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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
Adventist Health SystemSunbelt Inc

Doing Business As

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

G Gross receipts $ 2,666,288,732

F Name and address of principal officer
Donald Jernigan
111 North Orlando Avenue
Winter Park, FL 32789

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

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1071

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www adventisthealthsystem com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1973 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Operation of 13 acute-care hospitals & related healthcare services

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of employees (Part V, line 2a)	**5**	23,468
6	Total number of volunteers (estimate if necessary)	**6**	5,256
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	13,390,986
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	178,556

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,571,163	4,250,519
9	Program service revenue (Part VIII, line 2g)	2,345,197,395	2,593,392,431
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,580,182	55,195,954
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,272,513	7,632,179
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,358,621,253	2,660,471,083
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,674,489	13,384,512
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,081,721,879	1,174,345,416
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,182,646,540	1,334,612,893
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,273,042,908	2,522,342,821
19	Revenue less expenses Subtract line 18 from line 12	85,578,345	138,128,262
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	5,189,151,159	5,379,889,514
21	Total liabilities (Part X, line 26)	3,830,671,167	3,778,223,944
22	Net assets or fund balances Subtract line 21 from line 20	1,358,479,992	1,601,665,570

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2010-11-12
Signature of officer | Date

Lynn C Addiscott Asst Secretary
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ▶
			Phone no ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Adventist Health System Sunbelt Healthcare Corporation, and all of its subsidiary organizations, was established by the Seventh-Day Adventist Church to bring a ministry of healing and health to the communities served Our mission is to extend the healing ministry of Christ

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,375,579,299 including grants of $ 13,384,512) (Revenue $ 2,580,911,699)

Operation of 13 acute care hospitals with 150,803 patient admissions and 700,325 patient days in the current year In addition to hospital operations, the corporation provides medical care through a number of other activities such as urgent care centers, physician clinics, home health services, hospice services, sleep centers, wound centers, therapy and rehab

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 2,375,579,299

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A Yes		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	1,792		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	23,468		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 19		
b	Enter the number of voting members that are independent . .	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Terry Shaw
111 N Orlando Avenue
Winter Park, FL 327893675
(407) 975-1405

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	3,041,603	15,066,308	1,775,744

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 851

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BRASFIELD & GORRIE LLC 200 COLONIAL CENTER PWY STE LAKE MARY, FL 32746	Construction	26,240,082
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	Healthcare Information Technology System	9,751,592
HUNTON BRADY ARCHITECTS 800 N MAGNOLIA AVE STE 600 ATTNDI ORLANDO, FL 32803	Architecture	5,894,906
CC STAFFING INC PO BOX 404678 ATTN ALECIA SMITH ATLANTA, GA 30384	Staffing	4,811,691
CROTHALL HEALTHCARE INC 2501 N ORANGE AVE STE 303 FLORIDA ORLANDO, FL 32804	Housekeeping/cleaning	4,109,189
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 423		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	144,363			
	d	Related organizations	1d	3,440,752			
	e	Government grants (contributions)	1e	271,723			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	393,681			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		4,250,519			
			Business Code				
Program Service Revenue	2a	Patient Revenue	900,099	2,552,056,246	2,542,756,417	9,299,829	
	b	Cafeteria/Vending Rev	900,099	16,256,036	16,241,489	14,547	
	c	Fitness Revenue	713,940	4,263,194	4,136,792	126,402	
	d	Research	541,700	4,172,934	4,172,934		
	e	Gift Shop	453,220	3,719,331	3,708,980	10,351	
	f	All other program service revenue		12,924,690	9,895,087	3,029,603	
	g	**Total.** Add lines 2a–2f		2,593,392,431			
	3	Investment income (including dividends, interest and other similar amounts)		26,101,546			26,101,546
	4	Income from investment of tax-exempt bond proceeds		2,826,029			2,826,029
	5	Royalties		1,071,631			1,071,631
			(i) Real	(ii) Personal			
	6a	Gross Rents	7,325,021	542,860			
	b	Less rental expenses	3,102,434	12,697			
	c	Rental income or (loss)	4,222,587	530,163			
	d	Net rental income or (loss)		4,752,750		910,254	3,842,496
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	20,279,458	8,595,757			
	b	Less cost or other basis and sales expenses		2,606,836			
	c	Gain or (loss)	20,279,458	5,988,921			
	d	Net gain or (loss)		26,268,379			26,268,379
Other Revenue	8a	Gross income from fundraising events (not including $ 144,363 of contributions reported on line 1c) See Part IV, line 18	a 20,432				
	b	Less direct expenses	b 95,682				
	c	Net income or (loss) from fundraising events		-75,250			-75,250
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Investment in Subs	900,099	1,217,569	1,217,569		
	b	Equity earnings from r	900,099	665,479	665,479		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		1,883,048			
	12	**Total revenue.** See Instructions		2,660,471,083	2,582,794,747	13,390,986	60,034,831

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	13,384,512	13,384,512		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,419,401		9,419,401	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	860,747,326	845,450,127	15,297,199	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,876,330	31,225,774	650,556	
9 Other employee benefits	204,019,588	189,601,582	14,418,006	
10 Payroll taxes	68,282,771	66,859,463	1,423,308	
11 Fees for services (non-employees)				
a Management	38,439,489	37,549,241	890,248	
b Legal	4,483,889		4,483,889	
c Accounting	686,776		686,776	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	192,119,081	159,744,739	32,374,342	
12 Advertising and promotion	15,183,222		15,183,222	
13 Office expenses	495,859,088	474,317,384	21,541,704	
14 Information technology	22,775,973	10,345,531	12,430,442	
15 Royalties				
16 Occupancy	53,905,275	53,715,995	189,280	
17 Travel	5,291,134	2,255,131	3,036,003	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	904,995	509,935	395,060	
20 Interest	70,405,159	60,249,061	10,156,098	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	141,226,215	141,226,215		
23 Insurance	34,670,285	49,817,093	-15,146,808	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Bad Debt	105,751,925	105,751,925		
b Repairs/Maintenance	52,630,813	52,630,813		
c Extinguishment of Debt	46,984,039	46,984,039		
d Assessments	28,863,460	28,863,460		
e UBI Tax	638,999	25,778	613,221	
f All other expenses	23,793,076	5,071,501	18,721,575	
25 **Total functional expenses.** Add lines 1 through 24f	2,522,342,821	2,375,579,299	146,763,522	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		62,010	1	94,342
	2	Savings and temporary cash investments		1,067,722,909	2	1,231,805,446
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		320,108,195	4	326,971,487
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		50,650,461	8	53,963,853
	9	Prepaid expenses and deferred charges		3,882,109	9	15,768,260
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,116,737,571			
	b	Less accumulated depreciation	10b 1,486,113,287	1,580,003,346	10c	1,630,624,284
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		276,436,041	12	276,545,428
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		13,917,664	14	12,469,554
	15	Other assets See Part IV, line 11		1,876,368,424	15	1,831,646,860
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,189,151,159	16	5,379,889,514
Liabilities	17	Accounts payable and accrued expenses		160,806,601	17	178,382,528
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		3,492,245,000	20	3,459,200,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		4,994	21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		177,614,572	25	140,641,416
	26	**Total liabilities.** Add lines 17 through 25		3,830,671,167	26	3,778,223,944
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,350,915,707	27	1,593,816,057
	28	Temporarily restricted net assets		7,564,285	28	7,849,513
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,358,479,992	33	1,601,665,570
	34	Total liabilities and net assets/fund balances		5,189,151,159	34	5,379,889,514

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 59-1479658
Name: Adventist Health SystemSunbelt Inc

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Blair Mardian J Director	1 00	X						0	500	360
Cauley Michael F Director	1 00	X						0	500	0
Denslow Kenneth A Director	1 00	X						0	500	0
Green Samuel L Director	1 00	X						0	950	0
Grove Rodney A Director	1 00	X						0	950	0
Hagele Elaine Director	1 00	X						0	1,100	0
Holley Leighton R Director	1 00	X						0	500	0
Houmann Lars Director	40 00	X						35,287	1,498,624	213,265
Howard Roscoe J III Vice Chairman	1 00	X						0	1,155	0
Jernigan PhD Donald Director/CEO	1 00	X		X				0	2,734,372	282,164
Knutson J Deryl Director	1 00	X						0	1,100	0
Lemon Thomas L Director (beg 6/09)	1 00	X						0	750	0
Livesay Donald Director	1 00	X						0	955	0
Retzer Gordon Vice Chairman/Secretary	1 00	X						0	1,155	0
Robinson Randy Director	1 00	X						0	1,100	0
Scott Glynn C Director	1 00	X						0	1,100	0
Smith PhD Ron C Director	1 00	X						0	827	0
Trevino Max A Chairman	1 00	X						0	1,155	0
Werner Thomas L Director	1 00	X						0	149,237	12,029
Shaw Terry D CFO	1 00			X				0	1,464,036	208,179
Paradis J Brian COO, Florida Hospital	40 00				X			9,258	948,114	150,555
Cummings Jr Desmond Executive Vice President	40 00				X			11,963	2,393,059	109,869
Soler Eddie CFO, Florida Division	40 00				X			12,727	753,217	99,823
Banks David P Administrator Florida Ho	40 00				X			12,675	676,405	122,526
Moorhead MD John D Chief Medical Officer, F	40 00				X			7,077	720,420	108,604

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Hamilton Connie A Senior Patient Care Offi	40 00				X			12,155	1,040,702	54,699
Hilliard Doug Senior Finance Officer,	40 00				X			4,942	357,187	66,248
Gooden MD Gregory P Physician	40 00					X		620,258	0	22,171
Wittum MD Roger L Physician	40 00					X		600,842	0	22,601
Torres MD Ramon M Physician	40 00					X		595,160	0	25,603
Hill MD David A Physician	40 00					X		562,015	0	32,898
Wong MD Philip W Physician	40 00					X		533,841	0	18,242
Bonnie Bowls Former key employee	40 00						X	10,112	408,734	45,247
Karen Grim-Marcarelli Former key employee	40 00						X	2,882	633,379	47,355
Randall Haffner Former key employee	0 00						X	847	197,219	6,085
Arlene Herrin Former key employee	40 00						X	450	287,436	51,237
Terry Owen Former key employee	40 00						X	9,112	789,870	75,984

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Patient Revenue	900,099	2,552,056,246	2,542,756,417	9,299,829	
Cafeteria/Vending Rev	900,099	16,256,036	16,241,489	14,547	
Fitness Revenue	713,940	4,263,194	4,136,792	126,402	
Research	541,700	4,172,934	4,172,934		
Gift Shop	453,220	3,719,331	3,708,980	10,351	

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Bad Debt	105,751,925	105,751,925		
Repairs/Maintenance	52,630,813	52,630,813		
Extinguishment of Debt	46,984,039	46,984,039		
Assessments	28,863,460	28,863,460		
UBI Tax	638,999	25,778	613,221	

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
Adventist Health SystemSunbelt Inc	59-1479658

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		515,376
j	Total lines 1c through 1i			515,376
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	The corporation reimbursed traveling expenses and paid fees to retain the services of four consulting firms which performed lobbying activities on behalf of the corporation The four firms were William Filan, John Andrew Kane, Dick Batchelor, and Johnson & Blant and were paid a total of $388,920 during the year Additionaly, dues were paid to the American Hospital Association, Florida Hospital Association, Illinois Hospital Association and the Texas Hospital Association who use a portion of the dues to conduct lobbying activities
Part IV, Supplemental Information		Part II-B 1(b) During 2009 salary expense of $14,108 was incurred for paid staff engaged in lobbying activities

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or pleasure)
- ☐ Preservation of an historically importantly land area
- ☑ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☑ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ 0 00

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ 0

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	14,077,615				
b	Contributions	57,189				
c	Investment earnings or losses	696,088				
d	Grants or scholarships	117,114				
e	Other expenditures for facilities and programs	0				
f	Administrative expenses	-96,400				
g	End of year balance	14,810,178				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 80 210 % %
- b Permanent endowment ▶ 19 790 % %
- c Term endowment ▶ 0 % %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b Yes

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		159,245,881		159,245,881
b Buildings		1,125,780,450	407,122,674	718,657,776
c Leasehold improvements				
d Equipment		1,676,299,125	1,031,161,926	645,137,199
e Other		155,412,115	47,828,687	107,583,428
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,630,624,284

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other Investment in Subsidiaries & Affiliates	276,545,428	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	276,545,428	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Funds Held in Trust	59,816,485
Other Current Receivables	11,283,422
Due From Related Parties and Affiliates	46,100,148
Donor Restricted Assets	2,153,801
Deferred Charges and Costs	15,526,591
Long-term Investments	28,078,861
Other Non-Current Assets	11,515,205
Receivable - Interco Alloc of Tax-Exempt Bond Proceeds	1,657,172,347
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,831,646,860

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Accounts Receivable - Credit Balances	8,759,916
Payable to Third Party	47,211,167
Due to Related-Affiliated Entities	13,456,255
Other Current Liabilities	8,332,069
Other Non-Current Liabilities	41,359,166
Notes and Loans Payable - Current	11,101,565
Leases Payable	10,421,278
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	140,641,416

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part II, Line 9	Description of How Organization Reports Conservation Easements	The filing organization has recorded the land conservation easement on its financial statements as a Property, Plant, and Equipment Asset The conservation easement generates no revenue and the filing organization did not incur any expense in 2009 related to the maintenance and monitoring of the conservation easement
Part IV, Line 2b		The filing organization served as the Trustee of a bank account for the Central Florida Partnership for Health Disparities (CFPHD) CFPHD is a community group working to reduce health disparities in the metro Orlando area During the early part of 2009, the filing organization collected membership dues on behalf of CFPHD and held them in a bank account until the organization opened their own bank account in 2009 (at which time all funds were turned over to CFPHD)
Part V, Line 4	Description of Intended Use of Endowment Funds	All endowment funds are held by related 501(c)(3) exempt foundations These endowment funds have been established for a variety of purposes in support of related tax-exempt hospitals All of the foundation's permanently restricted endowment funds are required to be retained permanently either by explicit donor stipulation or by the Florida Uniform Management of Institutional Funds Act
Part X	Description of Uncertain Tax Positions Under FIN 48	The filing organization is a subsidiary organization within Adventist Health System (AHS) The consolidated financial statements of AHS contain the following FIN 48 footnote - The Income Taxes Topic of the ASC (ASC 740) prescribes the accounting for uncertainty in income tax positions recognized in financial statements ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return

Additional Data

Software ID:
Software Version:
EIN: 59-1479658
Name: Adventist Health SystemSunbelt Inc

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
Funds Held in Trust	59,816,485
Other Current Receivables	11,283,422
Due From Related Parties and Affiliates	46,100,148
Donor Restricted Assets	2,153,801
Deferred Charges and Costs	15,526,591
Long-term Investments	28,078,861
Other Non-Current Assets	11,515,205
Receivable - Interco Alloc of Tax-Exempt Bond Proceeds	1,657,172,347

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Educational and Recruiting	832
Central America and the Caribbean			Grantmaking		24,818
Europe (including Iceland and Greenland)			Program Services	Educational and Recruiting	28,441
South America			Program Services	Educational and Recruiting	29,476
South America			Grantmaking		29,687
Middle East and North Africa			Program Services	Educational and Recruiting	5,791
East Asia and the Pacific			Program Services	Educational and Recruiting	1,021
South Asia			Program Services	Educational and Recruiting	1,995
Sub-Saharan Africa			Grantmaking		139,484
Totals . . . . . ▶	0	0			261,545

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Medical Supplies and Equipment			29,687	Medical Equipment	FMV
		Central America and the Caribbean	Medical Supplies and Equipment, Blankets, Books			24,818	Medical Equipment	FMV
		Sub-Saharan Africa	Medical Supplies and Equipment, Blankets, Books			139,484	Medical Equipment	FMV

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 3

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
Method Used to Acccount for Expenditures		
Schedule F, Part IV	Other Information	The only grants made outside the United States in 2009 were for gifts of books, blankets, medical supplies and equipment at 3 foreign clinics Sch F, Part I, Line 2 As the filing organization does not generally make grants to foreign organizations and/or individuals, a formal grant monitoring program has not been developed by the filing organization

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Crystal Heart Gala (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	164,795			164,795
	2 Less Charitable contributions	144,363			144,363
	3 Gross income (line 1 minus line 2)	20,432			20,432
Direct Expenses	4 Cash prizes	2,000			2,000
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	33,181			33,181
	8 Entertainment	47,980			47,980
	9 Other direct expenses	12,521			12,521
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				95,682
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-75,250

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			174,020,681		174,020,681	7 200 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			295,302,978	217,476,710	77,826,268	3 220 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0			
d **Total** Charity Care and Means-Tested Government Programs			469,323,659	217,476,710	251,846,949	10 420 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			10,019,120	119,284	9,899,836	0 410 %
f Health professions education (from Worksheet 5)			33,850,484	11,705,675	22,144,809	0 920 %
g Subsidized health services (from Worksheet 6)			7,568,929	7,561,084	7,845	0 %
h Research (from Worksheet 7)			692,783	0	692,783	0 030 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			8,611,751	0	8,611,751	0 360 %
j **Total** Other Benefits			60,743,067	19,386,043	41,357,024	1 720 %
k **Total.** Add lines 7d and 7j			530,066,726	236,862,753	293,203,973	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			1,309,254	955	1,308,299	0 050 %
8	Workforce development			342,815	13,989	328,826	0 010 %
9	Other			151,470	0	151,470	0 010 %
10	**Total**			1,803,539	14,944	1,788,595	0 070 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	24,990,108		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	2,572,064		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	650,450,107		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	706,612,064		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-56,161,957		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	Huguley Surgery Center	OP Surgeries	38 860 %	0 %	35 230 %
2	San Marcos MRI LP	Imaging Center	50 000 %	0 %	50 000 %
3	Central Texas Ambulatory Endoscopy	Endoscopy Center	18 800 %	0 %	81 200 %
4	Surgical Center at Sun 'N Lake LLC	Outpatient Surgery	50 000 %	0 %	50 000 %
5	FH Kidney Stone Ctr	Outpatient Clinic	40 000 %	0 %	60 000 %
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

See Additional Data Table

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 6a The filing organization is a wholly owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) AHSSHC serves as the parent organization to 18 tax-exempt 501(c)(3) hospital organizations that operate 37 hospitals in ten states within the U S The system of organizations under the control and ownership of AHSSHC is known as "Adventist Health System" (AHS) All hospital organizations within AHS collect, calculate, and report the community benefits they provide to the communities they serve AHS organizations exist solely to improve and enhance the local communities they serve AHS has a system-wide community benefits accounting policy that provides guidelines for its health care provider organizations to capture and report the costs of services provided to the underprivileged and to the broader community On an annual basis, the community benefits of all AHS organizations are consolidated and reported in the AHS Annual Report document

Part I, Line 7f Bad debt expense of $104,476,604 attributable to hospital operations was included on Form 990, Part IX, line 25, but subtracted for purposes of calculating the percentage of total expenses in column (f) of line 7

Part I, Line 7 The amounts of costs reported in the table in line 7 of Part I of Schedule H were determined by utilizing a cost-to-charge ratio derived from Worksheet 2, Ratio of Patient Care Cost-to-Charges, contained in the Schedule H instructions

Part III, Line 4 SCHEDULE H, PART IIISECTION A, LINE 4Costing Methodology The amounts of bad debt expense, at cost, reported on line 2 and 3 of Section A of Part III were determined utilizing a ratio of patient care cost to charges as shown on Worksheet A contained in the instructions for Schedule H, Part III, line 3 Discounts and payments on patient accounts are recorded as adjustments to revenue, not bad debt expense Methodology for Determining the Estimated Amount of Bad Debt Expense that May Represent Patients who Could Have Qualified under the Filing Organization's Charity Care Policy Self-pay patients are required to complete a Patient Financial Assistance Application Short Form (PFAA) If the PFAA is not completed after reasonable attempts to obtain it are exhausted, patient information is processed through a Scorer product The Scorer product utilizes publicly available data, such as credit reports, to assess an individual patient's financial viability Patients who earn a certain score on the Scorer product are considered to qualify as non-state charity patients An amount up to $1,000 of such a patient's bill is written off as bad debt expense, while the remaining portion of the patient's bill is considered to be non-state charity The amount written off as bad debt expense for those patients who potentially qualify as non-state charity using the Scorer product is the amount shown on line 3 of Section A of Part III Rationale for Including Certain Bad Debts in Community Benefit The filing organization is dedicated to the view that medically necessary health care for emergency and non-elective patients should be accessible to all, regardless of age, gender, geographic location, cultural background, physician mobility, or ability to pay The filing organization treats emergency and non-elective patients regardless of their ability to pay or the availability of third-party coverage By providing health care to all who require emergency or non-elective care in a non-discriminatory manner, the filing organization is providing health care to the broad community it serves As a 501(c)(3) hospital organization, the filing organization maintains a 24/7 emergency room providing care to all whom present When a patient's arrival and/or admission to the facility begins within the Emergency Department, triage and medical screening are always completed prior to registration staff proceeding with the determination of a patient's source of payment If the patient requires admission and continued non-elective care, the filing organization provides the necessary care regardless of the patient's ability to pay The filing organization's operation of a 24/7 Emergency Department that accepts all individuals in need of care promotes the health of the community through the provision of care to all whom present Current Internal Revenue Service guidance that tax-exempt hospitals maintain such emergency rooms was established to ensure that emergency care would be provided to all without discrimination The treatment of all at the filing organization's Emergency Department is a community benefit Under the filing organization's Charity Care Policy, every effort is made to obtain a patient's necessary financial information to determine eligibility for charity care However, not all patients will cooperate with such efforts and a charity care eligibility determination can not be made In this case, a patient's portion of a bill that remains unpaid for a certain stipulated time period is wholly or partially classified as bad debt Bad debts associated with patients who have received care through the filing organization's Emergency Department should be considered to be community benefit as charitable hospitals exist to provide such care in pursuit of their purpose of meeting the need for emergency medical care services available to all in the community Financial Statement Footnote Related to Accounts Receivable and Allowance for Uncollectible Accounts The financial information of the filing organization is included in a consolidated audited financial statement for the current year The applicable footnote from the consolidated audited financial statements that addresses accounts receivable, the allowance for uncollectible accounts, and the provision for bad debts is as follows The System serves certain patients whose medical care costs are not paid at established rates These patients include those sponsored under government programs such as Medicare and Medicaid, those sponsored under private contractual agreements, charity patients, and other uninsured patients who have limited ability to pay Patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services rendered The System is subject to retroactive revenue adjustments due to future audits, reviews, and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations Adjustments to revenue related to prior periods increased patient service revenue by approximately $23,900,000 and $42,700,000 for the years ended December 31, 2009 and 2008, respectively Revenue from the Medicare and Medicaid programs represents approximately 35% and 36% of the System's patient service revenue for the years ended December 31, 2009 and 2008, respectively Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term The System grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor arrangements To the extent the System realizes additional losses resulting from higher credit risk for patients who are not identified as meeting or do not meet the charity definition described below, such additional losses are included in the provision for bad debts Other than the accounts receivable related to the Medicare and Medicaid programs, there are no significant concentrations of accounts receivable due from an individual payor at December 31, 2009 and 2008 The provision for bad debts is based on management's assessment of historical and expected net collections, considering business and economic conditions, trends in healthcare coverage, and other collection indicators Throughout the year, management assesses the adequacy of the allowance for uncollectible accounts based upon the payor composition and aging of accounts receivable as well as retrospective reviews of subsequent cash collections The results of these reviews are then used to make any modifications to the provision for bad debts to establish an estimated allowance for uncollectible accounts Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies

Part III, Line 8 SCHEDULE H, PART IIISECTION B, LINE 8Costing Methodology Medicare allowable costs were calculated using a cost-to-charge ratio Rationale for Including a Medicare Shortfall as Community Benefit As a 501(c)(3) organization, the filing organization provides emergency and non-elective care to all regardless of ability to pay All hospital services are provided in a non-discriminatory manner to patients who are covered beneficiaries under the Medicare program As a public insurance program, Medicare provides a pre-established reimbursement rate/amount to health care providers for the services they provide to patients In some cases, the reimbursement amount provided to a hospital may exceed its costs of providing a particular service or services to a patient In other cases, the Medicare reimbursement amount may result in the hospital experiencing a shortfall of reimbursement received over costs incurred In those cases where an overall shortfall is generated for providing services to all Medicare patients, the shortfall amount should be considered as a benefit to the community Tax-exempt hospitals are required to accept all Medicare patients regardless of the profitability, or lack thereof, with respect to the services they provide to Medicare patients The population of individuals covered under the Medicare program is sufficiently large so that the provision of services to the population is a benefit to the community and relieves the burdens of government In those situations where the provision of services to the total Medicare patient population of a tax-exempt hospital during any year results in a shortfall of reimbursement received over the cost of providing care, the tax-exempt hospital has provided a benefit to a class of persons broad enough to be considered a benefit to the community Despite a financial shortfall, a tax-exempt hospital must and will continue to accept and care for Medicare patients Typically, tax-exempt hospitals provide health care services based upon an assessment of the health care needs of their community as opposed to their taxable counterparts where profitability often drives decisions about patient care services that are offered Patient care provided by tax-exempt hospitals that results in Medicare shortfalls should be considered as providing a benefit to the community and relieving the burdens of government SCHEDULE H, PART III, SECTION B, LINES 5-7The IRS instructions for Schedule H, Part III, Section B, lines 5-7 specifically indicate to include only those allowable costs and Medicare reimbursements that are reported in the organization's Medicare cost report for the year This reporting does not take into account those costs and revenues associated with hospital employed physicians who are treating Medicare patients at hospital-owned clinic and physician practice sites Accordingly, the net result of treating Medicare patients from a financial perspective may differ as reported for financial reporting purposes and community benefit reporting purposes from the surplus or shortfall shown on line 7 of Section B of Part III of Schedule H

Part III, Line 9b SCHEDULE H, PART IIISECTION C, LINE 9bCollection Policies At the time of patient registration, non-elective self-pay patients are informed of the minimum discount available under the filing organization's self-pay discount policy Such patients are also informed of the filing organization's charity care policy and told that they will be required to submit necessary financial data in order to potentially receive any additional discounts Percentage discounts are applied to a patient's account (from a 100% discount to a 30% discount) based upon the patient's household income as a percentage of the Federal Poverty Guidelines Under the filing organization's policies, payment plans for partial charity accounts will be individually developed with the patient Partial charity accounts result when a financial assistance eligibility determination allows for a percentage reduction but leaves the patient with a self-pay balance If the patient complies with the agreed-upon payment plan, the filing organization does not pursue any collection action with respect to the patient However, if a patient does not make any payments for three consecutive months, the account may be referred for further collection activity The filing organization does not pursue collection of amounts from patients determined to qualify for a 100% reduction in charges under its charity care policy

Part V The filing organization had no other facilities that were not required to be licensed, registered, or similarly recognized as a health care facility under state law in the current tax year

Part VI, Line 8 The annual community benefit report contained in the annual report prepared by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) on behalf of the entire AHS System of healthcare organization is not filed with any state agencies Certain hospitals within the filing organization file annual community benefit reports with the state in which they are located Specifically, Huguley Memorial Medical Center and Central Texas Medical Center file community benefit reports with the State of Texas and Adventist La Grange Memorial Hospital files a community benefit report with the State of Illinois

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 The filing organization does not currently conduct any formal annual health care needs assessment However, a variety of practices and processes are in place to ensure that the filing organization is responsive to the health needs of its communities Such practices and processes involve the following 1 Individual hospital operating/community boards composed of individuals broadly representative of the community, community leaders, and those with specialized medical training and expertise,2 Post-discharge patient follow-up related to the on-going care and treatment of patients who suffer from chronic diseases, 3 Sponsorship and participation in community health and wellness activities that reach a broad spectrum of the filing organization's communities, and 4 Collaboration with other local community groups to address the health care needs of the filing organization's communities

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Part VI, Line 3 The filing organization's hospitals have a process in place whereby patients are informed about the Hospital's Charity Care Policy and other forms of financial assistance, such as self-pay discounts Signage is posted in the Emergency Rooms indicating that financial assistance is available for those self-pay patients meeting eligibility requirements After EMTALA medical screening and stabilization requirements are met, registration personnel will secure financial information on as many self-pay patients as possible at the time of service For those who appear to qualify for Medicaid or under the Hospital's Charity Care Policy, the financial counselors will continue to work with those patients until final account resolution is achieved All other self-pay patients are covered under this process At any time during the process that data is provided showing that a patient qualifies for assistance under the Charity Care Policy the discounts extended under that policy will be applied As part of the billing process, the filing organization's Hospitals include the application for charity care assistance along with the initial patient bill The Hospitals' charity care applications are also available to patients on the Hospitals' web-sites in both an English and Spanish version Additionally, the Hospitals' financial counselors are available to work with every patient during the first 120 days of the billing process to assist the patient with completing charity care applications and investigating other potential sources of third-party assistance The determination of a patient's eligibility for charity care is made on a case-by-case basis Various factors are considered in that determination Each individual patient who is identified as potentially being eligible to receive charity care is seen by a financial counselor at the Hospital The financial counselor will work with the patient to make sure that other sources of assistance (public or otherwise) have been sought to the fullest extent possible When other forms of assistance are not available or have been exhausted, the Hospitals will gather certain financial information from the patient to determine the patient's ability to pay based upon level of income

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Part VI, Line 4 The filing organization currently operates 5 hospitals that together encompass 13 separate campus locations The hospitals are located in Florida, Illinois and Texas A description of each of the 5 hospitals is described below Adventist Health System/Sunbelt, Inc dba Central Texas Medical Center Central Texas Medical Center (CTMC) is a 178-bed acute-care hospital providing a wide range of healthcare services in San Marcos, Texas and the neighboring communities within Hays and Caldwell counties, Texas Special services offered at CTMC include a 16-slice CAT scanner, PET/CT scanner, maternity club for expectant mothers, outpatient surgery, rehabilitation services that include physical, speech and occupational therapy, an MRI unit and a cardiac catheterization lab In late 2009, CTMC completed a $35 million 64,000 sq ft expansion and renovation project on a Women's Center featuring all private rooms, a Level II Neonatal Intensive Care Unit (NICU) and a new cardiac inpatient nursing unit with all private rooms As a health resource for their community, CTMC offers a variety of classes and workshops such as smoking cessation, arthritis, self-help and wellness activity classes The city of San Marcos is a growing community of approximately 50,000 people located in the heart of Central Texas and is the county seat of Hays County The population of San Marcos Metro Area within a 50 mile radius is over 3 million San Marcos sits approximately 30 miles south of Austin and 50 miles north of San Antonio The median household income in Hays County was approximately $57,000 in 2008 High school graduates account for approximately 85% of the community served by the Hospital, with about 31% having a bachelor's degree or higher The unemployment rate in Hays County, Texas was about 6 6% in 2009 Just over 14% of the population in Hays County is below the federal poverty level and it is estimated that the uninsured population is about 25% in CTMC's primary service area In 2009, the Hospital's payor mix was approximately 40% Medicare, 14% Medicaid, 14% self-pay, and the remaining amount were patients covered under commercial insurance Approximately 68% of patients admitted to the Hospital in 2009 came through the Hospital's emergency department Adventist Health System/Sunbelt, Inc dba Florida Hospital Heartland Medical Center Florida Hospital Heartland Medical Center (FHHMC) is comprised of 3 separate hospital campuses with a total of 234 beds Two of the hospital campuses are located in Highlands County, Florida and the third campus is located in Hardee County, Florida Highlands and Hardee counties are in the south central areas of Florida and are adjacent to each other *FHHMC Sebring Campus - The main 159-bed hospital facility is located in Sebring, FL in Highlands County The Sebring facility provides a wide range of healthcare services including a Stroke Center and vascular surgery center, imaging services (CT scanner/MRI), radiation therapy and chemotherapy, a comprehensive fitness center, including stroke and cardiac rehabilitation, and a Cardiac Catheterization Lab A community education center and library are also located on the Sebring campus offering free and low-cost community classes, screenings and a resource information library In 2009, the hospital began performing percutaneous coronary intervention (PCI) in a new cath lab and a second lab is currently undergoing renovations *FHHMC Lake Placid Campus houses 33 medical and surgical beds, Highland County's only 17 bed inpatient mental health unit, an outpatient counseling center, and a wide range of services that are highly sophisticated for a small community hospital The Lake Placid campus also specializes in inpatient geriatric psychiatric services and outpatient behavioral health counseling centers within Highlands and Hardee counties The need for behavioral health services is extreme in both counties since there is no other program closer than sixty miles *FHHMC Wauchula Campus is licensed for 25 beds and specializes in emergency and outpatient care, while offering excellent medical inpatient services The inpatient unit is mixed with both acutely ill patients and patients who need short-term rehabilitation (transitional care) FHHMC Wauchula campus became the first Critical Access Hospital in the State of Florida in the year 2000 As noted above, Highlands and Hardee counties in Florida are located in the heart of the Florida Peninsula A significant number of retirees reside in both counties The median household income (in the primary service area for the Sebring and Lake Placid campuses) in Highlands County was approximately $33,703 in 2008 with a population of almost 100,000 High school graduates account for approximately 66% of the communities served by these two campuses, with about 14% of the population of the county having a bachelor's degree or higher The unemployment rate in Highlands County, Florida was approximately 12% in 2009 Wauchula is the county seat of Hardee County, Florida Wauchula has approximately 4,400 residents Just over half of Wauchula's residents finished high school The current unemployment rate in Hardee County is almost 14% In 2009, FHHMC's total (all 3 campuses) payor mix was approximately 63% Medicare, 13% Medicaid, 6% self-pay, and the remaining amount were patients covered under commercial insurance Approximately 61% of patients admitted to one of the 3 campuses of FHHMC in 2009 came through one of the Hospital's emergency departments Adventist Health System/Sunbelt, Inc dba Florida Hospital (FH) FH is a 2,188 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida and also draws patients from other parts of the Southeast U S , the Caribbean and South America The 7-campus health system is the largest healthcare provider in Central Florida and the second largest private not-for-profit hospital in the state of Florida The main campus of the FH system is located in Orlando, Florida (Orange County) near the downtown area The other 6 campuses are located in surrounding communities in the counties of Orange, Osceola, and Seminole In addition to operating the 7 hospitals, FH also operates 18 full-service urgent care clinics in convenient community settings A brief description of each of the 7 hospital campuses is described below *Florida Hospital Orlando (Orange County)- At the core of the FH system, FH Orlando is an 1,080 bed acute-care tertiary hospital caring for more than 1 5 million patients a year FH Orlando is home to nationally recognized Centers of Excellence for cancer, cardiology, children's health, diabetes, neuroscience, orthopedics, transplant and global robotics Florida Hospital Orlando houses one of the largest Emergency Departments and cardiac catheterization labs in the country and is one of the busiest hospitals in the nation, providing service excellence to more than 32,000 inpatients and 125,000 outpatients each year The recent opening of a 15-story patient tower features 200 more beds and 500 new jobs The campus is also adding a state-of-the-art Cardiac Diagnostic Center featuring 15 Cath and electro physiology (EPS) Labs The cardiology team currently treats 25,000+ individuals for chest pain and performs over 1,700 cardiac procedures each year making them first in the state for the number of open-heart surgeries performed Also located on the Florida Hospital Orlando Campus is the Walt Disney Pavilion at Florida Hospital for Children The Walt Disney Pavilion at Florida Hospital for Children is not a stand-alone facility but rather a 7-story tower located on Florida Hospital Orlando's campus It is a full-service facility served by more than 80 pediatric specialists and a highly trained pediatric team of more than 600 employees The Walt Disney Pavilion at Florida Hospital for Children delivers a complete range of pediatric health services for younger patients including advanced surgery, oncology, neurosurgery, cardiology and transplant services, full-service pediatrics, and an innovative health and obesity platform When the expansion is complete, the Walt Disney Pavilion at Florida Hospital for Children will have a total of more than 200 pediatric beds Description of Community Information is continued on Schedule O

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 The costs of community building activities reported on Part II of Schedule H primarily represent the costs associated with commercially sponsored research conducted by three of the organization's hospitals These three hospitals participate in clinical drug and device research that is performed on patients who have a condition or disease for which the eventual commercial use of a drug or device is intended This research is related to patient care and serves to expand scientific knowledge with respect to potential treatments and cures for various diseases and conditions The remainder of the costs incurred stem from the hospitals' involvement in and support of various other community agencies in its service area that work collaboratively to help those in need and to improve the health and safety of the residents of the community The organization's hospitals participate with a number of other community organizations to address the healthcare needs of the community Both cash and in-kind donations are made annually to various local charitable organizations

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

Part VI, Line 6 The provision of community benefit is central to the filing organization's mission of service and compassion Restoring and promoting the health and quality of life of those in the communities served by the filing organization is a function of "extending the healing ministry of Christ" and embodies the fiing organization's commitment to its values and principles The filing organization commits substantial resources to provide a broad range of services to both the underprivileged as well as the broader community In addition to the community benefit information provided in Parts I, II and III of this Schedule H, the filing organization captures and reports the benefits provided to its community through faith-based care Examples of such benefits include the cost associated with chaplaincy care programs and mission peer reviews and mission conferences During the current year, the filing organization provided $4,751,284 of benefit with respect to the faith-based and spiritual needs of the communities it serves in conjunction with its operation of community hospitals The filing organization also provides benefits to its communities' infrastructure by investing in capital improvements to ensure that facilities and technology provide the best possible care During the current year, the filing organization expended $190,288,107 in new capital improvements As faith-based mission-driven community hospitals, the filing organization is continually involved in monitoring its communities, identifying unmet health care needs and developing solutions and programs to address those needs In accordance with its conservative approach to fiscal responsibility, surplus funds of the Hospitals are continually being invested in resources that improve the availability and quality of delivery of health care services and programs to its communities

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Part VI, Line 7 The filing organization is a part of a faith-based healthcare system of organizations whose parent is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) The system is known as Adventist Health System (AHS) AHSSHC is an organization exempt from federal income tax under IRC Sec 501(c)(3) AHSSHC and its subsidiary organizations operate 37 hospitals in 10 states throughout the U S , primarily in the Southeastern portion of the U S AHSSHC and its subsidiaries also operate 17 nursing home facilities and other ancillary health care provider facilities, such as ambulatory surgery centers and diagnostic imaging centers As the parent organization of the AHS system, AHSSHC provides executive leadership and other professional support services to its subsidiary organizations Professional support services include among others corporate compliance, legal, human resources, reimbursement, risk management, and tax as well as treasury functions The provision of these executive and support services on a centralized basis by AHSSHC provides an appropriate balance between providing each AHS subsidiary hospital organization with mission-driven consistent leadership and support while allowing the hospital organization to focus its resources on meeting the specific health care needs of the communities it serves The reader of this Form 990 should keep in mind that this reporting entity may differ in certain areas from that of a stand-alone hospital organization due to its inclusion in a larger system of healthcare organizations As a part of a system of hospital and other health care organizations, the filing organization benefits from reduced costs due to system efficiencies, such as large group purchasing discounts, and the availability of internal resources such as internal legal counsel Each AHS subsidiary pays a management fee to AHSSHC for the internal services provided by AHSSHC As a result, management fee expense reported by a AHS subsidiary organization may appear greater in relation to management fee expense that may be reported by a single stand-alone hospital The single stand-alone hospital would likely report costs associated with management and other professional services on various expense line items in its statement of revenue and expense as opposed to reporting such costs in one overall management fee expense As the reporting of the Form 990 is done on an entity by entity basis, there is no single Form 990 that captures the programs and operations of AHS as a whole The reader is directed to visit the web-site of AHS at www adventisthealthsystem com to learn more about the mission and operations of AHS and to access AHS's annual report that contains financial data as well as community benefit reporting for the entire system

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Additional Data

Software ID:
Software Version:
EIN: 59-1479658
Name: Adventist Health SystemSunbelt Inc

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
FHCC - ALTAMONTE 440 W Highway 436 Altamonte Springs, FL 32714									Urgent care Clinic
FHCC - AZALEA PARK 509 S Semoran Blvd Orlando, FL 32807									Urgent care Clinic
FHCC - CLERMONT 15701 State Road 50 Suite 101 Clermont, FL 34711									Urgent care Clinic
FHCC - CONWAY 5810 S Semoran Blvd Orlando, FL 32822									Urgent care Clinic
FHCC - DR PHILLIPS 8014 Conroy-Windermere Rd Suite 104 Orlando, FL 32835									Urgent care Clinic
FHCC - FORMOSA GARDENS 7848 W Irlo Bronson Highway Kissimmee, FL 34747									Urgent care Clinic
FHCC - HUNTERS CREEK 3293 Greenwald Way North Kissimmee, FL 34741									Urgent care Clinic
FHCC - KISSIMMEE 4320 W Vine Street Kissimmee, FL 34746									Urgent care Clinic
FHCC - LAKE BUENA VISTA #2 12500 S Apopka Vineland Rd Orlando, FL 32836									Urgent care Clinic
FHCC - LEE ROAD 2540 Lee Road Winter Park, FL 32789									Urgent care Clinic
FHCC - LONGWOOD 855 S US Highway 17-92 Longwood, FL 32750									Urgent care Clinic
FHCC - OVIEDO 8010 Red Bug Road Oviedo, FL 32765									Urgent care Clinic
FHCC - RDV 8701 Maitland Summit Blvd Maitland, FL 32810									Urgent care Clinic
FHCC - SAND LAKE 2301 Sand Lake Road Orlando, FL 32809									Urgent care Clinic
FHCC - SANFORD 308 North Entrance Road Sanford, FL 32771									Urgent care Clinic
FHCC - WATERFORD 250 N Alafaya Trail Suite 135 Orlando, FL 32825									Urgent care Clinic
FHCC - WINTER GARDEN 3005 Daniels Road Winter Garden, FL 34787									Urgent care Clinic
FHCC - WINTER PARK 3099 Aloma Avenue Winter Park, FL 32792									Urgent care Clinic
FHCC - West 50 9580 W Colonial Drive Ocoee, FL 34761									Urgent care Clinic
Total Healthcare Management 1000 Universal Studios Plaza 3 Orlando, FL 32819									Onsite Clinic
Adventist Health System dba Huguley Memo 11801 South Freeway Fort Worth, TX 76115	X	X					X		
Huguley Surgery Center LLP 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75001									Surgical services
Central Texas Medical Center 1301 Wonder World Dr San Marcos, TX 78666	X	X					X		
Heritage Program 2004-B Medical Parkway San Marcos, TX 78666									OP Geri Psych Program
CTMC Home Health 2005-A Medical Parkway San Marcos, TX 78666									Home Health services
CTMC Hospice 1315 IH 35 North San Marcos, TX 78666									Hospice services
CTMC OP Lab and Radiology 151 Kirkham Circle Kyle, TX 78640									OP lab, rehab & med imaging
CTMC Rehab Services 1340 Wonder World Dr San Marcos, TX 78666									OP Rehab Services
San Marcos MRI LP 1330 Wonder World Dr San Marcos, TX 78666									Imaging Services
Central Texas Ambulatory Endoscopy 1303 Wonder World DR San Marcos, TX 78666									Endoscopy Services
Adventist La Grange Memorial Hospital 5101 S Willow Springs Road La Grange, IL 60525	X	X		X			X		
Adventist La Grange Family Medical Cente 619 Plainfield Road Willowbrook, IL 60521									Family Medical Center
La Grange Cancer Treatment Pavillion 1325 Memorial Dr La Grange, IL 60525									Cancer Center/Wound Care Facility
Adventist Paulson Rehab - Willowbrook 619 Plainfield Road Willowbrook, IL 60521									Rehabilitation Center
Florida Hospital Altamonte 601 E Altamonte Drive Altamonte Springs, FL 32701	X	X					X		
Florida Hospital Rehabilitation & Sports 608 E Altamonte Drive Suite 1100 Altamonte Springs, FL 32701									Therapy Center
Florida Hospital Altamonte 616 E Altamonte Drive Altamonte Springs, FL 32701									Physician Clinics, Radiation Oncology
Florida Hospital Altamonte Medical Plaza 661 E Altamonte Drive Altamonte Springs, FL 32701									Outpatient Surgery/Physician Clinics
Florida Hospital Altamonte Ambulatory Su 661 E Altamonte Drive Suite 110 Altamonte Springs, FL 32701									Outpatient Surgery Center
Florida Hospital Altamonte Imaging Cente 661 E Altamonte Drive Suite 112 Altamonte Springs, FL 32701									Imaging Center
Florida Hospital Altamonte Mammography C 661 E Altamonte Drive Suite 132 Altamonte Springs, FL 32701									Imaging Center
Florida Hospital Altamonte Pain Medicine 661 E Altamonte Drive Suite 328 Altamonte Springs, FL 32701									Pain Medicine
Florida Hospital Altamonte Imaging Cente 894 E Altamonte Drive Suite 1100 Altamonte Springs, FL 32701									Radiology Services
Florida Hospital Apopka 201 N Park Avenue Apopka, FL 32703	X	X					X		
Florida Hospital Sleep Disorder Center - 201 N Park Avenue Suite 300A Apopka, FL 32703									Sleep Center
Medical Plaza - Florida Hospital Apopka 203 N Park Avenue Apopka, FL 32703									Physician Clinics
Florida Hospital Rehabilitation & Sports 205 N Park Avenue Suite 110 Apopka, FL 32703									Therapy Center
Florida Hospital Celebration Health 400 Celebration Place Celebration, FL 34747	X	X					X		
Florida Hospital Rehabilitation & Sports 400 Celebration Place Suite 200C Celebration, FL 34747									Therapy Center
Celebration Hand Center 410 Celebration Place Suite 300 Celebration, FL 34747									Therapy Center
Medical Plaza - Florida Hospital Kissimm 201 Hilda Street Kissimmee, FL 34741									Physician Clinics
Florida Hospital Rehabilitation & Sports 201 Hilda Street Suite 12 Kissimmee, FL 34741									Therapy Center
Florida Hospital Kissimmee 2450 North Orange Blossom Trail Kissimmee, FL 34741	X	X					X		
Florida Hospital Hearing Ctr Lake Mary 100 Waymont Court Suite 120 Lake Mary, FL 32746									Hearing Center
Florida Hospital Rehab and Sports Medici 100 Waymont Court Suite 120 Lake Mary, FL 32746									Therapy Center
FRi Lake Mary 775 Primera Blvd Suite 1031 Lake Mary, FL 32746									Imaging Center
FRi Waterford Lake 12301 Lake Underhill Rd Suite 113 Orlando, FL 32828									Imaging Center
Florida Hospital Rehabilitation and Spor 1603 S Hiawassee Road Orlando, FL 32835									Therapy Center
FRi Princeton 235 E Princeton Street Suite 100 Orlando, FL 32804									Imaging Center
Loch Haven OBGyn Group 235 E Princeton Street Suite 200 Orlando, FL 32804									Physician Clinics
Florida Hospital Cancer Institute 2501 N Orange Avenue Orlando, FL 32804									Cancer Center
Florida Hospital Medical Plaza 2501 N Orange Avenue Orlando, FL 32804									Physician Clinics, Radiology, Outpatient Surgery, Lab
Florida Hospital Kidney Stone Center 2501 N Orange Avenue Suite 121 Orlando, FL 32804									Outpatient Services
Family Health Center Orlando 2501 N Orange Avenue Suite 235 Orlando, FL 32804									Physician Clinics, Medicine Specialists, Surgical Specialists
Florida Hospital Transplant Center 2501 N Orange Avenue Suite 514 Orlando, FL 32804									Organ Tissue/Transplant Center
Florida Hospital Center for Thrombosis 2501 N Orange Avenue Suite 786 Orlando, FL 32804									Thrombosis Center
Florida Hospital Women's CenterLactatio 2520 N Orange Avenue Suite 103 Orlando, FL 32804									Lactation Center, Birthing Classes
Florida Hospital Diabetes Institute 2520 N Orange Avenue Suites 101 102 Orlando, FL 32804									Diabetes
Florida Hospital Surgery Center 258 S Chickasaw Trail Suite 100 Orlando, FL 32825									Outpatient Surgery
Florida Hospital Orlando Pathology Lab 2855 N Orange Avenue Orlando, FL 32803									Lab Services
Florida Hospital Advanced Nuclear Imagin 328 Spruce Street Orlando, FL 32803									Radiology Services
Florida Hospital Center for Behavioral H 501 E King Street 1st Floor Orlando, FL 32803									Med/Psych
Florida Hospital Center for Sleep Disord 501 E King Street 2nd Floor Orlando, FL 32803									Sleep Disorder Center
Florida Hospital Rehabilitation and Spor 5165 Adanson Street Orlando, FL 32804									Therapy Center
FRi Universal 6000 Turkey Lake Road Orlando, FL 32819									Imaging Center
Florida Hospital Orlando 601 E Rollins Street Orlando, FL 32803	X	X	X	X		X	X		
Florida Hospital Rehabilitation and Spor 601 E Rollins Street Orlando, FL 32803									Therapy Center
Florida Hospital East Orlando 7727 Lake Underhill Drive Orlando, FL 32822	X	X					X		
Family Health East Orlando Women's Pavil 7975 Lake Underhill Drive Suite 100 Orlando, FL 32822									Women's Health Clinic
Family Health Center East 7975 Lake Underhill Drive Suite 200 Orlando, FL 32822									Physician Clinics
Florida Hospital Hearing Center East Or 7975 Lake Underhill Drive Suite 300 Orlando, FL 32822									Women's Health Clinic
Florida Hospital Rehabilitation & Sports 7975 Lake Underhill Drive Suite 300 Orlando, FL 32822									Therapy Center
Florida Hospital Rehabilitation & Sports 7975 Lake Underhill Drive Suite 345 Orlando, FL 32822									Therapy Center
Florida Hospital Rehabilitation & Sports 8701 Maitland Summit Blvd Orlando, FL 32810									Therapy Center
FRi Oviedo 8000 Red Bug Lake Road Suite 120 Oviedo, FL 32765									Imaging Center
Florida Hospital Rehabilitation & Sports 8000 Red Bug Lake Road Suite 140 Oviedo, FL 32765									Therapy Center
Winter Park Ambulatory Surgery Center 1000 South Orlando Avenue Winter Park, FL 32789									Outpatient Surgery Center
Winter Park Memorial Hospital Women's Ce 133 Benmore Drive Winter Park, FL 32792									Women's Health Clinic, Imaging
Psychiatric Care Center 1600 Dodd Road Winter Park, FL 32792									Psychiatric Care
Florida Hospital Sleep Disorder Center - 1925 Mizell Avenue Suite 200 Winter Park, FL 32792									Sleep Center
Florida Hospital Winter Park Memorial Ho 200 N Lakemont Avenue Winter Park, FL 32822	X	X					X		
Florida Hospital Rehab and Sport Medicin 2005 Mizell Ave Winter Park, FL 32792									Therapy Center
Florida Hospital Cancer Care Center 2100 Glenwood Drive Winter Park, FL 32792									Radiation Oncology
Florida Hospital Mammography Center 2566 Lee Road Winter Park, FL 32789									Imaging Center
Florida Hospital Heartland Med Ctr 4200 Sun N Lake Blvd Sebring, FL 33872	X	X					X		
Florida Hospital Lake Placid 1210 US Hwy 27 N Lake Placid, FL 33852	X	X					X		
Florida Hospital Wauchula 533 W Carlton St Wauchula, FL 33873	X	X			X		X		
Florida Hospital Heartland Medical Cente 4635 Sun N Lake Blvd Sebring, FL 33872									Outpatient Rehab
Florida Hospital Heartland Medical Cente 4301 Sun N Lake Blvd Sebring, FL 33872									Outpatient Sleep Lab
Florida Hospital Heartland Wauchula Cent 457 W Carlton St Wauchula, FL 33873									Outpatient Sleep Lab
Florida Hospital Heartland Daybreak Coun 4023 Sun N Lake Blvd Sebring, FL 33872									Outpatient Psych
Florida Hospital Heartland Daybreak Coun 1346 US Hway 27 South Lake Placid, FL 33852									Outpatient Psych
Florida Hospital Heartland Outpatient La 6801 US Hway 27 N Ste C-1 Sebring, FL 33872									Outpatient Lab
Florida Hospital Heartland Seascape Imag 2950 Alt US Hway 27 South Sebring, FL 33870									Outpatient Radiology
Florida Hospital Heartland Center for Wo 4143 Sun N Lake Blvd Sebring, FL 33872									Oupatient Wound Care
Florida Hospital Heartland Diabetes Cent 4023 Sun N Lake Blvd Sebring, FL 33872									Outpatient Physical Therapy
Florida Hospital Heartland Therapy Cente 1030 US 27 South Avon Park, FL 33825									Outpatient Physical Therapy
Florida Hospital Heartland Therapy Cente 6325 US Hway 27 North Sebring, FL 33872									Outpatient Physical Therapy
Florida Hospital Heartland Therapy Cente 1330 US Hway 17 South Wauchula, FL 33873									Outpatient Physical Therapy
Florida Hospital Heartland Center for Wo 422 W Carlton St Wauchula, FL 33873									Oupatient Wound Care
Florida Hospital Heartland Center for In 4409 Sun N Lake Blvd Suite E Sebring, FL 33872									Physician Clinic
Florida Hospital Heartland Family Medici 4233 Sun N Lake Blvd Sebring, FL 33872									Physician Clinic
Florida Hospital Heartland Gastroenterol 4421 Sun N Lake Blvd Suite B Sebring, FL 33872									Physician Clinic
Florida Hospital Heartland Gastroenterol 1352 US 27 North Lake Placid, FL 33852									Physician Clinic
Florida Hospital Heartland Gastroenterol 2950 Alt US Hway 27 South Sebring, FL 33870									Physician Clinic
Florida Hospital Heartland CareNow 4421 Sun N Lake Blvd Suite B Sebring, FL 33872									Physician Clinic
Florida Hospital Heartland Pulmonary and 4409 Sun N Lake Blvd Suite E Sebring, FL 33872									Physician Clinic
Florida Hospital Heartland Highlands Sur 4409 Sun N Lake Blvd Suite C Sebring, FL 33872									Physician Clinic
Florida Hospital Heartland Highlands Sur 1352 US 27 North Lake Placid, FL 33852									Physician Clinic
Florida Hospital Heartland Women's Welln 4240 Sun N Lake Blvd Ste 200 Sebring, FL 33872									Physician Clinic
Florida Hospital Heartland Women's Welln 1352 US 27 North Lake Placid, FL 33852									Physician Clinic
Florida Hospital Heartland Women's Welln 526 W Carlton Street Wauchula, FL 33873									Physician Clinic
Florida Hospital Heartland Cardiology As 4638 Sun N Lake Blvd Sebring, FL 33872									Physician Clinic
Florida Hospital Heartland Interventiona 6325 US Hway 27 North Ste 202 Sebring, FL 33872									Physician Clinic
Florida Hospital Heartland Psychiatric S 6325 US Hway 27 North Ste 202 Sebring, FL 33872									Physician Clinic
Florida Hospital Hardee Family Medicine 522 W Carlton Street Wauchula, FL 33873									Physician Clinic
Florida Hospital Heartland Family Practi 1006 W Pleasant Street Avon Park, FL 33825									Physician Clinic
Florida Hospital Family Practice Center 1352 US 27 North Lake Placid, FL 33852									Physician Clinic
Florida Hospital Family Medicine Special 2315 US 27 North Avon Park, FL 33825									Physician Clinic
Surgical Center at Sun 'N Lake LLC 4240 Sun N Lake Blvd Ste 100 Sebring, FL 33872									Outpatient Surgery

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 48

3 Enter total number of other organizations . . . . . ▶ 8

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The majority of grants are generally made to related organizations that are exempt from Federal Income Tax under 501(c)(3) or to other 501(c)(3) organizations that are a part of the group exemption ruling issued to the General Conference of Seventh-Day Adventists Generally the remaining grants are made to promote healthcare or other publicly recognized and sponsored organizations Accordingly, the filing organization has not established specific procedures for monitoring the use of grant funds in the United States as the filing organization does not have a grant making program that would necessitate such procedures

Additional Data Return to Form

Software ID:
Software Version:
EIN: 59-1479658
Name: Adventist Health SystemSunbelt Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society 3301 West Freeway Fort Worth,TX 76107	74-1185665	501(c)(3)	10,000				Visionary Contribution
Burleson Area Chamber of Commerce1044 SW Wilshire Blvd Burleson,TX 76028	75-1228140	501(c)(6)	8,500				Sponsorship of Community Events
ADVENTIST CARE CENTERS - COURTLAND INC730 COURTLAND ST ORLANDO,FL 32804	20-5774723	501(c)(3)	218,100				Medical care
EAST ORLANDO HEALTH & REHAB CENTER INC250 S CHICKASAW TRAIL ORLANDO,FL 32825	20-5774748	501(c)(3)	1,404,864				Medical care
FLNC INC3355 E SEMORAN BLVD APOPKA,FL 32703	20-5774761	501(c)(3)	2,199,240				Medical care
SUNBELT HEALTH & REHAB CENTER - APOPKA INC305 EAST OAK ST APOPKA,FL 32703	20-5774856	501(c)(3)	450,000				Medical care
ADVENTIST MEDIA CENTER101 WEST COCHRAN STREET SIMI VALLEY,CA 93065	95-2745855	501(c)(3)	25,000				General Support
AFRICAN AMERICAN CHAMBER OF COMMERCE 315 E ROBINSON ST STE 100 ORLANDO,FL 32801	59-3314330	501(c)(3)	10,000				General Support
AMERICAN ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN600 ENTERPRISE DR STE 108 INDIAN ORIGIN OAK BROOK,IL 605231978	38-2532505	501(c)(3)	30,000				General Support
AMERICAN HEART ASSOCIATION555 W GRANADA BLVD ORMOND BEACH,FL 32174	13-5613797	501(c)(3)	75,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN RED CROSSPO BOX 536726 ORLANDO,FL 32853	59-0624357	501(c)(3)	15,000				General Support
ASOCIACION NEUROCIRUJANOS DEL CARIBE73 CALLE SANTA CRUZ STE 207 BAYAMON,PR 009616941	66-0603543		15,000				General Support
BURNHAM INSTITUTE FOR MEDICAL RESEARCH8669 COMMODITY CIRCLE 4TH FLOOR ORLANDO,FL 328199054	51-0197108	501(c)(3)	130,000				Medical Reseach
CANINE COMPANIONS FOR INDEPENDENCEPO BOX 680388 ORLANDO,FL 328680388	94-2494324	501(c)(3)	10,000				General Support
CENTRAL FLORIDA FAMILY HEALTH CENTER IN2400 STATE ROAD 415 SANFORD,FL 32771	59-1741286	501(c)(3)	85,000				General Support
CENTRAL FLORIDA PARTNERSHIP INC75 SOUTH IVANHOE BLVD ORLANDO,FL 32804	33-1202266	501(c)(3)	100,000				General Support
CENTRAL FLORIDA YMCA METROPOLITAN OFFICES ORLANDO,FL 328035721	59-0624430	501(c)(3)	10,000				General Support
COMMUNITY VISION704 GENERATION PT APT 101 KISSIMMEE,FL 347445918	59-2896657	501(c)(3)	10,000				General Support
DENTAL CARE ACCESS FOUNDATION INC800 N MILLS AVE ORLANDO,FL 328034022	20-1531222	501(c)(3)	6,000				General Support
FLORIDA CHAMBER OF COMMERCEPO BOX 11309 136 SOUTH BRONOUGH STREET TALLAHASSEE,FL 32302	59-0248200	501(c)(3)	100,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA RUSH SOCCER CLUB10868 W COLONIAL DR OCOEE,FL 347612981	59-2867660		18,000				General Support
FRONTLINE OUTREACHPO BOX 555445 ORLANDO,FL 32855	23-7227148	501(c)(3)	5,500				General Support
GET HEALTHY FLORIDA142 W LAKEVIEW AVE STE 2040 LAKE MARY,FL 327462903	20-0463380		75,000				Medical care
GRACE MEDICAL HOME INC51 PENNSYLVANIA STREET ORLANDO,FL 328062938	28-1817966	501(c)(3)	100,000				General Support
HANS DIEHL DBA LIFESTYLE MEDICINE 11538 ANDERSON ST LOMA LINDA,CA 923543411	36-5588453		25,000				General Support
HARBOUR HOUSE OF CENTRAL FLORIDA INCPO BOX 12434 ORLANDO,FL 32801	59-1712936	501(c)(3)	10,000				General Support
HISPANIC CHAMBER OF COMMERCE METR315 E ROBINSON ST STE 465 ORLANDO,FL 32801	59-3103840	501(c)(3)	16,500				General Support
HEALTH CARE CENTER FOR THE HOMELESS234 N ORANGE BLOSSOM TRAIL ORLANDO,FL 32805	59-3185020	501(c)(3)	145,000				General Support
HEALTHY START COALITION OF OSCEOLA COUNPO BOX 701995 ST CLOUD,FL 34770	59-3212535	501(c)(3)	15,000				General Support
HEART OF FLORIDA UNITED WAY1940 TRAYLOR BLVD ORLANDO,FL 328044714	59-0808854	501(c)(3)	26,850				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANIC BUSINESS INITIATIVE FUND315 E ROBINSON STE 190 ORLANDO,FL 32801	04-3589150	501(c)(3)	24,000				General Support
Junior Achievement of Central FloridaPO BOX 917197 Orlando,FL 32891	59-0972112	501(c)(3)	22,500				General Support
JUVENILE DIABETES RESEARCH FOUNDATION 279 DOUGLAS AVE STE 1108 ALTAMONTE SPRINGS,FL 327143324	23-1907729	501(c)(3)	6,000				General Support
KIDS BEATING CANCER INC615 E PRINCETON ST STE 400 ORLANDO,FL 32803	59-3136203	501(c)(3)	10,000				General Support
KIDS HOUSE OF SEMINOLE INC5467 NORTH RONALD REAGAN BLVD SANFORD,FL 32773	59-3415005	501(c)(3)	8,000				General Support
LAKESIDE BEHAVIORAL HEALTHCARE INC1800 MERCY DRIVE STE 302 ORLANDO,FL 32808	59-2301233	501(c)(3)	1,189,573				General Support
LIFEWORK LEADERSHIP301 E PINE STREET STE 150 ORLANDO,FL 32801	59-3055348		10,400				General Support
LOCAL HEALTH COUNCIL OF EAST CENTRAL2461 W STATE ROAD 426 STE 2041 OVIEDO,FL 327654508	59-2227752	501(c)(3)	75,000				Health Assessment
MARCH OF DIMES341 N MAITLAND AVE STE 115 MAITLAND,FL 32751	13-1846366	501(c)(3)	7,000				General Support
CELEBRATION ORTHOPEDIC AND SPORTS MEDICINE INSTITUTE410 CELEBRATION PLACE STE 106 C/O CELEBRATION ORTHOPAEDICS CELEBRATION,FL 34747	59-3523727		10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Orange County Healthy Start Coalition600 Courtland Street 565 Orlando,FL 32804	59-3125675	501(c)(3)	20,500				General Support
ORLANDO SCIENCE CENTER777 E PRINCETON STREET ORLANDO,FL 32803	59-0896343	501(c)(3)	11,000				General Support
ORLANDOORANGE COUNTY CONVENTION &VISITORS BUREAU INC 6700 FORUM DRIVE SUITE 100 ORLANDO,FL 328218087	59-2395248	501(c)(6)	7,500				General Support
OSCEOLA COUNTY COUNCIL ON AGING INC 700 GENERATION POINT KISSIMMEE,FL 34744	59-1595398	501(c)(3)	83,122				General Support
RONALD MCDONALD HOUSE OF CENTRAL FLORI 1350 N ORANGE AV WINTER PARK,FL 32789	59-3211250	501(c)(3)	10,000				General Support
SEMINOLE STATE COLLEGE FOUNDATION100 WELDON BLVD SANFORD,FL 327736199	23-7033822	501(c)(3)	83,333				General Support
SHEPHERDS HOPE INC4851 S APOPKA VINELAND RD ORLANDO,FL 328193128	59-3420727	501(c)(3)	22,500				General Support
SOUTHERN ADVENTIST UNIVERSITYPO BOX 370 COLLEGEDALE,TN 37315	62-0536733	501(c)(3)	1,036,250				General Support
SUSAN G KOMEN BREAST CANCER FOUNDATIONPO BOX 932361 ATLANTA,GA 31193	75-1835298	501(c)(3)	10,000				General Support
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INCORPORATED12424 RESEARCH PARKWAY ORLANDO,FL 32826	59-6211832	501(c)(3)	355,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSAL ORLANDO FOUNDATION1000 UNIVERSAL STUDIOS PLAZA ORLANDO,FL 32819	59-3510383	501(c)(3)	15,000				General Support
UNIVERSITY OF FLORIDA FOUNDATION INCPO BOX 100197 COLLEGE NURSING REUNIONALUMNI AFFA GAINESVILLE,FL 326100197	59-0974739	501(c)(3)	35,000				General Support
VALENCIA COMMUNITY COLLEGEPO BOX 4913 ORLANDO,FL 328024913	59-1216316	501(c)(3)	219,500				General Support
Samaritan Touch Care Center Inc3015 Herring Avenue Sebring,FL 33870	02-0773338	501(c)(3)	250,000				Medical care
Walker Memorial Academy 1525 W Avon Blvd Avon Park,FL 33825	42-1748753	501(c)(3)	10,000				Construction
SunSystem Development Corporation dba Florida Hospital Heartland Foundation 4200 Sun N Lake Blvd Sebring,FL 33872	59-2219301	501(c)(3)	19,824				General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**	Yes	
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	As discussed in our response to Section B, Part VI, Question 15a & b, the filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS) Members of the filing organization's executive management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of AHS AHSSHC is exempt from federal income tax under IRC Section 501(c)(3) The filing organization reimburses AHSSHC for the salary and benefit cost of those executives on the payroll of AHSSHC that provide services and are on the management team of the filing organization For administrative ease, executive employees on the payroll of AHSSHC who provide services at AHS subsidiary organizations receive reimbursements of travel and other business-related expenses from the subsidiary organization Travel for companions AHSSHC has a Corporate Executive Policy that provides a benefit to allow for a traveling AHSSHC executive to have his or her spouse accompany the executive on two business trips each year Typically, reimbursement is only provided to Vice Presidents and above and is limited to one business trip per year and the annual AHS President's Council business meeting The AHSSHC Corporate Executive Spousal Travel Policy was originally approved and reviewed by the AHSSHC Board Strategy & Compensation Committee, an independent body of the AHSSHC Board of Directors All spousal travel costs reimbursed to the executive are considered taxable compensation to the executive Tax Indemnification and gross-up payments AHS has a system-wide policy addressing gross-up payments provided in connection with employer-provided benefits/other taxable items Under the policy, certain taxable business-related reimbursements (i e taxable business-related moving expenses, taxable items provided in connection with employment) provided to any employee may be grossed-up at a 25% rate upon approval of the filing organization's CEO and CFO Additionally, employees at the Director level and above are eligible for gross-up payments on gifts received for board of director services Discretionary spending account A nominal discretionary spending amount was provided in the current year to all eligible executives who attend the annual AHS President's Council business meeting ($400 per executive) Eligible executives include all AHSSHC Vice Presidents and above and all AHSSHC subsidiary organization CEOs and Regional CFOs The payment provided to each executive was considered taxable compensation to the executive Housing allowance or residence for personal use AHSSHC has a Corporate Executive Policy that addresses assistance to executives who have been relocated by the company during the year Relocation assistance provided to executives may include relocation allowances to assist with duplicate housing expenses Relocation assistance is administered per AHSSHC policy by an external relocation company Any taxable reimbursements made to executives in connection with relocation assistance are treated as wages to the executive and are subject to all payroll withholding and reporting requirements Health or social club dues or initiation fees AHSSHC has a Corporate Executive Policy that addresses business development expenditures Under this policy, certain AHS eligible executives may be reimbursed for member dues and usage charges for a country club or other social club upon authorization Club memberships must be recommended by the CEO of the AHS hospital organization and approved by the Chairman of the Board of Directors of the organization In addition, the proposed membership must be approved annually by the AHSSHC Board Strategy & Compensation Committee, an independent committee of the Board of Directors of AHSSHC Eligible executives are limited to certain senior level executives (hospital organization CEOs, the CEO of the nursing home division of AHS, senior vice presidents at three large hospital organizations, regional CEOs and CFOs and the president and senior vice presidents of AHSSHC) In the current year, for this filing organization, three executives were eligible to receive reimbursement for club fees Each AHS executive who is approved for a club membership must submit an annual report to the AHSSHC Board Strategy & Compensation Committee that describes how the membership benefited their organization during the preceding year
	Part I, Line 4a	As discussed in Line 1a above, executives on the filing organization's management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of a healthcare system known as Adventist Health System (AHS) In recognition of the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan) The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (IRC) Section 457(f), to individually tailor a benefits program appropriate to each executive's needs The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits The pre-determined benefits allowance credit percentage is approved by the AHS Board Strategy & Compensation Committee, an independent committee of the Board of Directors of AHSSHC Any funds that remain after the cost of mandatory and elective benefits are subtracted from the pre-determined benefits annual amount are contributed, at the employee's option, to either an IRC 457(f) deferred compensation account or to an IRC 457(b) eligible deferred compensation plan The Plan documents define an employee who is eligible to participate in the Plan to generally include the Chief Executive Officers of AHS entities and Vice Presidents of all AHS entities whose base salary is at least $189,000 The Plan was amended in 2009 and required mandatory account distributions in 2009 Going forward the Plan provides for a class year vesting schedule (2 years for each class year) with respect to amounts accumulated in the executive's 457(f) deferred compensation account Distributions could also be made from the executive's 457(f) deferred compensation account upon attainment of age 65 or upon an involuntary separation The account is forfeited by the executive upon a voluntary separation In addition to the Plan, AHS has instituted a defined benefit, non-tax-qualified deferred compensation plan for certain executives who have provided lengthy service to AHS and/or to other Seventh-Day Adventist Church hospital or health care institutions Participation in the plan is offered to AHS executives on a prorata schedule beginning with 20 years of service as an employee of AHS and/or another hospital or health care institution controlled by the Seventh-Day Adventist Church and who satisfy certain other qualifying criteria This supplemental executive retirement plan (SERP) was designed to provide eligible executives with the economic equivalent of an annual income beginning at normal retirement age equal to 60% of the average of the participant's three highest years of base salary from AHS active employment inclusive of income from all other Seventh-Day Adventist Church healthcare employer-financed retirement income sources and investment income earned on those contributions through social security normal retirement age as defined in the plan 457(f) Employer 457(f) SERP Contributions Payment Payment Lars Houmann $153,591 $447,341 $ 0 Donald Jernigan $184,340 $524,574 $ 944,956 Thomas Werner $ 0 $149,237 $ 0 J Brian Paradis $ 87,067 $230,072 $ 0 Desmond Cummings, Jr $ 72,277 $295,273 $1,461,570 Eddie Soler $ 60,279 $209,997 $ 0 David Banks $ 63,632 $138,354 $ 0 John Moorhead, MD $ 81,407 $188,935 $ 0 Connie Hamilton $ 35,096 $498,755 $ 156,593 Terry Shaw $153,591 $406,754 $ 0 Doug Hilliard $ 27,790 $ 32,064 $ 0 Bonnie Bowls $ 31,880 $ 42,433 $ 0 Karen Grim-Marcarelli $ 21,476 $ 51,047 $ 305,619 Randall Haffner $ 1,065 $ 90,325 $ 0 Arlene Herrin $ 25,215 $ 35,214 $ 0 Terry Owen $ 48,804 $ 53,008 $ 288,198
	Part I, Line 5	The filing organization's physician compensation formula is designed to result in total compensation that would be reasonable for each physician Since implementing the productivity-based incentive compensation model, the financial losses from the operations of organization's physician practices have significantly decreased, and established physician practices have generally become profitable The filing organization utilizes national survey productivity, cost, and compensation data in formulating all aspects of the compensation plan Physician compensation arrangements include a ceiling or reasonable maximum on the amount a physician may earn The filing organization's employed physicians enter into a written agreement that requires the physicians to provide medical care to individuals who are referred by the filing organization Pursuant to the agreement, an individual may not be rejected as a patient by a physician due to race, sex, age, color, creed, national origin or inability to pay The filing organization's compensation arrangement does not use a method of compensation that is based upon a percentage of the organization's net income Rather, under the compensation arrangement, physician base salary is set based on Fair Market Value benchmarks, and any additional compensation is based on a percentage of the practice/location net collections
	Part I, Line 6	The filing organization's physician compensation formula is designed to result in total compensation that would be reasonable for each physician Since implementing the productivity-based incentive compensation model, the financial losses from the operations of organization's physician practices have significantly decreased, and established physician practices have generally become profitable The filing organization utilizes national survey productivity, cost, and compensation data in formulating all aspects of the compensation plan Physician compensation arrangements include a ceiling or reasonable maximum on the amount a physician may earn The filing organization's employed physicians enter into a written agreement that requires the physicians to provide medical care to individuals who are referred by the filing organization Pursuant to the agreement, an individual may not be rejected as a patient by a physician due to race, sex, age, color, creed, national origin or inability to pay The filing organization's compensation arrangement does not use a method of compensation that is based upon a percentage of the organization's net income Rather, under the compensation arrangement, physician base salary is set based on Fair Market Value benchmarks, and any additional compensation is based on a percentage of the practice/location net revenue
Supplemental Information	Part III	Part I, Question 3 As noted in our response to question 15 of Part VI of Form 990, the individual who serves as the CEO of the filing organization is compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) for that individual's role in serving as the CEO of the system of organizations whose parent is AHSSHC Compensation and benefits provided to this individual are determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958 AHSSHC uses all of the following to establish compensation of the CEO - Compensation committee, - Independent compensation consultant, - Compensation survey or study, and - Approval by the board or compensation committee

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-1479658
Name: Adventist Health SystemSunbelt Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Houmann Lars	(I)	0	0	35,287	0	0	35,287	0
	(II)	772,700	232,089	493,835	166,934	46,331	1,711,889	447,341
Jernigan PhD Donald L	(I)	0	0	0	0	0	0	0
	(II)	869,229	249,764	1,615,379	181,183	100,981	3,016,536	434,025
Werner Thomas L	(I)	0	0	0	0	0	0	0
	(II)	0	0	149,237	0	12,029	161,266	149,237
Shaw Terry D	(I)	0	0	0	0	0	0	0
	(II)	772,700	227,185	464,151	166,934	41,245	1,672,215	406,754
Paradis J Brian	(I)	0	0	9,258	0	0	9,258	0
	(II)	535,671	161,230	251,213	100,410	50,145	1,098,669	230,072
Cummings Jr Desmond	(I)	0	0	11,963	0	0	11,963	0
	(II)	424,386	126,973	1,841,700	85,344	24,525	2,502,928	295,273
Soler Eddie	(I)	0	0	12,727	0	0	12,727	0
	(II)	388,671	117,686	246,860	73,622	26,201	853,040	209,997
Banks David P	(I)	0	0	12,675	0	0	12,675	0
	(II)	402,574	96,058	177,773	76,975	45,551	798,931	138,354
Moorhead MD John D	(I)	0	0	7,077	0	0	7,077	0
	(II)	381,200	95,758	243,462	73,350	35,254	829,024	188,935
Hamilton Connie A	(I)	0	0	12,155	0	0	12,155	0
	(II)	275,625	69,377	695,700	31,939	22,760	1,095,401	464,767
Hilliard Doug	(I)	0	0	4,942	0	0	4,942	0
	(II)	261,085	45,489	50,613	41,133	25,115	423,435	32,064
Gooden MD Gregory P	(I)	346,134	274,124	0	13,343	8,828	642,429	0
	(II)	0	0	0	0	0	0	0
Wittum MD Roger L	(I)	337,492	0	263,350	13,343	9,258	623,443	0
	(II)	0	0	0	0	0	0	0
Torres MD Ramon M	(I)	517,630	77,530	0	13,343	12,260	620,763	0
	(II)	0	0	0	0	0	0	0
Hill MD David A	(I)	434,990	109,856	17,169	19,050	13,848	594,913	0
	(II)	0	0	0	0	0	0	0
Wong MD Philip W	(I)	237,337	296,504	0	13,343	4,899	552,083	0
	(II)	0	0	0	0	0	0	0
Bonnie Bowls	(I)	0	0	10,112	0	0	10,112	0
	(II)	263,238	72,676	72,820	28,723	16,524	453,981	42,433
Karen Grim-Marcarelli	(I)	0	0	2,882	0	0	2,882	0
	(II)	220,428	33,399	379,552	18,319	29,036	680,734	51,047
Randall Haffner	(I)	0	0	847	0	0	847	0
	(II)	10,836	96,058	90,325	1,065	5,020	203,304	90,325
Arlene Herrin	(I)	0	0	450	0	0	450	0
	(II)	208,626	31,500	47,310	33,658	17,579	338,673	35,214
Terry Owen	(I)	0	0	9,112	0	0	9,112	0
	(II)	339,416	83,039	367,415	45,647	30,337	865,854	53,008

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569	431022EN8	01-16-2003	75,000,000	Expand/refurbish facilities, purchase equipment		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022ER9	08-28-2003	136,110,000	Refund Series 1993 Bonds issued 6/23/1993		X		X
C	Highlands County Health Facilities Authority	52-1313569	431022EV0	09-28-2004	50,000,000	Expand/refurbish facilities, purchase equipment		X		X
D	Colorado Health Facilities Authority	84-0752932	1964738R6	09-28-2004	50,000,000	Expand/refurbish facilities, purchase equipment		X		X
E	Kansas Development Finance Authority	48-1066589	48542ABD2	09-28-2004	50,000,000	Expand/refurbish facilities, purchase equipment		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	75,000,000	136,110,000	50,000,000	50,000,000	50,000,000
2	Gross proceeds in reserve funds	4,000,000		4,000,000		
3	Proceeds in refunding or defeasance escrows	114,367,278	114,367,278			
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,500,000	2,722,200	700,000	700,000	700,000
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	73,500,000	19,020,522	45,300,000	49,300,000	49,300,000
8	Year of substantial completion	2003	2003	2004	2004	2004

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?		X	X			X		X		X
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X	X			X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X		X	
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 500 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 100 %		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 100 %		0 500 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X		X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X	X		X		X	
b	Name of provider	Pallas Capital				Pallas Capital		Pallas Capital		Pallas Capital	
c	Term of GIC	1 500000000000				1 500000000000		1 500000000000		1 500000000000	
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X				X		X		X	
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Highlands County Health Facilities Authority	52-1313569	431022FR8	10-18-2005	64,943,086	Refund 1993A&B FL 1993 Tenn 1993 Tarrant 10/23/1993		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022GN6	10-18-2005	106,410,063	Refund 2000 Orange 2000 Tenn 2000 Tarrant 8/31/2000		X		X
C	Highlands County Health Facilities Authority	52-1313569	431022HG0	10-18-2005	63,434,535	Refund Series 2001 Colorado issued 3/28/2001		X		X
D	Highlands County Health Facilities Authority	52-1313569	431022HH8	10-18-2005	102,220,000	Expand/refurbish facilities, purchase equipment		X		X
E	Highlands County Health Facilities Authority	52-1313569	431022HN5	12-11-2008	221,375,000	Refund Series 2005 E, F, G, & H Issued 12/22/05		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	64,943,086	106,410,063	63,434,535	102,220,000	221,375,000
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	64,016,377	104,877,613	62,505,602		221,375,000
4	Other unspent proceeds					
5	Issuance costs from proceeds	926,709	1,532,450	928,933	1,500,000	
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	100,720,000			100,720,000	
8	Year of substantial completion	1993	2000	2001	2005	2005

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X			X		X		X	X	
10	Were the bonds issued as part of an advance refunding issue?		X	X		X			X		X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X		X	
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X		X		X	X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Highlands County Health Facilities Authority	52-1313569	431022HJ4	12-22-2005	183,833,328	Refund Series 1999 Illinois Bonds issued 2/18/1999		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022HT2	03-31-2006	171,910,000	Refund 2001-A Highlands Bonds issued 8/16/2001		X		X
C	Highlands County Health Facilities Authority	52-1313569	431022HUD	06-14-2006	205,156,000	Expand/refurbish facilities, purchase equipment		X		X
D	Colorado Health Facilities Authority	84-0752932	19648AAV7	11-15-2006	249,501,424	Ref 98 Bond issued 12/17/98 03D Bond issued 10/7/03		X		X
E	Colorado Health Facilities Authority	84-0752932	19648ACG8	11-15-2006	30,371,450	Refund 1995 Bonds issued 6/8/1995		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	183,833,328	171,910,000	205,156,000	249,501,424	30,371,450
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	173,628,605	169,762,000		247,008,533	30,064,743
4	Other unspent proceeds					
5	Issuance costs from proceeds	101,620	2,148,000	2,000,000	2,492,891	306,707
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	10,103,103		203,156,000		
8	Year of substantial completion	2005	2001	2006	2003	1995

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X	X	
10	Were the bonds issued as part of an advance refunding issue?	X		X			X	X			X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X			X		X	X			X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X		X	
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 900 %		0 %		0 %		0 200 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 100 %		0 %		0 %
6	Total of lines 4 and 5		0 900 %		0 %		0 100 %		0 200 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X			X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Hays Memorial Health Facilities Development Corporation	74-2509647	421119AC2	04-20-2006	5,650,000	Expand/refurbish facilities, purchase equipment		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022JZ6	12-20-2006	212,464,496	Ref 2002 Highlands 12/19/02 2002 Orange 7/10/02		X		X
C	Highlands County Health Facilities Authority	52-1313569	431022KK7	08-08-2007	366,445,000	Expand/refurbish facilities, purchase equipment		X		X
D	Highlands County Health Facilities Authority	52-1313569	431022QZ8	12-16-2008	68,000,000	Expand/refurbish facilities, purchase equipment		X		X
E	Highlands County Health Facilities Authority	52-1313569	431022RBO	12-19-2008	250,000,000	Expand/refurbish facilities, purchase equipment		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	5,650,000	212,464,496	366,445,000	68,000,000	250,000,000
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	210,608,121	210,608,121			
4	Other unspent proceeds					
5	Issuance costs from proceeds	113,000	1,856,375	5,560,382		
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	5,537,000		360,884,618	68,000,000	250,000,000
8	Year of substantial completion	2008	2002	2007	2008	2008

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X		X		X		X		X
10	Were the bonds issued as part of an advance refunding issue?		X	X			X		X		X
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X	X		X			X		X

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X	X		X		X		X	
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 300 %		0 200 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 300 %		0 200 %		0 %		0 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?		X		X	X			X	X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Orange County Health Facilities Authority	52-1378595		04-08-2009	5,000,000	Expand/refurbish facilities, purchase equipment		X		X
B	Kansas Development Finance Authority	48-1066589		04-08-2009	5,000,000	Expand/refurbish facilities, purchase equipment		X		X
C	Kansas Development Finance Authority	48-1066589	48542ABX8	07-08-2009	325,394,417	Refund 1996, 1997, 2003A, and 2008B and expand facilities		X		X
D	Kansas Development Finance Authority	48-1066589	48542ACY5	10-01-2009	102,271,154	Refund Highlands 2007C Bonds Issued 8/8/2007		X		X
E	Highlands County Health Facilities Authority	52-1313569	431022SP8	11-16-2009	190,752,502	Refund Orange 1991A, 1991B, 1992 and 2008B Bonds		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	5,000,000	5,000,000	325,394,417	102,271,154	190,752,502
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	313,389,450		313,389,450	80,426,433	190,752,502
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	5,000,000	5,000,000	12,004,967	21,844,721	
8	Year of substantial completion	2008	2008	2009	2009	2008

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?		X		X	X		X		X	
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
11	Has the final allocation of proceeds been made?	X		X			X		X	X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		X
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X	X			X	X	

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X		X	
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %		0 100 %		0 %		0 100 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5		0 %		0 %		0 100 %		0 %		0 100 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X			X		X	X	
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Highlands County Health Facilities Authority	52-1313569	431022SC7	10-07-2009	304,230,000	Refund AR Program 1996A, 1999, 2000A&B, 2004AR1&2		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	304,230,000				
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	304,230,000				
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds					
8	Year of substantial completion	2004				

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X									
10	Were the bonds issued as part of an advance refunding issue?		X								
11	Has the final allocation of proceeds been made?	X									
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X									
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X									
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X									
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2	Is the bond issue a variable rate issue?	X									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X								
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X								
6	Did the bond issue qualify for an exception to rebate?	X									

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Robyn Edgerton	Family of board member	89,137	Employee Compensation		No
Linda Knutson	Family of board member	48,993	Employee Compensation		No

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Lars Houmann and Terry Owen - Family Relationship Lars Houmann and Brian Paradis - Business Relationship Kenneth Denslow and Glynn Scott - Business Relationship Kenneth Denslow and Donald Livesay - Business Relationship Kenneth Denslow and Rodney Grove - Business Relationship Rodney Grove and Glynn Scott - Business Relationship Rodney Grove and Donald Livesay - Business Relationship J Deryl Knutson and Samuel Green - Business Relationship J Deryl Knutson and Max Trevino - Business Relationship Donald Livesay and Glynn Scott - Business Relationship Terry Owen and Lars Houmann - Business Relationship Randy Robinson and Ron Smith - Business Relationship Randy Robinson and Gordon Retzer - Business Relationship Randy Robinson and Mike Cauley - Business Relationship Glynn Scott and Max Trevino - Business Relationship Glynn Scott and Elaine Hagele - Business Relationship Glynn Scott and Roscoe Howard - Business Relationship Glynn Scott and J Deryl Knutson - Business Relationship Glynn Scott and Samuel Green - Business Relationship Glynn Scott and Thomas Lemon - Business Relationship Glynn Scott and Gordon Retzer - Business Relationship Glynn Scott and Randy Robinson - Business Relationship Glynn Scott and Ron Smith - Business Relationship Glynn Scott and Eddie Soler - Business Relationship Glynn Scott and Dennis Carlson - Business Relationship Glynn Scott and Charles Drake III - Business Relationship
Form 990, Part VI, Section A, line 6		Adventist Health System/Sunbelt, Inc (the filing organization) has one member The sole member of the filing organization is Adventist Health System Sunbelt Healthcare Corporation Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3) There are no other classes of membership in the filing organization
Form 990, Part VI, Section A, line 7a		The sole member of the filing organization is AHSSHC The Board of Directors of the filing organization are appointed by the sole member, AHSSHC, who has the right to elect, appoint or remove any member of the Board of Directors of the filing organization
Form 990, Part VI, Section A, line 7b		AHSSHC, as the sole member of the filing organization, has certain reserved powers as set forth in the Bylaws of the filing organization These reserved powers include the following a) to approve and disapprove the executive and/or administrative leadership of the filing organization, and their salaries, b) to approve and disapprove the operating Bylaws of the filing organization, c) to set limits and terms for the borrowing of funds, d) to approve or disapprove major building programs and/or purchase or sale of personal property or real property equal to or in excess of One Million dollars, e) to approve or disapprove the annual operating and capital budgets of the filing organization, f) to direct the placement of funds and capital of the filing organization, and g) to establish general guiding policies
Form 990, Part VI, Section B, line 11		The filing organization's current year Form 990 was reviewed by the Senior Vice President of Finance prior to its filing with the IRS The review conducted by the Senior Vice President of Finance did not include the review of any supporting workpapers that were used in preparation of the current year Form 990, but did include a review of the entire Form 990 and all supporting schedules
Form 990, Part VI, Section B, line 12c		The Conflict of Interest Policy of the filing organization applies to members of its Board of Directors and its principal officers (to be known as Interested Persons) In connection with any actual or possible conflict of interests, any member of the Board of Directors of the filing organization or any principal officer of the filing organization (i e Interested Persons) must disclose the existence of any financial interest with the filing organization and must be given the opportunity to disclose all material facts concerning the financial interest/arrangement to the Board of Directors of the filing organization or to any members of a committee with board delegated powers that is considering the proposed transaction or arrangement Subsequent to any disclosure of any financial interest/arrangement and all material facts, and after any discussion with the relevant Board member or principal officer, the remaining members of the Board of Directors or committee with board delegated powers shall discuss, analyze, and vote upon the potential financial interest/arrangement to determine if a conflict of interest exists According to the filing organization's Conflict of Interest Policy, an Interested Person may make a presentation to the Board of Directors (or committee with board delegated powers), but after such presentation, shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in a conflict of interest Each Interested Person, as defined under the filing organization's Conflict of Interest Policy, shall annually sign a statement which affirms that such person has received a copy of the Conflict of Interests policy, has read and understands the policy, has agreed to comply with the policy, and understands that the filing organization is a charitable organization that must primarily engage in activities which accomplish one or more of its exempt purposes The filing organization's Conflict of Interest Policy also requires that periodic reviews shall be conducted to ensure that the filing organization operates in a manner consistent with its charitable purposes
Form 990, Part VI, Section B, line 15		The top-tier parent of the filing organization is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) AHSSHC is the parent organization of a healthcare system, known as Adventist Health System, that operates hospitals, nursing home facilities, and other healthcare provider organizations AHSSHC is exempt from federal income tax under IRC Section 501(c)(3) pursuant to a group ruling issued to the General Conference of Seventh-day Adventists The individuals who serve as the CEO, CFO or Vice President of the filing organization are compensated by AHSSHC Compensation and benefits provided to these individuals is determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958 AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53 4958-6 with respect to its active executive-level positions The AHSSHC Board Strategy and Compensation Committee (the Committee) serves as the governing body for all executive compensation matters The Committee is composed of certain members of the Board of Directors (the Board) of AHSSHC Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC The Committee's role is to review and approve all components of the executive compensation plan of AHSSHC As an independent governing body with respect to executive compensation, it should be noted that the Committee will often confer in executive sessions on matters of compensation policy and policy changes In such executive sessions, no members of management of AHSSHC are present The Committee is advised by an independent third party compensation advisor This advisor prepares all the benchmark studies for the Committee Compensation levels are benchmarked with a national peer group of other not-for-profit healthcare systems and hospitals of similar size and complexity to AHS and each of its affiliated entities The following principles guide the establishment of individual executive compensation - The salary of the President/CEO of AHS will not exceed the 40th percentile of comparable salaries paid by similarly situated organizations, and - Other executive salaries shall be established using market medians The compensation philosophy, policies, and practices of AHSSHC are consistent with the organization's faith-based mission and conform to applicable laws, regulations, and business practices As a faith-based organization sponsored by the Seventh-day Adventist Church (the Church), AHSSHC's philosophy and principles with respect to its executive compensation practices reflect the conservative approach of the Church's mission of service and were developed in counsel with the Church's leadership
Form 990, Part VI, Section C, line 19		As discussed in our response to Question 15a & b in Section B of this Part VI, the filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS) Each year, AHS publishes an annual report document that includes a financial report for the relevant year as well as a community benefit report The financial report and community benefit report are presented on a consolidated basis and represent all of the activities, results of operations, and financial position at year-end of the entire AHS system In addition, the audited consolidated financial statements of AHS and of the AHS "Obligated Group" are filed annually with the Municipal Securities Rulemaking Board (MSRB) The "Obligated Group" is a group of AHSSHC subsidiaries that are jointly and severally liable under a Master Trust Indenture that secures debt primarily issued on a tax-exempt basis Unaudited quarterly financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) are also filed with MSRB for AHS on a consolidated basis and for the grouping of AHS subsidiaries comprising the "Obligated Group" The filing organization does not generally make its governing documents or conflict of interest policy available to the public

Identifier	Return Reference	Explanation
		Schedule H, Part VI, Line 4 Description of Community Information - Continued The seven campuses of FH serve the Metro Orlando area Metro Orlando is made up of the following Florida counties Orange, Osceola, Seminole and Lake County This combined Metro Orlando area that the campuses serve had a population of approximately 2,100,000 in 2009 with FH being the second largest employer in the area The median household income in the service area was approximately $52,000 in 2008 High school graduates account for approximately 82% of the community served by the Hospital, with about 28% having a bachelor's degree or higher The unemployment rate in the Metro Orlando area was about 11 7% in 2009 *Florida Hospital Altamonte (Seminole County)- FH Altamonte is a 341-bed facility, which has recently doubled in size with a new patient tower to better serve a busy community FH Altamonte was the first "satellite" hospital, built in 1973 on what was then pastureland, miles from the nearest business district Located north of Orlando in fast-growing Seminole County, Florida Hospital Altamonte is the largest satellite campus within the Florida Hospital health care system In addition to maternity, pediatric, emergency, medical and surgical services, the hospital operates the Martin Andersen Cancer Center (along with the region's only Cancer Resource Library), a heart catheterization lab, and a comprehensive outpatient program which includes surgery, diagnostics, and medical treatment programs *Florida Hospital Apopka (Orange County) - In 1975, FH Apopka became the second satellite hospital For nearly three decades, Florida Hospital Apopka has set the standard in hometown health care by providing high-tech, quality care with a personalized touch They are situated just 12 miles northwest of Orlando, with a small, yet advanced, 50-bed campus that houses a certified Chest Pain Center and a multitude of inpatient and outpatient services *Florida Hospital Celebration Health (Osceola County) - FH Celebration Health is a cornerstone of Disney's planned community in Celebration, Florida Today, this 112-bed acute care hospital delivers a state-of-the-art healing environment to residents of Osceola, Orange, Polk and Lake Counties, as well as to visitors from across the United States and the world From its creation FH Celebration Health has been about promoting health and wellness as well as healing Inside the resort-style hospital there is a wellness center, complete with workout area, pool, rehabilitation facility FH Celebration Health also houses the Global Robotics Institute, which provides patients with access to some of the most experienced robotic surgeons in the world The Nicholson Center for Surgical Advancement also is a location where surgeons from around the world travel to learn the latest robotic surgery techniques *Florida Hospital East Orlando (Orange County) - FH East Orlando is now an innovative local leader that fills a vital need in a fast-growing area A recent 200,000 square-foot expansion project upgraded the hospital to 225 beds, with a spacious patient tower and 80 new private rooms designed to enhance the holistic care experience *Florida Hospital Kissimmee (Osceola County) - FH Kissimmee is an 83-bed community-focused hospital, conveniently located near Walt Disney World The team located at FH Kissimmee is dedicated to bringing mission-focused, faith-based care to residents and visitors of Osceola and Orange Counties This facility has recently expanded to include a new medical office building, patient tower, new main entrance and a parking garage *Florida Hospital Winter Park (Orange County)- FH Winter Park Memorial Hospital is a 297-bed facility that is a model of community health and wellness The facility boasts spacious patient care areas and a full spectrum of specialties and services, including the Dr P Phillips Baby Place (with Level II NICU), Florida Hospital Orthopedic Institute, and state-of-the-art surgery, recovery and rehabilitation at the Florida Hospital Cancer Institute In 2009, the Hospital's (for all 7 campuses) payor mix was approximately 41% Medicare, 15% Medicaid, 8% self-pay, and the remaining amount were patients covered under commercial insurance Approximately 68% of patients admitted to one of the campus hospitals in 2009 came through one of FH's emergency departments Adventist Health System/Sunbelt, Inc dba Huguley Memorial Medical Center Huguley Memorial Medical Center (HMMC) is a 213-bed acute-care hospital located on I-35W in South Fort Worth, Johnson County, Texas The hospital houses two intensive care units, a progressive care unit, an open-heart surgery center, a behavioral health center and a 24/7 emergency department HMMC has a 16-bed intensive care unit for patients with medical care and respiratory needs and a 12-bed intensive care unit concentrating on cardiovascular patients A 4-bed dialysis center is available for renal patients with critical needs Additionally, there is a 33-bed Progressive Care Unit designed to bridge the gap between the Intensive Care Unit and the medical-surgical units Part of HMMC's primary service area includes a number of smaller communities with limited access to healthcare services To meet the needs of these residents, HMMC recently opened three family medical clinics In addition, the Mobile Health Services Bus provides complete examinations and other health-care services throughout Tarrant and Johnson counties The Hospital's primary service area includes all of Johnson County, Texas and portions of Tarrant County HMMC has almost 700,000 in its service area and it is one of the largest employers in Tarrant County The median household income in the Hospital's service area was approximately $51,080 in 2008 High school graduates account for approximately 78% of the community served by the Hospital, with about 14% having a bachelor's degree or higher The unemployment rate was about 8 2% in 2009 In 2009, the Hospital's payor mix was approximately 47% Medicare, 10% Medicaid, 12% self-pay, and the remaining amount were patients covered under commercial insurance Approximately 70% of patients admitted to the Hospital in 2009 came through the Hospital's emergency department Adventist Health System/Sunbelt, Inc dba Adventist La Grange Memorial Hospital Adventist La Grange Memorial Hospital (ALMH) is a 223-bed facility providing outpatient and inpatient primary care, trauma care and wellness services to residents of Chicago's western suburbs The hospital is a leader in offering comprehensive oncology services, orthopedic services, advanced cardiac care, women's health and maternity care, emergency, geriatric and many other specialties that cater to the communities it serves The communities served by ALMH contain a high senior population As a result, ALMH is designated by the federal government as a Medicare Disproportionate share hospital To address the unique needs of its service area, ALMH offers a broad spectrum of services designed to meet the diverse needs of aging adults Such services include the newly opened total joint orthopedic center that provides a comprehensive program for joint replacement surgery and is the first of its kind in the western suburbs of Chicago Located in Cook County, Illinois, the Village of La Grange had a population of approximately 15,000 in 2009 The median household income in the Village of La Grange was approximately $95,000 in 2008 High school graduates account for approximately 93% of the residents of La Grange, with about 55% having a bachelor's degree or higher The unemployment rate in Cook County, IL was about 10 3% in 2009 In 2009, approximately 54% of the Hospital's patients were Medicare patients, about 6% were Medicaid patients, 3% self-pay, and the remaining percentage were patients covered under commercial insurance In 2009, approximately 66% of the Hospital's in-patients were admitted through its Emergency Department

Part VII, Section A Columns (E) & (F) For those Board of Director members who devote less than full-time to the filing organization (based upon the average number of hours per week shown in column (B) on page 7 of the return) the compensation amounts shown in columns (E) and (F) on page 7 were provided in conjunction with that person's responsibilities and roles in serving in an executive leadership position within Adventist Health System Part X, Line 2 Savings and temporary cash investments The amounts shown on line 2 of Part X of this return includes the filing organization's interest in a central investment pool maintained by Adventist Health System Sunbelt Healthcare Corporation, the filing organization's top-tier parent The investments in the central investment pool are recorded at market value

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Florida Radiology Imaging at Lake Mary LLC 875 Concourse Parkway 150 Maitland, FL 32751 55-0789387	Imaging & Testing	FL	778,630	13,104,842	Adventist Health SystemSunbelt Inc

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
See Additional Data Table											

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**Yes**	
b Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e Loans or loan guarantees by other organization(s)	**1e**	**Yes**	
f Sale of assets to other organization(s)	**1f**		**No**
g Purchase of assets from other organization(s)	**1g**	**Yes**	
h Exchange of assets	**1h**		**No**
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**	
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n Sharing of paid employees	**1n**	**Yes**	
o Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 59-1479658
Name: Adventist Health SystemSunbelt Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Adventist Bolingbrook Hospital 500 Remington Blvd Bolingbrook, IL60440 65-1219504	Operation of Hospital & Related Services	IL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health SystemSunbelt Inc
Adventist Care Centers - Courtland Inc 730 Courtland Street Orlando, FL32804 20-5774723	Operation of Home for the Aged/Healthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Adventist GlenOaks Hospital 701 Winthrop Avenue Glendale Heights, IL60139 36-3208390	Operation of Hospital & Related Services	IL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health SystemSunbelt Inc
Adventist Health Mid-America Inc 9100 W 74th Street Shawnee Mission, KS66204 52-1347407	Healthcare Related Services	KS	501(c)(3)	509(a)(3) Type I	Adventist Health SystemSunbelt Inc
Adventist Health Partners Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL60440 36-4138353	Operate out-patient physician clinics	IL	501(c)(3)	170(b)(1)(A)(iii)	AHS Midwest Management Inc
Adventist Health System Affiliated Benefit Trust 111 N Orlando Avenue Winter Park, FL32789 26-6422966	Promotion of Healthcare	FL	501(c)(3)	509(a)(3) Type I	Adventist Health System Sunbelt Healthcare Corporation
Adventist Health System Sunbelt Healthcare Corporation 111 N Orlando Avenue Winter Park, FL32789 59-2170012	Management Services	FL	501(c)(3)	509(a)(3) Type I	N/A
Adventist Health SystemGeorgia Inc 1035 Red Bud Road Calhoun, GA30701 58-1425000	Operation of Hospital & Related Services	GA	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health System Sunbelt Healthcare Corporation
Adventist Health SystemSunbelt Inc 111 N Orlando Avenue Winter Park, FL32789 59-1479658	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health System Sunbelt Healthcare Corporation
Adventist Health SystemTexas Inc 602 Courtland Street Orlando, FL32804 74-2578952	Inactive	TX	501(c)(3)	509(a)(2)	Adventist Health System Sunbelt Healthcare Corporation
Adventist Hinsdale Hospital 120 North Oak Street Hinsdale, IL60521 36-2276984	Operation of Hospital & Related Services	IL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health SystemSunbelt Inc
AHS Midwest Management Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL60440 36-3354567	Operation of Occupational Hlth Clinic & Physician Practice Mgmt	IL	501(c)(3)	509(a)(3) Type I	Adventist Health SystemSunbelt Inc
AHSCentral Texas Inc 1301 Wonder World Drive San Marcos, TX78666 74-2621825	Provide Office Space - Medical Professionals	TX	501(c)(3)	509(a)(3) Type III-F	Adventist Health System Sunbelt Healthcare Corporation
Apopka Health Care Properties Inc 305 E Oak Street Apopka, FL32703 51-0605694	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
Battle Creek Adventist Hospital 1000 Remington Blvd Ste 200 Bolingbrook, IL60440 38-1359189	Operation of Hospital & Related Services	MI	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health SystemSunbelt Inc
Beaver Dam Health Care Manor Inc 602 Courtland Street Orlando, FL32804 58-2255884	Inactive	KY	501(c)(3)	509(a)(2)	South Central Nursing Homes Inc
Behavioral Health Resources Inc 111 N Orlando Avenue Winter Park, FL32789 36-4249805	Inactive	TN	501(c)(3)	509(a)(3) Type II	Adventist Health SystemSunbelt Inc
Bolingbrook Hospital Foundation 1000 Remington Blvd N Entrance 2nd Bolingbrook, IL60440 90-0494445	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	170(b)(1)(A)(vi)	Midwest Health Foundation
Bradford Heights Health & Rehab Center Inc 950 Highpoint Drive Hopkinsville, KY42240 20-5782342	Operation of Home for the Aged/Healthcare Delivery	KY	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Burleson Nursing & Rehab Center Inc 301 Huguley Blvd Burleson, TX76028 20-5782243	Operation of Home for the Aged/Healthcare Delivery	TX	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Caldwell Health Care Properties Inc 1333 West Main Princeton, KY42445 51-0605680	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
Central Texas Medical Center Foundation 1301 Wonder World Drive San Marcos, TX78666 74-2259907	Fund-raising for Tax-exempt hospital	TX	501(c)(3)	170(b)(1)(A)(vi)	Adventist Health SystemSunbelt Inc
Chickasaw Health Care Properties Inc 250 S Chickasaw Trail Orlando, FL32825 51-0605681	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
Chippewa Valley Hospital & Oakview Care Center Inc 1220 Third Avenue West Durand, WI54736 39-1365168	Operation of Hospital & Related Services	WI	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health SystemSunbelt Inc
Cobb Medical Associates LLC 3949 South Cobb Drive SE Smyrna, GA300806342 58-2617089	Operation of Phyisican Practices & Medical Services	GA	501(c)(3)	170(b)(1)(A)(iii)	Emory-Adventist Inc
Courtland Health Care Properties Inc 730 Courtland Street Orlando, FL32804 51-0605682	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
Creekwood Place Nursing & Rehab Center Inc 683 E Third Street Russellville, KY42276 20-5782260	Operation of Home for the Aged/Healthcare Delivery	KY	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Dairy Road Health Care Properties Inc 7350 Dairy Road Zephyrhills, FL33540 51-0605684	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
East Orlando Health & Rehab Center Inc 250 S Chickasaw Trail Orlando, FL32825 20-5774748	Operation of Home for the Aged/Healthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Emory-Adventist Inc 3949 South Cobb Drive Smyrna, GA30080 58-2171011	Operation of Hospital & Related Svcs	GA	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health SystemSunbelt Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Fletcher Hospital Inc 100 Hospital Drive Hendersonville, NC28792 56-0543246	Operation of Hospital & Related Svcs	NC	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health System Sunbelt Healthcare Corporation
FLNC Inc 3355 E Semoran Blvd Apopka, FL32703 20-5774761	Operation of Home for the Aged/Healthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Florida Hospital College of Health Sciences Inc (630 Year End) 671 Lake Winyah Drive Orlando, FL32803 59-3069793	Education/Operation of School	FL	501(c)(3)	170(b)(1)(A)(ii)	Adventist Health SystemSunbelt Inc
Florida Hospital DeLand Auxiliary Inc 701 West Plymouth Avenue Deland, FL32720 59-3425543	Volunteer support services	FL	501(c)(3)	509(a)(3) Type III-F	Memorial Hospital West Volusia Inc
Florida Hospital Waterman Inc 1000 Waterman Way Tavares, FL32778 59-3140669	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health System Sunbelt Healthcare Corporation
Florida Hospital Wesley Chapel Inc 2528 Bruce B Downs Blvd CR 581 S Wesley Chapel, FL33543 20-3965753	Inactive	FL	501(c)(3)	509(a)(3) Type III-F	Adventist Health System Sunbelt Healthcare Corporation
Florida Hospital Zephyrhills Inc 7050 Gall Blvd Zephyrhills, FL33541 59-2108057	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health SystemSunbelt Inc
Florida Physicians Medical Group Inc 900 Winderley Place Maitland, FL32751 59-3214635	Operation of Phyisican Practices & Medical Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health SystemSunbelt Inc
Foundation for Shawnee Mission Medical Center Inc 9100 W 74th Street Shawnee Mission, KS66204 48-0868859	Fund-raising for Tax-exempt hospital	KS	501(c)(3)	509(a)(3) Type I	Shawnee Mission Medical Center Inc
GlenOaks Hospital Foundation 303 East Army Trail Road Suite 400 Bloomingdale, IL60108 36-3926044	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	170(b)(1)(A)(vi)	Midwest Health Foundation
Hays Memorial Hospital Association of Seventh-Day Adventists 1301 Wonder World Drive San Marcos, TX78667 74-1362785	Lease of Hospital Personnel	TX	501(c)(3)	509(a)(3) Type II	Adventist Health System Sunbelt Healthcare Corporation
HealthPlex Management Inc 111 N Orlando Avenue Winter Park, FL32789 62-1289269	Support of affiliated tax exempt hospital	TN	501(c)(3)	509(a)(3) Type I	Adventist Health SystemSunbelt Inc
Hinsdale Hospital Foundation 7 Salt Creek Lane Suite 203 Hinsdale, IL60521 52-1466387	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	170(b)(1)(A)(vi)	Midwest Health Foundation
In-Motion Rehab Inc 602 Courtland Street Ste 200 Orlando, FL32804 20-8023411	Therapy services to tax exempt nursing homes	KS	501(c)(3)	509(a)(3) Type II	Sunbelt Health Care Centers Inc
Jellico Community Hospital Inc 188 Hospital Lane Jellico, TN37762 62-0924706	Operation of Hospital & Related Services	TN	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health System Sunbelt Healthcare Corporation
La Grange Memorial Hospital Foundation 5101 S Willow Springs Rd La Grange, IL60525 30-0247776	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	170(b)(1)(A)(vi)	Midwest Health Foundation
Memorial Health Systems Foundation Inc 770 West Granada Blvd Ormond Beach, FL32174 31-1771522	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	170(b)(1)(A)(vi)	Memorial Health Systems Inc
Memorial Health Systems Inc 301 Memorial Medical Parkway Daytona Beach, FL32117 59-0973502	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health SystemSunbelt Inc
Memorial Hospital - Flagler Inc 60 Memorial Medical Parkway Palm Coast, FL32164 59-2951990	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Memorial Health Systems Inc
Memorial Hospital - West Volusia Inc 701 West Plymouth Avenue Deland, FL32720 59-3256803	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Memorial Health Systems Inc
Memorial Hospital Inc 210 Marie Langdon Drive Manchester, KY40962 61-0594620	Operation of Hospital & Related Services	KY	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health System Sunbelt Healthcare Corporation
Merriam Health Care Properties Inc 9700 West 62nd Street Merriam, KS66203 36-4595806	Lease to Related Organization	KS	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
Metroplex Adventist Hospital Inc 2201 S Clear Creek Road Killeen, TX76549 74-2225672	Operation of Hospital & Related Services	TX	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health System Sunbelt Healthcare Corporation
Metroplex Clinic Physicians Inc 2201 S Clear Creek Road Killeen, TX76549 11-3762050	Physician healthcare services to the community	TX	501(c)(3)	170(b)(1)(A)(iii)	Metroplex Adventist Hospital Inc
Midwest Health Foundation 120 North Oak Street Hinsdale, IL60521 35-2230515	Support of subsidiary Foundations	IL	501(c)(3)	509(a)(3) Type II	N/A
Mills Health & Rehab Center Inc 500 Beck Lane Mayfield, KY42066 20-5782320	Operation of Home for the Aged/Healthcare Delivery	KY	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Mission Strategies Inc 602 Courtland Street Ste 200 Orlando, FL32804 20-5982365	Provision of support to the nursing home division	KS	501(c)(3)	509(a)(3) Type II	Sunbelt Health Care Centers Inc
Missouri Adventist Health Inc 9100 W 74th Street Shawnee Mission, KS66204 43-1224729	Support Health Care Services	MO	501(c)(3)	509(a)(3) Type III-O	Adventist Health Mid-America Inc
North Regional EMS Inc 188 Hospital Lane Jellico, TN37762 26-2653616	EMS Services	TN	501(c)(3)	509(a)(2)	Jellico Community Hospital Inc
Ormond Beach Memorial Hospital Auxiliary Inc 301 Memorial Medical Parkway Daytona Beach, FL32117 59-1721962	Volunteer support services	FL	501(c)(3)	509(a)(3) Type III-F	Memorial Health Systems Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Overland Park Nursing & Rehab Center Inc 6501 West 75th Street Overland Park, KS66204 20-5774821	Operation of Home for the Aged/Healthcare Delivery	KS	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Paragon Health Care Properties Inc 950 Highpoint Drive Hopkinsville, KY42240 51-0605686	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
Portercare Adventist Health System (630 Year End) 2525 S Downing Street Denver, CO80210 84-0438224	Operation of Hospital & Related Services	CO	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health System Sunbelt Healthcare Corporation
Portland Nursing & Rehab Center Inc 215 Highland Circle Drive Portland, TN37148 20-5774842	Operation of Home for the Aged/Healthcare Delivery	TN	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Princeton Health & Rehab Center Inc 1333 West Main Princeton, KY42445 20-5782272	Operation of Home for the Aged/Healthcare Delivery	KY	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Princeton Professional Services Inc 601 E Rollins Street Orlando, FL32803 59-1191045	Provision of Healthcare Services	FL	501(c)(3)	509(a)(2)	Adventist Health System Sunbelt Healthcare Corporation
Quality Circle for Healthcare Inc 111 N Orlando Avenue Winter Park, FL32789 26-3789368	Healthcare Quality Services	FL	501(c)(3)	509(a)(3) Type III-F	Adventist Health System Sunbelt Healthcare Corporation
Resource Personnel Inc 602 Courtland Street Ste 200 Orlando, FL32804 20-8040875	Provide administrative support to tax exempt nursing homes	FL	501(c)(3)	509(a)(3) Type II	Sunbelt Health Care Centers Inc
Rocky Mountain Adventist Healthcare Foundation (630 Year End) 2525 South Downing Street Denver, CO80210 84-0745018	Fund-raising for Tax-exempt hospital	CO	501(c)(3)	170(b)(1)(A)(vi)	PorterCare Adventist Health System
Rollins Bedford Corporation 602 Courtland Street Ste 200 Orlando, FL32804 37-0908840	Inactive	FL	501(c)(3)	509(a)(3) Type II	Sunbelt Health Care Centers Inc
Russellville Health Care Properties Inc 683 East Third Street Russellville, KY42276 51-0605691	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
San Marcos Health Care Properties Inc 1900 Medical Parkway San Marcos, TX78666 51-0605693	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
San Marcos Nursing & Rehab Center Inc 1900 Medical Parkway San Marcos, TX78666 20-5782224	Operation of Home for the Aged/Healthcare Delivery	TX	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Shawnee Mission Health Care Inc 6501 West 75th Street Overland Park, KS66204 48-0952508	Lease to Related Organization	KS	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
Shawnee Mission Medical Center Inc 9100 W 74th Street Shawnee Mission, KS66204 48-0637331	Operation of Hospital & Related Services	KS	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health Mid-America Inc
South Central Nursing Homes Properties Inc 111 North Orlando Ave Winter Park, FL32789 59-3686109	Management Support	GA	501(c)(3)	509(a)(3) Type III-O	South Central Inc
South Central Nursing Homes Inc 602 Courtland Street Orlando, FL32804 61-1242373	Management Support	KY	501(c)(3)	509(a)(3) Type III-O	South Central Inc
South Central Properties III Inc 111 North Orlando Ave Winter Park, FL32789 59-3692860	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc
South Central Properties IV Inc 111 North Orlando Ave Winter Park, FL32789 59-3692862	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc
South Central Properties VI Inc 111 North Orlando Ave Winter Park, FL32789 59-3692857	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc
South Central Properties Inc 111 North Orlando Ave Winter Park, FL32789 59-3651692	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc
South Central Inc 602 Courtland Street Orlando, FL32804 59-3689740	Management Support	GA	501(c)(3)	509(a)(3) Type III-F	N/A
South Pasco Health Care Properties Inc 38250 A Avenue Zephyrhills, FL33542 51-0605679	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
Southwest Volusia Health Services Inc 1055 Saxon Blvd Orange City, FL327638468 59-3281591	Medical Office Building for Hospital	FL	501(c)(3)	509(a)(3) Type I	Southwest Volusia Healthcare Corporation
Southwest Volusia Healthcare Corporation 1055 Saxon Blvd Orange City, FL327638468 59-3149293	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health SystemSunbelt Inc
Specialty Physicians of Central Texas Inc 1301 Wonder World Drive San Marcos, TX78666 20-8814408	Physician healthcare services to the community	TX	501(c)(3)	170(b)(1)(A)(iii)	Adventist Health SystemSunbelt Inc
Spring View Health & Rehab Center Inc 718 Goodwin Lane Leitchfield, KY42754 20-5782288	Operation of Home for the Aged/Healthcare Delivery	KY	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Sunbelt Health & Rehab Center - Apopka Inc 305 East Oak Street Apopka, FL32703 20-5774856	Operation of Home for the Aged/Healthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Sunbelt Health Care Centers Inc 602 Courtland Street Ste 200 Orlando, FL32804 58-1473135	Management Services	TN	501(c)(3)	509(a)(3) Type II	Adventist Health System Sunbelt Healthcare Corporation
SunSystem Development Corporation 111 N Orlando Avenue Winter Park, FL32789 59-2219301	Fund Raising for Affiliated Tax-Exempt Hospitals	FL	501(c)(3)	170(b)(1)(A)(vi)	Adventist Health System Sunbelt Healthcare Corporation

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Tarrant County Health Care Properties Inc 301 Huguley Blvd Burleson, TX76028 51-0605677	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
Taylor Creek Health Care Properties Inc 718 Goodwin Lane Leitchfield, KY42754 51-0605678	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
The Volunteer Auxiliary of Florida Hospital - Flagler Inc 60 Memorial Medical Parkway Palm Coast, FL32164 59-2486582	Volunteer support services	FL	501(c)(3)	509(a)(3) Type III-F	Memorial Hospital Flagler Inc
Trinity Nursing & Rehab Center Inc 9700 West 62nd Street Merriam, KS66203 20-5774890	Operation of Home for the Aged/Healthcare Delivery	KS	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
West Kentucky Health Care Properties Inc 500 Beck Lane Mayfield, KY42066 51-0605676	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Health Care Centers Inc
Zephyr Haven Health & Rehab Center Inc 38250 A Avenue Zephyrhills, FL33542 20-5774930	Operation of Home for the Aged/Healthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc
Zephyrhills Health & Rehab Center Inc 7350 Dairy Road Zephyrhills, FL33540 20-5774967	Operation of Home for the Aged/Healthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Health Care Centers Inc

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
Appalachian Therapy Services LLC 100 Hospital Drive Hendersonville, NC28792 20-2463851	Therapy Staffing	NC	N/A								
Clear Creek MOB Ltd 2201 S Clear Creek Rd Killeen, TX76549 74-2609195	Real Estate	TX	N/A								
Florida Hospital DMERT LLC 2450 Maitland Center Pkwy Ste 200 Maitland, FL32751 20-2392253	Medical Equipment	FL	N/A								
Florida Hospital Home Infusion 2450 Maitland Center Pkwy Ste 200 Maitland, FL32751 59-3142824	Home Infusion Services	FL	N/A								
KCCCSMMC Cancer Center LLC 9100 W 74th Street Shawnee Mission, KS66204 27-0909763	Equipment Rental	KS	N/A								
Plainfield Area Primary Care Physicians LLC 911 N Elm Street Ste 215 Hinsdale, IL60521 32-0182318	Medical Services	IL	N/A								
San Marcos MRI LP 1330 Wonder World Drive Ste 202 San Marcos, TX78666 77-0597972	Imaging & Testing	TX	Adventist Health SystemSunbelt Inc dba Central TX Med Ctr	Related	117,750	197,950		No			No
Shawnee Mission Open MRI LLC 9100 W 74th Street Box 2923 Shawnee Mission, KS66201 27-0011796	Imaging & Testing	KS	N/A								
Shawnee Mission Pain Center LLC 9100 W 74th Street Shawnee Mission, KS66204 20-8642766	Pain Mgmt Services	KS	N/A								
Shawnee Mission Prairie Star Surgery Center LLC 23401 Prairie Star Parkway Lenexa, KS66227 36-4634843	Surgical Center	KS	N/A								
Shawnee Mission Regional Cardiac & Vascular Center LLC PO Box 2923 Shawnee Mission, KS66201 48-1243913	Healthcare Mgmt	KS	N/A								
Shawnee Mission Surgery Center LLC PO Box 2923 Shawnee Mission, KS66201 48-1243914	Surgical Services	KS	N/A								
Skyland MRI LLC 100 Hospital Drive Hendersonville, NC28792 04-3646559	Imaging & Testing	NC	N/A								
Surgical Center Associates LTD 1000 South Orlando Ave Winter Park, FL32789 62-1600422	Medical Services	FL	Adventist Health SystemSunbelt Inc	Related	93,147	343,589		No		Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Adventist Health System Capital Trust I 111 N Orlando Avenue Winter Park, FL32789 58-6352241	Bond Investment	FL	N/A	T			
Adventist Health Sys Sunbelt Healthcare Corp Employee Benefit Trust 111 N Orlando Avenue Winter Park, FL32789 58-1318939	Administration of Self-Insured Benefit Plans	FL	N/A	T			
AHS Services Inc 11801 South Freeway Fort Worth, TX76028 75-2049583	Medical Equipment	TX	Adventist Health SystemSunbelt Inc	C			100 000 %
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL32803 59-3000857	Condo Association	FL	Adventist Health SystemSunbelt Inc	C	29,542	11,418	89 000 %
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL32803 59-2855792	Condo Association	FL	Adventist Health SystemSunbelt Inc	C	200,751	85,351	58 000 %
Arapahoe Medical Building I Inc (630 Year End) 2525 S Downing Street Denver, CO80210 84-1574506	Real Estate Leasing	CO	N/A	C			
Arapahoe Medical Building II Inc (630 Year End) 2525 S Downing Street Denver, CO80210 84-1574507	Real Estate Leasing	CO	N/A	C			
CC MOB Inc 2201 S Clear Creek Road Killeen, TX76549 74-2616875	Real Estate Rental	TX	N/A	C			
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX78666 74-2729873	Physician Clinics	TX	Adventist Health SystemSunbelt Inc	C	1,928,783	445,657	100 000 %
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX78666 74-2827652	Physician Hospital Org	TX	Adventist Health SystemSunbelt Inc	C	31,694	323,954	100 000 %
Florida Hospital Flagler Medical Office Association Inc 60 Memorial Medical Parkway Palm Coast, FL32164 26-2158309	Condo Association	FL	N/A	C			
Florida Hospital Healthcare System Inc 602 Courtland Street Orlando, FL32804 59-3215680	PHO/TPA	FL	Adventist Health SystemSunbelt Inc	C	118,141,045	40,201,434	100 000 %
Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL32803 59-2855791	Condo Association	FL	Adventist Health SystemSunbelt Inc	C	647,740	102,568	77 000 %
Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL32174 59-3403558	Physician Hospital Org	FL	N/A	C			
Harvard Park East Inc (630 Year End) 2525 S Downing Street Denver, CO80210 84-1574365	Real Estate Leasing	CO	N/A	C			
Huguley Alliance Foundation 11801 South Freeway Fort Worth, TX76115 75-2642209	Inactive	TX	Adventist Health SystemSunbelt Inc	C		136,191	100 000 %
Huguley Medical Associates Inc 11801 South Freeway Burleson, TX76028 75-2547668	Physician Clinics	TX	Adventist Health SystemSunbelt Inc	C	7,187,756	635,167	100 000 %
Metroplex Adventist Hospital CRNA 2201 S Clear Creek Road Killeen, TX76549 26-0760794	Support hospital through the provision of allied health professionals	TX	N/A	C			
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS66204 48-0901551	Real Estate Rental	KS	N/A	C			
North Amercan Health Services Inc & Subs 111 N Orlando Avenue Winter Park, FL32789 62-1041820	Lessor/Holding Co	TN	N/A	C			
Ormond Professional Condo Association (430 Year End) 770 W Granada Blvd Ste 101 Ormond Beach, FL32174 59-2694434	Condo Association	FL	N/A	C			
Park Ridge Property Owner's Association Inc 1 Park Place Naples Road Fletcher, NC28732 03-0380531	Condo Association	NC	N/A	C			
Porter Affiliated Hlth Services Inc dba Diversified Affiliated Hlth Svcs 2525 S Downing Street Denver, CO80210 84-0956175	Healthcare Services	CO	N/A	C			
Porter Medical Plaza Inc (630 Year End) 2525 S Downing Street Denver, CO80210 84-1574369	Real Estate Leasing	CO	N/A	C			
San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX78666 77-0597968	Holding Company	TX	Adventist Health SystemSunbelt Inc	C	2,355	3,233	100 000 %
The Garden Retirement Community Inc 602 Courtland Street Ste 200 Orlando, FL32804 59-3414055	Real Estate Rental	FL	N/A	C			

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Adventist Health System Sunbelt Healthcare Corporation	O	83,745,122
(2)	Adventist Health System Sunbelt Healthcare Corporation	L	18,160,359
(3)	Adventist Health System Sunbelt Healthcare Corporation	B	15,881,989
(4)	Adventist Bolingbrook Hospital	O	311,137
(5)	Adventist Bolingbrook Hospital	P	132,189
(6)	Adventist Care Centers - Courtland Inc	B	625,050
(7)	Adventist GlenOaks Hospital	N	99,575
(8)	Adventist GlenOaks Hospital	O	292,724
(9)	Adventist GlenOaks Hospital	P	211,446
(10)	Adventist Health Partners Inc	Q	1,078,365
(11)	Adventist Health Partners Inc	P	844,972
(12)	Adventist Health System Sunbelt Healthcare Corporation	P	1,899,523
(13)	Adventist Health System Sunbelt Healthcare Corporation	O	500,000
(14)	Adventist Health System Sunbelt Healthcare Corporation dba AHSIS	Q	1,653,561
(15)	Adventist Health System Sunbelt Healthcare Corporation dba Sunbelt Medic	I	69,143
(16)	Adventist Health System Sunbelt Healthcare Corporation dba Sunbelt Medic	O	209,716
(17)	Adventist Health System Sunbelt Healthcare Corporation dba Sunbelt Medic	P	579,487
(18)	Adventist Hinsdale Hospital	N	11,324,278
(19)	Adventist Hinsdale Hospital	O	7,060,444
(20)	Adventist Hinsdale Hospital	P	5,794,062
(21)	Adventist Hinsdale Hospital	L	10,881,078
(22)	AHSCentral Texas Inc	J	72,683
(23)	Central Medical Medical Center Foundation	C	344,559
(24)	Central Texas Medical Associates	L	102,799
(25)	Central Texas Medical Associates	P	382,813
(26)	Central Texas Medical Associates	B	300,000
(27)	Central Texas Providers Network	P	95,586
(28)	East Orlando Health & Rehab Center Inc	B	1,404,864
(29)	Emory-Adventist Inc	A	736,125
(30)	FLNC Inc	B	2,199,240
(31)	Florida Hospital College of Health Sciences Inc	P	14,251,440
(32)	Florida Hospital College of Health Sciences Inc	I	2,199,732
(33)	Florida Hospital College of Health Sciences Inc	Q	90,453
(34)	Florida Hospital College of Health Sciences Inc	O	511,839
(35)	Florida Hospital College of Health Sciences Inc	L	4,869,219
(36)	Florida Hospital Healthcare System Inc	L	77,782,487
(37)	Florida Hospital Healthcare System Inc	O	411,773
(38)	Florida Hospital Healthcare System Inc	P	10,687,831
(39)	Florida Hospital Waterman Inc	N	70,651
(40)	Florida Hospital Waterman Inc	P	95,965
(41)	Florida Hospital Waterman Inc	Q	87,333
(42)	Florida Hospital Zephyrhills Inc	K	67,772
(43)	Florida Physicians Medical Group Inc	O	501,805
(44)	Florida Physicians Medical Group Inc	I	2,498,394
(45)	Florida Physicians Medical Group Inc	J	111,623
(46)	Florida Physicians Medical Group Inc	L	29,597,422
(47)	Florida Physicians Medical Group Inc	N	690,129
(48)	Florida Physicans Medical Group Inc	O	344,809
(49)	Florida Physicians Medical Group Inc	P	565,916
(50)	Florida Physicians Medical Group Inc	Q	6,143,511
(51)	Huguley Medical Associates Inc	A	288,965
(52)	Huguley Medical Associates Inc	P	218,062
(53)	Huguley Medical Associates Inc	O	2,450,858
(54)	La Grange Memorial Hospital Foundation	C	1,104,498
(55)	La Grange Memorial Hospital Foundation	O	210,291
(56)	Memorial Health Systems Inc	K	280,574
(57)	Memorial Health Systems Inc	P	140,862
(58)	Memorial Hospital - Flagler Inc	I	249,556
(59)	Memorial Hospital - Flagler Inc	K	170,540
(60)	Memorial Hospital - West Volusia Inc	I	287,781
(61)	Memorial Hospital - West Volusia Inc	K	151,428
(62)	Memorial Hospital - West Volusia Inc	N	52,852
(63)	Metroplex Adventist Hospital Inc	P	741,460
(64)	Midwest Management Services Inc	P	182,907
(65)	Princeton Professional Services Inc	P	2,318,049
(66)	Princeton Professional Services Inc	R	490,374
(67)	Southwest Volusia Healthcare Corporation	I	546,446
(68)	Southwest Volusia Healthcare Corporation	K	199,008
(69)	Specialty Physicians of Central Texas Inc	B	1,300,000
(70)	Specialty Physicians of Central Texas Inc	P	129,798
(71)	Sunbelt Health & Rehab Center - Apopka Inc	B	450,000
(72)	Sunbelt Health Care Centers Inc	I	168,867
(73)	Sunsystem Development Corporation dba FH Foundation	B	6,083,388
(74)	Sunsystem Development Corporation dba FH Foundation	C	7,729,800
(75)	Sunsystem Development Corporation dba FH Foundation	P	3,883,586
(76)	Sunsystem Development Corporation dba FH Foundation	Q	4,594,973