

Consolidated Financial Statements and Supplementary Information

Adventist Health System/West

Year Ended December 31, 2014 with Report of Independent Auditors

# Audited Consolidated Financial Statements and Supplementary Information

## ADVENTIST HEALTH

December 31, 2014

## Audited Consolidated Financial Statements

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## Report of Independent Auditors

The Board of Directors Adventist Health

We have audited the accompanying consolidated financial statements of Adventist Health (the "System"), which comprise the consolidated balance sheet as of December 31, 2014 and 2013, and the related consolidated statement of operations and changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements.

## Management's Responsibility for the Financial Statements

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

## **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Adventist Health at December 31, 2014 and 2013, and the consolidated results of its operations and changes in net assets, and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst + Young LLP

## CONSOLIDATED BALANCE SHEETS

(In thousands of dollars)

## ADVENTIST HEALTH

	Decer 2014	mber 31 2013
ASSETS	2014	
CURRENT ASSETS		
Cash and cash equivalents	\$ 293,934	\$ 356,370
Marketable securities	93,113	26,914
Assets whose use is limited:		
Board-designated	62	81
Held by trustees	22,659	22,504
Donor-restricted	4,902	520
Patient accounts receivable, net of allowance for		
uncollectible accounts of approximately \$140,000 and	440.274	204 021
\$114,000 at December 31, 2014 and 2013, respectively	440,374	384,931
Receivables from third-party payors Other receivables	142,355 27,790	33,481 28,229
Inventories	47,409	46,205
Prepaid expenses and other current assets	28,884	31,227
TOTAL CURRENT ASSETS		
TOTAL CURRENT ASSETS	1,101,482	930,462
OTHER ASSETS		
Notes receivable	24,463	24,143
Marketable securities	458,333	456,245
Assets whose use is limited:		
Board-designated	118,124	115,368
Held by trustees	233,627	263,651
Donor-restricted	20,532	20,251
Long-term investments	27,807	13,199
Deferred financing costs	7,505	7,917
Other long-term assets	60,699	58,422
TOTAL OTHER ASSETS	951,090	959,196
PROPERTY AND EQUIPMENT, net	1,630,697	1,586,309
TOTAL ASSETS	\$ 3,683,269	\$ 3,475,967

			Dece	ember 31	
		2	2014		2013
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts payable		\$ 1	123,563	\$	132,960
Accrued compensation and related p	ayables	]	192,069		163,135
Accrued interest			12,290		12,513
Liabilities to third-party payors			38,411		28,528
Other current liabilities			31,440		39,056
Short-term financing			-		16,498
Current maturities of long-term debt			20,412		20,457
TOTAL C	CURRENT LIABILITIES	4	418,185		413,147
LONG-TERM DEBT, net of current m	aturities	1,2	214,747	-	1,169,178
OTHER NONCURRENT LIABILITIE	ES	3	334,883		311,932
	TOTAL LIABILITIES	1,9	967,815	-	1,894,257
NET ASSETS					
Unrestricted		1,6	645,885		1,519,488
Temporarily restricted			63,689		56,400
Permanently restricted			5,880		5,822
	TOTAL NET ASSETS	1,7	715,454		1,581,710

\$ 3,683,269

\$ 3,475,967

TOTAL LIABILITIES AND NET ASSETS

# CONSOLIDATED STATEMENTS OF OPERATIONS AND CHANGES IN NET ASSETS (In thousands of dollars)

## ADVENTIST HEALTH

	Year Ended December 31			
	2014	2013		
LINDECTRICTED DEVENIUS CAINS AND SUDDORT				
UNRESTRICTED REVENUES, GAINS, AND SUPPORT Net patient service revenue	\$ 3,105,796	\$ 2,932,268		
Less provision for bad debts	122,969	137,890		
Net patient service revenue less provision for bad debts	2,982,827	2,794,378		
Premium revenue	88,211	51,322		
Other revenue	181,708	198,341		
Net assets released from restrictions for operations	10,117	8,058		
TOTAL UNRESTRICTED REVENUES,	·			
GAINS, AND SUPPORT	3,262,863	3,052,099		
EXPENSES				
Employee compensation	1,551,161	1,468,668		
Professional fees	315,772	331,214		
Supplies	440,336	419,304		
Purchased services and other	651,089	598,596		
Interest	34,123	34,588		
Depreciation and amortization	152,635	144,675		
TOTAL EXPENSES	3,145,116	2,997,045		
EXCESS OF REVENUES OVER EXPENSES				
FROM CONTINUING OPERATIONS	\$ 117,747	\$ 55,054		

	Year Ended 2014	December 31 2013
UNRESTRICTED NET ASSETS		
Excess of revenues over expenses from		
continuing operations (from page 4)	\$ 117,747	\$ 55,054
Change in net unrealized gains and losses	·	
on other-than-trading securities	2,405	(11,411)
Donated property and equipment	1,146	950
Net assets released from restrictions for capital additions	6,025	7,532
INCREASE IN UNRESTRICTED NET ASSETS		
BEFORE DISCONTINUED OPERATIONS	127,323	52,125
Net loss from discontinued operations	(926)	(615)
Net loss from discontinued operations	(920)	(013)
INCREASE IN UNRESTRICTED NET ASSETS	126,397	51,510
TEMPORARILY RESTRICTED NET ASSETS		
Restricted gifts and grants	22,070	17,323
Net realized and unrealized gains on investments	82	211
Change in value of split-interest agreements	1,279	127
Net assets released from restrictions	(16,142)	(15,590)
INCREASE IN TEMPORARILY	(10,1.2)	(10,000)
RESTRICTED NET ASSETS	7,289	2,071
PERMANENTLY RESTRICTED NET ASSETS		
Restricted gifts and grants	61	1
Net realized and unrealized losses on investments	(3)	(15)
	(3)	(13)
INCREASE (DECREASE) IN PERMANENTLY RESTRICTED NET ASSETS	58	(14)
INCREASE IN NET ASSETS	133,744	53,567
NET ASSETS, BEGINNING OF YEAR	1,581,710	1,528,143
NET ASSETS, END OF YEAR	\$ 1,715,454	\$ 1,581,710

## CONSOLIDATED STATEMENTS OF CASH FLOWS

(In thousands of dollars)

## ADVENTIST HEALTH

	Year Ended December 3			
		2014		2013
OPERATING ACTIVITIES				
Change in net assets	\$	133,744	\$	53,567
Adjustments to reconcile increase in net assets to net cash	4	100,7	4	00,007
provided by operating activities of continuing operations:				
Loss from discontinued operations		926		615
Depreciation and amortization		152,635		144,675
Amortization of deferred financing costs and premium, net		(629)		(1,001)
Provision for bad debts		122,969		137,890
Provision for loss on notes receivable		3,080		3,182
Net realized and unrealized gains on investments		(12,041)		(11,115)
Net loss on sale of property and equipment		1,365		363
Net changes in operating assets and liabilities:				
Increase in net patient accounts receivable		(178,412)		(160,475)
Increase in other assets		(5,036)		(3,530)
Increase in net receivables to third-party payors		(98,991)		(27,485)
Increase in other liabilities		45,777		57,425
NET CASH PROVIDED BY OPERATING ACTIVITIES				_
OF CONTINUING OPERATIONS		165,387		194,111
INVESTING ACTIVITIES		(207.250)		(242 227)
Purchases of property and equipment		(207,250)		(243,237)
Proceeds from sale of property and equipment Issuance of notes receivable		1,729 (5,279)		113 (11,722)
Collections on notes receivable		3,281		2,592
Purchases of investments, net		(48,385)		(17,999)
		(40,303)	-	(17,777)
NET CASH USED IN INVESTING ACTIVITIES OF CONTINUING OPERATIONS		(255,904)		(270,253)
FINANCING ACTIVITIES				
Proceeds from issuance of short-term financing		_		94,486
Payments on short-term financing		(16,498)		(105,767)
Proceeds from issuance of long-term debt		113,032		385,031
Payments on long-term debt		(66,842)		(248,871)
Expenditures for deferred financing costs		(125)		(2,553)
NET CASH PROVIDED BY FINANCING				
ACTIVITIES OF CONTINUING OPERATIONS		29,567		122,326
CASH USED IN DISCONTINUED OPERATIONS		(1,486)		(1,071)
(DECREASE) INCREASE IN CASH		(60.406)		45 110
AND CASH EQUIVALENTS		(62,436)		45,113
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR		356,370		311,257
CASH AND CASH EQUIVALENTS, END OF YEAR	\$	293,934	\$	356,370

See notes to consolidated financial statements.

### ADVENTIST HEALTH

## NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity and Principles of Consolidation – Adventist Health System/West (Adventist Health or the "System") is a California not-for-profit religious corporation that controls and operates hospitals and other health care facilities in the Western United States. Many of the hospitals now controlled and operated by Adventist Health were formerly operated by various conferences of the Seventh-day Adventist Church (the "Church"). The obligations and liabilities of Adventist Health and its hospitals and other health care facilities are neither obligations nor liabilities of the Church or any of its other affiliated organizations.

The consolidated financial statements include the accounts of the following entities, which operate or previously operated under the business name of Adventist Health:

Adventist Health (Corporate Office) - Roseville, California

Adventist Health Physicians Network - Roseville, California

Adventist Health Plan - Roseville, California

Adventist Medical Center - Hanford, California

Adventist Medical Center - Portland, Oregon

Adventist Medical Center - Reedley, California

Castle Medical Center - Kailua, Hawaii

Central Valley General Hospital - Hanford, California

Feather River Hospital - Paradise, California

Glendale Adventist Medical Center - Glendale, California

Howard Memorial Hospital - Willits, California

St. Helena Hospital Clear Lake - Clearlake, California

St. Helena Hospital Napa Valley - St. Helena, California

San Joaquin Community Hospital - Bakersfield, California

Simi Valley Hospital - Simi Valley, California

Sonora Regional Medical Center - Sonora, California

South Coast Medical Center - Roseville, California

Southern California Medical Foundation - Roseville, California

Tillamook Regional Medical Center - Tillamook, Oregon

Ukiah Valley Medical Center - Ukiah, California

Walla Walla General Hospital - Walla Walla, Washington

Western Health Resources - Roseville, California

White Memorial Medical Center - Los Angeles, California

The entities that are included in the consolidated financial statements are organized as not-for-profit corporations under the laws of the state in which they operate and most are tax-exempt organizations under §501(c)(3) of the Internal Revenue Code. The Board of Directors (the "Board") of Adventist Health and/or Adventist Health management constitutes the membership and/or serves as the legal board of the individual hospital corporations. All material inter-company transactions have been eliminated in consolidation.

#### ADVENTIST HEALTH

## NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

<u>Cash and Cash Equivalents</u> – Cash and cash equivalents consist primarily of unrestricted readily marketable securities with original maturities not in excess of three months when purchased and net deposits in demand accounts. Cash deposits are federally insured in limited amounts.

<u>Inventories</u> – Inventories are stated at the lower of cost or market as determined on a first-in, first-out basis.

Marketable Securities – Marketable securities, stated at fair value, consist primarily of United States (US) government treasury and agency securities and corporate notes, which are readily marketable and are designated as other-than-trading. Investment income or loss (including interest, dividends, and realized gains and losses on investments) is included in the excess of revenues over expenses from continuing operations unless the income or loss is restricted by donor or law. Unrealized gains and losses, calculated using the specific identification method, are excluded from the excess of revenues over expenses. Securities with remaining maturity dates of one year or less as of the balance sheet date are classified as current.

<u>Assets Whose Use Is Limited</u> – Certain System investments are limited as to use through Board resolution, provisions of contractual arrangements with third parties, terms of indentures, self-insurance trust arrangements, or donors who restrict the use of specific assets. The Board and certain hospital boards have resolved to fund the replacement and expansion of depreciable capital assets but may, at their discretion, use these funds for other purposes. Assets that are expected to be expended within one year are classified as current, including board-designated assets that are available and periodically borrowed for working capital needs.

Split-interest Agreements – The System is the trustee and beneficiary of various split-interest agreements. The carrying amounts of the System's split-interest assets are included with investments held by trustee and donor-restricted investments and include marketable securities and real estate. Trust assets are carried at fair value. Assets under split-interest agreements were \$25,731 and \$24,855 at December 31, 2014 and 2013, respectively. Trust obligations are reported in other noncurrent liabilities at their discounted estimated present value using actuarially-determined life expectancy tables. Discount rates range between approximately 6% to 10%. Liabilities under split-interest agreements were \$4,195 and \$5,348 at December 31, 2014 and 2013, respectively.

<u>Goodwill</u> – The System recorded goodwill of \$22,202 and \$16,884 at December 31, 2014 and 2013, respectively, which is included in other long-term assets with additions of \$5,318 and \$638 in 2014 and 2013, respectively.

<u>Deferred Financing Costs</u> – Direct financing costs are deferred and amortized over the life of the financings using the effective-interest method.

<u>Property and Equipment</u> – Property and equipment are reported on the basis of cost, except for donated items, which are recorded as an increase in unrestricted net assets based on fair market value at the date of the donation. During the period of construction, the System capitalizes expenditures that materially increase values, change capacities, extend useful lives, and interest costs net of earnings on invested bond proceeds. The System accrued obligations for property and equipment of \$3,283 and \$13,851 at December 31, 2014 and 2013, respectively.

#### ADVENTIST HEALTH

## NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Management periodically evaluates the carrying amounts of long-lived assets for possible impairment. The System estimates that it will recover the carrying value of its long-lived assets from future operations; however, considering the regulatory environment, competition, and other factors affecting the industry, there is at least a reasonable possibility this estimate might change in the near term. The effect of any change could be material.

Depreciation is computed using the straight-line method over the expected useful lives of the assets, which range from 3 to 40 years. Amortization of equipment under capital leases is included in depreciation expense.

<u>Bond Discounts/Premiums</u> – Bonds payable are included in long-term debt, net of unamortized original issue discounts or premiums. Such discounts or premiums are amortized using the effective interest method based on outstanding principal over the life of the bonds.

<u>Other Noncurrent Liabilities</u> – Other noncurrent liabilities are comprised primarily of accruals for workers' compensation claims, professional and general liability claims, deferred revenue, and long-term charitable gift annuity obligations.

Net Assets – All resources not restricted by donors are included in unrestricted net assets. Resources temporarily restricted by donors for specific operating purposes, or for a period of time greater than one year, are reported as temporarily restricted net assets. When the restrictions have been met, the temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statements of operations and changes in net assets under unrestricted revenues, gains, and support. Resources restricted by donors for additions to property and equipment are initially reported as temporarily restricted net assets and are transferred to unrestricted net assets when expended. Resources restricted by donors for nonexpendable endowments are reported as permanently restricted net assets. Investment income from restricted net assets is classified as unrestricted, temporarily restricted, or permanently restricted based on the intent of the donor. Gifts of future interests are reported as temporarily restricted net assets. Gifts, grants, and bequests not restricted by donors are reported as other revenue.

<u>Net Patient Service Revenue</u> – Net patient service revenue is recognized when services are provided and reported at the estimated net realizable amounts from patients, third-party payors, and others, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered.

<u>Charity Care</u> – The System provides care without charge or at amounts less than its established rates to patients who meet certain criteria under its charity care policy. In assessing a patient's ability to pay, the System uses federal poverty income levels and evaluates the relationship between the charges and the patient's income. The System did not materially change its charity care policy during 2014. The estimated cost of charity care was \$24,982 and \$47,922 in 2014 and 2013, respectively. The costs were determined using cost-to-charge ratios.

<u>Premium Revenue</u> – The System has agreements with various Health Maintenance Organizations (HMOs) to provide medical services to subscribing participants. Under these agreements, the System receives monthly capitation payments based on the number of each HMO's covered participants, regardless of the services actually performed by the System.

#### ADVENTIST HEALTH

## NOTE A - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

<u>Other Revenue</u> – Other revenue is comprised primarily of rental income, retail pharmacy, investment income, electronic health record revenue and other miscellaneous income.

<u>Electronic Health Record Revenue</u> – The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and demonstrate meaningful use of certified EHR technology.

The System accounts for Medicare and Medicaid EHR incentive payments using the gain contingency method. Upon demonstration of compliance with the meaningful use criteria, the System recorded incentive revenues, included in other revenue, from Medicare of \$12,930 and \$17,996, and from Medicaid of \$8,951 and \$13,263 for the years ended December 31, 2014 and 2013, respectively. A portion of the income from Medicare incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit. Additionally, System compliance with meaningful use criteria is subject to audit by the federal government, which could result in changes to amounts previously recorded.

<u>Functional Expenses</u> – Approximately 88% and 87% of total expenses reported in the accompanying consolidated financial statements relate to the provision of health care services in 2014 and 2013, respectively. The remaining expenses represent general and administrative support.

<u>Advertising</u> – The System expenses advertising costs as incurred. Advertising expense, included in purchased services and other expenses, was \$10,773 and \$10,309 in 2014 and 2013, respectively.

<u>Intangible Assets</u> – The System amortizes certain definite-lived intangible assets over their useful life. Amortization expense, included in depreciation and amortization, was \$2,935 and \$3,664 in 2014 and 2013, respectively.

<u>Excess of Revenues Over Expenses</u> – The consolidated statements of operations and changes in net assets include excess of revenues over expenses from continuing operations as a performance indicator. Changes in unrestricted net assets that are excluded from excess of revenues over expenses from continuing operations include unrealized gains and losses on investments in other-than-trading securities, contributions of long-lived assets, use of restricted funds for capital additions, and gains and losses from discontinued operations.

<u>Use of Estimates</u> – The preparation of financial statements in conformity with accounting principles generally accepted in the US requires management to make estimates and assumptions that affect the reported amounts in the consolidated financial statements and the accompanying notes. Actual results could differ from these estimates.

<u>Reclassification</u> – Certain 2013 amounts have been reclassified to conform to the 2014 presentation. Intangible asset amortization of \$3,682 was reclassified from purchased services and other to a renamed depreciation and amortization line in the statement of operations. The statement of cash flows was also reclassified to reflect this change. The reclassification did not result in any changes in cash provided by operating activities.

### ADVENTIST HEALTH

## NOTE B - FAIR VALUE OF FINANCIAL INSTRUMENTS

The System accounts for certain assets at fair value. A fair value hierarchy for valuation inputs has been established to prioritize the valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels determined by the lowest level input considered significant to the fair value measurement in its entirety. These levels are defined as:

Level 1: Quoted prices are available in active markets for identical assets as of the measurement date. Financial assets in Level 1 include US treasury securities, domestic and foreign equities, and exchange-traded mutual funds.

Level 2: Pricing inputs are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets. Financial assets in this category generally include government agencies and municipal bonds, asset-backed securities, and corporate bonds.

Level 3: Pricing inputs are generally unobservable for the assets and include situations where there is little, if any, market activity for the investment. The System had no Level 3 investments at December 31, 2014 and 2013.

There were no transfers of financial assets between Level 1 and Level 2 of the fair value hierarchy.

The fair value of the System's financial assets, measured on a recurring basis at December 31, 2014, consists of the following:

	Quoted Prices in Active Markets for Identical Instruments (Level 1)		Significant Observable Inputs (Level 2)		nir Value at ecember 31 2014
Cash and cash equivalents US government treasury obligations US corporation and agency debentures US agency mortgage-backed securities Corporate debt securities Municipal bonds Mutual funds - fixed income Mutual funds - equity	\$	406,538 60,736 - - 192,429 104,813 764,516	\$	27,485 45,349 293,140 65,840	\$ 406,538 60,736 27,485 45,349 293,140 65,840 192,429 104,813

#### ADVENTIST HEALTH

## NOTE B - FAIR VALUE OF FINANCIAL INSTRUMENTS - Continued

The fair value of the System's financial assets, measured on a recurring basis at December 31, 2013, consists of the following:

		Quoted Prices in Active Markets for Identical Instruments (Level 1)		Significant Observable Inputs (Level 2)		nir Value at ecember 31 2013
Cash and cash equivalents	\$	473,097	\$	_	\$	473,097
US government treasury obligations		29,988		-		29,988
US corporation and agency debentures		_		36,057		36,057
US agency mortgage-backed securities		-		58,284		58,284
Corporate debt securities		-		290,144		290,144
Municipal bonds		-		70,980		70,980
Mutual funds - fixed income		162,644		-		162,644
Mutual funds - equity		93,583			_	93,583
	\$	759,312	\$	455,465	\$	1,214,777

As of December 31, 2014 and 2013, the Level 2 instruments listed in the fair value hierarchy tables above use the following valuation techniques and inputs:

US Corporation and Agency Debentures: The fair value of investments in US corporation and agency debentures classified as Level 2 is primarily determined using consensus pricing methods of observable market-based data. Significant observable inputs include quotes, spreads, and data points for yield curves.

US Agency Mortgage-backed Securities: The fair value of US agency mortgage-backed securities classified as Level 2 is primarily determined using matrices. These matrices utilize observable market data of bonds with similar features, prepayment speeds, credit ratings, and discounted cash flows. Additionally, observed market movements, tranche cash flows and benchmark yields are incorporated in the pricing models.

Corporate Debt Securities: The fair value of investments in corporate debt securities classified as Level 2 is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include reported trades, dealer quotes, security-specific characteristics, and multiple sources of spread data points in developing yield curves.

Municipal bonds: The fair value of municipal bonds classified as Level 2 is determined using a market approach. The inputs include yield benchmark curves, prepayment speeds, and observable market data such as institutional bids, dealer quotes, and two-sided markets.

### ADVENTIST HEALTH

## NOTE C - PATIENT ACCOUNTS RECEIVABLE

The System's primary concentration of credit risk is patient accounts receivable, which consists of amounts owed by various governmental agencies, insurance companies and self-pay patients. The System manages its receivables by regularly reviewing its patient accounts and contracts and by providing appropriate allowance for contractual reimbursement, policy discounts, charity, and uncollectible amounts. These allowances are estimated based upon an evaluation of governmental reimbursements, negotiated contracts, and historical payments. The System's reserve for self-pay patients, including allowance for uncollectible accounts, charity care, and self-pay discounts, was approximately 91% and 94% of self-pay accounts receivable at December 31, 2014 and 2013, respectively.

The following is a summary of significant concentrations of gross patient accounts receivable:

	Decem	December 31			
	2014				
Medicare	35%	31%			
Medicaid	32	27			
Other third-party payors	27	32			
Self-pay	6	10			
	100%	100%			

### NOTE D – ASSETS WHOSE USE IS LIMITED

The following is a summary of assets whose use is limited:

	December 31				
		2014		2013	
Assets designated by the Board, primarily for					
property and equipment	\$	118,186	\$	115,449	
Less portion reported as current		(62)		(81)	
	\$	118,124	\$	115,368	
Investments held by trustees for:					
Debt service	\$	51,920	\$	49,695	
Future capital projects		35,865		93,944	
Self-insurance programs		160,538		136,960	
Charitable annuities and other		7,963		5,556	
Total investments held by trustees		256,286		286,155	
Less portion reported as current		(22,659)		(22,504)	
	\$	233,627	\$	263,651	
Donor-restricted investments for:	<u> </u>				
Charitable trusts and life estate tenancies	\$	17,319	\$	17,157	
Other purposes		8,115		3,614	
Total donor-restricted investments		25,434		20,771	
Less portion reported as current		(4,902)		(520)	
	\$	20,532	\$	20,251	

## ADVENTIST HEALTH

## NOTE E - INVESTMENTS

The following is a summary of investments classified by major type, which are included in the balance sheet under marketable securities, assets whose use is limited, and investments:

	December 31			
	2014			2013
Investments reported at fair value as				
determined by quoted market prices:				
Trustee-held cash and cash equivalents	\$	112,604	\$	116,727
US government treasury obligations		60,736		29,988
US corporation and agency debentures		27,485		36,057
US agency mortgage-backed securities		45,349		58,284
Corporate debt securities		293,140		290,144
Municipal bonds		65,840		70,980
Mutual funds - fixed income		192,429		162,644
Mutual funds - equity		104,813		93,583
		902,396		858,407
Commercial real estate		37,627		40,067
Other investments		39,136		20,259
	\$	979.159	\$	918.733
	<u> </u>		<u> </u>	- 10,.00

Commercial real estate investments are recorded at cost or fair market value if donated. These investments are periodically reviewed for impairment and written down if necessary. Other investments include joint ventures and partnerships and are recorded using the equity method of accounting.

### ADVENTIST HEALTH

### NOTE E - INVESTMENTS - Continued

Net realized investment income, including capital gains, interest, and dividend income, is reported as a component of other revenue and includes the following:

	Year Ended December 31			
		2014	2013	
Investment earnings:				
Unrestricted and board-designated funds	\$	21,853	\$	20,487
Trustee-held funds:				
Bonds		1,851		2,002
Self-insurance programs		7,921		1,667
	\$	31,625	\$	24,156

For purposes of performance evaluation, management considers investment earnings on bond and self-insurance trustee-held funds to be components of operating income. These earnings are used to pay the operating expenses of interest and insurance.

Changes in net unrealized gains and losses on other-than-trading securities, reported at fair value, are separately disclosed in the consolidated statements of operations and changes in net assets. Unrealized gains and losses associated with these securities relate principally to market changes in interest rates for similar types of securities. Since the System has the intent and ability to hold these securities for the foreseeable future, and it is more likely than not that the System will not be required to sell the investments before their recovery, the declines are not reported as realized unless they are deemed to be other-than-temporary. In determining whether the losses are other-than-temporary, the System considers the length of time and extent to which the fair value has been less than cost or carrying value, the financial strength of the issuer, and the intent and ability of the System to retain the security for a period of time sufficient to allow for anticipated recovery or maturity.

## ADVENTIST HEALTH

## NOTE F – PROPERTY AND EQUIPMENT

The following is a summary of property and equipment:

	Decem	ber 31
	2014	2013
Land and improvements	\$ 150,699	\$ 148,276
Buildings and improvements	1,857,382	1,772,936
Equipment	921,842	854,722
	2,929,923	2,775,934
Less accumulated depreciation	(1,535,027)	(1,405,908)
	1,394,896	1,370,026
Construction in progress	235,801	216,283
	\$ 1,630,697	\$ 1,586,309

The System has commitments to complete certain construction in progress projects in the amount of \$47,101 at December 31, 2014.

The System is in the process of developing internal use software for clinical operations. Depreciation expense for the software totaled \$15,267 and \$11,746 in 2014 and 2013, respectively. Amounts capitalized are included in property and equipment as follows:

	December 31									
	2014	2013								
Equipment	\$ 183,623	\$ 155,198								
Less accumulated depreciation	(83,590)	(68,323)								
	100,033	86,875								
Construction in progress	16,441	22,420								
	\$ 116,474	\$ 109,295								

### ADVENTIST HEALTH

### NOTE G – LONG-TERM DEBT

A master note under the master bond indenture provides security for substantially all long-term debt. Under the terms of the master bond indenture, substantially all System consolidated entities are jointly and severally obligated for the payments to be made under the master note. In addition, security is provided by a combination of bond insurance, funds held in trust of \$51,920, and bank letters of credit aggregating to \$86,762 at December 31, 2014. Bonds are not secured by any property of the System.

The System is obligated under variable rate demand instruments, which are subject to certain market risks. The letters of credit, which the System intends to renew on a long-term basis, expire between 2017 and 2020 with the arrangements converting any unpaid amounts to term loans due within three years after conversion. The term loans would bear interest based on prime or the London Interbank Offered Rate (LIBOR). Long-term debt has been issued primarily on a tax-exempt basis.

The fair value of the System's long-term debt, including current maturities, is estimated based on quoted market prices for the same or similar issues or on the current rates offered to the System for debt of the same remaining maturities. The carrying amount and fair value of long-term debt at December 31, 2014, was \$1,235,159 and \$1,256,231, respectively. At December 31, 2013, the carrying amount and fair value of long-term debt was \$1,189,635 and \$1,142,143, respectively. Based on the inputs and valuation techniques, the fair value of long-term debt is classified as Level 2 within the fair value hierarchy.

Certain financing agreements impose limitations on the issuance of new debt by the System and require it to maintain specified financial ratios.

Interest paid, net of amounts capitalized, totaled \$34,369 and \$33,020 in 2014 and 2013, respectively. Interest capitalized totaled \$6,678 and \$4,673 in 2014 and 2013, respectively.

The System recorded operating lease expense amounting to \$43,152 and \$40,356 in 2014 and 2013, respectively.

In February 2014, the System obtained a \$50,000 revolving bank line of credit, with interest based on LIBOR. The line of credit provides for loans and the issuance of standby letters of credit, and the System may repay principal amounts and reborrow them. The line of credit is available until January 31, 2019. The System had borrowings against the line of credit of \$49,432 at December 31, 2014, which are included as long-term notes payable with varying rates in the following table.

The System was in compliance with their debt covenants at December 31, 2014.

## ADVENTIST HEALTH

## NOTE G - LONG-TERM DEBT - Continued

The following is a summary of long-term debt and capital lease obligations:

	December 31 2014 2013						
	2014	2013					
Long-term bonds payable, with fixed rates currently ranging from 3.00% to 5.75%, payable in installments through 2043	\$ 775,900	\$ 788,555					
Long-term bonds payable, with rates that vary with market conditions, payable in installments through 2041	267,640	271,015					
Long-term notes payable, with rates that vary with market conditions, payable in installments through 2027	173,098	110,287					
Net unamortized original issue premium	18,262	19,429					
Capital lease obligations	1,234,900 259 1,235,159	1,189,286 349 1,189,635					
Less current maturities	(20,412)	(20,457)					
	\$ 1,214,747	\$ 1,169,178					

Scheduled maturities of long-term debt, capital lease obligations, and minimum lease payments on noncancelable operating leases with initial terms in excess of one year are as follows for the year ended December 31, 2014:

	D	ong-term bebt and ital Leases	Operating Leases			
2015	\$	20,412	\$	29,077		
2016		41,455		21,321		
2017		101,340		16,641		
2018		21,728		11,969		
2019		71,789		8,067		
Thereafter		960,173		33,211		
	<u>\$</u>	1,216,897	\$	120,286		

### ADVENTIST HEALTH

## NOTE H – RESTRICTED NET ASSETS

Net assets are restricted for the following purposes:

	Decen	nber 31	
	 2014		2013
Temporarily restricted:			
Equipment and buildings	\$ 30,294	\$	30,547
Patient care, education, research, and other	21,670		18,043
Time-restricted trusts held for unrestricted			
purposes	 11,725		7,810
	\$ 63,689	\$	56,400
Permanently restricted - Endowments	\$ 5,880	\$	5,822

### NOTE I – PATIENT SERVICE REVENUE

Patient service revenue after contractual allowances and discounts and before provisions for bad debts, by major payor sources, was as follows:

		Year Ended	December 31
		2014	2013
Medicare		\$ 1,165,778	\$ 1,099,254
Medic aid		723,260	587,436
Others		1,216,758	1,245,578
	Net patient service revenue	\$ 3,105,796	\$ 2,932,268

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, fee schedules, and per diem payments. The health care industry is subject to complex laws and regulations of federal, state and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement laws and regulations, anti-kickback and anti-referral laws and false claims prohibitions, and in the case of tax-exempt hospitals, the requirements of tax-exemption. In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of reimbursement, false claims, anti-kickback and anti-referral statutes and regulations by health care providers. The System operates a compliance program, which reviews compliance with government health care program requirements and investigates allegations of non-compliance received from internal and external sources. From time to time findings may result in repayment of monies previously received from government payors and/or commercial payors, and payment of penalties. As a result, there is at least a reasonable possibility that the recorded estimates may change by a material amount in the near term.

#### ADVENTIST HEALTH

## NOTE I - PATIENT SERVICE REVENUE - Continued

Differences between original estimates and subsequent revisions are recognized in the period in which the revisions are made. Subsequent revisions compared favorably to original estimates by approximately \$26,370 and \$32,275 for the years ended December 31, 2014 and 2013, respectively.

The System recorded revenue from state programs for serving a disproportionate share of Medicaid and low-income patients in the amount of \$41,187 and \$38,775 in 2014 and 2013, respectively, including final settlements on prior years.

In October 2013, the state of California enacted a 36-month quality assurance fee program covering the period of January 1, 2014 through December 31, 2016. In 2014, the System recorded \$214,712 in patient service revenue and \$112,686 in other expenses related to the 36-month program with an increase to the excess of revenues over expenses from continuing operations of \$102,026. All of the revenue recorded is included in receivables from third-party payors. Expenses consist of \$104,873 in quality assurance fees paid or payable to the state and \$7,813 in payments to the California Health Foundation Trust for redistribution to hospitals that would otherwise incur a net loss from the 36-month program.

In September 2011, the state of California enacted a 30-month quality assurance fee program covering the period of July 1, 2011 through December 31, 2013. In 2014, the System recorded \$11,048 in patient service revenue and \$6,920 in other expenses related to the 30-month program with an increase to the excess of revenues over expenses from continuing operations of \$4,128. All of the revenue recorded is included in receivables from third-party payors. Expenses consist of \$6,474 in quality assurance fees paid or payable to the state and \$446 in payments to the California Health Foundation Trust for redistribution to hospitals that would otherwise incur a net loss from the 30-month program.

In 2013, the System recorded \$211,594 in patient service revenue and \$129,248 in other expenses related to the 30-month program with an increase to the excess of revenues over expenses from continuing operations of \$82,346. Of the total revenue recorded, \$203,959 had been received as of December 31, 2013, and the remaining \$7,635 is included in receivables from third-party payors. Expenses consist of \$122,236 in quality assurance fees paid or payable to the state and \$7,012 in payments to the California Health Foundation Trust for redistribution to hospitals that would otherwise incur a net loss from the 30-month program.

### NOTE J - RETIREMENT PLAN

Most of the System's operating entities participate in a single defined contribution plan (the "Plan"). The Plan is exempt from the Employee Retirement Income Security Act of 1974. The Plan provides, among other things, that the employer will contribute 3% of wages plus additional amounts for employees earning more than the Social Security wage base capped by the IRS compensation limit for the Plan year. Additionally, the Plan provides that the employer will match 50% of the employee's contributions up to 4% of the contributing employee's wages. Substantially all full-time employees who are at least 18 years of age are eligible for coverage in the Plan. The cost to the System for the Plan is included in employee compensation in the amount of \$41,656 and \$35,671 for the years ended December 31, 2014 and 2013, respectively.

### ADVENTIST HEALTH

## NOTE K - SELF-INSURANCE LIABILITY PROGRAMS

The System has established a separate self-insured revocable trust (the "System Trust") that covers the System's facilities for professional and general liability claims up to \$7,500 per occurrence and \$22,500 in aggregate. The System contracts with Adhealth, Limited (Adhealth), a Bermuda company, to provide excess coverage for professional and general liability claims that exceed the self-insured revocable trust limits. Adhealth provided excess coverage with aggregate and per claim limits of \$107,500 for professional and general liability claims, and additional limits of \$25,000 for general liability claims for the years ended December 31, 2014 and 2013. Adhealth has purchased reinsurance through commercial insurers for 100% of the excess limits of coverage.

Claim liabilities (reserves) for future losses and related loss adjustment expenses for professional liability claims have been determined by an actuary at the present value of future claim payments using a 2% and 3% discount rate for program years 2014 and 2013, respectively. Such claim reserves are based on the best data available to the System; however, these estimates are subject to a significant degree of inherent variability. Accordingly, there is at least a reasonable possibility that a material change to the estimated reserves will occur in the near term. The System Trust's accrued liability for professional and general liability claims is included in the consolidated balance sheets in the amount of \$143,261 and \$127,185 at December 31, 2014 and 2013, respectively.

The System has a 50% ownership position in Adhealth at December 31, 2014 and 2013, and accounts for its investment using the equity method of accounting. The System provides funding to Adhealth based on Adhealth's cost of acquiring commercial insurance. The funding contributions are reflected as an expense in the consolidated statements of operations and changes in net assets.

The System maintains a self-insured workers' compensation plan to pay for the cost of workers' compensation claims. The System has entered into an excess insurance agreement with an insurance company to limit its losses on claims. The cost of workers' compensation claims is accrued using actuarially determined estimates that are based on historical factors. Such claim reserves are based on the best data available to the System; however, these estimates are subject to a significant degree of inherent variability. Accordingly, there is at least a reasonable possibility that a material change to the estimated reserves will occur in the near term.

Workers' compensation claim liabilities have been determined by an actuary at the present value of future claim payments using a 2% and 3% discount rate for program years 2014 and 2013, respectively. The System's accrued liability for workers' compensation claims is recorded in the consolidated balance sheets in the amount of \$81,042 and \$71,270 at December 31, 2014 and 2013, respectively.

## NOTE L – RELATED-PARTY TRANSACTIONS

The System had transactions with organizations that are considered related parties. The amounts receivable from related parties are reported in the accompanying consolidated financial statements as other receivables of \$4,808 and \$5,019 and notes receivable of \$16,000 and \$15,423 at December 31, 2014 and 2013, respectively.

### ADVENTIST HEALTH

## NOTE M – COMMITMENTS AND CONTINGENCIES

Certain member organizations are involved in litigation and investigations arising in the ordinary course of business. In addition, the Department of Health and Human Services' OIG is investigating whether certain member organizations have submitted false claims to the Medicare and Medicaid programs or have violated other laws. Submission of false claims or violation of other laws can result in substantial civil and/or criminal penalties and fines, including treble damages and/or possible debarment from future participation in such programs. The System is cooperating in these investigations. Although management does not believe these matters will have a material adverse effect on the System's consolidated financial position, there can be no assurance that this will be the case.

The System extended lines of credit primarily to physicians totaling \$1,951 and \$2,483 at December 31, 2014 and 2013, respectively.

### NOTE N – FEMA FINANCIAL GRANTS

Several of the System's hospitals are located in areas of frequent earthquake activity and have sustained damage from earthquakes in the past. Three System hospitals received \$156,150 of grant funds from the Federal Emergency Management Agency (FEMA) for repair of damage and seismic structural upgrades and all of these funds were recorded in the accompanying financial statements in years prior to 2014.

FEMA grant funds received for capitalized expenditures are accounted for as an exchange transaction and are reported as deferred revenue. Deferred revenue of \$98,412 and \$104,095 at December 31, 2014 and 2013, respectively, is recorded as other noncurrent liabilities. After completion of a project, the related deferred revenue is amortized over the expected useful life of the asset and recorded as other revenue. Amortization of deferred revenue totaled \$5,683 and \$5,753 for the years ended December 31, 2014 and 2013, respectively.

### ADVENTIST HEALTH

## NOTE O - NEW ACCOUNTING PRONOUNCEMENTS

In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers*, to clarify the principles for recognizing revenue and to improve financial reporting by creating common revenue recognition guidance for GAAP and International Financial Reporting Standards. The core principle of the guidance in ASU 2014-09 is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. Management is evaluating the potential impact of this guidance, which will be effective in 2017.

In February 2013, the FASB issued ASU No. 2013-04, *Liabilities: Obligations Resulting from Joint and Several Liability Arrangements for Which the Total Amount of the Obligation Is Fixed at the Reporting Date*, which requires an entity to measure obligations resulting from joint and several liability arrangements for which the total amount of the obligation within the scope of the guidance is fixed at the reporting date. The ASU also requires that the nature of the obligation be disclosed. The guidance was effective for fiscal year 2014, and it did not have a material impact on the System's consolidated financial statements.

## NOTE P - SUBSEQUENT EVENTS

On December 31, 2014, Adventist Health entered into an Affiliation Agreement with Lodi Health. Lodi Health is a private not-for-profit community-based organization that includes Lodi Memorial Hospital. The transaction is expected to close in May 2015.

In June 2012, Howard Memorial Hospital (HMH) entered into a design/build contract for the construction of a new, replacement hospital in Willits, California. The project was scheduled to be completed prior to December 31, 2014, which is the expiration date of HMH's seismic waiver compliance requirement for its existing facility. In September 2014, HMH determined that the project would not be completed until May 2015. On January 5, 2015, the California Assembly introduced Assembly Bill 81, which, if approved, will extend HMH's seismic waiver compliance requirement to September 1, 2015.

The System has evaluated subsequent events and disclosed all material events through March 31, 2015, the date the accompanying consolidated financial statements were issued.



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## Report of Independent Auditors on Supplementary Information

The Board of Directors Adventist Health

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating financial statement schedules are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst + Young LLP

March 31, 2015

## CONSOLIDATING BALANCE SHEET

(In thousands of dollars)

## ADVENTIST HEALTH

December 31, 2014

December 31, 2014	Consolidated Balances	Adjustments and Eliminations	Adventist Health Corporate Office	Adventist Health Physicians Network	Adventist Health Plan	Adventist Medical Center (Hanford)	Adventist Medical Center (Portland)	Adventist Medical Center (Reedley)	Castle Medical Center	Central Valley General Hospital	Feather River Hospital
ASSETS											
CURRENT ASSETS								_			
Cash and cash equivalents  Marketable securities	\$ 293,934 93,113	\$ (745,057) \$ 87,763	\$ 292,729	\$ 2,548	\$ 761 306	\$ 5,939	\$ 93,528		\$ 67,845 409	\$ 57,757	\$ 7,187
Assets whose use is limited:	93,113	67,703	-	-	300	-	-	-	409	-	-
Board-designated	62	(113,751)	1,091	-	-	_	4,021	-	902	_	44
Held by trustees	22,659	(11,282)	21,253	-	4	1,021	378	287	772	645	317
Donor-restricted	4,902	-	-	-	-	-	-	-	-	-	-
Patient accounts receivable, net of	440.054	(27.042)		0.40.7		20.724	20.400	10.1.0	10.00	1 1 220	20.055
allowance for uncollectible accounts	440,374	(25,013)	-	8,495	-	29,534	38,489	12,163	18,226	14,228	20,077
Receivables from third-party payors Other receivables	142,355 27,790	(18,071) (48,366)	11,547	5,350	-	20,362 10,201	8,230 5,195	17,785 440	2,658 986	9,741 11,085	25,195 1,797
Intra-system financing receivables	21,190	(15,497)	15,334	3,330	-	10,201	3,193	440	10	11,065	1,/9/
Inventories	47,409	(15,477)	-	97	_	3,912	4,051	360	2,202	198	2,899
Prepaid expenses and other current assets	28,884	-	12,568	139	3	1,428	1,816	381	1,369	286	1,560
TOTAL CURRENT ASSETS	1,101,482	(889,274)	354,522	16,629	1,074	72,397	155,708	31,573	95,379	93,940	59,076
OTHER ASSETS											
Intra-system financing receivables	_	(909,396)	822,934	-	-	14,498	6,249	-	130	8,469	4,123
Notes receivable	24,463	(248)	18,466	5,000	-	27	1	13	-	7	_
Marketable securities	458,333	437,776	16,802	-	-	-	-	-	-	-	-
Assets whose use is limited:	110 104	115.005									215
Board-designated	118,124	117,807	100.450	-	-	4 627	942	-	7 417	1 254	317
Held by trustees Donor-restricted	233,627 20,532	15,432	190,450	-	-	4,627	843 234	-	7,417 5,105	1,254	2,508 1,031
Long-term investments	20,332	(1,600)	23,198	-	-	2,370	234	-	3,103 777	_	1,031
Deferred financing costs	7,505	(1,000)	7,505	-	-	2,370	22)	- -	-	- -	
Other long-term assets	60,699	24,724	9,296	49	-	433	2,589	8,402	209	1,360	_
TOTAL OTHER ASSETS	951,090	(315,505)	1,088,651	5,049		21,955	10,145	8,415	13,638	11,090	7,979
PROPERTY AND EQUIPMENT											
Land and improvements	150,699	_	6,567	_	_	7,134	18,943	366	12,872	2,349	14,265
Buildings and improvements	1,857,382	_	8,291	-	-	178,631	187,905	3,940	115,787	14,674	89,513
Equipment	921,842		231,752			57,183	93,072	8,953	37,019	10,403	36,420
	2,929,923	-	246,610	-	-	242,948	299,920	13,259	165,678	27,426	140,198
Less accumulated depreciation	(1,535,027)		(120,636)			(106,110)	(179,947)	(4,539)	(94,204)	(16,239)	(74,788)
	1,394,896	-	125,974	-	-	136,838	119,973	8,720	71,474	11,187	65,410
Construction in progress	235,801		19,315			27,430	681	4,939	10,695	4,497	703
PROPERTY AND EQUIPMENT, net	1,630,697		145,289			164,268	120,654	13,659	82,169	15,684	66,113
TOTAL ASSETS	\$ 3,683,269	\$ (1,204,779)	\$ 1,588,462	\$ 21,678	\$ 1,074	\$ 258,620	\$ 286,507	\$ 53,647	\$ 191,186	\$ 120,714	\$ 133,168

Ad M	endale ventist edical enter	Men	ward norial spital	St. Helen Hospita Clear Lal	l	St. Helena Hospital Napa Valley	San Joaquin Community Hospital		Valley spital	Sonora Region Medica Center	al al	South Coast Medical Center	Southern California Medical Foundation	]	Fillamook Regional Medical Center	Ukiah Valley Medical Center	Walla Walla General Hospital	Western Health Resources	M N	White Iemorial Medical Center
\$	36,713 1,194	\$	19,297 -	\$ 7	25	\$ 3,037	\$ 42,670 -	\$	4,042	\$ 60,	,446 -	\$ -	\$	- \$ -	21,538	\$ 35,096	\$ 1,2	11 \$ 25		285,740 3,441
	1,178 2,293		137	2	- 40 -	1,120 4,900	952		618		- 997 -	- - -		- - -	293 -	674 2		- 870 	)	106,577 1,070
	75,832 8,916 3,533		7,211 3,980 1,538	12,2 12,1 1,0	82	32,897 1,042 9,830	55,223 - 3,555		2,067	9,	,384 ,567 ,252	- - -		- - -	10,158 864 289	13,366 16,438 1,528	7,55 69 27		•	52,058 22,773 4,542
	23 5,269 2,191 137,142		631 320 33,114		12 45 72	3,861 1,161 57,848	6,192 648 109,240		105 2,719 326 26,724		25 ,321 <u>836</u> 828	53 53		- - <u>-</u>	1,060 441 34,643	2,076 1,273 70,453	1,8° 58 12,19	<u> </u>	_	5,978 1,103 483,282
	9,500		181		47	4,506	4,994		13,875		518	-		-	_	19,083				89
	-		-		6	143	-		225		137	-		-	581	-	10	)5	-	3,755
	2,076 252		590	5	92 -	413 13,796	352		1,403 - 2,333		424	- - -		-	54 - -	2,379 114 500			• •	2,813
	6,665 18,493		771	2	- 62	<u>585</u> 	2,013 7,359		1,949 19,785		434 513			- - - -	635	136 22,212	1(	- 850 05 850		743 7,400
	7,790		16	10,2	46	17,129	11,861		12,453	12,	,100	-		-	2,540	2,374	2,4	70	-	9,224
	389,967 84,598 482,355		3,167 11,202 14,385	26,4 14,5 51,2	14 51	118,014 56,480 191,623	146,544 79,928 238,333	1	130,924 29,919 173,296	37, 112,			· -	- <u>-</u> -	25,421 12,548 40,509	25,630 19,737 47,741	45,13 19,40 67,00	$\frac{02}{06}$ $\frac{272}{272}$	<del></del>	284,490 80,779 374,493
	(256,866) (225,489 (9,171)		(12,137) 2,248 54,362	(25,3 25,9 3,6	05	(119,005) 72,618 21,892	(105,958) 132,375 30,941	1	(69,468) 103,828 30,955	52,	,593) ,027 ,742			<u> </u>	(27,750) 12,759 43	(33,737) 14,004 11,380	(35,9° 31,0° 95	29 83		(191,538) 182,955 2,482
	234,660 390,295		56,610 90,495	29,5 \$ 57,9	,	94,510 \$ 171,801	163,316 \$ 279,915		134,783	53, \$ 159,	,769	<u> </u>	\$	<u> </u>	12,802 48,080	25,384 \$ 118,049	31,98 \$ 44,28			185,437 676,119

# CONSOLIDATING BALANCE SHEET – Continued (In thousands of dollars)

## ADVENTIST HEALTH

December 31, 2014

December 31, 2014		Consolidated Balances Adjustments and Eliminations		Adjustments Consolidated and C		and Corporate		Adventist Health Plan	Adventist Medical Center (Hanford)	Adventist Medical Center (Portland)	Adventist Medical Center (Reedley)	Castle Medical Center	Central Valley General Hospital	Feather River Hospital	
LIABILITIES AND NET ASSETS															
CURRENT LIABILITIES															
Bank checks outstanding, less cash on	deposit	\$ -	\$ (4,430)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 834	\$ -	\$ -	\$ -			
Accounts payable		123,563	(49,785)	31,545	13,791	-	9,792	6,442	10,766	7,911	6,105	4,525			
Accrued compensation and related pay	ables	192,069	(23,252)	99,553	1,097	19	7,026	10,944	1,593	6,597	2,771	6,328			
Accrued interest		12,290	(1,769)	14,039	-	-	-	-	-	1	-	-			
Liabilities to third-party payors		38,411	(18,071)	- 20.700	1.000	-	1,405	338	430	1 7 4 4	1,669	-			
Other current liabilities		31,440	(23,466)	30,798	1,000	-	22	4,258	29,334	1,544	99	419			
Short-term financing Current maturities of long-term debt		20,412	(226,852) (15,656)	18,202	-	-	2,662	-	185	378	-	1,198			
<u> </u>	IDDENT LIADH ITIES				15 000	10		21.092			10.644				
TOTAL CO	URRENT LIABILITIES	418,185	(363,281)	194,137	15,888	19	20,907	21,982	43,142	16,431	10,644	12,470			
LONG-TERM DEBT, net of current matu	ırities	1,214,747	(909,625)	1,189,945	5,000	1,200	155,518	66,535	21,169	1,114	33	73,735			
OTHER NONCURRENT LIABILITIES		334,883	23,163	148,385	13	8	6,379	1,479	94	5,491	2,576	3,418			
	TOTAL LIABILITIES	1,967,815	(1,249,743)	1,532,467	20,901	1,227	182,804	89,996	64,405	23,036	13,253	89,623			
NET ASSETS															
Unrestricted		1,645,885	44,964	55,946	777	(153)	73,778	192,338	(10,759)	163,648	107,369	42,140			
Temporarily restricted		63,689	-	49	-	-	2,038	1,606	1	3,856	92	1,405			
Permanently restricted		5,880						2,567		646					
	TOTAL NET ASSETS	1,715,454	44,964	55,995	777	(153)	75,816	196,511	(10,758)	168,150	107,461	43,545			
TOTAL LIABILITI	ES AND NET ASSETS	\$ 3,683,269	\$ (1,204,779)	\$ 1,588,462	\$ 21,678	\$ 1,074	\$ 258,620	\$ 286,507	\$ 53,647	\$ 191,186	\$ 120,714	\$ 133,168			

Glendale Adventist Medical Center	Howard Memorial Hospital	St. Helena Hospital Clear Lake	St. Helena Hospital Napa Valley	San Joaquin Community Hospital	Simi Valley Hospital	Sonora Regional Medical Center	South Coast Medical Center	Southern California Medical Foundation	Tillamook Regional Medical Center	Ukiah Valley Medical Center	Walla Walla General Hospital	Western Health Resources	White Memorial Medical Center
\$ - 13,011 16,009	\$ - 4,356 1,907	\$ 1 2,385 2,464	\$ 1,459 7,119 7,355 19	\$ - 13,292 11,863	\$ 875 5,468 5,994	\$ - 5,980 8,016	\$ - 192	\$ -	\$ - 2,262 3,154	\$ 904 9,716 4,134	\$ - 1,342 2,038	\$ 357 813 2,457	\$ - 16,727 13,810
1,010	1,775 - - -	4,006 18 4,213 643	213 39,915 1,562	9,293 107 - 1,844	1,888 74 73,427 2,632	457 - 2,160	28 231 33,269	- - -	8	782 - 771	127 36,632 686	12 10,062	35,650 13,727
33,175	8,038	13,730	57,642	36,399	90,358	16,613	33,720	-	5,424	16,307	40,825	13,701	79,914
165,990 38,962	25,000 535	61,440 1,644	60,107 3,014	76,637 2,722	123,343 15,998	38,174 5,906	4,423	-	364	37,918 3,438	20,664	850 1,837	65,034
238,127	33,573	76,814	120,763	115,758	229,699	60,693	38,143		5,788	57,663	61,489	16,388	144,948
147,544 4,322 302 152,168	56,867 55 - 56,922	(19,150) 334 - (18,816)	30,994 2,359	161,771 2,386 - 164,157	(51,585) 3,178 - (48,407)	96,441 1,976 - 98,417	(38,090)		40,967 1,325 - 42,292	56,672 3,708 6 60,386	(17,840) 639 - (17,201)	5	525,451 5,720 - 531,171
\$ 390,295	\$ 90,495	\$ 57,998	\$ 171,801	\$ 279,915	\$ 181,292	\$ 159,110	<u>\$ 53</u>	\$ -	\$ 48,080	\$ 118,049	<u>\$ 44,288</u>	\$ 15,497	\$ 676,119

# CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS (In thousands of dollars)

## ADVENTIST HEALTH

Year Ended December 31, 2014

	Consolidated Balances	Adjustments and Eliminations	Adventist Health Corporate Office	Adventist Health Physicians Network	Adventist Health Plan	Adventist Medical Center (Hanford)	Adventist Medical Center (Portland)	Adventist Medical Center (Reedley)	Castle Medical Center	Central Valley General Hospital	Feather River Hospital
UNRESTRICTED REVENUES, GAINS, AND SUPPORT Gross patient charges:											
Inpatient daily hospital charges	\$ 2,357,061	\$ -	\$ -	\$ -	\$ -	\$ 96,144	\$ 115,654	\$ 14,527	\$ 82,725	\$ 17,900	\$ 91,613
Inpatient ancillary charges	4,562,248	-	-	-	-	239,754	253,081	22,447	155,566	19,277	345,118
Outpatient ancillary charges	5,014,788	(10)	-	-	-	562,499	351,773	101,288	166,127	23,406	580,693
Other patient charges	733,209			109,671		2,730	104,188	20,819	10,809	61,164	82,311
Gross patient charges	12,667,306	(10)	-	109,671	-	901,127	824,696	159,081	415,227	121,747	1,099,735
Less provision for contractual adjustments	9,561,510	111,013		67,276		658,879	516,482	92,083	264,478	17,946	903,396
Net patient service revenue	3,105,796	(111,023)	-	42,395	-	242,248	308,214	66,998	150,749	103,801	196,339
Less provision for bad debts	122,969			387		20,079	4,503	12,829	3,004	1,228	5,127
Net patient service revenue less	2 002 027	(111.000)		42.000		222 1 60	202 711	54.160	1 47 7 45	100 570	101 212
provision for bad debts	2,982,827	(111,023)	-	42,008	-	222,169	303,711	54,169	147,745	102,573	191,212
Premium revenue	88,211	-	3,027	3,786	-	-	30,326	103	-	762	-
Other revenue	181,708	(252,254)	243,897	33,397	12	7,767	17,600	2,201	12,846	5,743	13,227
Net assets released from restrictions for operations	10,117					114	1,009	19	1,221	78	165
TOTAL UNRESTRICTED REVENUES,											
GAINS, AND SUPPORT	3,262,863	(363,277)	246,924	79,191	12	230,050	352,646	56,492	161,812	109,156	204,604
EXPENSES											
Employee compensation	1,551,161	(113,013)	132,411	19,492	682	104,146	180,649	28,078	74,079	45,634	96,971
Professional fees	315,772	(58)	29,750	36,693	798	17,986	14,650	9,795	7,676	18,556	18,611
Supplies	440,336	(211)	(12,861)	6,351	14	32,832	44,621	4,784	27,350	6,629	29,999
Purchased services and other Interest	651,089 34,123	(244,383) (5,612)	85,529 8,503	16,060 44	264 8	42,491 5,360	92,935 2,770	10,650 1,252	31,807 236	26,857 3	39,797 2,305
Depreciation and amortization	152,635	(3,012)	24,559	286	0	13,139	11,556	1,742	6,658	1,730	7,115
TOTAL EXPENSES	3,145,116	(363,277)	267,891	78,926	1,766	215,954	347,181	56,301	147,806	99,409	194,798
TOTAL EXPENSES	3,143,110	(303,277)	207,091	76,920	1,700	213,934	347,161		147,000	99,409	194,798
EXCESS (DEFICIENCY) OF REVENUES OVER											
EXPENSES FROM CONTINUING OPERATIONS	\$ 117,747	\$ -	\$ (20,967)	\$ 265	\$ (1,754)	\$ 14,096	\$ 5,465	\$ 191	\$ 14,006	\$ 9,747	\$ 9,806

	Glendale Adventist Medical Center	Howard Memorial Hospital	St. Helena Hospital Clear Lake	St. Helena Hospital Napa Valley	San Joaquin Community Hospital	Simi Valley Hospital	Sonora Regional Medical Center	South Coast Medical Center	Southern California Medical Foundation	Tillamook Regional Medical Center	Ukiah Valley Medical Center	Walla Walla General Hospital	Western Health Resources	White Memorial Medical Center
\$	496,233 965,162 554,904 36,986 2,053,285	\$ 20,490 52,084 60,387 	\$ 34,808 27,423 129,884 23,277 215,392	\$ 198,512 400,138 304,376 18,818 921,844	\$ 358,052 709,887 518,266 31,549 1,617,754	\$ 109,279 199,714 215,718 2,597 527,308	\$ 103,544 248,545 417,707 76,686 846,482	\$ - - - -	\$ - - - -	\$ 7,951 8,628 70,680 15,986 103,245	\$ 54,778 84,465 232,962 45,309 417,514	\$ 13,760 23,799 86,403 21,310 145,272	\$ - - - 62,157 62,157	\$ 541,091 807,160 637,725 6,842 1,992,818
_	1,651,866 401,419	83,067 49,894	141,946 73,446	719,599	1,243,621 374,133	393,284 134,024	614,500 231,982			39,564 63,681	300,884 116,630	93,798	19,527 42,630	1,628,301 364,517
_	14,906	1,680	4,122	5,388	13,080	6,288	8,172			1,089	5,359	1,797	392	13,539
	386,513	48,214	69,324	196,857	361,053	127,736	223,810	-	-	62,592	111,271	49,677	42,238	350,978
	17,092 770	1,100 1,463 24	1,737 2,402 242	1,689 8,507 1,488	8,088 493	4,238 62	11,636 430	- - -	- - 	1,920 693	21,570 4,629 42	15 6,164 94	56	24,096 31,077 3,172
	404,375	50,801	73,705	208,541	369,634	132,036	235,876	-	-	65,205	137,512	55,950	42,295	409,323
_	186,404 17,480 55,591 118,917 6,257 20,152 404,801	23,425 4,348 6,306 9,798 1,196 45,073	33,660 10,887 4,543 15,843 1,374 2,388 68,695	88,795 19,509 39,547 56,674 2,636 8,748 215,909	163,200 21,976 62,406 80,189 2,199 15,283 345,253	65,748 3,204 14,519 36,203 2,356 6,455 128,485	103,613 27,489 35,734 39,893 1,707 5,986 214,422	- - - - - -	- - - - - -	35,113 7,525 7,409 11,218 - 2,481 63,746	53,546 18,320 14,136 34,029 639 1,731 122,401	34,792 2,284 7,624 13,425 1,601 2,528 62,254	35,205 2,225 1,202 5,286 466 18 44,402	158,531 26,068 51,811 127,607 19 18,884 382,920
\$	(426)	\$ 5,728	\$ 5,010	\$ (7,368)	\$ 24,381	\$ 3,551	\$ 21,454	\$ -	\$ -	\$ 1,459	\$ 15,111	\$ (6,304)	\$ (2,107)	\$ 26,403

# CONSOLIDATING STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS – Continued (In thousands of dollars)

## ADVENTIST HEALTH

Year Ended December 31, 2014

	Consolidated Balances	Adjustments and Eliminations	Adventist Health Corporate Office	Adventist Health Physicians Network	Adventist Health Plan	Adventist Medical Center (Hanford)	Adventist Medical Center (Portland)	Adventist Medical Center (Reedley)	Castle Medical Center	Central Valley General Hospital	Feather River Hospital
UNRESTRICTED NET ASSETS Excess (deficiency) of revenues over expenses from continuing operations Change in net unrealized gains and losses	\$ 117,747	\$ -	\$ (20,967)	\$ 265	\$ (1,754)	\$ 14,096	\$ 5,465	\$ 191	\$ 14,006	\$ 9,747	\$ 9,806
on other-than-trading securities  Donated property and equipment	2,405 1,146	1,952	-	-	<del>-</del>		- -		260	-	- - 250
Net assets released from restrictions for capital additions Transfers from (to) related parties INCREASE (DECREASE) IN UNRESTRICTED NET	6,025		66,649	(11)	<del>-</del>	520 (5,850)	(5,190)	(3,729)	869 (1,623)	(2,456)	358 (3,436)
ASSETS BEFORE DISCONTINUED OPERATIONS	127,323	1,952	45,682	254	(1,754)	8,766	275	(3,538)	13,512	7,291	6,728
Net loss from discontinued operations  INCREASE (DECREASE) IN  UNRESTRICTED NET ASSETS	(926) 126,397	1,952	45,682	254	(1,754)	8,766	275	(3,538)	13,512	7,291	6,728
TEMPORARILY RESTRICTED NET ASSETS	· · · · · · · · · · · · · · · · · · ·	1,932	· · · · · · · · · · · · · · · · · · ·	234	(1,734)			(3,336)			
Restricted gifts and grants  Net realized and unrealized gains on investments  Change in value of split-interest agreements	22,070 82 1,279	- -	49 - -	- -	- -	484	707 81 8	19 - -	975 - 1,266	10	414 - -
Net assets released from restrictions  INCREASE (DECREASE) IN TEMPORARILY	(16,142)					(634)	(1,009)	(19)	(2,090)	(78)	(523)
RESTRICTED NET ASSETS	7,289		49			(150)	(213)		151	(68)	(109)
PERMANENTLY RESTRICTED NET ASSETS Restricted gifts and grants Net realized and unrealized gains (losses) on investments	61 (3)						61	<u>-</u> .	- -	<u>-</u>	- -
INCREASE (DECREASE) IN PERMANENTLY RESTRICTED NET ASSETS	58						61	<u> </u>			<u> </u>
INCREASE (DECREASE) IN NET ASSETS	133,744	1,952	45,731	254	(1,754)	8,616	123	(3,538)	13,663	7,223	6,619
NET ASSETS, BEGINNING OF YEAR	1,581,710	43,012	10,264	523	1,601	67,200	196,388	(7,220)	154,487	100,238	36,926
NET ASSETS, END OF YEAR	\$ 1,715,454	\$ 44,964	\$ 55,995	\$ 777	\$ (153)	\$ 75,816	\$ 196,511	\$ (10,758)	\$ 168,150	\$ 107,461	\$ 43,545

A	Glendale Adventist Medical Center	Howard Memorial Hospital	St. Helena Hospital Clear Lake	St. Helena Hospital Napa Valley	San Joaquin Community Hospital	Simi Valley Hospital	Sonora Regional Medical Center	South Coast Medical Center	Southern California Medical Foundation	Tillamook Regional Medical Center	Ukiah Valley Medical Center	Walla Walla General Hospital	Western Health Resources	White Memorial Medical Center
\$	(426)	\$ 5,728	\$ 5,010	\$ (7,368)	\$ 24,381	\$ 3,551	\$ 21,454	\$ -	\$ -	\$ 1,459	\$ 15,111	\$ (6,304)	\$ (2,107)	\$ 26,403
	-	-	-	-	-	-	-	193	-	-	-	-	-	1,146
	1,791 (10,536)	- (482)	(214) (2,626)		2,001 (3,176)	(3,610)	38 (2,999)	-	-	(382)	(3,121)	662 (1,563)	- (7)	(10,085)
-	(9,171)	5,246	2,170	(13,135)	<u></u>	(59)	18,493	193		1,077	11,990	(7,205)	(2,114)	17,464
	<u>-</u>	<u> </u>	<u> </u>		<u> </u>		<u> </u>	(347)	(579)	<u> </u>				<u> </u>
	(9,171)	5,246	2,170	(13,135)	23,206	(59)	18,493	(154)	(579)	1,077	11,990	(7,205)	(2,114)	17,464
	1,682	(1)	372	9,211	1,063	410	1,390	-	-	188	1,378	124	1	3,594
	(2,561)	(24)	(28)	5 (1,488)	(2,494)	(62)	(468)	- - 	- - -	(693)	(42)	(756)	<u> </u>	(3,172)
	(879)	(25)	344	7,728	(1,431)	348	922			(505)	1,337	(632)		422
	- 7	-	-	(10)	-	-	-	-	-	-	-	-	-	-
	7												<del>_</del>	
	(10.042)	5 221	2.514	(10)	21 775		10.415	(154)	(570)	572	12 227	(7,927)	(2.114)	17.006
	(10,043) 162,211	5,221 51,701	2,514 (21,330)	(5,417) 56,455	21,775 142,382	289 (48,696)	19,415 79,002	(154)	(579) 579	572 41,720	13,327 47,059	(7,837) (9,364)	(2,114) 1,223	17,886 513,285
\$		\$ 56,922			\$ 164,157			\$ (38,090)		\$ 42,292	\$ 60,386			\$ 531,171