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Form 990

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2005

Open to Public Inspection

A For the 2005 calendar year, or tax year beginning 01-01-2005 and ending 12-31-2005

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 SystemSunbelt Inc

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

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

D Employer identification number
59-1479658

E Telephone number
(407) 975-1455

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).**

G **Web site:** ▶ wwwadventisthealthsystemcom

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

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.**

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,200,876,462

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? ☐ Yes ☐ No
(If "No," attach a list See instructions)

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

I Group Exemption Number ▶ 1071

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	6,263,121		
b	Indirect public support	1b	2,003,140		
c	Government contributions (grants)	1c	154,027		
d	**Total** (add lines 1a through 1c) (cash $ 8,420,288 noncash $ _____)			1d	8,420,288
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	2,116,556,375
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	20,018,795
5	Dividends and interest from securities			5	33,972,793
6a	Gross rents	6a	7,662,558		
b	Less rental expenses	6b	7,765,855		
c	Net rental income or (loss) (subtract line 6b from line 6a)			6c	-103,297
7	Other investment income (describe ▶)			7	1,464,378

8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
		770,791	8a	8,244,543			
b	Less cost or other basis and sales expenses		8b	4,043,730			
c	Gain or (loss) (attach schedule)	770,791	8c	4,200,813			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	4,971,604	

9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐				
a	Gross revenue (not including $ 243,635 of contributions reported on line 1a)	9a	208,898		
b	Less direct expenses other than fundraising expenses	9b	293,851		
c	Net income or (loss) from special events (subtract line 9b from line 9a)			9c	-84,953
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	3,557,043
12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12	2,188,773,026
13	Program services (from line 44, column (B))			13	1,851,926,659
14	Management and general (from line 44, column (C))			14	239,755,721
15	Fundraising (from line 44, column (D))			15	
16	Payments to affiliates (attach schedule)			16	
17	**Total expenses** (add lines 16 and 44, column (A))			17	2,091,682,380
18	Excess or (deficit) for the year (subtract line 17 from line 12)			18	97,090,646
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,030,199,407
20	Other changes in net assets or fund balances (attach explanation)			20	-14,274,555
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21	1,113,015,498

Expenses

Net Assets

SCANNED MAY 03 2010

STATUTE UNIT RECEIVED APR 19 2010 TPR BRANCH OGDEN

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TY 2005 Compensation Schedule

Name: Adventist Health SystemSunbelt Inc

EIN: 59-1479658

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
MARDIAN J BLAIR	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	59-2170012	TOP-TIER PARENT OF HEALTH SYSTEM	69,284	0	0	This individual served on the Board of Directors in 2005 and received no compensation for board services The compensation shown was paid by AHSSHC with respect to responsibilities and roles in serving the entire system of affiliates owned and/or controlled by AHSSHC Compensation includes base salary incentive bonuses, and other taxable benefits Compensation also includes a distribution from a non-qualified deferred paid-days-off plan In prior years, amounts deferred by the employee to this deferred compensation plan were reported as compensation on Form 990
DONALD L JERNIGAN PHD	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	59-2170012	TOP-TIER PARENT OF HEALTH SYSTEM	818,454	213,986	0	This individual served on the Board of Directors in 2005 and received no compensation for board services The compensation shown was paid by AHSSHC with respect to responsibilities and roles in serving the entire system of affiliates owned and/or controlled by AHSSHC Compensation includes base salary, incentive bonuses, and other taxable benefits Contributions to employee benefit plans include both employer contributions and employee deferrals to qualified retirement plans Contributions to employee benefit plans include both employer contributions and employee deferrals to a non-qualified deferred compensation plan
THOMAS L WERNER	ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION	59-2170012	TOP-TIER PARENT OF HEALTH SYSTEM	3,405,804	242,651	0	This individual served on the Board of Directors in 2005 and received no compensation for board services The compensation shown was paid by AHSSHC with respect to responsibilities and roles in serving the entire system of affiliates owned and/or controlled by AHSSHC Compensation includes base salary, incentive bonuses, and other taxable benefits Compensation includes a distribution from a Supplemental Executive Retirement Plan The benefit generally occurs when the executive meets the required years of service and reaches age 60 The benefit is designed to help certain executives receive employer provided retirement benefits equal to an established threshold percentage of the executive's average highest three years' base salary Contributions to employee benefit plans include both employer contributions and employee deferrals to qualified retirement plans Contributions to employee benefit plans include both employer contributions and employee deferrals to a non-qualified deferred compensation plan

Q1-EW