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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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

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 $ 530,188,679

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
Living Gods love by inspiring health, wholeness and hope

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**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	1,605
6	Total number of volunteers (estimate if necessary)	**6**	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	3,381,663
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	413,465

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	100	50,000
9	Program service revenue (Part VIII, line 2g)	293,372,514	488,352,873
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	50,143,599	54,780,986
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,449,335	-16,508,915
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	346,965,548	526,674,944
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,256,600	368,600
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)	190,323,313	326,443,237
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)	169,382,999	245,914,528
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	361,962,912	572,726,365
19	Revenue less expenses Subtract line 18 from line 12	-14,997,364	-46,051,421

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,672,754,383	2,070,778,666
21	Total liabilities (Part X, line 26)	1,605,828,465	2,007,273,866
22	Net assets or fund balances Subtract line 21 from line 20	66,925,918	63,504,800

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

****** 2017-11-15
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

Living Gods love by inspiring health, wholeness and hope

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 $ 567,909,483 including grants of $ 604,200) (Revenue $ 486,687,882)
See Additional Data

4b (Code) (Expenses $ including grants of $) (Revenue $)
See Additional Data

4c (Code) (Expenses $ including grants of $) (Revenue $)
See Additional Data

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

4e **Total program service expenses** ▶ 567,909,483

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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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**	9,032		
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**	1,605		
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	11		
	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	7		
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?				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?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?			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?			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?			Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			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*				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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								25,402,578	127,909	5,002,159

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 ▶ 490

			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**	Yes	

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	42,716,128
Deloitte Consulting LLP 980 9th St Ste 1800 Sacramento, CA 95814	Hlthcare Consulting	17,567,013
Quest Media & Supplies Inc 5822 Roseville Rd Sacramento, CA 95842	Contr Labor Cons	4,022,538
GE Healthcare 3000 N Grandview Blvd Wawkecha, WI 53188	Hlthcare Consulting	4,087,389
Little Diversified 5815 Westpark Dr Charlotte, NC 28217	Architectural Cons	2,709,560

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 ▶ 119

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 50,000			
	g Noncash contributions included in lines 1a-1f $ _____				
	h Total. Add lines 1a-1f . . . . . ▶	50,000			

Program Service Revenue	Business Code				
2a Insurance Trust Reimburse	900099	19,252,461	19,252,461		
b Management Fees	900099	461,935,093	460,747,279	1,187,814	
c Other Program Service Rev	900099	3,907,444	3,907,444		
d Prtnrshp Inc Rltd Prgm Sr	541900	125,552		125,552	
e Telemedicine	621400	3,027,269	3,027,269		
f All other program service revenue		105,054	105,054		
g Total. Add lines 2a–2f . . . . ▶		488,352,873			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		54,631,354		175,124	54,456,230
4 Income from investment of tax-exempt bond proceeds ▶		2,499,052			2,499,052
5 Royalties . . . . . ▶		0			
	(i) Real / (ii) Personal				
6a Gross rents	72,880				
b Less rental expenses					
c Rental income or (loss)	72,880				
d Net rental income or (loss) . . . . . ▶		72,880			72,880
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	1,164,315				
b Less cost or other basis and sales expenses	2,352,136 / 1,161,599				
c Gain or (loss)	-2,352,136 / 2,716				
d Net gain or (loss) . . . . . ▶		-2,349,420			-2,349,420
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	1,893,173		1,893,173	
b Loss on debt refinancing	900099	-20,472,763			-20,472,763
c Settlement receivable-PVH	900099	1,997,795	1,997,795		
d All other revenue					
e Total. Add lines 11a–11d . . . . . ▶		-16,581,795			
12 Total revenue. See Instructions . . . . . ▶		526,674,944	489,037,302	3,381,663	34,205,979

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	368,600	368,600		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	24,337,499	24,337,499		
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	232,245,358	232,245,358		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,626,643	13,626,643		
9 Other employee benefits	11,645,676	11,645,676		
10 Payroll taxes	44,588,061	44,588,061		
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,690,951		3,690,951	
c Accounting	1,125,931		1,125,931	
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)	22,754,599	22,754,599		
12 Advertising and promotion	392,377	392,377		
13 Office expenses	-5,111,576	-5,111,576		
14 Information technology	49,619,824	49,619,824		
15 Royalties	0			
16 Occupancy	5,209,996	5,209,996		
17 Travel	6,599,950	6,599,950		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	746,700	746,700		
20 Interest	62,215,029	62,215,029		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	24,259,273	24,259,273		
23 Insurance	213,357	213,357		
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	69,578,300	69,578,300		
b Miscellaneous expenses	2,988,027	2,988,027		
c Equipment rentals	1,425,760	1,425,760		
d Income taxes	206,030	206,030		
e All other expenses	0			
25 **Total functional expenses.** Add lines 1 through 24e	572,726,365	567,909,483	4,816,882	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 IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,700	1	1,700
	2	Savings and temporary cash investments	25,603,882	2	9,390,454
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net	3,004,170	4	10,316,975
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	2,593,456	5	32,508,281
	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	17,412,700	7	17,717,009
	8	Inventories for sale or use		8	0
	9	Prepaid expenses and deferred charges	18,795,125	9	21,679,600
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 351,650,380			
	b	Less accumulated depreciation — 10b: 163,637,635	150,934,817	10c	188,012,745
	11	Investments—publicly traded securities	485,131,111	11	970,262,117
	12	Investments—other securities See Part IV, line 11	36,396,770	12	51,117,725
	13	Investments—program-related See Part IV, line 11	2,547,992	13	927,309
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11	930,332,660	15	768,844,751
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,672,754,383	16	2,070,778,666
Liabilities	17	Accounts payable and accrued expenses	110,846,721	17	183,535,853
	18	Grants payable		18	
	19	Deferred revenue	666,774	19	447,677
	20	Tax-exempt bond liabilities	992,990,000	20	1,074,870,000
	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	307,398,191	24	543,145,845
	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	193,926,779	25	205,274,491
	26	**Total liabilities.** Add lines 17 through 25	1,605,828,465	26	2,007,273,866
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	66,879,138	27	63,433,020
	28	Temporarily restricted net assets	46,780	28	71,780
	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	66,925,918	33	63,504,800
	34	Total liabilities and net assets/fund balances	1,672,754,383	34	2,070,778,666

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	526,674,944
2	Total expenses (must equal Part IX, column (A), line 25)	2	572,726,365
3	Revenue less expenses Subtract line 2 from line 1	3	-46,051,421
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,925,918
5	Net unrealized gains (losses) on investments	5	4,896,904
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	37,733,399
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	63,504,800

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: 16000303
Software Version: 2016v3.0
EIN: 95-3484589
Name: Adventist Health SystemWest
DBA Adventist Health

Form 990 (2016)

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4a-d Corporate OfficeAdventist Health is a faith-based, nonprofit integrated health system serving more than 75 communities on the West Coast and Hawaii Our compassionate and talented team of 33,300 includes more than 24,600 employees, 5,000 medical staff physicians, and 3,700 volunteers working together in pursuit of one mission living God's love by inspiring health, wholeness and hope Founded on Seventh-day Adventist heritage and values, Adventist Health provides care in 19 hospitals, more than 280 clinics (hospital-based, rural health and physician clinics), 13 home care agencies, seven hospice agencies and four joint-venture retirement centers Together, our team is inspired to transform the health experience of our communities, with our unique focus on physical, mental, spiritual and social healing Mission-drivenOur mission, living Gods love by inspiring health, wholeness and hope 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 we provide 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 ministries enjoy benefits by belonging to a larger system that continually seeks to enhance its ability to serve through shared 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 ministry in some way From time to time, extraordinary needs arise that require specialized attention and support Fortunately, sharing resources and expertise at the local, regional and system levels 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 in 1878 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 Adventist Health has dedicated a team to develop and deploy our Mission Integration Model The Mission Integration Model embodies the three core care elements calling, culture and community Along with our mission, our triple aim is to improve health, lower costs and provide better care Once again in 2016, Adventist Health partnered with 30 community churches and organizations across the system to integrate population health programs in their communities with the intent for them to be recognized as wellness centers in their communities In Northern California, we are reaching out into our communities through the Street Medicine program in Ukiah and Project Restoration in Lake County 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 2016, Adventist Health entered its fourth 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 free 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 93 percent of employees signed up for the Engaged! Plan in 2016 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

Form 990, Part III, Line 4b:

Healthy Employees Lead by ExampleIn 2016, 10 Adventist Health hospitals received the gold-level and three received the silver-level WELCOA Well Workplace Award for commitment to worksite wellness 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 2016, 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 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 clinicians and staff is a crucial component to the Care Transformation Model For the past seven years, Adventist Health has participated in the Safety Attitude Questionnaire, which provides 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 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 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 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 coupled with the involvement of patients and their families in health care decisions is integral to our goal of providing whole person care, the core of our mission and values

Form 990, Part III, Line 4c:

Rural Health Clinics (RHC)As 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 At the end of 2016, we had 87 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 also is one of the largest in the country, representing almost one percent of the nations RHCs Services for RHCs include financial monitoring, program audits, operational support, professional development, advocacy and education regarding new regulations But the real evidences of success are the patients served1,129,692 visits in 2016 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 also is 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 Home Care ServicesAdventist Health/Home Care Services offers advanced, quality health care in an at-home setting by operating 13 home health agencies and seven hospices In 2014, care, compassion and quality services were provided with 239,742 home health and 95,786 hospice visits 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 three locations 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, three 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 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 During 2016, telehealth services continued to develop and grow Ukiah Valley Medical Center, St Helena Hospital Clear Lake Hospital and Feather River Hospital provide telehealth stroke services Five locations provide pediatric services Under an initiative with Blue Shield of California, telehealth equipment was provided for medical specialty outpatient care and deployed to 21 sites in California Additional inpatient deployments bring the total sites to 27 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 From Healing to HealthAt the heart of every organization is a vision For Adventist Health this vision is our belief that pairing medical science and faith to inspire wholeness and health offers the greatest hope for renewing people, families and communities After being selected to participate in a five-year health outcomes improvement challenge called Way to Wellville, Lake County got to work identifying ways the California community could reverse its poor health status The community launched a collective impact movement called Hope Rising, through which all of Lake Countypeople, communities, government agencies, education, business, health care and faith communitiesworks together to ensure the highest quality of life for every person Backbone leadership for Hope Rising is provided by St Helena Hospital Clear Lake and is focused on improving the social determinants of health through initiatives in four priority areas Health outcomesEconomy and jobsEnvironmentEducation Hope Rising seeks to integrate preventive and clinical health services to address obesity and other chronic physical health issues, substance abuse, as well as mental and emotional health, while creating new measures to support long-term sustainability and financing

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			
Dickinson Charles Director	4 00 0 00	X						2,249	0	0
Freedman John Director/VChair	4 00 0 00	X		X				300	0	0
Friestad Christine Director	4 00 0 00	X						968	0	0
Gabriel Melody Director	4 00 0 00	X						2,269	0	0
Graham Ricardo Director/Chair	4 00 0 00	X		X				4,246	0	0
Heinrich Kerry Director	4 00 0 00	X						683	0	0
Innocent Larry Director	4 00 0 00	X						1,503	0	0
Reimche Allan Director	4 00 0 00	X						4,407	0	0
Rippey Wesley Director	4 00 0 00	X						1,861	127,909	0
Salazar Velino Director	4 00 0 00	X						3,915	0	0

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			
Torkelsen Max Director/VChair	4 00 0 00	X		X				4,102	0	0
Reiner Scott Dir/Pres/CEO	50 00 0 00	X		X				1,711,534	0	286,273
Wing Bill Dir/Pres/COO	50 00 0 00	X		X				1,319,055	0	238,355
Wagner Jack AsstSec/CFO/SVP	50 00 0 00			X				1,117,705	0	41,826
Jobe Meredith Sec/VP Gen Cnsl	50 00 0 00			X				552,085	0	99,823
Ashlock Mark Sr VP Physician Strategy	50 00 0 00				X			992,628	0	171,716
Bancarz Gloria VP/CNO	50 00 0 00				X			606,893	0	91,040
Beaman John VP Finance/SFO	50 00 0 00				X			585,422	0	125,832
Church Lowell VP Materiel Mgmt	50 00 0 00				X			449,842	0	85,277
Conklin Jeffrey VP/Pres Managed Care	50 00 0 00				X			589,571	0	134,970

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			
Doram Keith MD VP Clin Effectiveness/CMO	50 00 0 00				X			967,771	0	116,784
Ferch Wayne Sr VP/Pres CCR	50 00 0 00				X			928,544	0	152,090
Jakobsen Dag VP/COO AHPS	50 00 0 00				X			584,184	0	95,453
Marchuk Robert VP Ancillary Svcs	50 00 0 00				X			376,306	0	84,156
McKague Kirby VP/CFO AHPS	50 00 0 00				X			534,208	0	98,720
Newmyer Joyce Sr VP/Pres PNR	50 00 0 00				X			735,505	0	153,530
Olson JoAline Sr VP/CHRO/Innovation	50 00 0 00				X			865,815	0	145,082
Rhodes Daniel VP Phys/Home Hlth Cont	50 00 0 00				X			277,873	0	36,503
Soderblom Alan VP/CIO	50 00 0 00				X			780,154	0	97,417
Zachary Beth Sr VP/Pres SCR	50 00 0 00				X			1,031,265	0	201,025

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			
Beehler Robert VP Mkt Dev, M&A	50 00 0 00				X			595,160	0	101,409
Gordon Daniel VP Financial Srvs	50 00 0 00				X			429,008	0	80,261
Gustin John VP Facilities Mngt Const	50 00 0 00				X			454,413	0	80,177
Leyba Susan VP Managed Care	50 00 0 00				X			296,273	0	82,907
Patterson Leeanne VP Risk Mgmt	50 00 0 00				X			392,749	0	41,713
Wilson Kathleen VP Benefits Admin	50 00 0 00				X			421,614	0	70,103
Eller Jeff Sr VP/Pres NCR	50 00 0 00				X			832,743	0	161,295
Mendoza Sherry VP/President WHR	50 00 0 00				X			342,233	0	50,599
Chilton Harold VP Support Srvs	50 00 0 00				X			473,834	0	91,410
Tetz Doris VP Strategy & Talent	50 00 0 00				X			325,888	0	75,305

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			
Fink Matthew Interim CIO	50 00 0 00				X			185,700	0	0
Cowan Joshua VP Strategy/Communication	50 00 0 00				X			295,839	0	78,487
Dickinson Charles VP Business Solutions	50 00 0 00				X			215,215	0	54,172
Nebel Karl Sr VP/Chief Strategy/Inform Officer	50 00 0 00				X			190,230	0	5,688
Knitter Michael VP Total Rewards	50 00 0 00				X			85,314	0	11,764
Ormerod David MD VP/CMO AHPS	50 00 0 00				X			304,466	0	22,797
Fults Kendall COO CVN	50 00 0 00					X		402,850	0	804,398
Raffoul John President WMMC	50 00 0 00					X		594,690	0	367,086
Duffield Douglas President SJCH	50 00 0 00					X		752,706	0	103,782
Waterman Rita AVP Communications	50 00 0 00					X		784,787	0	42,912

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			
Roberts Kevin President GAMC	50 00 0 00					X		657,337	0	128,432
Carmen Robert Former President/CEO	0 00 0 00						X	358,716	0	7,952
Russell Thomas Former VP Pop Hlth Innov	0 00 0 00						X	589,519	0	41,803
Wehtje Rodney Former Asst Sec/VP Treasurer	0 00 0 00						X	388,431	0	41,835

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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

2016

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 12, 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 (Form 990 or 990-EZ))

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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)

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

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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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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

2016

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on 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-
2				
3				
4				
5				
6				

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)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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 on 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		26,914
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		1,541,141
j	Total Add lines 1c through 1i			1,568,055
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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2016

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" on 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" on 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	1,114,944	1,140,516	1,103,082	1,116,920	1,119,409
b Contributions	50,000	100	49,080		
c Net investment earnings, gains, and losses	21,830	26,705	28,237	28,777	40,580
d Grants or scholarships	55,539	52,377	39,883	42,615	43,069
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,131,235	1,114,944	1,140,516	1,103,082	1,116,920

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

- a Board designated or quasi-endowment ▶ 95 580 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶ 4 420 %

The percentages on 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" on 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' on 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		34,561,388		34,561,388
b Buildings		8,041,748	5,936,148	2,105,600
c Leasehold improvements		2,926,666	2,038,674	887,992
d Equipment		257,181,293	155,662,813	101,518,480
e Other		48,939,285		48,939,285
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				188,012,745

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on 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) COPE Health Solutions	1,334,120	F
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on 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	81,100	F
(3) Aurora Policies (Split Dollar Life Ins)	164,451	C
(4) Granite Bay Golf Club	54,600	C
(5) Walla Walla House	477,158	C
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1) Deferred financing costs	
(2) Malpractice Trust Funds	110,716,394
(3) Other Receivables	49,442,196
(4) Receivables from Related Organizations	608,686,161
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	768,844,751

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Bond Interest Payable	14,996,170
Deferred Compensation Payable	23,224,307
Due to Trust Funds	87,007,558
Other Liabilities	1,165,911
Professional Liability	76,040,961
Workers Compensation Liability	2,839,584
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	205,274,491

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' on 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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
EIN: 95-3484589
Name: Adventist Health SystemWest
DBA Adventist Health

Supplemental 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

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

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) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					1,301,413
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					1,301,413

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 separately 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)*	☐ 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
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).

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central Amer & Caribbean	0	0	Passive Investments	Progr rel investment	150,000
Central Amer & Caribbean	0	0	Program Service	Reinsurance	1,150,700
East Asia & Pacific	0	0	Passive Investments	Legal Fees	713

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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," on 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

2016

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" on 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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 8

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" on 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)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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: 16000303
Software Version: 2016v3.0
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 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
Gen Conference of SDA 12501 Old Columbia Pike Silver Spring, MD 30904	52-0643036	501(c)(3)	150,000	0			Pathway to Health LA
Kings Regional Health Found 1021 N Douty St Hanford, CA 93230	77-0578450	501(c)(3)	30,000	0			Health Services 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 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 University 24760 Stewart St Loma Linda, CA 92354	95-1816009	501(c)(3)	26,000	0			Education Grant-School of Religion
Orangevale SDA School 5810 Pecan Ave Orangevale, CA 95662	68-0178156	501(c)(3)	10,000	0			Preschool Building Project

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 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 Conference 2686 Townsgate Rd Westlake Vill, CA 91361	95-1816050	501(c)(3)	50,000	0			Religious education grant
Pine Hills Adventist Academy 13500 Richards Ln Auburn, CA 95603	68-0260457	501(c)(3)	10,000	0			PHAA Building Project

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 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 Academy 5601 Winding Way Sacramento, CA 95608	94-1431179	501(c)(3)	55,000	0			Education Grant & Building Project
White Memorial Med Ctr 1720 Cesar E Chavez Ave Los Angeles, CA 90033	95-2282647	501(c)(3)	10,000	0			Health Education Fund

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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" on 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

2015

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 on 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 on 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 on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on 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 on 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
Part II, Compensation from Unrelated Organizations	Adventist Health entered into an agreement with B E Smith for interim leadership and executive search services In August 2016, Matthew Fink and Adventist Health agreed for him to step into the role of Interim CIO while a search for a permanent placement was made B E Smith employed Matthew Fink and was responsible for his compensation package, including benefits Adventist Health paid B E Smith for professional services tendered by Matthew Fink in the amount of $185,700 plus ordinary and necessary travel expenses reimbursed under an accountable plan related to his assignment with Adventist Health

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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 on prior Form 990
1Ashlock Mark Sr VP Physician Strategy	(I)	633,277	190,496	168,855	146,274	25,442	1,164,344	123,055
	(II)					-	-	
1Bancarz GloriaVP/CNO	(I)	363,903	149,106	93,884	78,279	12,761	697,933	53,646
	(II)					-	-	
2Beaman John VP Finance/SFO	(I)	403,170	103,341	78,911	78,394	47,438	711,254	47,200
	(II)					-	-	
3Beehler Robert VP Mkt Dev, M&A	(I)	371,088	114,750	109,322	75,970	25,439	696,569	58,547
	(II)					-	-	
4Carmen Robert Former President/CEO	(I)			358,716		7,952	366,668	358,716
	(II)					-	-	
5Chilton Harold VP Support Srvs	(I)	342,319	87,810	43,705	68,378	23,032	565,244	
	(II)					-	-	
6Church Lowell VP Materiel Mgmt	(I)	295,277	77,273	77,292	58,618	26,659	535,119	34,395
	(II)					-	-	
7Conklin Jeffrey VP/Pres Managed Care	(I)	435,685	116,109	37,777	92,135	42,835	724,541	
	(II)					-	-	
8Cowan Joshua VP Strategy/Communication	(I)	229,903	60,524	5,412	45,135	33,352	374,326	
	(II)					-	-	
9Dickinson Charles VP Business Solutions	(I)	184,932		30,283	37,740	16,432	269,387	
	(II)					-	-	
10Doram Keith MD VP Clin Effectiveness/CMO	(I)	529,900	141,379	296,492	79,866	36,918	1,084,555	254,948
	(II)					-	-	
11Duffield Douglas President SJCH	(I)	441,951	92,448	218,307	74,908	28,874	856,488	189,409
	(II)					-	-	
12Eller JeffSr VP/Pres NCR	(I)	584,311	130,384	118,048	132,539	28,756	994,038	80,834
	(II)					-	-	
13Ferch Wayne Sr VP/Pres CCR	(I)	580,448	171,649	176,447	131,519	20,571	1,080,634	88,516
	(II)					-	-	
14Fink MatthewInterim CIO	(I)	185,700					185,700	
	(II)					-	-	
15Fults KendallCOO CVN	(I)	278,382	63,710	60,758	784,247	20,151	1,207,248	29,860
	(II)					-	-	
16Gordon Daniel VP Financial Srvs	(I)	291,358	77,273	60,377	54,870	25,391	509,269	28,637
	(II)					-	-	
17Gustin John VP Facilities Mngt Const	(I)	290,857	76,209	87,347	54,786	25,391	534,590	67,321
	(II)					-	-	
18Jakobsen Dag VP/COO AHPS	(I)	390,752	101,059	92,373	85,395	10,058	679,637	60,247
	(II)					-	-	
19Jobe Meredith Sec/VP Gen Cnsl	(I)	364,469	95,028	92,588	74,172	25,651	651,908	56,774
	(II)					-	-	

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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 on prior Form 990
21 Leyba Susan VP Managed Care	(I)	227,138	40,666	28,469	43,263	39,644	379,180	13,136
	(II)					-	-	
1 Marchuk Robert VP Ancillary Svcs	(I)	265,838	70,821	39,647	47,522	36,634	460,462	20,916
	(II)					-	-	
2 McKague Kirby VP/CFO AHPS	(I)	355,403	94,629	84,176	71,708	27,012	632,928	50,522
	(II)					-	-	
3 Mendoza Sherry VP/President WHR	(I)	248,172	64,837	29,224	16,233	34,366	392,832	
	(II)					-	-	
4 Nebel Karl Sr VP/Chief Strategy/Inform Officer	(I)	111,644	65,000	13,586		5,688	195,918	
	(II)					-	-	
5 Newmyer Joyce Sr VP/Pres PNR	(I)	569,710	148,212	17,583	128,988	24,542	889,035	
	(II)					-	-	
6 Olson JoAline Sr VP/CHRO/Innovation	(I)	508,787	154,500	202,528	112,716	32,366	1,010,897	112,005
	(II)					-	-	
7 Ormerod David MD VP/CMO AHPS	(I)	33,605	113,715	157,146	14,484	8,313	327,263	131,048
	(II)					-	-	
8 Patterson Leeanne VP Risk Mgmt	(I)	290,949	75,012	26,788	16,321	25,392	434,462	
	(II)					-	-	
9 Raffoul John President WMMC	(I)	398,002	105,515	91,173	342,544	24,542	961,776	41,354
	(II)					-	-	
10 Reiner ScottDir/Pres/CEO	(I)	1,018,912	299,575	393,047	249,575	36,698	1,997,807	326,648
	(II)					-	-	
11 Rhodes Daniel VP Phys/Home Hlth Cont	(I)	230,915	39,559	7,399	16,180	20,323	314,376	
	(II)					-	-	
12 Roberts Kevin President GAMC	(I)	491,623	61,280	104,434	108,222	20,210	785,769	82,535
	(II)					-	-	
13 Russell Thomas Former VP Pop Hlth Innov	(I)	430,508	117,646	41,365	16,361	25,442	631,322	
	(II)					-	-	
14 Soderblom AlanVP/CIO	(I)	443,100	117,813	219,241	60,719	36,698	877,571	182,963
	(II)					-	-	
15 Tetz Doris VP Strategy & Talent	(I)	261,060	51,892	12,936	46,204	29,101	401,193	
	(II)					-	-	
16 Wagner Jack AsstSec/CFO/SVP	(I)	698,200	200,386	219,119	16,384	25,442	1,159,531	
	(II)					-	-	
17 Waterman Rita AVP Communications	(I)	173,234	36,108	575,445	32,167	10,745	827,699	558,768
	(II)					-	-	
18 Wehtje Rodney Former Asst Sec/VP Treasurer	(I)	380,418		8,013	16,393	25,442	430,266	
	(II)					-	-	
19 Wilson Kathleen VP Benefits Admin	(I)	285,710	73,682	62,222	57,389	12,714	491,717	33,203
	(II)					-	-	

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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 on prior Form 990
41 Wing BillDir/Pres/COO	(I)	855,884	253,689	209,482	203,961	34,394	1,557,410	155,912
	(II)					-	-	
1 Zachary BethSr VP/Pres SCR	(I)	696,556	171,232	163,477	168,659	32,366	1,232,290	113,672
	(II)					-	-	

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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

2016

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	CSCDA Series A	68-0164610	1307957C5	05-08-2007	57,500,000	See Schedule O		X		X		X
B	CHFFA Series B	52-1643828	13033LBC0	05-20-2009	30,000,000	See Schedule O		X		X		X
C	CHFFA Series C	52-1643828	13033F8B9	05-20-2009	56,309,648	See Schedule O		X		X		X
D	HFA	93-1266280	62551PBS5	09-30-2009	66,147,216	See Schedule O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,075,000		49,495,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	57,140,625	30,000,000	56,309,648	66,147,216
4	Gross proceeds in reserve funds	3,912,969		1,755,195	6,112,175
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	643,910	299,917	559,042	886,660
8	Credit enhancement from proceeds	1,409,177			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	50,966,616	29,699,958		
11	Other spent proceeds			50,119,642	59,011,989
12	Other unspent proceeds				
13	Year of substantial completion	2010	2009	2009	2009

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use 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 ▶								
6	Total of lines 4 and 5								
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		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		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	NOTE - Multiple schedules are being filed CSCDA - California Statewide Communities Development AuthorityCHFFA - California Health Facilities Financing AuthorityHFA - The Hospital Facilities Authority of Multnomah County, OregonSchedule 1, Part II, Line 7, Column A - Bond issued on 5/08/2007, CUSIP#1307957C5 - cost of issuance greater than estimated at the time of filing 8038 Schedule 1, Part IV, Line 2(c), Column A - Bond issued on 5/08/2007, CUSIP#1307957C5 - rebate calculation performed on July 9, 2012 Schedule 1, Part IV, Line 2(c), Column B - Bond issued on 5/20/2009, CUSIP#13033LBC0 - rebate calculation performed on July 31,2014 Schedule 1, Part IV, Line 2(c), Column C - Bond issued on 5/20/2009, CUSIP#13033F8B9 - rebate calculation performed on July 31,2014 Schedule 1, Part IV, Line 2(c), Column D - Bond issued on 9/30/2009, CUSIP#62551PBS5 - rebate calculation performed on November 10,2014 Schedule 2, Part IV, Line 2(c), Column A - Bond issued on 6/09/2011 - rebate calculation performed on July 25, 2016

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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

2016

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	CHFFA	52-1643828	000000000	06-09-2011	130,000,000	See Schedule O		X		X		X
B	CHFFA	52-1643828	13033LS65	02-14-2013	208,420,907	See Schedule O		X		X		X
C	CHFFA	52-1643828	13033LS57	02-14-2013	100,741,934	See Schedule O		X		X		X
D	CSCDA	68-0164610	13080SJL9	06-30-2015	157,990,834	See Schedule O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,640,000	61,138,100	2,966,900	2,774,897
2	Amount of bonds legally defeased				
3	Total proceeds of issue	130,000,000	208,420,907	100,741,934	157,990,834
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	478,200	979,927	741,934	1,493,445
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	129,521,800		100,000,000	
11	Other spent proceeds		207,440,930		156,488,239
12	Other unspent proceeds				
13	Year of substantial completion	2015	2016	2016	

		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			

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 ▶				0 022 %				
6	Total of lines 4 and 5				0 022 %				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?		X	X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X			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).

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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

2016

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	CSCDA	68-0164610	13080SJM7	06-30-2015	42,422,999	See Schedule O		X		X		X
B	CHFFA Series A	52-1643828	13032UGL6	09-08-2016	309,720,490	See Schedule O		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	745,103			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	42,422,999	309,720,490		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	420,423	2,280,369		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	23,661,477			
11	Other spent proceeds	2,576	307,440,121		
12	Other unspent proceeds	18,338,523			
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	X					
15	Were the bonds issued as part of an advance refunding issue?		X	X					
16	Has the final allocation of proceeds been made?		X	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		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		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				
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				
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		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				
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					

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				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
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				
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				
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				
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	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					

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

2016

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	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	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
See Additional Data Table												
Total						▶ $						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27. 32,508,281

(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	Part IV, Page 1, Line 1Melody 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 2016, 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 2016 was about $4 56M In addition at the end of 2016, AH had an outstanding loan of $2 64M to another LLC in which Ms Gabriel and her family have a 90% interest Principle payments are being made on the smaller loan

Additional Data

Software ID: 16000303
Software Version: 2016v3.0
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
SoderblomA	Key Emp	Relocate		X	100,000	64,600		No	Yes		Yes	
DoramK	Key Emp	Relocate		X	100,000	62,600		No	Yes		Yes	
AshlockM	Key Emp	Relocate		X	150,000	127,200		No	Yes		Yes	
OlsonJ	Key Emp	Relocate		X	200,000	76,500		No	Yes		Yes	
ConklinJ	Key Emp	Relocate		X	125,000	59,588		No	Yes		Yes	
BeamanJ	Key Emp	Relocate		X	125,000	109,150		No	Yes		Yes	
RobertsK	H Pd EE	Relocate		X	400,000	388,000		No	Yes		Yes	
FerchW	Key Emp	Relocate		X	150,000	138,600		No	Yes		Yes	
GordonD	Key Emp	Relocate		X	100,000	92,850		No	Yes		Yes	
BeehlerB	Key Emp	Relocate		X	100,000	94,100		No	Yes		Yes	
EllerJ	Key Emp	Relocate		X	300,000	296,400		No	Yes		Yes	
WagnerJ	Officer	Relocate		X	200,000	195,600		No	Yes		Yes	
JobeM	Officer	Relocate		X	100,000	95,800		No	Yes		Yes	
NewmyerJ	Key Emp	Relocate		X	150,000	147,600		No	Yes		Yes	
TetzD	Key Emp	Relocate		X	100,000	98,200		No	Yes		Yes	

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
Cowan J	Key Emp	Relocate		X	100,000	99,300		No	Yes		Yes	
DickinsonC	Key Emp	Relocate		X	99,900	99,700		No	Yes		Yes	
Wing B	Key Emp	Relocate		X	200,000	199,200		No	Yes		Yes	
Ashlock M	Employee	DCmp split$ life ins		X	3,486,766	2,956,666		No	Yes		Yes	
Beaman J	Employee	DCmp split$ life ins		X	703,254	588,712		No		No		No
Eller J	Employee	DCmp split$ life ins		X	4,637,079	3,917,572		No		No		No
Ferch W	Employee	DCmp split$ life ins		X	653,935	574,679		No		No		No
Newmyer J	Employee	DCmp split$ life ins		X	4,190,123	3,547,984		No		No		No
Olson J	Employee	DCmp split$ life ins		X	1,743,610	1,505,768		No		No		No
Reiner S	Employee	DCmp split$ life ins		X	6,018,095	5,119,980		No		No		No
Wagner J	Employee	DCmp split$ life ins		X	6,246,577	5,496,651		No		No		No
Wing B	Employee	DCmp split$ life ins		X	5,121,262	4,341,039		No		No		No
Zachary B	Employee	DCmp split$ life ins		X	1,897,406	1,673,742		No		No		No
Duffield D	H Pd EE	Relocation		X	150,000	143,600		No	Yes		Yes	
Chilton H	Key Emp	Relocation		X	100,000	97,300		No	Yes		Yes	

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
Knitter M	Key EE	Relocation		X	100,000	99,600		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	Brd Memb JV	11,550,000	LLC JV Loan		No
(2) SimDarran	FO Son-in-law	75,817	Employment		No
(3) Wehtje-SimCambria	FO Daughter	94,929	Employment		No
(4) EllerEric	Key EE Son	61,309	Employment		No
(5) WagnerBrent	Officer Son	87,353	Employment		No
(6) JobeCarol	Officer Wife	23,755	Employment		No
(7) Bancarz Theodore	Key EE Brother	90,480	Employment		No
(8) Bancarz Michelle	KeyEE Sis-inLaw	114,738	Employment		No
(9) ReinerChristian	Officer Son	47,364	Employment		No
(10) Carmen Kimberly	FO Daughter	40,360	Employment		No

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

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DBA Adventist Health

Employer identification number
95-3484589

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Strategic PlanningTo strengthen our ability to deliver optimal h ealth, Adventist Health deployed a robust and aggressive strategic plan in 2013 which cont inues to evolve and now looks at strategy through 2020 and beyond Guided by our mission, this plan positions our organization as one of the most significant health systems on the West Coast Our growing system already has achieved several important metrics We are work ing diligently and in innovative ways to transform how we care for our communities Our pr oactive approach to whole-person health is reflected not just in our wellness programs, bu t across the entire care continuum For Adventist Health this includes physician alignment , patient experience and workforce wellness Expanding our scope and services is also a maj or component of our strategic initiatives We are actively seeking opportunities to create new working relationships with hospitals, other providers, payersand even some competitor sthat align with our goals and extend our mission Throughout our health system, our engag ed workforce is leading the way to make a difference in the lives of the more than six mil lion lives touched in 2016

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 Ac tions are taken as required to enable Adventist Health System/West to continue operating i n concert with its Articles and Bylaws

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 e lectronic communication for their review prior to filing A special board meeting is sched uled to answer questions and receive input from the board prior to filing

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 se nt to board members, corporate officers, key employees, and department directors for compl etion and signature The questionnaire is accompanied by a letter of explanation to illust rate 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 aud it process

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The Adventist Health System/West board of directors has established a Human Performance (f ka Compensation) Committee to oversee the executive compensation program This committee i s 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 th at would be indicated by the data, including salary ranges for the organization's Executiv e Cabinet, evaluates executive performance against annual goals, recommends appropriate in centive awards to the board for approval, follows a diligent process that meets regulatory requirements for a rebuttable presumption of reasonableness, records committee deliberati ons and decisions in timely minutes, selects, engages and supervises any consultant hired to advise and provide comparability data The board-approved executive compensation philoso phy specifies that salary ranges will be established for executives with midpoints set at the median of the peer group and having a 50 percent spread (about 20% above and below mid point) from minimum to maximum The CEO and Sr Vice Presidents (Executive Cabinet) have a maximum potential incentive of 30 percent of base salary (This incentive potential is les s than the industry norm) Other executives have a maximum potential incentive of 25 perce nt of base salary

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The corporation does not make its governing documents publicly available beyond required f ilings of articles of incorporation with the secretary of state The corporation does not make its conflict of interest policy available upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Restatement of PY Unrestricted Net Assets balance = $25623051

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	Transfers from related organizations = $12110348

990 Schedule O, Supplemental Information

Return Reference	Explanation
Sch K (2nd), Part 1, Column (f), Line A	Acquire, construct and equip the following health care facilities Adventist Health Clearla ke Hospital Inc, Clearlake, CAFeather River Hospital, Paradise, CAGlendale Adventist Medic al 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Sch K, Part 1, Column (f), Line C	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 F acilities Financing Authority (AHS/West Series B) bonds issued September 25, 19911991 City of Glendale (AHS/West Series A) bonds issued July 23, 1991

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K (2nd), Part 1, Column (f), Line B	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 Califor nia Health Facilities Financing Authority (AHS/West Series A) bonds issued July 1, 2003

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K (2nd), Part 1, Column (f), Line C	Acquire, construct, and equip the following health care facilities Central Valley General Hospital, Hanford, CAFeather River Hospital, Paradise, CAWillits Hospital, Inc, Willits, C AHanford Community Hospital, Hanford, CASan Joaquin Community Hospital, Bakersfield, CAUki ah Valley Hospital, Ukiah, CAAcquire and install a clinical information system Adventist H ealth System/West, Roseville, CA

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K (2nd), Part 1, Column (f), Line D	Refund outstanding balance of the following bond issue 2005 California Statewide Communiti es Development Authority (AHS/West Series A) bonds issued October 18, 2005

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K (3rd), Part 1, Column (f), Line A	Acquire, construct and equip the following health care facilities Hanford Community Hospit al, Hanford, CASt Helena Hospital, St Helena, CA

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K (3rd), Part 1, Column (f), Line A	Advanced refund outstanding balance of the following bond issues 1998 California Health Fa cilities Financing Authority (AHS/West Series A) bonds issued February 18, 19982007 Califo rnia Statewide Communities Development Authority (AHS/West Series B) bonds issued May 8, 2 0072007 California Statewide Communities Development Authority (Lodi) bonds issued Decembe r 13, 20072009 California Health Facilities Financing Authority (AHS/West Series A) bonds issued May 20, 2009

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule K, Part 1, Column(f), Line B	Acquire, construct and equip the following health care facilities Adventist Health Clearla ke Hospital Inc, Clearlake, CAFeather River Hospital, Paradise, CAGlendale Adventist Medic al Center, Glendale, CAHanford Community Hospital, Hanford, CASt Helena Hospital, St Hel ena, 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

2016

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.

See Additional Data Table

(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) Section 512(b)(13) controlled entity? No

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) 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

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

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

		Yes	No
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		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
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		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
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		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of 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: 16000303
Software Version: 2016v3.0
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	No
(1) 15630 18th Ave Clearlake, CA 95422 68-0395149	Hospital	CA	501(c)(3)	3	Adventist Health SystemWest	Yes	
(1) 640 Ulukahiki St Kailua, HI 96734 99-0107330	Hospital	HI	501(c)(3)	1	Adventist Health SystemWest	Yes	
(2) 5974 Pentz Rd Paradise, CA 95969 94-1101228	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(3) 1509 Wilson Ter Glendale, CA 91206 95-1816017	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(4) 115 Mall Dr Hanford, CA 93230 94-0535360	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(5) 1000 Third St Tillamook, OR 97141 93-0622075	Hospital	OR	501(c)(3)	1	Adventist Health SystemWest	Yes	
(6) 2100 Douglas Blvd Roseville, CA 95661 95-1816034	Discontinued Operations	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(7) 10123 SE Market St Portland, OR 97216 93-0429015	Hospital	OR	501(c)(3)	1	Adventist Health SystemWest	Yes	
(8) 10 Woodland Rd St Helena, CA 94574 94-1279779	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(9) 2975 N Sycamore Dr Simi Valley, CA 93065 95-6064971	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(10) 1000 Greenley Rd Sonora, CA 95370 94-1415069	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(11) 275 Hospital Dr Ukiah, CA 95482 94-1639901	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(12) 1025 S Second Ave Walla Walla, WA 99362 91-0617726	Hospital	WA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(13) 1720 Cesar E Chavez Ave Los Angeles, CA 90033 95-2282647	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(14) 1 Marcela Dr Willits, CA 95490 68-0108919	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(15) 2100 Douglas Blvd Roseville, CA 95661 68-0357690	Medical Foundation	CA	501(c)(3)	11b, II	Adventist Health SystemWest	Yes	
(16) 2100 Douglas Blvd Roseville, CA 95661 95-4424391	Discontinued Operations	CA	501(c)(3)	11c, III-FI	Adventist Health SystemWest	Yes	
(17) 2615 Chester Avenue Bakersfield, CA 93301 95-2294234	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(18) 372 W Cypress Ave Reedley, CA 93654 45-3220509	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	
(19) 2100 Douglas Blvd Roseville, CA 95661 95-3867863	Home care	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	

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	No
(21) 975 S Fairmont Ave Lodi, CA 95240 94-1044474	Hospital	CA	501(c)(3)	3	Adventist Health SystemWest	Yes	
(1) 115 W E St Tehachapi, CA 93561 81-2240617	Hospital	CA	501(c)(3)	1	Adventist Health SystemWest	Yes	