

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</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)		

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.	10/16/2019	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

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

Form 5500 (2018)
v. 171027

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	3495
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)	3495
a(2) Total number of active participants at the end of the plan year		6a(2)	3229
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	3229
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	3229
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	3229
h Number of participants who 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) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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 (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>3</u> 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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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	87	01/01/2018	12/31/2018

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 383	(b) Total amount of fees paid
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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 CROWELL, CHRISTOPHER 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	
279			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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34			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	
27			3

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

MC TIERNAN, JEFFREY 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	
26			3

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

YARNALL, GARY

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	
17			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	1389027
5 Current value of plan's interest under this contract in separate accounts at year end	5	1286795

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. Specify nature of costs ▶	6d	

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	1469898
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	42888	
(4) Transferred from separate account.....	7c(4)	17831	
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions.....	7c(6)	60719
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1530617
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	108749	
(2) Administration charge made by carrier	7e(2)	0	
(3) Transferred to separate account.....	7e(3)	31384	
(4) Other (specify below)	7e(4)	1457	
▶ CONTRACT SURRENDER CHARGES			

(5) Total deductions.....	7e(5)	141590
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	1389027
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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	10b	

Specify nature of costs.

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018	
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	3016	01/01/2018	12/31/2018

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

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	

(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** 18357451**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** 19222007**c** Additions: (1) Contributions deposited during the year **7c(1)** 177228
(2) Dividends and credits **7c(2)** 0
(3) Interest credited during the year **7c(3)** 443587
(4) Transferred from separate account **7c(4)** 203854
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 824669**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 20046676**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1647252(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 40643(4) Other (specify below) **7e(4)** 1330
▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 1689225**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 18357451

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	10b	

Specify nature of costs.

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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 RETIREMENT 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		01/01/2018	12/31/2018

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

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	
			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	
			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
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	(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	861574
5 Current value of plan's interest under this contract in separate accounts at year end	5	47063

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. Specify nature of costs ▶	6d	

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	1075828
---	-----------	---------

c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	29914	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)	1470	

▶ LOAN REPAYMENTS

(6) Total additions.....	7c(6)	31384
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d Total of balance and additions (add lines 7b and 7c(6))	7d	1107212
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	245638	
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)		

(5) Total deductions.....	7e(5)	245638
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	861574
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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	10b	

Specify nature of costs.

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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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.	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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	Service Provider Information (see instructions)
---------------	--

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
VOYA RETIREMENT INS AND ANNUITY CO.
71-0294708

(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

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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?
19 26 28 29 33 37 49 52 59 60 61 63 64 65 72 99	NO RELATIONSHIP	25730	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?
18 19 26 29 33 37 49 52 58 59 60 61 63 64 66 72	NO RELATIONSHIP	1695	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	235	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?
			Yes ☐ No ☐	Yes ☐ No ☐		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
(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.	
(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) Department of the Treasury 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
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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)	725408	653179
(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)	57825524	49204097
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	21767733	20608050
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	80318665	70465326

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	80318665	70465326
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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.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
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)	31143	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		31143
(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)	4631085	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4631085
(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)		
(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)		

		(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)		-6238318
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1576090

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8202218	
(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)		8202218
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		47758
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	27272	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	1	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		27273
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8277249

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-9853339
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: 27-1728945

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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		10000000
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?		X	
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?.....		X	
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?.....		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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			

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

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.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018		
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	Distributions	
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): 76-0519990 71-0294708		
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 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	
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		
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.	
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) 2018 v. 171027		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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

- 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):

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

Financial Statements

December 31, 2018

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 statements of net assets available for benefits as of December 31, 2018 and 2017, the related statement of changes in net assets available for benefits for the year ended December 31, 2018, 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 and AIG Federal Savings Bank, the custodians of the Plan and Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 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 trustee as of December 31, 2018 and 2017, and for the year ended December 31, 2018, 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 matter 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, 2018 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

October 15, 2019

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

Statements of Net Assets Available for Benefits

	December 31,	
	2018	2017
ASSETS		
Investments, at fair value		
Mutual funds	\$ 48,028,463	\$ 56,459,183
Separate accounts	<u>1,175,634</u>	<u>1,366,341</u>
Total Investments, at fair value	49,204,097	57,825,524
Insurance company investment contracts, at contract value	<u>20,608,050</u>	<u>21,767,733</u>
Total Investments	69,812,147	79,593,257
Notes receivable from participants	<u>653,179</u>	<u>725,408</u>
Total Assets	70,465,326	80,318,665
LIABILITIES	<u>-</u>	<u>-</u>
Net Assets Available for Benefits	<u>\$ 70,465,326</u>	<u>\$ 80,318,665</u>

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

Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2018

ADDITIONS

Investment Income (Loss)	
Interest and dividends	\$ 4,631,085
Net depreciation in fair value of investments	<u>(6,238,318)</u>
Total Investment (Loss)	(1,607,233)
 Interest on notes receivable from participants	 <u>31,143</u>
Total Additions, net of Investment Loss	<u>(1,576,090)</u>

DEDUCTIONS

Benefits paid to participants	8,202,218
Deemed distributions	47,758
Administrative fees	<u>27,273</u>
Total Deductions	<u>8,277,249</u>
Net Decrease	(9,853,339)

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>80,318,665</u>
 End of year	 <u><u>\$ 70,465,326</u></u>

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

Notes to Financial Statements
December 31, 2018

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 other participating employers. AIG Federal Savings Bank (“AIG”) and Voya Retirement Insurance and Annuity Company (“VOYA”) serve as the custodians of the Plan and Fidelity Management Trust Company (“Fidelity”) serves as the 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.

Effective January 1, 2019 the Plan was amended to reflect the merger of the West Florida Health, Inc. 403(b) Plan into the Plan.

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.

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

Notes to Financial Statements
December 31, 2018

1. Description of Plan (*continued*)

Vesting (continued)

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.

Participants previously part of the Memorial Health Systems, Inc. Retirement Plan who terminated prior to January 1, 2001 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. Participants previously part of the Memorial Health Systems, Inc. Retirement Plan who terminated on or after January 1, 2001 are 100% vested in the employer contributions.

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, 2018 and 2017 forfeited non-vested amounts totaled \$602,825 and \$671,169, respectively. During 2018, Plan expenses were reduced by \$99,973 from the forfeited non-vested accounts and no amounts were allocated back to participant 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, 2018 and 2017, collateral loans amounted to \$107,221 and \$129,491, respectively. At December 31, 2018 and 2017, \$64,401 and \$67,001, respectively, were in default. The collateral loans are secured by the balance in the participants' accounts, and bear interest at 3% per annum.

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

Notes to Financial Statements
December 31, 2018

1. Description of Plan (*continued*)

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.

Benefits can also be distributed in the event of a participant's immediate and heavy financial need. Such distributions, which are considered hardship withdrawals, cannot exceed the amount required to relieve the financial need.

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").

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.

Investment Valuation and Income Recognition

All of the Plan's investments are stated at fair value except for the fixed accounts, which are 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. Separate accounts are reported at the value reported to the Plan by the insurance company, which represents the fair value of the underlying investments comprising the accounts. 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.

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

Notes to Financial Statements
December 31, 2018

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

Investment Valuation and Income Recognition (continued)

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.

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 all periods since 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 October 15, 2019.

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, AIG, and Fidelity have certified to the completeness and accuracy of all the investments and notes receivable reflected in the accompanying statements of net assets available for benefits as of December 31, 2018 and 2017, and the supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2018 and the related investment and notes receivable interest activities reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2018.

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

Notes to Financial Statements
December 31, 2018

4. Investments

The following are the major categories of investments measured at fair value on a recurring basis at December 31, 2018 and 2017, grouped by the fair value hierarchy:

	December 31, 2018		
	Level 1	Level 2	Total
Mutual funds	\$ 48,028,463	\$ -	\$ 48,028,463
Separate accounts	-	1,175,634	1,175,634
	<u>\$ 48,028,463</u>	<u>\$ 1,175,634</u>	<u>\$ 49,204,097</u>
	December 31, 2017		
	Level 1	Level 2	Total
Mutual funds	\$ 56,459,183	\$ -	\$ 56,459,183
Separate accounts	-	1,366,341	1,366,341
	<u>\$ 56,459,183</u>	<u>\$ 1,366,341</u>	<u>\$ 57,825,524</u>

5. Insurance Company Investment Contracts

VALIC Fixed Interest Option

The VALIC Fixed Interest Option (the "Option") is a fully benefit-responsive investment contract with VALIC. The Option guarantees principal and a rate of return, which is backed by the claims-paying ability of VALIC. Amounts allocated to the Option are placed in the VALIC General Account, where assets are invested to maximize return subject to the constraints of safety, liquidity and diversification.

Generally, participants may transfer assets from the Option into equity options at any time and, after 90 days, from equity options into another fixed-income option such as a money market fund, a stable value fund or certain short-term bond funds, if such "competing options" are allowed in the Plan. The Option is subject to a market value adjustment if the Plan sponsor ever withdraws funds. However, in no event can any amount withdrawn be less than the total amount of contributions accumulated at the contract minimum interest rate less withdrawals.

Because the guaranteed 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 guaranteed investment contract. The Option is presented on the face of 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.

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, VALIC, was evaluated by nationally recognized statistical rating agencies as follows: Moody's Investors Service (A2 as of May 2019), Standard and Poor's (A+ as of May 2019), A.M. Best (A as of May 2019), and Fitch (A+ as of May 2019).

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

Notes to Financial Statements
December 31, 2018

5. Insurance Company Investment Contracts (*continued*)

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 Account 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 May 2019), Standard and Poor’s (A+ as of May 2019), A.M. Best (A as of May 2019), and Fitch (A as of May 2019).

6. Party-in-Interest Transactions

Certain Plan investments are managed by the record-keeper, custodians and the trustee 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 statements of net assets available for benefits.

Certain employees of the Employer, who may also be participants in the Plan, perform administrative services to the Plan at no cost to the Plan.

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

Notes to Financial Statements
December 31, 2018

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 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 statements of net assets available for benefits.

* * * * *

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

Supplemental Schedule

December 31, 2018

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

Schedule Pursuant to Department of Labor Requirements
December 31, 2018

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

		<div style="display: flex; justify-content: space-between;"> <div>EIN #:59-2170012 Plan #: 002</div> <div>(e) Current Value</div> </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	
	MUTUAL FUNDS		
	Harbor Funds	Harbor Capital Appreciation	20,038,377
*	Valic	Valic I Stock Index	7,932,049
	T. Rowe Price	T. Rowe Price Retirement 2020	2,770,178
	T. Rowe Price	T. Rowe Price Retirement 2030	2,740,901
	Janus	Janus Flexible Bond	2,075,800
	T. Rowe Price	T. Rowe Price Retirement 2035	1,894,905
	Invesco	Invesco Comstock	1,615,490
	American Funds	American Funds Europacific Growth	1,033,681
	Dreyfus	Dreyfus Small Cap Stock Index	909,175
	Dreyfus	Dreyfus Midcap Index	854,390
	Tweedy, Brown	Tweedy, Browne Global Value	777,062
	T. Rowe Price	T. Rowe Price Retirement 2005	700,713
*	Valic	Valic I Small Cap Special Value	665,361
	T. Rowe Price	T. Rowe Price Retirement 2040	648,677
*	AIG	AIG Government Money Market Fund	602,825
*	Valic	Valic I Small Cap Aggressive Growth	557,731
	JP Morgan	JP Morgan Mid Cap Equity	498,263
	Deutsche	Deutsche Mid Cap Value	388,955
	Dreyfus	Dreyfus International Stock Index	307,396
	American Funds	American Funds New Perspective	202,402
	Invesco	Invesco High Yield	172,750
	T. Rowe Price	T. Rowe Price Inflation Protected Bond Fund	168,817
	T. Rowe Price	T. Rowe Price Retirement 2025	71,820
*	Fidelity	Fid Freedom 2030	59,000
*	Fidelity	Fid Blue Chip Gr	41,133
*	Fidelity	Fid Freedom 2015	36,854
*	Fidelity	Fid Freedom 2020	34,695
	T. Rowe Price	T. Rowe Price Retirement 2045	23,054
*	Fidelity	Fid Capital Apprec	21,952
*	Fidelity	Govt Mmrk	21,930
*	Fidelity	Fid Focused Stock	17,728
*	Fidelity	Fid Growth Disc	17,497
*	Fidelity	Fid Disciplnd Eqty	11,964
*	Fidelity	Fid Real Estate Invs	11,087
	T. Rowe Price	T. Rowe Price Retirement 2015	10,353
*	Fidelity	Fid Growth & Inc	9,610
*	Fidelity	Fid Intl Discovery	9,566
*	Fidelity	Fid Mid Cap Value	9,369
*	Fidelity	Fid Govt Mmrk Prm	7,680
*	Voya	Voya Large Cap Value Port Ins	5,905
*	Fidelity	Fidelity Vip Contrafund Port I	4,160
*	Voya	Voya Growth and Income Port I	4,100
*	Fidelity	Fid Gov Cash Reserve	3,994
	T. Rowe Price	T. Rowe Price Retirement 2010	3,634
*	Voya	VY Clarion RI Estate Prt Srv	3,471
*	T. Rowe Price	VY TRwPr Cap Apprec Port Srv	3,463
*	Oppenheimer	VY Oppenhmr Global Port I	2,437
*	Voya	Voya Growth and Income Port I	1,945
*	Fidelity	Fid Canada	1,084
	Brought Forward		48,005,383

* - Denotes a party-in-interest as defined by ERISA
See independent auditors' report

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

Schedule Pursuant to Department of Labor Requirements
December 31, 2018

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
	Carried Forward	\$ 48,005,383
*	Fidelity	Fidelity VIP Contrafund Pt I 1,911
*	Voya	Voya Index Plus MidCap Pt I 1,735
*	Voya	Voya Solution 2035 Port Srv 1,700
*	Voya	VY Templeton Frg Eqty Pt I 1,637
	American Funds	American Funds Growth Fnd R4 1,297
	Franklin	Franklin Small Cap Val VIP F 2 1,234
*	Voya	Voya Solution 2045 Port Srv 1,160
	Oppenheimer	Oppenhr Developing Mkts Fnd A 1,032
*	Voya	Voya Gov Money Market Port I 1,023
	American Funds	American Funds Wash Mtual R4 886
*	T. Rowe Price	VY TRwPr Grw Eqty Pt I 835
*	Voya	Voya Solution 2025 Port Srv 1,617
*	JP Morgan	VY JPM MdCp Value Port Srv 774
*	Fidelity	Fid Freedom 2035 753
*	Fidelity	Fid Freedom 2040 744
*	Voya	WIIFrg Spec SmCp VI Fd A 692
	Wagner	Wanger USA 549
	Lord Abbett	Lord Abbett Srs Fd MC St Pt VC 447
	American Funds	American Funds EuroPacific R4 442
	American Funds	American Funds Fdmntl Inv R4 320
*	Voya	Templeton Global Bond Fund A 317
*	Voya	Voya Solution 2035 Port Srv 259
	PIMCO	PIMCO VIT Real Return Port Adm 223
*	Voya	Voya Gov Money Market Port I 200
*	Voya	Voya Index Plus SmallCap Pt I 171
*	JP Morgan	VY JPM Emrg Mkts Eq Port Srv 170
*	Fidelity	Fidelity VIP Eqty-Inc Pt I 161
*	Voya	Voya Clarion Global RI Est Prt Inst 133
*	Invesco	VY Invesco Eqty & Inc Pt I 127
*	Voya	Voya Intermediate Bond Prt I 96
	Columbia	Columbia Mid Cap Value Fund A 86
*	Voya	Pax Balanced Fund Ind Inv 65
	T. Rowe Price	VY TRwPr Divr MdCp Gr Pt I 54
	Oppenheimer	Oppenhr Main St SmCp F VA 46
*	Voya	Voya SmCp Opport Port I 45
*	Voya	VY Templeton Frg Eqty Pt I 43
	American Funds	American Funds Nw Prspctv R4 40
*	Voya	Voya Global Equity Port I 22
*	T. Rowe Price	VY TRwPr Intl Stk Pt Srv 18
*	Voya	Voya International Ind Prt I 16
	Total Mutual Funds	<u>48,028,463</u>
SEPARATE ACCOUNTS		
*	Valic Separate Account A	Vanguard Wellington Fund Inc 194,292
*	Valic Separate Account A	Vanguard Windsor II 133,070
*	Valic	Stock Index Fund 112,905
*	Valic	Mid Cap Index Fund 76,217
*	Valic	Mid Cap Strategic Gwth 73,710
*	Valic	Growth Fund 64,313
*	Valic	Small Cap Index Fund 47,510
*	Valic	Moderate Growth Lifestyle 43,504
*	Valic	Large Cap Value Fund 41,173
*	Valic	Strategic Bond Fund 36,946
*	Valic	Health Sciences Fund <u>34,024</u>
	Brought Forward	857,664

* - Denotes a party-in-interest as defined by ERISA
See independent auditors' report

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

Schedule Pursuant to Department of Labor Requirements
December 31, 2018

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
	Carried Forward	\$ 857,664
*	Valic	Nasdaq-100(R) Index Fund 33,454
*	Valic	Science & Technology Fund 30,233
*	Valic	Internatl Equities Index Fund 24,681
*	Valic	Aggressive Growth Lifestyle 23,194
*	Valic	Capital Conservation 20,807
*	Valic	High Yield Bond Fund 20,787
*	Valic	Intl Opportunities 17,714
*	Valic	Blue Chip Growth Fund 16,721
*	Valic	Small Cap Value Fund 16,181
*	Valic	Mid Cap Value Fund 13,795
*	Valic	International Growth Fund 11,943
*	Valic	Small Cap Growth Fund 10,539
*	Valic	Foreign Value 10,289
*	Valic	Large Capital Growth 7,501
*	Valic	Value Fund 6,897
*	Valic	Samll Cap Aggressive Growth 6,448
*	Valic	Small Mid Growth Fund 6,174
*	Valic	Large Cap Core 5,972
*	Valic	Mid Cap Growth 5,513
*	Valic	Emerging Economies 5,462
*	Valic	Vanguard Long-Term Treasury 4,060
*	Valic	Core Equity Fund 3,602
*	Valic	Socially Responsible Fund 2,983
*	Valic	Global Real Estate Fund 2,960
*	Valic	Global Strategy 2,906
*	Valic	International Government Bond 2,314
*	Valic	Global Social Awareness Fund 2,291
*	Valic	Core Bond Fund 1,888
*	Valic	Small Cap Special Value Fund 591
*	Valic	Government Money Market I 57
*	Valic	Ariel Fund 10
*	Valic	Growth & Income Fund 3
	Total Separate Accounts	<u>1,175,634</u>
	INSURANCE COMPANY INVESTMENT CONTRACTS, AT CONTRACT VALUE	
*	Valic General Account	Fixed Interest Option 18,357,451
*	Valic General Account	Fixed Account Plus 1,027,244
*	Voya Fixed	Voya Fixed Plus Account II 490,242
*	Voya Fixed	Voya Fixed Plus Account 369,829
*	Valic General Account	Short Term Fixed Account 361,782
*	Voya Fixed	Voya Fixed Account 1,502
	Total Insurance Company Investment Contracts, at Contract Value	<u>20,608,050</u>
	Total Investments	69,812,147
*	NOTES RECEIVABLE FROM PARTICIPANTS	
	Loans have an interest rate of 3.00% to 6.75% with maturities through 2034	<u>653,179</u>
	Total Assets (Held at End of Year)	<u>\$ 70,465,326</u>

* - Denotes a party-in-interest as defined by ERISA
See independent auditors' report

Form 5500

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		
(a)	(b) Identity of Issue, borrower, lessor, or similar party		(d) Cost	(e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		1,027,244
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		361,783
	VALIC GENERAL ACCOUNT	FIXED INTEREST OPTION		18,357,451
	VALIC SEPARATE ACCOUNT A	AGGRESSIVE GROWTH LIFESTYLE		23,194
	VALIC SEPARATE ACCOUNT A	ARIEL FUND		10
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		16,722
	VALIC SEPARATE ACCOUNT A	CAPITAL CONSERVATION		20,808
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		1,889
	VALIC SEPARATE ACCOUNT A	CORE EQUITY FUND		3,602
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		5,462
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		10,289
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		2,960
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		2,291
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		2,906
	VALIC SEPARATE ACCOUNT A	GOVERNMENT MONEY MARKET I		57
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		3
	VALIC SEPARATE ACCOUNT A	GROWTH FUND		64,313
	VALIC SEPARATE ACCOUNT A	HEALTH SCIENCES FUND		34,024
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		20,787
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GOVERNMENT BOND		2,314
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH FUND		11,943
	VALIC SEPARATE ACCOUNT A	INTERNATL EQUITIES INDEX FUND		24,681
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		17,714
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		5,972
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		41,173
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		7,501
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		5,513
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		76,217
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		73,710
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		13,795
	VALIC SEPARATE ACCOUNT A	MODERATE GROWTH LIFESTYLE		43,504
	VALIC SEPARATE ACCOUNT A	NASDAQ-100(R) INDEX FUND		33,454
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		30,233
	VALIC SEPARATE ACCOUNT A	SM CAP AGGRESSIVE GWTH		6,448
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		10,539
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		47,510
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		586
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		16,181
	VALIC SEPARATE ACCOUNT A	SMALL MID GROWTH FUND		6,174
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		2,983
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		112,905
	VALIC SEPARATE ACCOUNT A	STRATEGIC BOND FUND		36,946
	VALIC SEPARATE ACCOUNT A	VALUE FUND		6,897
	VALIC SEPARATE ACCOUNT A	VANGUARD LONG-TERM TREASURY		4,060
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND INC		194,291
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		133,070
	MUTUAL FUNDS	AMER FUNDS NEW PERSP R4		202,402
	MUTUAL FUNDS	AMFUNDS EUROPACIFIC GR R5		1,033,681
	MUTUAL FUNDS	DREYFUS INTL STOCK INDEX		307,396
	MUTUAL FUNDS	DREYFUS MIDCAP INDEX		854,390
	MUTUAL FUNDS	DREYFUS SM CAP STK INDX		909,175
	MUTUAL FUNDS	DREYFUS MID CAP VALUE S		388,955
	MUTUAL FUNDS	HARBOR CAPITAL APPRECIATION AD		20,038,377
	MUTUAL FUNDS	INVESCO COMSTOCK Y		1,615,490
	MUTUAL FUNDS	INVESCO HIGH YIELD R5		172,750

Form 5500

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		
(a)	(b) Identity of Issue, borrower, lessor, or similar party		(d) Cost	(e) Current value
	MUTUAL FUNDS	JANUS HEN FLEXIBLE BOND T		2,075,800
	MUTUAL FUNDS	JP MORGAN MID CAP EQ-I		498,263
	MUTUAL FUNDS	T ROWE PRICE INFL PROTECT BOND		168,817
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2005		700,713
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2010		3,634
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2015		10,353
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2020		2,770,178
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2025		71,820
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2030		2,740,901
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2035		1,894,905
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2040		648,677
	MUTUAL FUNDS	T. ROWE PRICE RTMT 2045		23,054
	MUTUAL FUNDS	TWEEDY, BROWNE GLOB VAL		777,062
	MUTUAL FUNDS	VC I SMALL CAP AGGRES GROWTH		557,731
	MUTUAL FUNDS	VC I SMALL CAP SPECIAL VALUE		665,361
	MUTUAL FUNDS	VC I STOCK INDEX		7,932,049
	FORFEITURES	FORFEITURES		602,825
	PARTICIPANT LOANS	PARTICIPANT LOANS 3.00% - 6.75%		653,179
	FIDELITY	FID GROWTH & INC		9,610
	FIDELITY	FID GOV CASH RESERVE		3,994
	FIDELITY	FID REAL ESTATE INVS		11,088
	FIDELITY	FID INTL DISCOVERY		9,566
	FIDELITY	FID CAPITAL APPREC		21,952
	FIDELITY	FID CANADA		1,084
	FIDELITY	FID BLUE CHIP GR		41,133
	FIDELITY	FID DISCIPLND EQTY		11,964
	FIDELITY	FID FOCUSED STOCK		17,728
	FIDELITY	FID GROWTH DISC		17,497
	FIDELITY	FID FREEDOM 2020		34,695
	FIDELITY	FID FREEDOM 2030		59,000
	FIDELITY	FID RET GOVT MM		21,930
	FIDELITY	FID FREEDOM 2040		743
	FIDELITY	FID MID CAP VALUE		9,369
	FIDELITY	FID FREEDOM 2015		36,857
	FIDELITY	FID FREEDOM 2035		753
	FIDELITY	FID GOVT MMRK PRM		7,680
	VOYA FIXED	VOYA FIXED ACCOUNT		1,502
	VOYA FIXED	VOYA FIXED PLUS ACCOUNT		369,828
	VOYA FIXED	VOYA FIXED PLUS ACCOUNT II		490,242
	VOYA	VOYA GROWTH AND INCOME PORT I		6,044
	VOYA	VOYA GOVT MONEY MARKET PORTFOLIO I		1,223
	VOYA	VOYA INTERMEDIATE BOND PORT I		96
	VOYA	VOYA INDEX PLUS SMALLCAP PORTFOLIO I		171
	VOYA	VOYA INDEX PLUS MIDCAP PORTFOLIO I		1,735
	VOYA	FRANKLIN SMALL CAP VALUE VIP FD 2		1,234
	VOYA	LORD ABBETT SER FD MD CP STK PRT VC		447
	VOYA	VOYA SMALL CAP OPPORTUNITIES PRT I		45
	VOYA	FIDELITY VIP EQTY-INCOME PORT I		161
	VOYA	VY TROWEPRICE GRWTH EQTY PORT I		835
	VOYA	FIDELITY VIP CONTRAFUND PORT 1		6,071

Form 5500

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		
(a)	(b) Identity of Issue, borrower, lessor, or similar party		(d) Cost	(e) Current value
	VOYA	TEMPLETON GLOBAL BOND FUND A		317
	VOYA	OPPENHEIMER DEVELOPING MARKETS FND A		1,033
	VOYA	WELLS FARGO SPEC SM CP VAL FD A		692
	VOYA	PAX BALANCED FUND IND INV		65
	VOYA	VY OPPENHMR GLOBAL PORT I		2,437
	VOYA	VY JPMORGAN MID CAP VAL PORT SRV		774
	VOYA	VY TROWEPRICE DIVR MDCP GR PT I		54
	VOYA	VY INVESCO EQTY & INC PORT I		127
	VOYA	AMERICAN FUNDS GROWTH FND R4		1,297
	VOYA	AMERICAN FUNDS EUROPACIFIC R4		441
	VOYA	VOYA SOLUTION 2025 PORTFOLIO SRV		1,617
	VOYA	VOYA SOLUTION 2035 PORTFOLIO SRV		1,958
	VOYA	VOYA SOLUTION 2045 PORTFOLIO SRV		1,160
	VOYA	VY TROWEPRICE INTL STK PORT SRV		18
	VOYA	VY JPMORGAN EMRG MKTS EQ PORT SRV		170
	VOYA	VY TROWEPRICE CAPTL APPREC PT SRV		3,463
	VOYA	AMERICAN FUNDS NW PRESPECTV R4		40
	VOYA	AMERICAN FUNDS WASH MTUAL R4		885
	VOYA	WANGER USA		550
	VOYA	OPPENGEIMER MAIN ST SM CAP FVA		46
	VOYA	PIMCO VIT REAL RETURN PORTFOLIO ADM		224
	VOYA	COLUMBIA MID CAP VALUE FUND A		85
	VOYA	VY CLARION RL EST PRT INST		133
	VOYA	AMERICAN FUNDS FDMNTL INV R4		320
	VOYA	VOYA LARGE CAP VALUE PORT INST		5,905
	VOYA	VOYA INTERNATIONAL INDEX PORT I		16
	VOYA	VY TEMPLETON FOREIGN EQTY PORT I		1,680
	VOYA	VY CLARION GLOBAL RL EST PRT INST		3,471
	VOYA	VOYA GLOBAL EQUITY PORTFOLIO I		22