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Amended

Form 990 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury Internal Revenue Service

OMB No 1545-0047

2004

Open to Public Inspection

EFFECTIVE POSTMARK DATE NOV 15 2005

A For the 2004 calendar year, or tax year beginning _____ and ending _____

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization: Adventist Health System/Sunbelt, Inc.

D Employer identification number: 59-1479658

Number and street (or P.O. box if mail is not delivered to street address): 111 North Orlando Avenue — Room/suite

E Telephone number: (407)975-1455

City or town, state or country, and ZIP + 4: Winter Park, FL 32789

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ _____

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☒ Yes ☐ No

G Website: ▶www.adventisthealthsystem.com

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

I Group Exemption Number ▶ 1071

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

M Check ▶ ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,073,619,176.

SCANNED DEC 19 2005 SCANNED MAY 03 2010

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

1	Contributions, gifts, grants, and similar amounts received.				
a	Direct public support	1a	1,059,335.		
b	Indirect public support	1b	537,139.		
c	Government contributions (grants)	1c	100,212.		
d	Total (add lines 1a through 1c) (cash $ 1,696,686. noncash $ _____)			1d	1,696,686.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	2014244643.
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	6,010,720.
5	Dividends and interest from securities			5	34,957,017.
6a	Gross rents See Statement 2	6a	7,611,348.		
b	Less: rental expenses See Statement 3	6b	7,313,758.		
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	297,590.
7	Other investment income (describe ▶ Cash from Swap)			7	1,011,008.
8a	Gross amount from sales of assets other than inventory	(A) Securities <1,396,886.>	8a	(B) Other 4,418,092.	
b	Less: cost or other basis and sales expenses		8b	8,382,452.	
c	Gain or (loss) (attach schedule)	<1,396,886.>	8c	<3,964,360.>	
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) Stmt 4 Stmt 5			8d	<5,361,246.>
9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐				
a	Gross revenue (not including $ _____ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c	
11	Other revenue (from Part VII, line 103)			11	5,066,548.
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2057922966.
13	Program services (from line 44, column (B))			13	1730698445.
14	Management and general (from line 44, column (C))			14	235,953,245.
15	Fundraising (from line 44, column (D))			15	88,968.
16	Payments to affiliates (attach schedule)			16	
17	Total expenses (add lines 16 and 44, column (A))			17	1966740658.
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	91,182,308.
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	905,153,842.
20	Other changes in net assets or fund balances (attach explanation) See Statement 6			20	33,863,257.
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1030199407.

STATUTE UNTIMELY FILED REC APR 19 2010 OGDEN

RECEIVED NOV 21 2005 519 IRS-OSC OGDEN, UT

ADVENTIST HEALTH SYSTEM/SUNBELT, INC. 59-1479658
Schedule attached to Form 990, Part V
2004

OFFICERS AND BOARD MEMBERS COMPENSATION

The following officers and board members listed below are employees of Adventist Health System Sunbelt Healthcare Corporation, the parent company of Adventist Health System/Sunbelt, Inc.:

Name		Compensation	Contributions to Employee Benefit Plans	Expense Account and Other Allowances
MARDIAN	BLAIR	741	936,437 */**	0
DONALD	JERNIGAN	805,919	1,093,652 */**	0
THOMAS	WERNER	958,539	1,552,727 */**	0

* Includes a distribution from a non-qualified deferred compensation arrangement. In prior years, amounts contributed by the employer to this deferred compensation plan were reported as compensatory benefits on Form 990.

** Includes a distribution from a non-qualified deferred compensation plan (deferred paid days off). In prior years, amounts deferred by the employee were reported as compensation on Form 990.

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