

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2019</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                                                   |
| For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u> |                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>A</b>                                                                                                 | This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> a multiemployer plan         </div> <div> <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)         </div> </div>            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan <div style="margin-left: 100px;"><input type="checkbox"/> a DFE (specify) _____</div>                                                                                                                                                                                                                                  |
| <b>B</b>                                                                                                 | This return/report is: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> the first return/report<br/> <input type="checkbox"/> an amended return/report         </div> <div> <input type="checkbox"/> the final return/report<br/> <input type="checkbox"/> a short plan year return/report (less than 12 months)         </div> </div> |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |
| <b>D</b>                                                                                                 | Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Form 5558<br/> <input type="checkbox"/> special extension (enter description)         </div> <div> <input type="checkbox"/> automatic extension         </div> <div> <input type="checkbox"/> the DFVC program         </div> </div>            |

|                |                                                                                                                                                                                                                                                                                                                                                                                                           |                     |                                      |                   |           |                                 |                     |           |                                  |               |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------|-------------------|-----------|---------------------------------|---------------------|-----------|----------------------------------|---------------|
| <b>Part II</b> | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                                            |                     |                                      |                   |           |                                 |                     |           |                                  |               |
| <b>1a</b>      | Name of plan<br><u>ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN</u>                                                                                                                                                                                                                                                                                                                             |                     |                                      |                   |           |                                 |                     |           |                                  |               |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>1b</b></td> <td>Three-digit plan number (PN) ▶</td> <td><u>002</u></td> </tr> <tr> <td><b>1c</b></td> <td>Effective date of plan</td> <td><u>01/01/2006</u></td> </tr> </table>                                                                                                                        | <b>1b</b>           | Three-digit plan number (PN) ▶       | <u>002</u>        | <b>1c</b> | Effective date of plan          | <u>01/01/2006</u>   |           |                                  |               |
| <b>1b</b>      | Three-digit plan number (PN) ▶                                                                                                                                                                                                                                                                                                                                                                            | <u>002</u>          |                                      |                   |           |                                 |                     |           |                                  |               |
| <b>1c</b>      | Effective date of plan                                                                                                                                                                                                                                                                                                                                                                                    | <u>01/01/2006</u>   |                                      |                   |           |                                 |                     |           |                                  |               |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>ADVENTHEALTH</u><br><br><u>900 HOPE WAY</u><br><u>ALTAMONTE SPRINGS, FL 32714</u>                                                               |                     |                                      |                   |           |                                 |                     |           |                                  |               |
|                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><b>2b</b></td> <td>Employer Identification Number (EIN)</td> <td><u>59-2170012</u></td> </tr> <tr> <td><b>2c</b></td> <td>Plan Sponsor's telephone number</td> <td><u>407-975-1435</u></td> </tr> <tr> <td><b>2d</b></td> <td>Business code (see instructions)</td> <td><u>622000</u></td> </tr> </table> | <b>2b</b>           | Employer Identification Number (EIN) | <u>59-2170012</u> | <b>2c</b> | Plan Sponsor's telephone number | <u>407-975-1435</u> | <b>2d</b> | Business code (see instructions) | <u>622000</u> |
| <b>2b</b>      | Employer Identification Number (EIN)                                                                                                                                                                                                                                                                                                                                                                      | <u>59-2170012</u>   |                                      |                   |           |                                 |                     |           |                                  |               |
| <b>2c</b>      | Plan Sponsor's telephone number                                                                                                                                                                                                                                                                                                                                                                           | <u>407-975-1435</u> |                                      |                   |           |                                 |                     |           |                                  |               |
| <b>2d</b>      | 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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2020 | RENA FREEMAN                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2019)  
v. 190130

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 2430                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 2430<br><b>6a(2)</b> 3189<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 3189<br><b>6e</b> 0<br><b>6f</b> 3189<br><b>6g</b> 3189<br><b>6h</b> 0         |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2F 2G 2L 2T<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> 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)** ☒ 3 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2019 Form M-1 annual report. If the plan was not required to file the 2019 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 \_\_\_\_\_

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019 |                                                             |     |
| <b>A</b> Name of plan<br>ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN            | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ADVENTHEALTH              | <b>D</b> Employer Identification Number (EIN)<br>59-2170012 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                             |
|-----------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>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                                 | 82                                                                          | 01/01/2019              | 12/31/2019 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                    |                                      |
|----------------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid<br>387 | <b>(b)</b> Total amount of fees paid |
|----------------------------------------------------|--------------------------------------|

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>CROWELL, CHRISTOPHER<br>2929 ALLEN PARKWAY<br>HOUSTON, TX 77019 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 277                                           |                                 |             | 3                     |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

|                                                          |
|----------------------------------------------------------|
| BLAIR, KYLE C<br>2929 ALLEN PARKWAY<br>HOUSTON, TX 77019 |
|----------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 28                                            |                                 |             | 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 |                       |
| 27                                            |                                 |             | 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 |                       |
| 18                                            |                                 |             | 3                     |

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

EVANS, DAWN

2929 ALLEN PARKWAY  
HOUSTON, TX 77019

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

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

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

**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.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 1334419 |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 1222730 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier.....                                                                                                                                                                         | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year.....                                                                                                                                                   | <b>6c</b> |  |
| <b>d</b> 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. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**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>b</b> Balance at the end of the previous year.....                                                   | <b>7b</b>    | 1389027 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> | 0       |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> | 0       |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> | 41983   |
| (4) Transferred from separate account.....                                                              | <b>7c(4)</b> | 68035   |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> | 0       |
| ▶                                                                                                       |              |         |
| (6) Total additions.....                                                                                | <b>7c(6)</b> | 110018  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    | 1499045 |
| <b>e</b> Deductions:                                                                                    |              |         |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> | 160234  |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> | 0       |
| (3) Transferred to separate account.....                                                                | <b>7e(3)</b> | 3010    |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> | 1382    |
| ▶ <b>CONTRACT SURRENDER CHARGES</b>                                                                     |              |         |
| (5) Total deductions.....                                                                               | <b>7e(5)</b> | 164626  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    | 1334419 |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019 |                                                             |     |
| <b>A</b> Name of plan<br>ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN            | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ADVENTHEALTH              | <b>D</b> Employer Identification Number (EIN)<br>59-2170012 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                             |
|-----------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>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                                 | 3113                                                                        | 01/01/2019              | 12/31/2019 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> 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. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|                                             |                                      |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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 |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> 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>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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** 18361735**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** 18357451**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 238559(2) Dividends and credits ..... **7c(2)** 0(3) Interest credited during the year ..... **7c(3)** 464074(4) Transferred from separate account ..... **7c(4)** 989974(5) Other (specify below) ..... **7c(5)** 0(6) Total additions ..... **7c(6)** 1692607**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 20050058**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 1629202(2) Administration charge made by carrier ..... **7e(2)** 0(3) Transferred to separate account ..... **7e(3)** 34525(4) Other (specify below) ..... **7e(4)** 24596▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions ..... **7e(5)** 1688323**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 18361735

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                            |                                                             |     |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019 |                                                             |     |
| <b>A</b> Name of plan<br>ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN            | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>ADVENTHEALTH              | <b>D</b> Employer Identification Number (EIN)<br>59-2170012 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> 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. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                                   |                      |                                              |                                                                                    |                         |               |
|-----------------------------------------------------------------------------------|----------------------|----------------------------------------------|------------------------------------------------------------------------------------|-------------------------|---------------|
| <b>(a)</b> Name of insurance carrier<br>VOYA RETIREMENT INSURANCE AND ANNUITY CO. |                      |                                              |                                                                                    |                         |               |
| <b>(b)</b> EIN                                                                    | <b>(c)</b> NAIC code | <b>(d)</b> Contract or identification number | <b>(e)</b> Approximate number of persons covered at end of policy or contract year | Policy or contract year |               |
|                                                                                   |                      |                                              |                                                                                    | <b>(f)</b> From         | <b>(g)</b> To |
| 71-0294708                                                                        | 86509                | VF6953                                       | 119                                                                                | 01/01/2019              | 12/31/2019    |

|                                                                                                                                                                                                   |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>2</b> 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. |                                      |
| <b>(a)</b> Total amount of commissions paid<br>886                                                                                                                                                | <b>(b)</b> Total amount of fees paid |

|                                                                                                                                                                     |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).                                                        |  |
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>HOLWAY, CHRISTOPHER M<br>PO BOX 13286<br>TAMPA, FL 33681 |  |

|                                                             |                                 |                    |                                   |
|-------------------------------------------------------------|---------------------------------|--------------------|-----------------------------------|
| <b>(b)</b> Amount of sales and base commissions paid<br>684 | Fees and other commissions paid |                    | <b>(e)</b> Organization code<br>3 |
|                                                             | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                   |

|                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>CORBETT, EDWARD J<br>1870 ALOMA AVE STE 120<br>WINTER PARK, FL 32789 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                             |                                 |                    |                                   |
|-------------------------------------------------------------|---------------------------------|--------------------|-----------------------------------|
| <b>(b)</b> Amount of sales and base commissions paid<br>121 | Fees and other commissions paid |                    | <b>(e)</b> Organization code<br>3 |
|                                                             | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                   |

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

PETITTA, DIANE E

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 |                       |
| 81                                            |                                 |             | 3                     |

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

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

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

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

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

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

(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** 708673**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5** 57714**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** 861574**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**(2) Dividends and credits ..... **7c(2)**(3) Interest credited during the year ..... **7c(3)** 24289(4) Transferred from separate account ..... **7c(4)**(5) Other (specify below) ..... **7c(5)** 5342

▶ LOAN REPAYMENTS

(6) Total additions ..... **7c(6)** 29631**d** Total of balance and additions (add lines **7b** and **7c(6)**). .... **7d** 891205**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 182532(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)** 182532**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 708673

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                |            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                          | <b>10a</b> |  |
| <b>b</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..... | <b>10b</b> |  |

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. ▶

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2019                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019 |                                                      |     |
| A Name of plan<br>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<br>ADVENTHEALTH                     | D Employer Identification Number (EIN)<br>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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|                                                                                                            |
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| (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

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**(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

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**(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

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**(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

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

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**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)<br>Service Code(s)                                   | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 26 28 29<br>33 37 49 52<br>59 60 61 63<br>64 65 72 99 | NO<br>RELATIONSHIP                                                                                | 158100                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

| (b)<br>Service Code(s)                                   | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 18 19 26 29<br>33 37 49 52<br>58 59 60 61<br>63 64 66 72 | NO<br>RELATIONSHIP                                                                                | 1591                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

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

**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)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64 65                  | RECORDKEEPER                                                                                      | 220                                                                    | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2019 or fiscal plan year beginning <b>01/01/2019</b> and ending <b>12/31/2019</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>ADVENTIST HEALTH SYSTEM CONSOLIDATED ERISA 403(B) PLAN</b>                                                                                                                                                                                   | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>002</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>ADVENTHEALTH</b>                                                                                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br><b>59-2170012</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>    | 653179                | 753913          |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 49204097              | 60217091        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   | 20608050              | 20404827        |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities .....                                        | <b>1d(1)</b>          |                   |
| (2)                | Employer real property .....                                     | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 70465326 81375831 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             |                   |
| <b>i</b>           | Acquisition indebtedness .....                                   | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities .....                                          | <b>1j</b>             |                   |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             |                   |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 70465326 81375831 |

**Part II Income and Expense Statement**

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

|          |                                                                                                        | (a) Amount      | (b) Total |
|----------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>a</b> | <b>Contributions:</b>                                                                                  |                 |           |
| (1)      | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |           |
|          | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> |           |
|          | <b>(C)</b> Others (including rollovers) .....                                                          | <b>2a(1)(C)</b> |           |
| (2)      | Noncash contributions .....                                                                            | <b>2a(2)</b>    |           |
| (3)      | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |           |
| <b>b</b> | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)      | Interest:                                                                                              |                 |           |
|          | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....   | <b>2b(1)(A)</b> | 630       |
|          | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|          | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|          | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|          | <b>(E)</b> Participant loans .....                                                                     | <b>2b(1)(E)</b> | 37533     |
|          | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 530345    |
|          | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 568508    |
| (2)      | Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |           |
|          | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|          | <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                              | <b>2b(2)(C)</b> | 4209640   |
|          | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 4209640   |
| (3)      | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)      | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|          | <b>(B)</b> Aggregate carrying amount (see instructions) .....                                          | <b>2b(4)(B)</b> |           |
|          | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> |           |
| (5)      | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|          | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|          | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> |           |

|                                                                                                 |        | (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) |            | 9592036   |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 14370184  |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 6106517 |         |
| (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) |         | 6106517 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         |         |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         | 65827   |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |         |         |
| (2) Contract administrator fees .....                                                | 2i(2) | 159478  |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) |         |         |
| (4) Other .....                                                                      | 2i(4) | 225     |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 159703  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 6332047 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 8038137 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  | 2872368 |
| (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) ☐ Unmodified (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   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> 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  |          |
| <b>4c</b>                                                                                                                                                                                                               |     | X  |          |
| <b>d</b> 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  |          |
| <b>4d</b>                                                                                                                                                                                                               |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                      | X   |    | 10000000 |
| <b>4e</b>                                                                                                                                                                                                               | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                       |     | X  |          |
| <b>4f</b>                                                                                                                                                                                                               |     | X  |          |
| <b>g</b> 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  |          |
| <b>4g</b>                                                                                                                                                                                                               |     | X  |          |
| <b>h</b> 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  |          |
| <b>4h</b>                                                                                                                                                                                                               |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                | X   |    |          |
| <b>4i</b>                                                                                                                                                                                                               | X   |    |          |
| <b>j</b> 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  |          |
| <b>4j</b>                                                                                                                                                                                                               |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                           |     | X  |          |
| <b>4k</b>                                                                                                                                                                                                               |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                            |     | X  |          |
| <b>4l</b>                                                                                                                                                                                                               |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                  |     | X  |          |
| <b>4m</b>                                                                                                                                                                                                               |     | X  |          |
| <b>n</b> 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.                                     |     |    |          |
| <b>4n</b>                                                                                                                                                                                                               |     |    |          |

**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.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2019</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                                               | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): <u>76-0519990</u> <u>71-0294708</u> |          |  |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                                              |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                     | <b>3</b> |  |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                             |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? .....                                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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 ..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2019  
v. 190130

**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): \_\_\_\_\_

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

- a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

- b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation \_\_\_\_\_

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

Financial Statements

December 31, 2019

## **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, 2019 and 2018, the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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, 2019 and 2018, and for the year ended December 31, 2019, 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, 2019 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, 2020

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

Statements of Net Assets Available for Benefits

|                                                           | December 31,         |                      |
|-----------------------------------------------------------|----------------------|----------------------|
|                                                           | 2019                 | 2018                 |
| <b>ASSETS</b>                                             |                      |                      |
| Investments, at fair value                                |                      |                      |
| Mutual funds                                              | \$ 59,058,934        | \$ 48,028,463        |
| Separate accounts                                         | 1,158,157            | 1,175,634            |
| Total Investments, at fair value                          | 60,217,091           | 49,204,097           |
| Insurance company investment contracts, at contract value | 20,404,827           | 20,608,050           |
| Total Investments                                         | 80,621,918           | 69,812,147           |
| Notes receivable from participants                        | 753,913              | 653,179              |
| Total Assets                                              | 81,375,831           | 70,465,326           |
| <b>LIABILITIES</b>                                        | -                    | -                    |
| Net Assets Available for Benefits                         | <u>\$ 81,375,831</u> | <u>\$ 70,465,326</u> |

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

Statement of Changes in Net Assets Available for Benefits  
Year Ended December 31, 2019

**ADDITIONS**

|                                                    |                   |
|----------------------------------------------------|-------------------|
| Investment Income                                  |                   |
| Interest and dividends                             | \$ 4,740,615      |
| Net appreciation in fair value of investments      | <u>9,592,036</u>  |
| Total Investment Income                            | 14,332,651        |
| <br>Interest on notes receivable from participants | <br><u>37,533</u> |
| Total Additions                                    | <u>14,370,184</u> |

**DEDUCTIONS**

|                               |                  |
|-------------------------------|------------------|
| Benefits paid to participants | 6,106,517        |
| Deemed distributions          | 65,827           |
| Administrative fees           | <u>159,703</u>   |
| Total Deductions              | <u>6,332,047</u> |
| Net Increase                  | 8,038,137        |
| <br>Transfer in of assets     | <br>2,872,368    |

**NET ASSETS AVAILABLE FOR BENEFITS**

|                   |                          |
|-------------------|--------------------------|
| Beginning of year | <u>70,465,326</u>        |
| <br>End of year   | <br><u>\$ 81,375,831</u> |

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

Notes to Financial Statements  
December 31, 2019

**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, University Community Hospital Thrift Plan effective January 1, 2015 and West Florida Health, Inc. 403(b) Plan (“West Florida”), effective January 1, 2019. 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.

During 2019, \$2,872,368 of assets were transferred into the Plan from West Florida.

The Plan is subject to the provisions of the ERISA.

***Eligibility***

Employees who were previously participants in the Memorial Health Systems, Inc. Retirement Plan, Helen Ellis Memorial Hospital 403(b) Plan, University Community Hospital Thrift Plan and West Florida 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, 2019

**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 who were formerly in the Memorial Health Systems, Inc. Retirement Plan are 100% vested in their account as of January 1, 2001.

Participants who were formerly in the West Florida Plan are 100% vested in all contributions plus any earnings thereon.

***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, 2019 and 2018 forfeited non-vested amounts totaled \$422,258 and \$602,825, respectively. During 2019, Plan expenses were reduced by \$209,534 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, 2019 and 2018, collateral loans amounted to \$62,082 and \$107,221, respectively. At December 31, 2019 and 2018, \$30,883 and \$64,401, 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, 2019

**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, 2019

**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 in fair value of investments.

***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, 2020.

**3. Information Certified (Unaudited)**

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, 2019 and 2018, and the supplemental Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2019 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, 2019.

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

Notes to Financial Statements  
December 31, 2019

**4. Investments**

The following are the major categories of investments measured at fair value on a recurring basis at December 31, 2019 and 2018, grouped by the fair value hierarchy:

|                   | December 31, 2019    |                     |                      |
|-------------------|----------------------|---------------------|----------------------|
|                   | Level 1              | Level 2             | Total                |
| Mutual funds      | \$ 59,058,934        | \$ -                | \$ 59,058,934        |
| Separate accounts | -                    | 1,158,157           | 1,158,157            |
|                   | <u>\$ 59,058,934</u> | <u>\$ 1,158,157</u> | <u>\$ 60,217,091</u> |
|                   | 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> |

**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.

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

Notes to Financial Statements  
December 31, 2019

**5. Insurance Company Investment Contracts (*continued*)**

***VALIC Fixed Interest Option (continued)***

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 2020), Standard and Poor's (A+ as of May 2020), A.M. Best (A as of May 2020), and Fitch (A+ as of May 2020).

The Option represents approximately 24% and 28% of net assets available for benefits as of December 31, 2019 and 2018.

***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).

The Account represents approximately 1% of net assets available for benefits as of December 31, 2019 and 2018.

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

Notes to Financial Statements  
December 31, 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.

**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.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine examination by taxing jurisdictions for periods since 2016. The December 31, 2018 Plan year is currently under examinations by the Internal Revenue Service.

**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.

Subsequent to year end, the COVID-19 pandemic has resulted in substantial volatility in the global financial markets. As a result, the Plan's investments have incurred a significant fluctuation in their fair value since December 31, 2019. Because the value of the Plan's investments has and will continue to fluctuate in response to changing market conditions, the amount of losses, if any, that will be recognized in subsequent periods, cannot be determined.

\* \* \* \* \*

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

Supplemental Schedule

December 31, 2019

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

Schedule Pursuant to Department of Labor Requirements  
December 31, 2019

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

|                     |                                                                | EIN #:59-2170012<br>Plan #: 002                                                                                      |                      |
|---------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------|
| (a)                 | (b) Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | (c) Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par, or<br>Maturity Value | (e) Current<br>Value |
| <b>MUTUAL FUNDS</b> |                                                                |                                                                                                                      |                      |
|                     | Harbor Funds                                                   | HARBOR CAPITAL APP RETIREMENT                                                                                        | \$ 23,978,278        |
| *                   | Fidelity                                                       | FIDELITY 500 INDEX INSTL PREM                                                                                        | 10,189,846           |
|                     | T. Rowe Price                                                  | T. ROWE PRICE RTMT 2030                                                                                              | 3,408,384            |
|                     | T. Rowe Price                                                  | T. ROWE PRICE RTMT 2020                                                                                              | 3,070,149            |
| *                   | Valic                                                          | PGIM INVEST TOTAL RET BOND R6                                                                                        | 3,014,510            |
|                     | Bank of New York                                               | BNY MELLON SML CAP STK IDX INV                                                                                       | 2,474,875            |
|                     | T. Rowe Price                                                  | T. ROWE PRICE RTMT 2035                                                                                              | 2,446,622            |
|                     | Bank of New York                                               | BNY MELLON MID CAP INDEX INVES                                                                                       | 2,177,799            |
|                     | Invesco                                                        | INVESCO COMSTOCK R5                                                                                                  | 1,899,197            |
| *                   | Valic                                                          | AMFUNDS EUROPACIFIC GR R5                                                                                            | 1,351,872            |
|                     | T. Rowe Price                                                  | T. ROWE PRICE RTMT 2040                                                                                              | 1,090,479            |
|                     | T. Rowe Price                                                  | T. ROWE PRICE RTMT 2005                                                                                              | 801,290              |
|                     | Tweedy, Browne                                                 | TWEEDY, BROWNE GLOB VAL                                                                                              | 791,567              |
| *                   | Fidelity                                                       | FIDELITY INTL IND INSTL PREM                                                                                         | 438,199              |
| *                   | AIG                                                            | AIG Government Money Fund                                                                                            | 422,258              |
|                     | T. Rowe Price                                                  | T. ROWE PRICE RTMT 2025                                                                                              | 406,213              |
|                     | T. Rowe Price                                                  | T. ROWE PRICE RTMT 2045                                                                                              | 260,273              |
| *                   | Valic                                                          | AMER FUNDS NEW PERSP R4                                                                                              | 224,639              |
|                     | T. Rowe Price                                                  | T. ROWE PRICE RTMT 2015                                                                                              | 161,085              |
| *                   | Fidelity                                                       | FID FREEDOM 2030                                                                                                     | 71,793               |
| *                   | Fidelity                                                       | FID BLUE CHIP GR                                                                                                     | 54,863               |
| *                   | Fidelity                                                       | FID FREEDOM 2015                                                                                                     | 42,807               |
| *                   | Fidelity                                                       | FID FREEDOM 2020                                                                                                     | 40,890               |
| *                   | Fidelity                                                       | FID CAPITAL APPREC                                                                                                   | 27,026               |
| *                   | Fidelity                                                       | FID GROWTH DISC                                                                                                      | 23,410               |
| *                   | Fidelity                                                       | FID FOCUSED STOCK                                                                                                    | 23,290               |
| *                   | Fidelity                                                       | FID GOVT MMKT                                                                                                        | 22,335               |
| *                   | Fidelity                                                       | FID DISCIPLND EQTY                                                                                                   | 15,787               |
| *                   | Fidelity                                                       | FID INTL DISCOVERY                                                                                                   | 13,234               |
| *                   | Fidelity                                                       | FID REAL ESTATE INVS                                                                                                 | 12,994               |
| *                   | Fidelity                                                       | FID MID CAP VALUE                                                                                                    | 12,846               |
| *                   | Fidelity                                                       | FID GROWTH & INC                                                                                                     | 12,489               |
| *                   | Fidelity                                                       | Fidelity VIP Contrafund Pt I                                                                                         | 7,933                |
| *                   | Fidelity                                                       | FID GOVT MMRK PRM                                                                                                    | 7,829                |
| *                   | Voya                                                           | Voya Growth and Income Port I                                                                                        | 7,736                |
| *                   | Voya                                                           | Voya Large Cap Value Port Ins                                                                                        | 7,337                |
|                     | T. Rowe Price                                                  | T. ROWE PRICE RTMT 2010                                                                                              | 4,898                |
| *                   | Voya                                                           | VY Clarion Glb REst Prt Ins                                                                                          | 4,299                |
| *                   | Voya                                                           | VY TRwPr Cap Apprec Port Srv                                                                                         | 4,277                |
| *                   | Fidelity                                                       | FID GOV CASH RESERVE                                                                                                 | 4,049                |
| *                   | Voya                                                           | VY Inv Opp Global Port I                                                                                             | 3,189                |
| *                   | Voya                                                           | Voya Solution 2035 Port Srv                                                                                          | 2,371                |
| *                   | Voya                                                           | Voya Index Plus MidCap Prt I                                                                                         | 2,190                |
| *                   | Voya                                                           | Voya Int'l High Div Low Volume Port-In                                                                               | 1,948                |
| *                   | Voya                                                           | Voya Solution 2025 Port Srv                                                                                          | 1,897                |
|                     | American Funds                                                 | American Funds Growth Fnd R4                                                                                         | 1,650                |
|                     | Franklin                                                       | Franklin Small Cap Val VIP F 2                                                                                       | 1,549                |
| *                   | Fidelity                                                       | FID CANADA                                                                                                           | 1,341                |
|                     | Invesco                                                        | Inv Opp Developing Mkts Fd A                                                                                         | 1,270                |
| Brought Forward     |                                                                |                                                                                                                      | 59,047,062           |

\* - 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, 2019

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

|                          |                                                                | EIN #:59-2170012<br>Plan #: 002                                                                                      |
|--------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| (a)                      | (b) Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | (c) Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par, or<br>Maturity Value |
|                          |                                                                | (e) Current<br>Value                                                                                                 |
|                          | Carried Forward                                                | \$ 59,047,062                                                                                                        |
| *                        | Voya                                                           | Voya Gov Money Market Port I 1,238                                                                                   |
|                          | American Funds                                                 | American Funds Wash Mtual R4 1,104                                                                                   |
| *                        | Voya                                                           | VY TRwPr Grw Eqty Pt I 1,084                                                                                         |
| *                        | Voya                                                           | VY JPM MdCp Value Port Srv 970                                                                                       |
| *                        | Fidelity                                                       | FID FREEDOM 2035 905                                                                                                 |
| *                        | Fidelity                                                       | FID FREEDOM 2040 899                                                                                                 |
|                          | Wells Fargo                                                    | WllFrg Spec SmCp VI Fd A 880                                                                                         |
|                          | Wanger                                                         | Wanger USA 715                                                                                                       |
|                          | American Funds                                                 | American Funds EuroPacific R4 557                                                                                    |
|                          | Lord Abbett                                                    | Lord Abbett Srs Fd MC St Pt VC 544                                                                                   |
| *                        | Voya                                                           | Voya Solution 2045 Port Srv 457                                                                                      |
|                          | American Funds                                                 | American Funds Fdmntl Inv R4 405                                                                                     |
|                          | Templeton                                                      | Templeton Global Bond Fund A 317                                                                                     |
|                          | Pimco                                                          | PIMCO VIT Real Return Port Adm 241                                                                                   |
| *                        | Voya                                                           | VY JPM Emrg Mkts Eq Port Srv 223                                                                                     |
| *                        | Voya                                                           | Voya Index Plus SmallCap Prt I 207                                                                                   |
| *                        | Fidelity                                                       | Fidelity VIP Eqty-Inc Prt I 204                                                                                      |
| *                        | Voya                                                           | VY Clarion RI Estate Prt Srv 169                                                                                     |
| *                        | Voya                                                           | VY Invesco Eqty & Inc Pt I 152                                                                                       |
|                          | Columbia                                                       | Columbia Sel Mid Cap Value A 110                                                                                     |
| *                        | Voya                                                           | Voya Intermediate Bond Prt I 105                                                                                     |
| *                        | Voya                                                           | Pax Sust Alloc Fund Inv 77                                                                                           |
| *                        | Voya                                                           | VY TRwPr Divr MdCp Gr Pt I 74                                                                                        |
|                          | Invesco                                                        | Inv Opp VI Main St S C Fd I 58                                                                                       |
| *                        | Voya                                                           | Voya SmCp Opport Port I 56                                                                                           |
|                          | American Funds                                                 | American Funds Nw Prspctv R4 52                                                                                      |
| *                        | Voya                                                           | Voya Global Equity Port I 26                                                                                         |
| *                        | Voya                                                           | VY TRwPr Intl Stk Pt Srv 22                                                                                          |
| *                        | Voya                                                           | Voya International Ind Prt 21                                                                                        |
|                          | Total Mutual Funds                                             | <u>59,058,934</u>                                                                                                    |
| <b>SEPARATE ACCOUNTS</b> |                                                                |                                                                                                                      |
| *                        | Vanguard                                                       | Vanguard Windsor II 152,482                                                                                          |
| *                        | Vanguard                                                       | Vanguard Wellington Fund Inc 131,799                                                                                 |
| *                        | Valic                                                          | Stock Index Fund 126,389                                                                                             |
| *                        | Valic                                                          | Mid Cap Strategic Gwth 100,511                                                                                       |
| *                        | Valic                                                          | Growth Fund 82,345                                                                                                   |
| *                        | Valic                                                          | Mid Cap Index Fund 76,378                                                                                            |
| *                        | Valic                                                          | Small Cap Index Fund 51,133                                                                                          |
| *                        | Valic                                                          | Strategic Bond Fund 40,835                                                                                           |
| *                        | Valic                                                          | Large Cap Value Fund 38,428                                                                                          |
| *                        | Valic                                                          | Science & Technology Fund 29,807                                                                                     |
| *                        | Valic                                                          | Health Sciences Fund 28,920                                                                                          |
| *                        | Valic                                                          | Aggressive Growth Lifestyle 28,325                                                                                   |
| *                        | Valic                                                          | Nasdaq-100(R) Index Fund 26,899                                                                                      |
| *                        | Valic                                                          | High Yield Bond Fund 23,721                                                                                          |
| *                        | Valic                                                          | Capital Conservation 22,573                                                                                          |
| *                        | Valic                                                          | Moderate Growth Lifestyle 22,442                                                                                     |
| *                        | Valic                                                          | Internatl Equities Index Fund 21,633                                                                                 |
| *                        | Valic                                                          | Blue Chip Growth Fund 21,494                                                                                         |
| *                        | Valic                                                          | Intl Opportunities 21,192                                                                                            |
| *                        | Valic                                                          | International Value Fund 11,860                                                                                      |
| *                        | Valic                                                          | Large Capital Growth 10,394                                                                                          |
| *                        | Valic                                                          | Sm Cap Aggressive Gwth 8,847                                                                                         |
| *                        | Valic                                                          | Value Fund 8,703                                                                                                     |
| *                        | Valic                                                          | Small Mid Growth Fund 8,431                                                                                          |
| *                        | Valic                                                          | <u>Large Cap Core 7,839</u>                                                                                          |
|                          | Brought Forward                                                | 1,103,380                                                                                                            |

\* - 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, 2019

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

|     |                                                                               | EIN #:59-2170012<br>Plan #: 002                                                                                      |
|-----|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| (a) | (b) Identity of Issue,<br>Borrower, Lessor or<br>Similar Party                | (c) Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par, or<br>Maturity Value |
|     |                                                                               | (e) Current<br>Value                                                                                                 |
|     | Carried Forward                                                               | \$ 1,103,380                                                                                                         |
| *   | Valic                                                                         | Mid Cap Growth Fund 7,256                                                                                            |
| *   | Valic                                                                         | Emerging Economies 6,505                                                                                             |
| *   | Valic                                                                         | Small Cap Value Fund 6,298                                                                                           |
| *   | Vanguard                                                                      | Vanguard Long-Term Treasury 4,588                                                                                    |
| *   | Valic                                                                         | Core Equity Fund 4,584                                                                                               |
| *   | Valic                                                                         | Us Socially Responsible Fund 3,899                                                                                   |
| *   | Valic                                                                         | International Growth Fund 3,721                                                                                      |
| *   | Valic                                                                         | Global Real Estate Fund 3,649                                                                                        |
| *   | Valic                                                                         | Global Strategy 3,162                                                                                                |
| *   | Valic                                                                         | Mid Cap Value Fund 2,876                                                                                             |
| *   | Valic                                                                         | Intl Socially Responsible Fund 2,858                                                                                 |
| *   | Valic                                                                         | International Government Bond 2,491                                                                                  |
| *   | Valic                                                                         | Core Bond Fund 2,069                                                                                                 |
| *   | Valic                                                                         | Small Cap Special Value Fund 747                                                                                     |
| *   | Valic                                                                         | Government Money Market I 57                                                                                         |
| *   | Valic                                                                         | Ariel Fund 12                                                                                                        |
| *   | Valic                                                                         | Growth & Income Fund 4                                                                                               |
| *   | Valic                                                                         | Systematic Value 1                                                                                                   |
|     | Total Separate Accounts                                                       | <u>1,158,157</u>                                                                                                     |
|     | <b>INSURANCE COMPANY INVESTMENT CONTRACTS, AT CONTRACT VALUE</b>              |                                                                                                                      |
| *   | Valic                                                                         | Fixed Interest Option 18,361,735                                                                                     |
| *   | Valic                                                                         | Fixed Account Plus 966,549                                                                                           |
| *   | Voya                                                                          | Voya Fixed Plus Acct II 375,385                                                                                      |
| *   | Valic                                                                         | Short Term Fixed Account 367,870                                                                                     |
| *   | Voya                                                                          | Voya Fixed Plus Account 331,725                                                                                      |
| *   | Voya                                                                          | Voya Fixed Account 1,563                                                                                             |
|     | Total Insurance Company Investment Contracts, at Contract Value               | <u>20,404,827</u>                                                                                                    |
|     | Total Investments                                                             | 80,621,918                                                                                                           |
| *   | <b>NOTES RECEIVABLE FROM PARTICIPANTS</b>                                     |                                                                                                                      |
|     | Loans have an interest rate of 3.00%<br>to 6.75% with maturities through 2034 | <u>753,913</u>                                                                                                       |
|     | Total Assets (Held at End of Year)                                            | <u>\$ 81,375,831</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<br>Adventist Health System Consolidated ERISA 403(b) Plan |                                                           |                                                                                                                | Three-digit<br>ERISA plan number<br><b>002</b>         |                   |
| Name of plan sponsor as shown on line 2a of Form 5500<br>AdventHealth  |                                                           |                                                                                                                | Employer Identification<br>Number<br><b>59-2170012</b> |                   |
| Contract Number: 29000 Plan Number: 005                                |                                                           |                                                                                                                |                                                        |                   |
|                                                                        |                                                           | (c) Description of investment including maturity date,<br>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                                                                                             |                                                        | 966,549           |
|                                                                        | VALIC GENERAL ACCOUNT                                     | SHORT TERM FIXED ACCOUNT                                                                                       |                                                        | 367,870           |
|                                                                        | VALIC GENERAL ACCOUNT                                     | FIXED INTEREST OPTION                                                                                          |                                                        | 18,361,735        |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | AGGRESSIVE GROWTH LIFESTYLE                                                                                    |                                                        | 28,326            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | ARIEL FUND                                                                                                     |                                                        | 13                |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | BLUE CHIP GROWTH FUND                                                                                          |                                                        | 21,495            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | CAPITAL CONSERVATION                                                                                           |                                                        | 22,574            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | CORE BOND FUND                                                                                                 |                                                        | 2,070             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | CORE EQUITY FUND                                                                                               |                                                        | 4,584             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | EMERGING ECONOMIES                                                                                             |                                                        | 6,506             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | GLOBAL REAL ESTATE FUND                                                                                        |                                                        | 3,650             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | GLOBAL STRATEGY                                                                                                |                                                        | 3,163             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | GOVERNMENT MONEY MARKET I                                                                                      |                                                        | 57                |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | GROWTH & INCOME FUND                                                                                           |                                                        | 4                 |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | GROWTH FUND                                                                                                    |                                                        | 82,345            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | HEALTH SCIENCES FUND                                                                                           |                                                        | 28,920            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | HIGH YIELD BOND FUND                                                                                           |                                                        | 23,721            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | INTERNATIONAL GOVERNMENT BOND                                                                                  |                                                        | 2,491             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | INTERNATIONAL GROWTH FUND                                                                                      |                                                        | 3,721             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | INTERNATIONAL VALUE FUND                                                                                       |                                                        | 11,860            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | INTERNATL EQUITIES INDEX FUND                                                                                  |                                                        | 21,633            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | INTL OPPORTUNITIES                                                                                             |                                                        | 21,192            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | INTL SOCIALLY RESPONSIBLE FUND                                                                                 |                                                        | 2,858             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | LARGE CAP CORE                                                                                                 |                                                        | 7,839             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | LARGE CAP VALUE FUND                                                                                           |                                                        | 38,428            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | LARGE CAPITAL GROWTH                                                                                           |                                                        | 10,394            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | MID CAP GROWTH FUND                                                                                            |                                                        | 7,256             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | MID CAP INDEX FUND                                                                                             |                                                        | 76,378            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | MID CAP STRATEGIC GWTH                                                                                         |                                                        | 100,511           |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | MID CAP VALUE FUND                                                                                             |                                                        | 2,871             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | MODERATE GROWTH LIFESTYLE                                                                                      |                                                        | 22,442            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | NASDAQ-100(R) INDEX FUND                                                                                       |                                                        | 26,899            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | SCIENCE & TECHNOLOGY FUND                                                                                      |                                                        | 29,807            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | SM CAP AGGRESSIVE GWTH                                                                                         |                                                        | 8,847             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | SMALL CAP INDEX FUND                                                                                           |                                                        | 51,133            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | SMALL CAP SPECIAL VALUE FUND                                                                                   |                                                        | 747               |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | SMALL CAP VALUE FUND                                                                                           |                                                        | 6,298             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | SMALL MID GROWTH FUND                                                                                          |                                                        | 8,431             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | STOCK INDEX FUND                                                                                               |                                                        | 126,389           |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | STRATEGIC BOND FUND                                                                                            |                                                        | 40,835            |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | US SOCIALLY RESPONSIBLE FUND                                                                                   |                                                        | 3,899             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | VALUE FUND                                                                                                     |                                                        | 8,703             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | VANGUARD LONG-TERM TREASURY                                                                                    |                                                        | 4,588             |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | VANGUARD WELLINGTON FUND INC                                                                                   |                                                        | 131,799           |
|                                                                        | VALIC SEPARATE ACCOUNT A                                  | VANGUARD WINDSOR II                                                                                            |                                                        | 152,482           |
|                                                                        | MUTUAL FUNDS                                              | AMER FUNDS NEW PERSP R4                                                                                        |                                                        | 224,639           |
|                                                                        | MUTUAL FUNDS                                              | AMFUNDS EUROPACIFIC GR R5                                                                                      |                                                        | 1,351,872         |
|                                                                        | MUTUAL FUNDS                                              | BNY MELLON MID CAP INDEX INVES                                                                                 |                                                        | 2,177,799         |
|                                                                        | MUTUAL FUNDS                                              | BNY MELLON SML CAP STK IDX INV                                                                                 |                                                        | 2,474,875         |
|                                                                        | MUTUAL FUNDS                                              | FIDELITY 500 INDEX INSTL PREM                                                                                  |                                                        | 10,189,846        |
|                                                                        | MUTUAL FUNDS                                              | FIDELITY INTL IND INSTL PREM                                                                                   |                                                        | 438,199           |
|                                                                        | MUTUAL FUNDS                                              | HARBOR CAPITAL APP RETIREMENT                                                                                  |                                                        | 23,978,278        |
|                                                                        | MUTUAL FUNDS                                              | INVESCO COMSTOCK R5                                                                                            |                                                        | 1,899,197         |
|                                                                        | MUTUAL FUNDS                                              | PGIM INVEST TOTAL RET BOND R6                                                                                  |                                                        | 3,014,510         |
|                                                                        | MUTUAL FUNDS                                              | T. ROWE PRICE RTMT 2005                                                                                        |                                                        | 801,290           |

**Form 5500**

Attachment

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

|                                                                        |                                                           |                                                                                                                |                                                        |                   |
|------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|
| Name of plan<br>Adventist Health System Consolidated ERISA 403(b) Plan |                                                           |                                                                                                                | Three-digit<br>ERISA plan number<br><b>002</b>         |                   |
| Name of plan sponsor as shown on line 2a of Form 5500<br>AdventHealth  |                                                           |                                                                                                                | Employer Identification<br>Number<br><b>59-2170012</b> |                   |
| Contract Number: 29000 Plan Number: 005                                |                                                           |                                                                                                                |                                                        |                   |
|                                                                        |                                                           | (c) Description of investment including maturity date,<br>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                                              | T. ROWE PRICE RTMT 2010                                                                                        |                                                        | 4,898             |
|                                                                        | MUTUAL FUNDS                                              | T. ROWE PRICE RTMT 2015                                                                                        |                                                        | 161,085           |
|                                                                        | MUTUAL FUNDS                                              | T. ROWE PRICE RTMT 2020                                                                                        |                                                        | 3,070,149         |
|                                                                        | MUTUAL FUNDS                                              | T. ROWE PRICE RTMT 2025                                                                                        |                                                        | 406,213           |
|                                                                        | MUTUAL FUNDS                                              | T. ROWE PRICE RTMT 2030                                                                                        |                                                        | 3,408,384         |
|                                                                        | MUTUAL FUNDS                                              | T. ROWE PRICE RTMT 2035                                                                                        |                                                        | 2,446,622         |
|                                                                        | MUTUAL FUNDS                                              | T. ROWE PRICE RTMT 2040                                                                                        |                                                        | 1,090,479         |
|                                                                        | MUTUAL FUNDS                                              | T. ROWE PRICE RTMT 2045                                                                                        |                                                        | 260,273           |
|                                                                        | MUTUAL FUNDS                                              | TWEEDY, BROWNE GLOB VAL                                                                                        |                                                        | 791,567           |
|                                                                        | FORFEITURES                                               | FORFEITURES                                                                                                    |                                                        | 422,258           |
|                                                                        | PARTICIPANT LOANS                                         | PARTICIPANT LOANS 3.00% - 6.75%                                                                                |                                                        | 753,913           |
|                                                                        |                                                           |                                                                                                                |                                                        |                   |
|                                                                        |                                                           |                                                                                                                |                                                        |                   |
|                                                                        | FIDELITY                                                  | FID GROWTH & INC                                                                                               |                                                        | 12,489            |
|                                                                        | FIDELITY                                                  | FID GOV CASH RESERVE                                                                                           |                                                        | 4,049             |
|                                                                        | FIDELITY                                                  | FID REAL ESTATE INVS                                                                                           |                                                        | 12,993            |
|                                                                        | FIDELITY                                                  | FID INTL DISCOVERY                                                                                             |                                                        | 13,234            |
|                                                                        | FIDELITY                                                  | FID CAPITAL APPREC                                                                                             |                                                        | 27,026            |
|                                                                        | FIDELITY                                                  | FID CANADA                                                                                                     |                                                        | 1,341             |
|                                                                        | FIDELITY                                                  | FID BLUE CHIP GR                                                                                               |                                                        | 54,863            |
|                                                                        | FIDELITY                                                  | FID DISCIPLND EQTY                                                                                             |                                                        | 15,787            |
|                                                                        | FIDELITY                                                  | FID FOCUSED STOCK                                                                                              |                                                        | 23,290            |
|                                                                        | FIDELITY                                                  | FID GROWTH DISC                                                                                                |                                                        | 23,410            |
|                                                                        | FIDELITY                                                  | FID FREEDOM 2020                                                                                               |                                                        | 40,890            |
|                                                                        | FIDELITY                                                  | FID FREEDOM 2030                                                                                               |                                                        | 71,793            |
|                                                                        | FIDELITY                                                  | FID RET GOVT MM                                                                                                |                                                        | 22,335            |
|                                                                        | FIDELITY                                                  | FID FREEDOM 2040                                                                                               |                                                        | 899               |
|                                                                        | FIDELITY                                                  | FID MID CAP VALUE                                                                                              |                                                        | 12,846            |
|                                                                        | FIDELITY                                                  | FID FREEDOM 2015                                                                                               |                                                        | 42,807            |
|                                                                        | FIDELITY                                                  | FID FREEDOM 2035                                                                                               |                                                        | 905               |
|                                                                        | FIDELITY                                                  | FID GOVT MMRK PRM                                                                                              |                                                        | 7,829             |
|                                                                        |                                                           |                                                                                                                |                                                        |                   |
|                                                                        |                                                           |                                                                                                                |                                                        |                   |
|                                                                        | VOYA FIXED                                                | VOYA FIXED ACCOUNT                                                                                             |                                                        | 1,563             |
|                                                                        | VOYA FIXED                                                | VOYA FIXED PLUS ACCOUNT                                                                                        |                                                        | 331,725           |
|                                                                        | VOYA FIXED                                                | VOYA FIXED PLUS ACCOUNT II                                                                                     |                                                        | 375,385           |
|                                                                        | VOYA                                                      | AMERICAN FUNDS EUROPACIFIC R4                                                                                  |                                                        | 557               |
|                                                                        | VOYA                                                      | AMERICAN FUNDS FDMNTL INV R4                                                                                   |                                                        | 405               |
|                                                                        | VOYA                                                      | AMERICAN FUNDS GROWTH FND R4                                                                                   |                                                        | 1,649             |
|                                                                        | VOYA                                                      | AMERICAN FUNDS NW PRESPCTV R4                                                                                  |                                                        | 52                |
|                                                                        | VOYA                                                      | AMERICAN FUNDS WASH MTUAL R4                                                                                   |                                                        | 1,104             |
|                                                                        | VOYA                                                      | COLUMBIA MID CAP VALUE FUND A                                                                                  |                                                        | 110               |
|                                                                        | VOYA                                                      | FIDELITY VIP CONTRAFUND PORT 1                                                                                 |                                                        | 7,933             |
|                                                                        | VOYA                                                      | FIDELITY VIP EQTY-INCOME PORT I                                                                                |                                                        | 204               |
|                                                                        | VOYA                                                      | FRANKLIN SMALL CAP VALUE VIP FD 2                                                                              |                                                        | 1,549             |
|                                                                        | VOYA                                                      | INV OPP DEVELOPING MKTS FD A                                                                                   |                                                        | 1,270             |
|                                                                        | VOYA                                                      | INV OPP VI MAIN ST S C FD I                                                                                    |                                                        | 58                |
|                                                                        | VOYA                                                      | LORD ABBETT SER FD MD CP STK PRT VC                                                                            |                                                        | 544               |
|                                                                        | VOYA                                                      | PIMCO VIT REAL RETURN PORTFOLIO ADM                                                                            |                                                        | 241               |
|                                                                        | VOYA                                                      | PAX SUST ALLOC FUND INV                                                                                        |                                                        | 77                |
|                                                                        | VOYA                                                      | TEMPLETON GLOBAL BOND FUND A                                                                                   |                                                        | 317               |
|                                                                        | VOYA                                                      | VOYA GLOBAL EQUITY PORTFOLIO I                                                                                 |                                                        | 26                |
|                                                                        | VOYA                                                      | VOYA GOVT MONEY MARKET PORTFOLIO I                                                                             |                                                        | 1,239             |
|                                                                        | VOYA                                                      | VOYA GROWTH AND INCOME PORT I                                                                                  |                                                        | 7,736             |

**Form 5500**

Attachment

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

|                                                                        |                                                           |                                                                                                                |                                                        |                   |
|------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------|
| Name of plan<br>Adventist Health System Consolidated ERISA 403(b) Plan |                                                           |                                                                                                                | Three-digit<br>ERISA plan number<br><b>002</b>         |                   |
| Name of plan sponsor as shown on line 2a of Form 5500<br>AdventHealth  |                                                           |                                                                                                                | Employer Identification<br>Number<br><b>59-2170012</b> |                   |
| Contract Number: 29000      Plan Number: 005                           |                                                           |                                                                                                                |                                                        |                   |
|                                                                        |                                                           | (c) Description of investment including maturity date,<br>rate of interest, collateral, par, or maturity value |                                                        |                   |
| (a)                                                                    | (b) Identity of Issue, borrower, lessor, or similar party |                                                                                                                | (d) Cost                                               | (e) Current value |
|                                                                        | VOYA                                                      | VOYA INDEX PLUS MIDCAP PORTFOLIO I                                                                             |                                                        | 2,190             |
|                                                                        | VOYA                                                      | VOYA INDEX PLUS SMALLCAP PORTFOLIO I                                                                           |                                                        | 207               |
|                                                                        | VOYA                                                      | VOYA INTERMEDIATE BOND PORT I                                                                                  |                                                        | 105               |
|                                                                        | VOYA                                                      | VOYA INTERNATIONAL INDEX PORT I                                                                                |                                                        | 20                |
|                                                                        | VOYA                                                      | VOYA LARGE CAP VALUE PORT INST                                                                                 |                                                        | 7,337             |
|                                                                        | VOYA                                                      | VOYA SMALL CAP OPPORTUNITIES PRT I                                                                             |                                                        | 56                |
|                                                                        | VOYA                                                      | VOYA SOLUTION 2025 PORTFOLIO SRV                                                                               |                                                        | 1,897             |
|                                                                        | VOYA                                                      | VOYA SOLUTION 2035 PORTFOLIO SRV                                                                               |                                                        | 2,371             |
|                                                                        | VOYA                                                      | VOYA SOLUTION 2045 PORTFOLIO SRV                                                                               |                                                        | 457               |
|                                                                        | VOYA                                                      | VOYINTLHIDIVLOW VOL PORT-IN                                                                                    |                                                        | 1,948             |
|                                                                        | VOYA                                                      | VY CLARION GLB RLEST PRT INS                                                                                   |                                                        | 4,299             |
|                                                                        | VOYA                                                      | VY CLARION RL EST PRT INST                                                                                     |                                                        | 169               |
|                                                                        | VOYA                                                      | VY INV OPP GLOBAL PORT I                                                                                       |                                                        | 3,189             |
|                                                                        | VOYA                                                      | VY INVESCO EQTY & INC PORT I                                                                                   |                                                        | 152               |
|                                                                        | VOYA                                                      | VY JPMORGAN EMRG MKTS EQ PORT SRV                                                                              |                                                        | 223               |
|                                                                        | VOYA                                                      | VY JPMORGAN MID CAP VAL PORT SRV                                                                               |                                                        | 970               |
|                                                                        | VOYA                                                      | VY TROWEPRICE CAPTL APPREC PT SRV                                                                              |                                                        | 4,277             |
|                                                                        | VOYA                                                      | VY TROWEPRICE DIVR MDCP GR PT I                                                                                |                                                        | 74                |
|                                                                        | VOYA                                                      | VY TROWEPRICE GRWTH EQTY PORT I                                                                                |                                                        | 1,084             |
|                                                                        | VOYA                                                      | VY TROWEPRICE INTL STK PORT SRV                                                                                |                                                        | 22                |
|                                                                        | VOYA                                                      | WANGER USA                                                                                                     |                                                        | 715               |
|                                                                        | VOYA                                                      | WELLS FARGO SPEC SM CP VAL FD A                                                                                |                                                        | 880               |