22,416	906,699	113,768
1 Bancarz Gloria, VP/CNO	(I) (II)	328,982		74,384	68,506	12,918	484,790	45,984
2 Beaman John, VP Finance/SFO	(I) (II)	356,622		80,400	56,930	36,327	530,279	51,509
3 Beehler Robert, VP Mkt Dev, M&A	(I) (II)	371,352		145,110	73,223	22,413	612,098	80,682
4 Berry Stanley, VP/CEO Home Care Srvs	(I) (II)	254,232		36,703	16,091	12,873	319,899	
5 Carmen Robert, Dir/Pres/CEO	(I) (II)	327,030		113,850		14,928	455,808	
6 Church Lowell, VP Materiel Mgmt	(I) (II)	277,772		79,414	49,611	22,357	429,154	35,474
7 Conklin Jeffrey, VP/Pres Managed Care	(I) (II)	422,316		38,309	79,962	36,336	576,923	
8 Doram Keith MD, VP Clin Effectiveness/CMO	(I) (II)	515,004		151,943	109,930	29,376	806,253	106,301
9 Duffield Douglas, President SJCH	(I) (II)	411,974		25,245	79,928	29,376	546,523	
10 Eller Jeff, Sr VP/Pres NCR	(I) (II)	513,652	58,484	165,273	95,110	37,798	870,317	69,418
11 Erich Kevin, President FRH	(I) (II)	356,093	75,498	67,764	282,096	30,236	811,687	52,015
12 Ferch Wayne, Sr VP/Pres CCR	(I) (II)	515,128	9,850	116,576	362,410	29,376	1,033,340	98,550
13 Gordon Daniel, VP Rev Mgmt	(I) (II)	270,619	7,075	57,411	44,130	22,348	401,583	34,764
14 Gustin John, VP Facilities Mngt Const	(I) (II)	272,552		17,143	81,374	22,355	393,424	
15 Heiser Pamela, Former VP PAMC	(I) (II)	100,128		70,646	12,526	13,185	196,485	67,678
16 Jakobsen Dag, VP/COO AHPS	(I) (II)	352,812		29,991	74,889	12,933	470,625	
17 Jobe Meredith Esq, Sec/VP Gen Cnsl	(I) (II)	340,482		91,633	70,330	12,925	515,370	46,949
18 Leyba Susan, VP Managed Care	(I) (II)	216,613		7,398	25,710	30,584	280,305	
19 Marchuk Robert, VP Ancillary Svcs	(I) (II)	243,304	11,851	49,605	36,276	29,298	370,334	31,118

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

(A) Name and Title		(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 McKague Kirby, VP/CFO AHPS	(I) (II)	342,167		97,010	65,365	22,396	526,938	48,484
1 Mendoza Sherry, VP/President WHR	(I) (II)	207,714		24,288	13,927	29,275	275,204	
2 Nakamura Peggy, Former VP Risk Mgmt	(I) (II)	170,457		186,795	42,839	10,455	410,546	180,400
3 Newmyer Joyce, Sr VP/Pres PNR	(I) (II)	280,420		17,538	68,668	15,682	382,308	
4 Newmyer Terrance, Former VP/Pres NCR	(I) (II)	461,828		229,627	15,860	25,896	733,211	186,474
5 Olson JoAline, Sr VP/CHRO/Innovation	(I) (II)	455,248		147,846	93,910	25,896	722,900	64,662
6 Ormerod David MD, VP/	(I) (II)	381,398		89,249	73,674	15,009	559,330	56,216
7 Patterson Leeanne, VP Risk Mgmt	(I) (II)	255,602		25,076	15,860	22,344	318,882	
8 Raethel Kathryn, President CMC	(I) (II)	336,382	68,250	35,158	71,265	34,608	545,663	
9 Raffoul John, ExecVP/COO/CFOWMMC	(I) (II)	315,174	59,879	70,817	122,715	29,342	597,927	50,048
10 Rawson Richard, Former VP/Pres CVN	(I) (II)			101,992			101,992	
11 Rebok Douglas, AsstSec/CFO/CAO	(I) (II)	588,532		212,077	131,335	24,672	956,616	122,223
12 Reiner Scott, Dir/Pres/CEO	(I) (II)	880,711		375,375	181,681	29,376	1,467,143	273,487
13 Remboldt Darwin, Former President SVH	(I) (II)	31,002	1,162	75,714		677	108,555	67,880
14 Rhodes Daniel, VP Phys/Home Hlth Cont	(I) (II)	208,064		12,380	12,964	19,807	253,215	
15 Roberts Kevin, President GAMC	(I) (II)	455,519	111,823	139,692	95,627	22,416	825,077	74,951
16 Russell Thomas, VP Pop Hlth Innov	(I) (II)	430,010		94,056	148,356	24,156	696,578	77,416
17 Soderblom Alan, VP/CIO	(I) (II)	421,104		112,149	83,172	29,376	645,801	75,245
18 Wagner Jack, AsstSec/CFO/SVP	(I) (II)	433,694		101,658	10,660	16,812	562,824	
19 Wehtje Rodney, AsstSec/VPTreas	(I) (II)	376,932		1,230,231	74,835	22,415	1,704,413	1,192,595

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

(A) Name and Title		(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
41 Wilson Kathleen, VP Benefits Admin	(I) (II)	256,232		35,729	51,111	12,873	355,945	
1 Wing Bill, Dir/COO/Exec VP	(I) (II)	740,333		163,576	168,721	29,604	1,102,234	118,557
2 Zachary Beth, Sr VP/Pres SCR	(I) (II)	607,573	111,972	129,669	439,908	16,428	1,305,550	87,909

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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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 Statewide Communities Development Authority	68-0164610	130911V49	10-18-2005	178,288,037	See Schedule O		X		X		X
B	California Statewide Communities Development Authority	68-0164610	130795UF2	05-08-2007	115,000,000	See Schedule O		X		X		X
C	California Health Facilities Financing Authority Series A	52-1643828	13033LBE6	05-20-2009	89,352,000	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				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	178,288,037	115,000,000	89,352,000	30,000,000
4	Gross proceeds in reserve funds	16,378,303	9,803,503	9,000,000	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,336,913	912,500	899,751	299,917
8	Credit enhancement from proceeds		2,818,355		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	161,506,002	101,933,233	79,452,375	29,699,958
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2007	2010	2012	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 of bond-financed property?		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?								
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 %						
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		0 020 %						
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?								
c	No rebate due?			X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?								
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part VI	Part IV,2(c)-Bond issued on 5/20/2009, CUSIP#13033LBE6 - rebate calculation performed on July 31,2014 Part IV,2(c)-Bond issued on 5/20/2009, CUSIP#13033LBCO - rebate calculation performed on July 31,2014 Part IV,2(c)-Bond issued on 5/20/2009, CUSIP#13033F8B9 - rebate calculation performed on July 31,2014 Part IV,2(c)-Bond issued on 9/30/2009, CUSIP#62551PBS5 - rebate calculation performed on November 10,2014

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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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 C	52-1643828	13033F8B9	05-20-2009	56,309,648	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 Facilit	52-1643828		06-09-2011	130,000,000	See Schedule O		X		X		X
D	California Health Facilit	52-1643828	13033LS65	02-14-2013	208,420,907	See Schedule O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	56,309,648	66,147,216	130,000,000	208,420,907
4	Gross proceeds in reserve funds	5,815,653	6,161,391		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	559,042	886,660	478,200	990,810
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			118,828,778	
11	Other spent proceeds	50,119,642	59,011,989		207,415,417
12	Other unspent proceeds			11,139,419	
13	Year of substantial completion	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 of bond-financed property?		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?								
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 ▶								0 022 %
6	Total of lines 4 and 5								0 022 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?					X		X	
b	Exception to rebate?								
c	No rebate due?	X		X					
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?								
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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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 Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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	13033LS50	02-14-2013	100,741,934	See Schedule O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	100,741,934			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	731,101			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	91,939,866			
11	Other spent proceeds				
12	Other unspent proceeds	24,717,600			
13	Year of substantial completion				

		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						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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 of bond-financed property?		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						
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?								
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	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?								
c	No rebate due?								
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has 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?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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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, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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), section 501(c)(4), and 501(c)(29) 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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
See Additional Data Table												
Total		▶ $			2,451,924							

Part III Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose 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
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
Schedule L, Part V Supplemental Information	Melody Gabriel, an AH director, and her husband are owners and officers of businesses that engage in joint ventures with AH and member hospitals Other family members with ownership and officer positions in these businesses include her parents, her brother and his wife, and trusts established on behalf of her children The ventures are organized as LLCs At the end of 2014, AH had provided $11 55M in the form of secured and unsecured market rate interest bearing loans to PVHR, LLC, which is 50% controlled by another LLC of which Ms Gabriel and her family have a controlling interest Interest is accruing on these loans and at the end of 2014 was about $2 9M In addition, AH had an outstanding loan of $2 75M to another LLC in which Ms Gabriel and her family have a 90% interest

Additional Data

Software ID: 14000265
Software Version: 2014v5.0
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	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) ReinerS	Officer	Relocate		X	139,500	123,600		No	Yes		Yes	
(2) SoderblomA	Key Emp	Relocate		X	100,000	76,300		No	Yes		Yes	
(3) DoramK	Key Emp	Relocate		X	100,000	74,500		No	Yes		Yes	
(4) AshlockM	Key Emp	Relocate		X	150,000	136,600		No	Yes		Yes	
(5) OlsonJ	Key Emp	Relocate		X	150,000	88,500		No	Yes		Yes	
(6) OlsonJ	Key Emp	Relocate		X	50,000	33,800		No	Yes		Yes	
(7) ConklinJ	Key Emp	Relocate		X	125,000	86,324		No	Yes		Yes	
(8) BeamanJ	Key Emp	Relocate		X	125,000	116,850		No	Yes		Yes	
(9) McKagueK	Key Emp	Relocate		X	100,000	92,600		No	Yes		Yes	
(10) RobertsK	HPdEmp	Relocate		X	400,000	394,600		No	Yes		Yes	
(11) FerchW	Key Emp	Relocate		X	150,000	145,000		No	Yes		Yes	
(12) GordonD	Key Emp	Relocate		X	100,000	97,750		No	Yes		Yes	
(13) WingB	Officer	Relocate		X	150,000	148,500		No	Yes		Yes	
(14) BeehlerB	Key Emp	Relocate		X	100,000	98,500		No	Yes		Yes	
(15) MarchukR	Key Emp	Relocate		X	100,000	98,050		No	Yes		Yes	
(16) EllerJ	Key Emp	Relocate		X	300,000	299,700		No	Yes		Yes	
(17) WagnerJ	Officer	Relocate		X	200,000	199,300		No	Yes		Yes	
(18) JobeM	Key Emp	Relocate		X	100,000	99,400		No	Yes		Yes	
(19) RaethelK	HPdEmp	Relocate		X	100,000	42,050		No	Yes		Yes	

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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
(1) WGW-CA LLC	Gabriel JV	11,550,000	LLC JV Loan		No
(2) SimDarran	OfficeSonLaw	64,073	Employment		No
(3) MantzLynne	OfficeSister	114,396	Employment		No
(4) AshlockRyan	Key EE Son	130,333	Employment		No
(5) Wehtje-SimCambria	OfficeDaught	87,078	Employment		No
(6) EllerEric	Key EE Son	50,354	Employment		No
(7) WagnerBrent	Officer Son	57,546	Employment		No
(8) NewmyerMichael	FormKeyEESon	73,088	Employment		No
(9) JobeCarol	Officer Wife	56,779	Employment		No
(10) NewmyerJessica	FormKEEd-law	47,485	Employment		No
(11) Bancarz Theodore	KeyEEbrother	72,957	Employment		No
(12) Bancarz Michelle	KeyEEs-inlaw	102,388	Employment		No
(13) Spivey Aryelle	KeyEEgdghter	11,064	Employment		No
(14) Erich Robert	HPE son	28,536	Employment		No

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Adventist Health SystemWest DBA Adventist Health	95-3484589

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	
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
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 SystemWest to continue operating in concert with its Articles and Bylaws
Form 990, Part VI, Line 7b Describe Decisions of Governing Body Approval by Members or Shareholders	Board appointments are approved by the membership
Form 990, Part VI, Line 11b 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
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
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	See explanation of process for setting CEO compensation on the below Form 990, Part VI, Line 15b explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Adventist Health SystemWest 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 and Sr Vice Presidents have 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 25 percent of base salary
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
Other Changes In Net Assets Or Fund Balances - Other Increases	Transfers to/from related organizations = $66647610
Sch K (2nd), Part 1, Column (f), Line A	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
Sch K (2nd), Part 1, Column (f), Line B	Refinance a bank loan used to construct, equip and improve Adventist Medical Center - Portland, Portland, OR
Sch K (2nd), Part 1, Column (f), Line C	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
Schedule K (2nd), Part 1, Column (f), Line D	Refund outstanding balance of the following bond issues 2002 California Health Facilities Financing Authority (AHS/West Series A) bonds issued March 20, 20022002 California Health Facilities Financing Authority (AHS/West Series B) bonds issued March 20, 20022003 California Health Facilities Financing Authority (AHS/West Series A) bonds issued July 1, 2003
Schedule K (3rd), Part 1, Column (f), Line A	Acquire, construct, and equip the following health care facilities Central Valley General Hospital, Hanford, CAFeather River Hospital, Paradise, CAWillits Hospital, Inc, Willits, CAHanford Community Hospital, Hanford, CASan Joaquin Community Hospital, Bakersfield, CAUkiah Valley Hospital, Ukiah, CAAcquire and install a clinical information system Adventist Health System/West, Roseville, CA
Schedule K, Part 1, Column (f), Line A	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
Schedule K, Part 1, Column (f), Line B	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
Schedule K, Part 1, Column (f), Line C	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
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

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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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 (if applicable) 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 entity? Yes	(g) 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) 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	

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) South Coast Medical Center 2100 Douglas Blvd Roseville, CA 95661 95-2037291	Wind down after sale of hospital	CA	N/A	C corp					No
(2) Adventist Health Plan Inc 2100 Douglas Blvd Roseville, CA 95661 46-3833261	Medicare Advantage HMO	CA	AHSW	C corp	11,639	1,074,480	100 000 %	Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
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		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID: 14000265
Software Version: 2014v5.0
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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) Adventist Health Clearlake Hospital Inc 15630 18th Ave Clearlake, CA 95422 68-0395149	Hospital	CA	501(c)(3)	3	Adventist Health SystemWest		No
(1) Castle Medical Center 640 Ulukahiki St Kailua, HI 96734 99-0107330	Hospital	HI	501(c)(3)	1	Adventist Health SystemWest		No
(2) Central Valley General Hospital 1025 N Douty St Hanford, CA 93230 77-0324630	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
(3) Feather River Hospital 5974 Pentz Rd Paradise, CA 95969 94-1101228	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
(4) Glendale Adventist Medical Center 1509 Wilson Ter Glendale, CA 91206 95-1816017	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
(5) Hanford Community Hospital 115 Mall Dr Hanford, CA 93230 94-0535360	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
(6) Northwest Med Fnd of Tillamook 1000 Third St Tillamook, OR 97141 93-0622075	Hospital	OR	501(c)(3)	1	Adventist Health SystemWest		No
(7) Paradise Valley Hospital 2100 Douglas Blvd Roseville, CA 95661 95-1816034	Discontinued Operations	CA	501(c)(3)	1	Adventist Health SystemWest		No
(8) Portland Adventist Medical Center 10123 SE Market St Portland, OR 97216 93-0429015	Hospital	OR	501(c)(3)	1	Adventist Health SystemWest		No
(9) St Helena Hospital 10 Woodland Rd St Helena, CA 94574 94-1279779	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
(10) 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
(11) Sonora Community Hospital 1000 Greenley Rd Sonora, CA 95370 94-1415069	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
(12) Ukiah Adventist Hospital 275 Hospital Dr Ukiah, CA 95482 94-1639901	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
(13) Walla Walla General Hospital 1025 S Second Ave Walla Walla, WA 99362 91-0617726	Hospital	WA	501(c)(3)	1	Adventist Health SystemWest		No
(14) 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
(15) Willits Hospital Inc 1 Madrone St Willits, CA 95490 68-0108919	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
(16) Adventist Health Physicians Network 2100 Douglas Blvd Roseville, CA 95661 68-0357690	Medical Foundation	CA	501(c)(3)	11b, II	Adventist Health SystemWest		No
(17) Adv Hlth So California Med Fnd 2100 Douglas Blvd Roseville, CA 95661 95-4424391	Discontinued Operations	CA	501(c)(3)	11c, III-FI	Adventist Health SystemWest		No
(18) San Joaquin Community Hospital 2615 Chester Avenue Bakersfield, CA 93301 95-2294234	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No
(19) Reedley Community Hospital 372 W Cypress Ave Reedley, CA 93654 45-3220509	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest		No

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

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(21) Western Health Resources 2100 Douglas Blvd Roseville, CA 95661 95-3867863	Home care	CA	501(c)(3)	1	Adventist Health SystemWest		No