

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
A	This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☒ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☒ special extension (enter description) <u>HURRICANE IRMA</u>	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN</u>	1b	Three-digit plan number (PN) ► <u>002</u>
		1c	Effective date of plan <u>01/01/2006</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ADVENTIST HEALTH SYSTEM</u> <u>900 HOPE WAY</u> <u>ALTAMONTE SPRINGS, FL 32714</u>	2b	Employer Identification Number (EIN) <u>59-2170012</u>
		2c	Plan Sponsor's telephone number <u>407-975-1435</u>
		2d	Business code (see instructions) <u>622000</u>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	01/21/2018	RENA FREEMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 4150
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 4150
a(2) Total number of active participants at the end of the plan year	6a(2) 2877
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2877
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 2877
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 2877
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2T	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules	b General Schedules
(1) ☒ R (Retirement Plan Information)	(1) ☒ H (Financial Information)
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) ☐ I (Financial Information – Small Plan)
(3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) ☒ 3 A (Insurance Information)
	(4) ☒ C (Service Provider Information)
	(5) ☐ D (DFE/Participating Plan Information)
	(6) ☐ G (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ADVENTIST HEALTH SYSTEM	D Employer Identification Number (EIN) 59-2170012	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	29000	98	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
659	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid NOYES, DEANNE Y	2929 ALLEN PARKWAY HOUSTON, TX 77019
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
188			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CROWELL, CHRISTOPHER A	2929 ALLEN PARKWAY HOUSTON, TX 77019
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
179			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ALLEN, SUSAN L

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
83			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BLAIR, KYLE C

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
64			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BROWN, CHRIS

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
59			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JONES, JEREMY B

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SWEARINGEN, ERIC J

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
24			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JACKSON, STEFAN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BREEN, BRETT A

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
12			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MANYAK, GEORGE

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 1434805**5** Current value of plan's interest under this contract in separate accounts at year end..... **5** 1789143**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

1331854

c Additions: (1) Contributions deposited during the year**7c(1)**

4857

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

40861

(4) Transferred from separate account

7c(4)

104914

(5) Other (specify below)

7c(5)

0

▶

(6) Total additions

7c(6)

150632

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

1482486

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

20194

(2) Administration charge made by carrier.....

7e(2)

0

(3) Transferred to separate account

7e(3)

26713

(4) Other (specify below)

7e(4)

774

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions

7e(5)

47681

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

1434805

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ADVENTIST HEALTH SYSTEM	D Employer Identification Number (EIN) 59-2170012	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	29000	3484	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 19648079**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

20014510

c Additions: (1) Contributions deposited during the year**7c(1)**

674328

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

482974

(4) Transferred from separate account

7c(4)

2031443

(5) Other (specify below)

7c(5)

0

▶

(6) Total additions

7c(6)

3188745

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

23203255

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

3508033

(2) Administration charge made by carrier.....

7e(2)

0

(3) Transferred to separate account

7e(3)

46435

(4) Other (specify below)

7e(4)

708

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions

7e(5)

3555176

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

19648079

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2016 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

A Name of plan ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 ADVENTIST HEALTH SYSTEM	D Employer Identification Number (EIN) 59-2170012	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
---------------	---

1 Coverage Information:

(a) Name of insurance carrier

VOYA RTIRMENT INSURANCE AND ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6953	282	01/01/2016	12/31/2016

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1718	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LINCOLN INVESTMENT PLANNING INC

**601 OFFICE CENTER DR STE 300
FT WASHINGTON, PA 19034**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1246			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SIGNATOR FINANCIAL SERVICES INC

**877 EXECUTIVE CENTER DR W STE 300
ST PETERSBURG, FL 33702**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
306			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SIGNATOR INURANCE AGENCY, INC.

ATTN COMMISSIONS DEPT
197 CLARENDON ST C-807
BOSTON, MA 02116

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
148			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PETITTA, DIANE

1715 N WEST SHORE BLVD STE 300
TAMPA, FL 33607

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1439862
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	34019

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b**

2338959

c Additions: (1) Contributions deposited during the year**7c(1)**

0

(2) Dividends and credits.....

7c(2)

0

(3) Interest credited during the year.....

7c(3)

59198

(4) Transferred from separate account

7c(4)

2391566

(5) Other (specify below)

7c(5)

184272

▶ LOAN PAYMENTS

(6) Total additions

7c(6)

2635036

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

4973995

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

517079

(2) Administration charge made by carrier.....

7e(2)

3488

(3) Transferred to separate account

7e(3)

32902

(4) Other (specify below)

7e(4)

2980664

▶ TRANSFERS TO A DIFFERENT CARRIER

(5) Total deductions

7e(5)

3534133

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

1439862

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<div>A</div> <div>Name of plan</div> <div>ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>ADVENTIST HEALTH SYSTEM</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>59-2170012</div>

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

☐ Yes ☒ No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

VALIC RETIREMENT SERVICES COMPANY

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 37 65 19 28 29 33 49 52 59 60 61 63 64 72 99	NO RELATIONSHIP	50546	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 66 64 26 58 19 18 29 33 49 52 59 60 61 63 72	NO RELATIONSHIP	6968	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INV INST OPERATIONS CO INC

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65	RECORDKEEPER	315	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

VOYA RETIREMENT INS AND ANNUITY CO

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37	NO RELATIONSHIP	0	Yes ☒ No ☐	Yes ☒ No ☐	1797	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VOYA RETIREMENT INS AND ANNUITY CO	37	1797

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
71-0294708	LOAN FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
A Name of plan ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 ADVENTIST HEALTH SYSTEM	D Employer Identification Number (EIN) 59-2170012	

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	602794	629893
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	59660654	53637212
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	23683057	22522746
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	83946505 76789851
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	83946505 76789851

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	0
	(B) Participants	2a(1)(B)	0
	(C) Others (including rollovers)	2a(1)(C)	0
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans	2b(1)(E)	27534
	(F) Other	2b(1)(F)	522379
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	549913
(2)	Dividends: (A) Preferred stock	2b(2)(A)	
	(B) Common stock	2b(2)(B)	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2872455
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	2872455
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	0
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		22962
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3445330

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10546103	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		10546103
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	55870	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	11	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		55881
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10601984

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-7156654
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PKF O'CONNOR DAVIES, LLP

(2) EIN: 27-1728495

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ADVENTIST HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>59-2170012</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>76-0519990</u> <u>71-0294708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment	☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c)	
	a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%	
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more	
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____	

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Financial Statements

December 31, 2016

Independent Auditors' Report

To the Trustees of Adventist Health System Consolidated ERISA 403(b) Plan

We were engaged to audit the financial statements of the Adventist Health System Consolidated ERISA 403(b) Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2016 and 2015, the related statement of changes in net assets available for benefits for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Voya Retirement Insurance and Annuity Company, AIG Federal Savings Bank, and Fidelity Management Trust Company, the custodians and trustee of the Plan, except for comparing such information with the related information included in the 2016 financial statements. We have been informed by the Plan administrator that the custodians and trustee hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians and trustees as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the Plan administrator by the custodians and trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matters; described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter – Supplemental Schedule

The supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2016 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodians and trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

PKF O'Connor Davies, LLP

January 16, 2018

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Statements of Net Assets Available for Benefits

	December 31,	
	2016	2015
ASSETS		
Investments, at fair value		
Mutual funds	\$ 51,947,889	\$ 59,471,585
Separate accounts	1,689,323	189,069
Total investments at fair value	53,637,212	59,660,654
Insurance company investment contracts, at contract value	22,522,746	23,683,057
Total Investments	76,159,958	83,343,711
Notes receivable from participants	629,893	602,794
Total Assets	76,789,851	83,946,505
LIABILITIES	-	-
Net Assets Available for Benefits	<u>\$ 76,789,851</u>	<u>\$ 83,946,505</u>

See notes to financial statements

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2016

ADDITIONS

Investment Income	
Interest and dividends	\$ 3,394,834
Net appreciation in fair value of investments	<u>22,962</u>
Total Investment Income	3,417,796
 Interest on notes receivable from participants	 <u>27,534</u>
Total Additions	<u>3,445,330</u>

DEDUCTIONS

Benefits paid to participants	10,546,103
Administrative fees	<u>55,881</u>
Total Deductions	<u>10,601,984</u>
Net Decrease	(7,156,654)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>83,946,505</u>
 End of year	 <u><u>\$ 76,789,851</u></u>

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Notes to Financial Statements
December 31, 2016

1. Description of Plan

The following description of the Adventist Health System Consolidated ERISA 403(b) Plan (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a tax sheltered annuity plan covering eligible employees of Adventist Health System Sunbelt Healthcare Corporation (the “Employer”) and participating employers. AIG Federal Savings Bank (“AIG”), Voya Retirement Insurance (“VOYA”) and Fidelity Management Trust Company (“Fidelity”) serve as the custodians and Trustee of the Plan. Variable Annuity Life Insurance Company (“VALIC”) serves as the record-keeper of the Plan.

The Plan was adopted on January 1, 2015 and constitutes a consolidation of the Memorial Health Systems, Inc. Retirement Plan effective January 1, 2015, Helen Ellis Memorial Hospital 403(b) Plan effective January 1, 2015 and University Community Hospital Thrift Plan effective January 1, 2015. Although the Plan continues to be eligible to qualify as a church plan for periods prior to January 1, 2016, effective January 1, 2016 the Trustees of the Plan have elected to have the Plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”) and those provisions of the Internal Revenue Code (“IRC”) to which the Plan would otherwise be exempt as a church plan.

The Plan is subject to the provisions of the ERISA.

Eligibility

Employees who were previously participants in the Memorial Health Systems, Inc. Retirement Plan, Helen Ellis Memorial Hospital 403(b) Plan and University Community Hospital Thrift Plan are covered by this Plan. Other than the individuals described above, no additional individuals shall be eligible to become participants in the Plan.

Contributions

No contributions shall be made under this Plan on or after January 1, 2015.

Vesting

At all times, a participant is 100% vested in their contributions plus allocated earnings thereon.

Participants vest in their employer contributions at a rate of 100% after three years of service, except as noted below.

Participants of the Helen Ellis Memorial Hospital 403(b) Plan who were participating before January 14, 2006, and who entered into a salary reduction agreement with the participating employer on or before May 1, 2006, shall be fully vested in their employer matching contributions.

Participant previously part of the Memorial Health Systems, Inc. Retirement Plan vest in the employer contributions at a rate of 20% each year after two years of service becoming 100% vested after six years of service.

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Notes to Financial Statements
December 31, 2016

1. Description of Plan (*continued*)

Forfeited Accounts

Forfeited accounts are amounts forfeited by employees with a non-vested portion in their account that have terminated their employment and who have withdrawn from the Plan. Forfeited contributions will be used to reduce future Plan expenses. At December 31, 2016 and 2015 forfeited non-vested amounts totaled \$772,955 and \$232,279. During 2016, Plan expenses were reduced by \$29,644 from the forfeited non-vested accounts.

Participant's Accounts

A participant's account is credited with the allocation of Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested balance. The loans are secured by the participant's vested account balance and bear a reasonable interest rate which is established by the plan administrator. Loan repayments must be made by participants over a term not to exceed five years unless the proceeds of the loan are used to purchase the participant's principal residence. Participants may have a maximum of two loans outstanding at any time.

Collateral Loans

In addition to account reduction loans, the Plan offers collateral loans to participants. Such loans do not reduce a participants' account balance; instead that account balance serves as collateral for such loans. At December 31, 2016 and 2015, collateral loans amounted to \$83,688 and \$95,397, respectively. At December 31, 2016 and 2015, \$50,151 and \$52,815, respectively, were in default. The collateral loans are secured by the balance in the participants' accounts, and bear interest at 3% per annum.

Payment of Benefits

Upon retirement, death, disability, or resignation of a participant, or upon termination of the Plan, a participant or beneficiary may receive a distribution in the form of a lump sum payment. In-service withdrawals of employee contributions for reasons of hardship (as defined in the Plan agreement) or attaining age 59½ are allowed.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Notes to Financial Statements
December 31, 2016

2. Summary of Significant Accounting Policies (*continued*)

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Fair Value Measurements

The Plan follows U.S. GAAP guidance on *Fair Value Measurements* which defines fair value and establishes a fair value hierarchy organized into three levels based upon the input assumptions used in pricing assets. Level 1 inputs have the highest reliability and are related to assets with unadjusted quoted prices in active markets. Level 2 inputs relate to assets with other than quoted prices in active markets which may include quoted prices for similar assets or liabilities or other inputs which can be corroborated by observable market data. Level 3 inputs are unobservable and are used to the extent that observable inputs do not exist.

Recently Issued Accounting Pronouncements

The Plan follows U.S. GAAP guidance ("ASU 2015-12") which provides that: (i) fully benefit-responsive investment contracts will be stated and disclosed at contract value; (ii) eliminates the disclosure to report individual investments that represent 5 percent or more of a Plan's net assets available for benefits; and (iii) eliminates the disclosure for net appreciation (depreciation) for investments by general type and classes of assets on the basis of nature, characteristics and risks.

Investment Valuation and Income Recognition

All of the Plan's investments are stated at fair value except for the fixed account, which is stated at contract value. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. The fully benefit responsive insurance company investment contracts are reported at contract value, which represents the beginning balance plus any deposits and credited interest, less any withdrawals, charges, or expenses.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the Plan year.

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Notes to Financial Statements
December 31, 2016

2. Summary of Significant Accounting Policies (*continued*)

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Payment of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Employer and are excluded from these financial statements. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Accounting for Uncertainty in Income Taxes

The Plan recognizes the effect of income tax positions only if those positions are more likely than not to be sustained. Management has determined that the Plan had no uncertain tax positions that would require financial statement recognition and/or disclosure. The Plan is subject to examinations by the applicable taxing jurisdictions for the period ended December 31, 2015.

Subsequent Events Evaluation by Management

Management has evaluated subsequent events for disclosure and/or recognition in the financial statements through the date that the financial statements were available to be issued, which date is January 16, 2018.

3. Information Certified

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Voya Retirement Insurance and Annuity Company, AIG Federal Savings Bank, and Fidelity Management Trust Company have certified to the completeness and accuracy of all the investments reflected in the accompanying statements of net assets available for benefits as of December 31, 2016 and 2015, the related investment activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2016, and the supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2016.

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Notes to Financial Statements
December 31, 2016

4. Investments

The following are the major categories of investments measured at fair value on a recurring basis at December 31, 2016 and 2015, grouped by the fair value hierarchy:

December 31, 2016			
	Level 1	Level 2	Total
Mutual Funds	\$ 51,947,889	\$ -	\$ 51,947,889
Separate Accounts	-	1,689,323	1,689,323
	<u>\$ 51,947,889</u>	<u>\$ 1,689,323</u>	<u>\$ 53,637,212</u>
December 31, 2015			
	Level 1	Level 2	Total
Mutual Funds	\$ 59,471,585	\$ -	\$ 59,471,585
Separate Accounts	-	189,069	189,069
	<u>\$ 59,471,585</u>	<u>\$ 189,069</u>	<u>\$ 59,660,654</u>

5. Insurance Company Investment Contracts

VALIC Fixed Interest Option

The VALIC Fixed Interest Option (the "Option") is a fully benefit-responsive insurance company investment contract with VALIC. The Option guarantees principal and a minimum guaranteed interest rate for the life of the contract, as well as featuring two declared interest rates: a current rate, determined no more frequently than every 90 days, and a guaranteed minimum floor rate declared for a defined period – currently one calendar year. The guaranteed minimum floor rate may change after the defined period, but it will never be lower than the minimum guaranteed interest rate that applies for the life of the contract. The current rate, the guaranteed minimum floor rate and the minimum guaranteed interest rate are expressed as annual effective yields. Each rate is credited on a daily basis at an annual effective rate and uses a portfolio interest credit method in which all deposits, as well as credited interest, receive the same crediting rate regardless of date of deposit.

Under this option, VALIC assumes the risk of investment gain or loss by guaranteeing the principal amount allocated to the Option and promises a minimum interest rate during the accumulation period and also throughout the annuity payout period. There is a 90 day waiting period to transfer funds out of this investment option. Withdrawals from the Option for other than the payment of benefits to participants may be subject to a market value adjustment and a surrender charge.

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Notes to Financial Statements
December 31, 2016

5. Insurance Company Investment Contracts (*continued*)

VALIC Fixed Interest Option (continued)

Because the insurance company investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the insurance company investment contract. The Option is included in Insurance company investment contracts in the statement of net assets available for benefits at contract value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

VALIC is contractually obligated to repay the principal and the specified interest rate that is guaranteed to the Plan. The credit risk of the issuer was evaluated by nationally recognized statistical rating agencies as follows: Moody's Investors Service (A2 as of May 2017), Standard and Poor's (A+ as of May 2017), A.M. Best (A as of May 2017), and Fitch (A+ as of May 2017).

Voya Fixed Account

The Voya Fixed Account (the "Account") is a fully benefit-responsive insurance company investment contract with Voya. The Account guarantees principal and a minimum guaranteed interest rate for the life of the contract, as well as featuring two declared interest rates: a current rate, determined at least monthly, and a guaranteed minimum floor rate declared for a defined period – currently one calendar year. The guaranteed minimum floor rate may change after the defined period, but it will never be lower than the minimum guaranteed interest rate that applies for the life of the contract. The current rate, the guaranteed minimum floor rate and the minimum guaranteed interest rate are expressed as annual effective yields. Taking the effect of compounding into account, the interest credited to a participant's account daily yields the then current credited rate. Voya's determination of credited interest rates reflects a number of factors, including mortality and expense risks, interest rate guarantees, the investment income earned on invested assets and the amortization of any capital gains and/or losses realized on the sale of invested assets. Under this option, Voya assumes the risk of investment gain or loss by guaranteeing the principal amount allocated to this option and promises a minimum interest rate during the accumulation period and also throughout the annuity payout period. Voya may impose limitations on the ability to transfer funds out of this investment option. Withdrawals from the Account for other than the payment of benefits to participants may be subject to a market value adjustment and a surrender charge.

Because the insurance company investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the insurance company investment contract. The Account is presented in insurance company investment contracts in the statements of net assets available for benefits at contract value. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Voya is contractually obligated to repay the principal and the specified interest rate that is guaranteed to the Plan. The credit risk of the issuer was evaluated by nationally recognized statistical rating agencies as follows: Moody's Investors Service (A2 as of April 2017), Standard and Poor's (A as of April 2017), A.M. Best (A as of April 2017), and Fitch (A as of April 2017).

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Notes to Financial Statements
December 31, 2016

6. Party-in-Interest Transactions

Certain Plan investments are managed by the record-keeper of the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

Participants who are active employees may borrow from their accounts and such loans qualify as exempt party-in-interest transactions under ERISA. These loans are recorded as notes receivable from participants in the statement of net assets available for benefits.

7. Plan Termination

Although the Employer has not expressed any intent to do so, the Employer has the right under the Plan to terminate the Plan subject to provisions of ERISA. In the event of a Plan termination, participants will become 100% vested in their accounts.

8. Tax Status

The Plan, effective January 1, 2015, represents a consolidation of existing 403(b) tax sheltered annuity and custodial account plans. The Plan is intended to meet the Internal Revenue Service ("IRS") final 403(b) regulations. The Employer believes that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC.

9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

* * * * *

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Supplemental Schedule

December 31, 2016

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Schedule Pursuant to Department of Labor Requirements
December 31, 2016

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

		<div style="text-align: right;"> EIN #:59-2170012 Plan #: 002 </div>	
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
MUTUAL FUNDS			
	Harbor Funds	Harbor Capital Appreciation	\$ 19,115,325
*	Valic	Valic I Stock Index	9,510,453
	T. Rowe Price	T. Rowe Price Retirement 2020	3,134,987
	T. Rowe Price	T. Rowe Price Retirement 2030	2,719,559
	Janus	Janus Flexible Bond	2,351,974
	Invesco	Invesco Comstock	2,338,098
	T. Rowe Price	T. Rowe Price Retirement 2035	1,872,357
*	Valic	Valic I Small Cap Special Value	1,302,075
	American Funds	American Funds Europacific Growth	1,229,486
	Dreyfus	Dreyfus Small Cap Stock Index	1,038,415
	Dreyfus	Dreyfus Midcap Index	988,064
	SunAmerica	SunAmerica Money Market Fund	772,955
	T. Rowe Price	T. Rowe Price Retirement 2005	804,985
	Tweedy, Browne	Tweedy, Browne Global Value	711,212
	T. Rowe Price	T. Rowe Price Retirement 2040	648,111
	JP Morgan	JP Morgan Mid Cap Equity	490,623
*	Valic	Valic I Small Cap Aggressive Growth	444,148
	Deutsche	Deutsche Mid Cap Value	397,974
	Invesco	Invesco High Yield	209,981
	T. Rowe Price	T. Rowe Price Inflation Protected Bond Fund	153,086
	Dreyfus	Dreyfus International Stock Index	137,283
	American Funds	American Funds New Perspective	124,547
	T. Rowe Price	T. Rowe Price Retirement 2025	28,270
	T. Rowe Price	T. Rowe Price Retirement 2015	19,011
	T. Rowe Price	T. Rowe Price Retirement 2045	16,074
	Vanguard	Vanguard Federal Money Market	51,510
	Columbia	Columbia Mid Cap Value	48,187
	American Funds	American Funds Growth	47,140
	JP Morgan	JP Morgan Small Cap Growth	46,884
	American Funds	American Funds Europacific Growth	45,094
	American Funds	American Funds Capital World Growth and Income	42,272
	Vanguard	Vanguard 500 Index	25,676
	Vanguard	Vanguard Small Cap Index	20,890
	T. Rowe Price	T. Rowe Price Retirement Balanced	18,905
	Vanguard	Vanguard Mid Cap Index	13,533
	Davis New York	Davis New York Venture Fund	10,046
	American Funds	American Funds The Bond Fund of America	9,008
	American Beacon	American Beacon Large Cap Value	6,325
	T. Rowe Price	T. Rowe Price Retirement 2010	2,306
	Columbia	Columbia Small Cap Value I	2,171
*	Voya	Fidelity VIP Contrafund Port	426
*	Voya	Voya Govt Money Market Portfolio	199
*	Voya	Voya Growth and Income Port	424
*	Voya	Voya Loan Collateral Fund	582,105
*	Voya	Voya Solution 2025 Portfolio Sr	777
*	Voya	Voya Solution 2035 Portfolio Sr	787
*	Voya	Voya Clarion Global RI Est Pmt Ins	737
	Carried Forward		\$ 51,534,455

See independent auditors' report

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Schedule Pursuant to Department of Labor Requirements
December 31, 2016

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

		EIN #:59-2170012 Plan #: 002
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value
		(e) Current Value
	Brought forward	\$ 51,534,455
*	Voya	Voya Columbia Contrarian Core Pt Sr 12,810
*	Voya	Voya Templeton Foreign Eqty Port 345
*	Fidelity	Fid Contrafund 484
*	Fidelity	Fid Growth & Inc 9,062
*	Fidelity	Fid Sel Gold 7,812
*	Fidelity	Fid Gov Cash Reserve 80,486
*	Fidelity	Fid Levergd Co Stk 6,210
*	Fidelity	Fid Real Estate Inv 9,927
*	Fidelity	Fid Intl Discovery 8,698
*	Fidelity	Fid Capital Apprec 19,049
*	Fidelity	Fid Canada 1,141
*	Fidelity	Fid Blue Chip Gr 29,941
*	Fidelity	Fid Disciplnd Eqty 10,945
*	Fidelity	Fid New Markets Inc 19,116
*	Fidelity	Fid Focused Stock 12,828
*	Fidelity	Fid Mid Cap Stock 689
*	Fidelity	Fid Growth Disc 13,025
*	Fidelity	Fid Latin America 1,681
*	Fidelity	Fid Freedom 2020 31,721
*	Fidelity	Fid Freedom 2030 53,072
*	Fidelity	Fid Ret Govt Mm 21,502
*	Fidelity	Fid Freedom 2040 9,253
*	Fidelity	Fid Mid Cap Value 10,370
*	Fidelity	Fid Blue Chip Value 583
*	Fidelity	Fid Freedom 2015 33,780
*	Fidelity	Fid Freedom 2025 715
*	Fidelity	Fid Freedom 2035 674
*	Fidelity	Fid Govt Mmrk Pfm 7,515
	Total Mutual Funds	<u>51,947,889</u>
SEPARATE ACCOUNTS		
*	Valic Separate Account A	Vanguard Wellington Fund Inc 329,363
*	Valic Separate Account A	Vanguard Windsor li 167,879
*	Valic Separate Account A	Moderate Growth Lifestyle 142,469
*	Valic Separate Account A	Stock Index Fund 130,248
*	Valic Separate Account A	Mid Cap Index Fund 104,243
*	Valic Separate Account A	Small Cap Index Fund 69,420
*	Valic Separate Account A	Growth Fund 65,309
*	Valic Separate Account A	Health Sciences Fund 62,591
*	Valic Separate Account A	Mid Cap Strategic Gwth 62,542
*	Valic Separate Account A	Large Cap Value Fund 61,499
*	Valic Separate Account A	Blue Chip Growth Fund 52,057
*	Valic Separate Account A	Inflation Protected Fund 39,245
*	Valic Separate Account A	Small Cap Value Fund 28,337
*	Valic Separate Account A	Internatl Equities Index Fund 27,797
*	Valic Separate Account A	Mid Cap Value Fund 25,937
*	Valic Separate Account A	Strategic Bond Fund 25,497
*	Valic Separate Account A	Nasdaq-100(R) Index Fund 24,823
*	Valic Separate Account A	Aggressive Growth Lifestyle 22,157
*	Valic Separate Account A	Foreign Value 21,639
	Carried Forward	<u>\$ 1,463,052</u>

See independent auditors' report

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Schedule Pursuant to Department of Labor Requirements
December 31, 2016

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

		EIN #:59-2170012 Plan #: 002
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value
		(e) Current Value
	Brought forward	\$ 1,463,052
*	Valic Separate Account A	Capital Conservation 20,737
*	Valic Separate Account A	Science & Technology Fund 20,629
*	Valic Separate Account A	Intl Opportunities 16,177
*	Valic Separate Account A	Global Strategy 15,579
*	Valic Separate Account A	Socially Responsible Fund 13,995
*	Valic Separate Account A	International Growth Fund 10,390
*	Valic Separate Account A	Growth & Income Fund 9,828
*	Valic Separate Account A	Emerging Economies 9,689
*	Valic Separate Account A	High Yield Bond Fund 9,346
*	Valic Separate Account A	Ariel Appreciation Fund 9,004
*	Valic Separate Account A	Value Fund 8,575
*	Valic Separate Account A	Small Cap Growth Fund 7,932
*	Valic Separate Account A	Ariel Fund 6,421
*	Valic Separate Account A	Large Capital Growth 5,956
*	Valic Separate Account A	Large Cap Core 5,933
*	Voya	Voya Large Cap Value Port Inst 5,702
*	Valic Separate Account A	Small Mid Growth Fund 5,206
*	Valic Separate Account A	Vanguard Long-Term Treasury 3,889
*	Voya	Voya Growth and Income Port I 3,616
*	Valic Separate Account A	Core Equity Fund 3,256
*	Voya	Fidelity VIP Contrafund Port I 3,250
*	Voya	VY TRowePrice Captl Apprec Pt Srv 3,155
*	Valic Separate Account A	Global Real Estate Fund 2,823
*	Valic Separate Account A	International Government Bond 2,254
*	Voya	VY Oppenhr Global Port I 2,086
*	Valic Separate Account A	Global Social Awareness Fund 2,081
*	Voya	Voya Index Plus MidCap Portfolio I 2,042
*	Valic Separate Account A	Core Bond Fund 1,871
*	Voya	Voya Solution 2035 Portfolio Srv 1,756
*	Voya	Franklin Small Cap Value VIP Fd 2 1,298
*	Voya	American Funds Growth Fnd R4 1,093
*	Voya	Voya Solution 2045 Portfolio Srv 1,081
*	Voya	Voya Govt Money Market Portfolio I 996
*	Voya	Oppenheimer Developing Markets Fnd A 884
*	Voya	VY JPMorgan Mid Cap Val Port Srv 786
*	Voya	American Funds Wash Mtual R4 770
*	Voya	WellsFargo Spec Sm Cp Val Fd A 733
*	Voya	Voya Solution 2025 Portfolio Srv 732
*	Voya	VY TRowePrice Grwth Eqty Port I 641
*	Valic Separate Account A	Small Cap Special Value Fund 623
*	Voya	Lord Abbett Ser Fd Md Cp Stk Prt VC 499
*	Voya	Wanger USA 472
*	Voya	American Funds EuroPacific R4 380
*	Voya	Templeton Global Bond Fund A 279
*	Voya	American Funds Fdmntl Inv R4 253
*	Voya	VY JPMorgan Emrg Mkts Eq Port Srv 218
*	Voya	PIMCO VIT Real Return Portfolio Adm 192
*	Voya	Voya Index Plus SmallCap Portfolio 180
	Carried Forward	\$ 1,688,340

See independent auditors' report

**Adventist Health System
Consolidated ERISA 403(b) Plan**

Schedule Pursuant to Department of Labor Requirements
December 31, 2016

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year)

		EIN #:59-2170012 Plan #: 002
(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value
		(e) Current Value
	Brought forward	\$ 1,688,340
*	Voya	Fidelity VIP Eqty-Income Port 158
*	Voya	VY Clarion Real Estate Port Srv 139
*	Voya	VY Invesco Eqty & Inc Port I 129
*	Voya	Voya Intermediate Bond Port I 94
*	Voya	Columbia Mid Cap Value Fund A 87
*	Voya	Pax Balanced Fund Ind Inv 60
*	Valic Separate Account A	Government Money Market I 57
*	Voya	American Funds Nw Prspctv R4 49
*	Voya	VY TRowePrice Divr MdCp Gr Pt I 45
*	Voya	Voya SmallCap Opportunities Prt I 45
*	Voya	VY Templeton Foreign Eqty Port I 42
*	Voya	Oppenheimer Main St Sm Cap FVA 27
*	Voya	Voya Global Equity Portfolio I 20
*	Voya	VY TRowePrice Intl Stk Port Srv 16
*	Voya	Voya International Index Port 15
	Total Separate Accounts	<u>1,689,323</u>
INSURANCE COMPANY INVESTMENT CONTRACTS, AT CONTRACT VALUE		
*	Valic General Account	Fixed Interest Option 19,648,079
*	Valic General Account	Short Term Fixed Account 216,901
*	Valic General Account	Fixed Account Plus 1,217,904
*	Voya Fixed	Voya Fixed Plus Account II 974,844
*	Voya Fixed	Voya Fixed Plus Account 463,629
*	Voya Fixed	Voya Fixed Account 1,389
	Total Insurance Company Investment Contracts, at Contract Value	<u>22,522,746</u>
	Total Investments	76,159,958
NOTES RECEIVABLE FROM PARTICIPANTS		
		Loans have an interest rate of 3.00% to 6.75% with maturities through 2034
		<u>629,893</u>
	Total Assets (Held at End of Year)	<u>\$ 76,789,851</u>

* - A party-in-interest as defined by ERISA

Form 5500 - 2016

Attachment

Schedule H, line 4i--Schedule of Assets (Held at End of Year)

Name of plan ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN			Three-digit ERISA plan number 002	
Name of plan sponsor as shown on line 2a of Form 5500 ADVENTIST HEALTH SYSTEM			Employer Identification Number 59-2170012	
Contract Number: 29000 Plan Number: 005				
		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
(a)	(b) Identity of Issue, borrower, lessor, or similar party			
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		1,217,904
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		216,901
	VALIC GENERAL ACCOUNT	FIXED INTEREST OPTION		19,648,079
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		22,157
	VALIC SEPARATE ACCOUNT A	ARIEL APPRECIATION FUND		9,004
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		6,420
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		52,057
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION		20,737
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		1,871
	VALIC SEPARATE ACCOUNT A	CORE EQUITY FUND		3,256
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		9,689
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		21,639
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		2,823
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		2,081
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		15,579
	VALIC SEPARATE ACCOUNT A	GOVERNMENT MONEY MARKET I		57
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		9,828
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		65,309
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		62,591
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		9,346
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		39,245
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GOVERNMENT BOND		2,254
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH FUND		10,390
	VALIC SEPARATE ACCOUNT A	INTERNATL EQUITIES INDEX FUND		27,797
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		16,177
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		5,933
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		61,499
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		5,956
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		104,243
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		62,542
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		25,937
	VALIC SEPARATE ACCOUNT A	MODERATE GROWTH LIFESTYLE		142,469
	VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND		24,823
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		20,629
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		7,932
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		69,420
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		623
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		28,337
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		5,206
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		13,995
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		130,248
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		25,497
	VALIC SEPARATE ACCOUNT A	VALUE FUND		8,575
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		3,889
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND INC		329,363
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		167,879
	MUTUAL FUNDS	AMER FUNDS BOND FUND R4		9,008
	MUTUAL FUNDS	AMER FUNDS CAPWRDLGL R4		42,272
	MUTUAL FUNDS	AMER FUNDS EUROPAC R4		45,094
	MUTUAL FUNDS	AMER FUNDS GROWTH FUND R4		47,140
	MUTUAL FUNDS	AMER FUNDS NEW PERSP R4		124,547
	MUTUAL FUNDS	AMFUNDS EUROPACIFIC GR R5		1,229,486
	MUTUAL FUNDS	AMERICAN BEACON LG CP VAL INV		6,325
	MUTUAL FUNDS	COLUMBIA MID CAP VALUE Z		48,187

Form 5500 - 2016

Attachment

Schedule H, line 4i--Schedule of Assets (Held at End of Year)

Name of plan ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN			Three-digit ERISA plan number 002	
Name of plan sponsor as shown on line 2a of Form 5500 ADVENTIST HEALTH SYSTEM			Employer Identification Number 59-2170012	
Contract Number: 29000 Plan Number: 005				
		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
(a)	(b) Identity of Issue, borrower, lessor, or similar party			
	MUTUAL FUNDS	COLUMBIA SM CP VALUE II Z		2,171
	MUTUAL FUNDS	DAVIS NY VENTURE Y		10,046
	MUTUAL FUNDS	DEUTSCHE MID CAP VALUE S		397,974
	MUTUAL FUNDS	DREYFUS INTL STOCK INDEX		137,283
	MUTUAL FUNDS	DREYFUS MIDCAP INDEX		988,064
	MUTUAL FUNDS	DREYFUS SM CAP STK INDX		1,038,415
	MUTUAL FUNDS	HARBOR CAPITAL APPRECIATION AD		19,115,325
	MUTUAL FUNDS	INVESCO COMSTOCK Y		2,338,098
	MUTUAL FUNDS	INVESCO HIGH YIELD R5		209,981
	MUTUAL FUNDS	JANUS FLEXIBLE BOND T		2,351,974
	MUTUAL FUNDS	JP MORGAN MID CAP EQ-SEL		490,623
	MUTUAL FUNDS	JP MORGAN SCAP GROWTH FUND L		46,884
	MUTUAL FUNDS	T ROWE PRICE INFL PROTECT BOND		153,086
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2010		2,306
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2015		19,011
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2020		3,134,987
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2025		28,270
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2030		2,719,559
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2035		1,872,357
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2040		648,111
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2045		16,074
	MUTUAL FUNDS	T. ROWE PRICE RET 2005		804,985
	MUTUAL FUNDS	TWEEDY, BROWNE GLOB VAL		711,212
	MUTUAL FUNDS	T. ROWE PRICE RTMT BALANCED		18,905
	MUTUAL FUNDS	VANGUARD 500 INDEX		25,676
	MUTUAL FUNDS	VANGUARD FEDERAL M MKT		51,510
	MUTUAL FUNDS	VANGUARD MID CAP IDX		13,533
	MUTUAL FUNDS	VANGUARD SMCP IDX		20,890
	MUTUAL FUNDS	VC I SMALL CAP AGGRES GROWTH		444,148
	MUTUAL FUNDS	VC I SMALL CAP SPECIAL VALUE		1,302,075
	MUTUAL FUNDS	VC I STOCK INDEX		9,510,453
	FORFEITURES	FORFEITURES		772,955
	PARTICIPANT LOANS	PARTICIPANT LOANS		629,893
	FIDELITY	FID CONTRAFUND		484
	FIDELITY	FID GROWTH & INC		9,062
	FIDELITY	FID SEL GOLD		7,811
	FIDELITY	FID GOV CASH RESERVE		80,486
	FIDELITY	FID LEVERGD CO STK		6,210
	FIDELITY	FID REAL ESTATE INVS		9,927
	FIDELITY	FID INTL DISCOVERY		8,698
	FIDELITY	FID CAPITAL APPREC		19,049
	FIDELITY	FID CANADA		1,142
	FIDELITY	FID BLUE CHIP GR		29,941
	FIDELITY	FID DISCIPLND EQTY		10,945
	FIDELITY	FID NEW MARKETS INC		19,116
	FIDELITY	FID FOCUSED STOCK		12,828
	FIDELITY	FID MID CAP STOCK		689
	FIDELITY	FID GROWTH DISC		13,025
	FIDELITY	FID LATIN AMERICA		1,681
	FIDELITY	FID FREEDOM 2020		31,721
	FIDELITY	FID FREEDOM 2030		53,072
	FIDELITY	FID RET GOVT MM		21,502

Form 5500 - 2016

Attachment

Schedule H, line 4i--Schedule of Assets (Held at End of Year)

Name of plan ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN			Three-digit ERISA plan number 002	
Name of plan sponsor as shown on line 2a of Form 5500 ADVENTIST HEALTH SYSTEM			Employer Identification Number 59-2170012	
Contract Number: 29000 Plan Number: 005				
		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
(a)	(b) Identity of Issue, borrower, lessor, or similar party			
	FIDELITY	FID FREEDOM 2040		9,254
	FIDELITY	FID MID CAP VALUE		10,370
	FIDELITY	FID BLUE CHIP VALUE		584
	FIDELITY	FID FREEDOM 2015		33,780
	FIDELITY	FID FREEDOM 2025		715
	FIDELITY	FID FREEDOM 2035		674
	FIDELITY	FID GOVT MMRK PRM		7,515
	VOYA FIXED	VOYA FIXED ACCOUNT		1,389
	VOYA FIXED	VOYA FIXED PLUS ACCOUNT		463,629
	VOYA FIXED	VOYA FIXED PLUS ACCOUNT II		974,844
	VOYA	VOYA GROWTH AND INCOME PORT I		4,040
	VOYA	VOYA GOVT MONEY MARKET PORTFOLIO I		1,195
	VOYA	VOYA INTERMEDIATE BOND PORT I		93
	VOYA	VOYA INDEX PLUS SMALLCAP PORTFOLIO I		180
	VOYA	VOYA INDEX PLUS MIDCAP PORTFOLIO I		2,042
	VOYA	FRANKLIN SMALL CAP VALUE VIP FD 2		1,298
	VOYA	LORD ABBETT SER FD MD CP STK PRT VC		499
	VOYA	VOYA SMALL CAP OPPORTUNITIES PRT I		45
	VOYA	FIDELITY VIP EQTY-INCOME PORT I		158
	VOYA	VY TROWEPRICE GRWTH EQTY PORT I		640
	VOYA	FIDELITY B VIP CONTRAFUND PORT 1		3,676
	VOYA	TEMPLETON GLOBAL BOND FUND A		279
	VOYA	OPPENHEIMER DEVELOPING MARKETS FND A		884
	VOYA	WELLS FARGO SPEC SM CP VAL FD A		733
	VOYA	PAX BALANCED FUND IND INV		60
	VOYA	VOYA LOAN COLLATERAL FUND		594,915
	VOYA	VY OPPENHMR GLOBAL PORT I		2,086
	VOYA	VY JPMORGAN MID CAP VAL PORT SRV		786
	VOYA	VY TROWEPRICE DIVR MDCP GR PT I		45
	VOYA	VY INVESCO EQTY & INC PORT I		128
	VOYA	AMERICAN FUNDS GROWTH FND R4		1,093
	VOYA	AMERICAN FUNDS EUROPACIFIC R4		379
	VOYA	VOYA SOLUTION 2025 PORTFOLIO SRV		1,509
	VOYA	VOYA SOLUTION 2035 PORTFOLIO SRV		2,543
	VOYA	VOYA SOLUTION 2045 PORTFOLIO SRV		1,081
	VOYA	VY TROWEPRICE INTL STK PORT SRV		16
	VOYA	VY JPMORGAN EMRG MKTS EQ PORT SRV		219
	VOYA	VY TROWEPRICE CAPTL APPREC PT SRV		3,155
	VOYA	AMERICAN FUNDS NW PRESPECTV R4		49
	VOYA	AMERICAN FUNDS WASH MTUAL R4		771
	VOYA	WANGER USA		473
	VOYA	OPPENGEIMER MAIN ST SM CAP FVA		27
	VOYA	PIMCO VIT REAL RETURN PORTFOLIO ADM		192
	VOYA	COLUMBIA MID CAP VALUE FUND A		87
	VOYA	VY CLARION GLOBAL RI EST PRT INST		139
	VOYA	AMERICAN FUNDS FDMNTL INV R4		253
	VOYA	VOYA LARGE CAP VALUE PORT INST		5,702
	VOYA	VOYA INTERNATIONAL INDEX PORT I		15
	VOYA	VY TEMPLETON FOREIGN EQTY PORT I		387
	VOYA	VY CLARION GLOBAL RI EST PRT INST		737
	VOYA	VOYA GLOBAL EQUITY PORTFOLIO I		20