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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> Adventist Health System Sunbelt Healthcare Corporation		<b>D Employer identification number</b> 59-2170012
		Doing Business As		<b>E Telephone number</b> (407) 975-3791
		Number and street (or P O box if mail is not delivered to street address) 111 N Orlando Avenue	Room/suite	<b>G Gross receipts \$</b> 383,101,467
		City or town, state or country, and ZIP + 4 Winter Park, FL 32789		
<b>F Name and address of principal officer</b> Don Jernigan 111 N Orlando Avenue Winter Park, FL 32789		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)		
<b>J Website:</b> www.adventisthealthsystem.com		<b>H(c)</b> Group exemption number 1071		
<b>K Form of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L Year of formation</b> 1981	<b>M State of legal domicile</b> FL

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities Provision of executive leadership and other professional support services to subsidiaries   		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . . <b>3</b> 5		
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 4		
	<b>5</b> Total number of employees (Part V, line 2a) . . . . . <b>5</b> 1,13		
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b>		
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 384,13		
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . . <b>7b</b>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	29,842	11,000
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	216,843,536	237,403,300
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,843,455	145,513,234
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	169,324	150,000
		291,886,157	383,077,534
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	2,028,905	1,450,414
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	139,518,427	156,327,309
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	137,632,922	231,549,946
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	279,180,254	389,327,669
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	12,705,903	-6,250,135
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	<b>20</b> Total assets (Part X, line 16) . . . . .	3,710,042,818	3,842,177,543
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	3,598,530,807	3,692,760,595
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	111,512,011	149,416,948

Part II		Signature Block			
Sign Here	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				
	***** Signature of officer		2010-11-11 Date		
	Lynn C Addiscott Officer/Asst Secretary Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4				EIN
					Phone no

**1** Briefly describe the organization's mission

**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 \$ 356,590,933 including grants of \$ 1,450,414 ) (Revenue \$ 237,169,163 )

During 2009, the Corporation provided hospital management services to 22 wholly or partially owned tax-exempt hospital and nursing home corporations. These 22 corporations operate 37 acute-care hospitals.
















[illegible][illegible]

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_ ) (Revenue \$ \_\_\_\_\_ )

<b>4e</b>	<b>Total program service expenses</b>	<b>\$ 356,590,933</b>
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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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> 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		No
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	Yes	
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		No
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, line 10? 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?	Yes	No	
	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		No
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		No
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		No

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
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? <i>If "Yes," complete Schedule J</i> . . . . .	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> 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, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	1,276	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	1,136	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> 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	Yes	
b	If "Yes," enter the name of the foreign country: <b>BD, CJ</b> 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	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
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	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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		No
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	58	
b	Enter the number of voting members that are independent . . . . .	1b	47	
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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 D Shaw 111 N Orlando Avenue Winter Park, FL 327893675 (407) 975-1405

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

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

Form **990** (2009)



<b>1b Total</b>	25,523,343	86,846	1,912,747
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**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▶303

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b>	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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
Sungard Availability Service PO Box 91233 Chicago, IL 60693	Data Recovery Services	4,222,439
Cerner Corporation PO Box 412702 Kansas City, MO 64141	IT Serv/Support Fees	3,983,020
Executive Health Resources PO BOX 822688 Philadelphia, PA 19182	Medical Compliance Consulting	3,665,903
Maxit Healthcare LLC PO Box 2589 Fort Wayne, IN 46801	IT Staffing/Programming	2,991,347
Chapman and Cutler PO BOX 71291 Chicago, IL 60694	Attorney Services	2,604,503

**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 ▶96

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					
	d	Related organizations . . . .	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	11,000				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f . . . . .		11,000				
Program Service Revenue			Business Code					
	2a	Reimbursed Salaries & _____	561,000	93,962,070	93,962,070			
	b	Management Fees _____	541,610	83,337,464	83,030,651	306,813		
	c	Reimbursed Pharmaceuti _____	446,110	26,918,641	26,918,641			
	d	Centralized Services P _____	900,099	17,545,731	17,545,731			
	e	Partnership Income Rel _____	900,099	8,768,405	8,841,081	-72,676		
	f	All other program service revenue _____		6,870,989	6,870,989			
	g	Total. Add lines 2a-2f . . . . .		237,403,300				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		145,516,767			145,516,767	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties . . . . .						
	6a	Gross Rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss) . . . . .					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss) . . . . .					
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a					
	b	Less direct expenses . . . . .	b					
	c	Net income or (loss) from fundraising events . .						
	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	Other Misc Income _____	900,099	150,000		150,000			
b	_____							
c	_____							
d	All other revenue . . . . .							
e	Total. Add lines 11a-11d . . . . .		150,000					
12	Total revenue. See Instructions . . . . .		383,077,534	237,169,163	384,137	145,513,234		

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	1,426,085	1,426,085		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	24,329	24,329		
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 . . . . .	14,820,318		14,820,318	
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	89,898,416	88,265,761	1,632,655	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	15,945,566	13,023,906	2,921,660	
9	Other employee benefits . . . . .	29,014,497	23,786,554	5,227,943	
10	Payroll taxes . . . . .	6,648,512	5,711,828	936,684	
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	1,201,335		1,201,335	
c	Accounting . . . . .	1,760,004		1,760,004	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	13,814,395	13,810,791	3,604	
12	Advertising and promotion . . . . .	5,238		5,238	
13	Office expenses . . . . .	28,640,031	27,555,331	1,084,700	
14	Information technology . . . . .	12,290,356	12,290,356		
15	Royalties . . . . .				
16	Occupancy . . . . .	2,894,441	2,894,441		
17	Travel . . . . .	3,988,032	3,775,666	212,366	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	334,264	26,431	307,833	
20	Interest . . . . .	130,208,216	130,208,216		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	16,458,640	16,458,640		
23	Insurance . . . . .	331,460		331,460	
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	Maintenance/Repairs	8,376,316	8,376,316		
b	Premier Rebate to facil	6,227,333	6,227,333		
c	State Street Rebate	2,069,461	2,069,461		
d	Bad Debt	659,488	659,488		
e	Taxes - UBI	24,110		24,110	
f	All other expenses	2,266,826		2,266,826	
25	Total functional expenses. Add lines 1 through 24f	389,327,669	356,590,933	32,736,736	0
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			2,426	1	2,429
	2	Savings and temporary cash investments . . . . .				2	
	3	Pledges and grants receivable, net . . . . .				3	
	4	Accounts receivable, net . . . . .			2,039,060	4	2,647,589
	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 . . . . .			309,776	8	145,157
	9	Prepaid expenses and deferred charges . . . . .			15,931,926	9	18,850,821
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	10a	209,004,827			
	b	Less accumulated depreciation . . . . .	10b	122,751,024	66,076,905	10c	86,253,803
	11	Investments—publicly traded securities . . . . .				11	
	12	Investments—other securities. See Part IV, line 11 . . . . .			3,289,093,645	12	3,327,944,891
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .			336,589,080	15	406,332,853
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			3,710,042,818	16	3,842,177,543	
Liabilities	17	Accounts payable and accrued expenses . . . . .			62,255,577	17	90,000,163
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	435,372
	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 . . . . .			35,000,000	23	10,655,044
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			3,501,275,230	25	3,591,670,016
	26	Total liabilities. Add lines 17 through 25 . . . . .			3,598,530,807	26	3,692,760,595
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			111,512,011	27	149,416,948
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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 . . . . .			111,512,011	33	149,416,948
	34	Total liabilities and net assets/fund balances . . . . .			3,710,042,818	34	3,842,177,543

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>c</b> 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 . . . .	Yes	
<b>d</b> 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> 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? . . . . .		No
<b>b</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 . . .		

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 System Sunbelt Healthcare Corporation	Employer identification number  59-2170012
---	--

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 33 1/3% 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 33 1/3% 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?  

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									0

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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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: 59-2170012

Name: Adventist Health System Sunbelt  
Healthcare Corporation

Form 5471, Schedule A - Stock of the Foreign Corporation:

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
Common	16,932	20,189
Common	1,875	400
Common	3,000	0
Common	0	1,500
Common	0	1,000
Common	0	1,000
Common	0	500
Common	0	1,000

Additional Data

Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt  
Healthcare Corporation

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Adventist Health SystemSunbelt Inc	591479658	3	Yes						0
Adventist Health SystemGeorgia Inc	581425000	3	Yes						0
Jellico Community HospitalInc	620924706	3	Yes						0
Memorial Hospital Inc	610594620	3	Yes						0
Metroplex Adventist Hospital Inc	742225672	3	Yes						0
Sunsystem Development Corporation	592219301	7	Yes						0
Flonda Hospital Waterman Inc	593140669	3	Yes						0
Princeton Professional Services Inc	591191045	9	Yes						0
Flonda Hospital Zephyrhills Inc	592108057	3	Yes						0
Fletcher HospitalInc	560543246	3	Yes						0
Memorial Health Systems Inc	590973502	3	Yes						0
Memorial Hospital - Flagler Inc	592951990	3	Yes						0
Memorial Hospital - West Volusia Inc	593256803	3	Yes						0
PorterCare Adventist Health System	840438224	3	Yes						0
Adventist Hinsdale Hospital	362276984	3	Yes						0
Adventist GlenOaks Hospital	363208390	3	Yes						0
Chippewa Valley Hospital & Oakview Care Centers Inc	391365168	3	Yes						0
Emory-Adventist Inc	582171011	3	Yes						0
Southwest Volusia Healthcare Corporation	593149293	3	Yes						0
Shawnee Mission Medical Center Inc	480637331	3	Yes						0
Adventist Bolingbrook Hospital	651219504	3	Yes						0

Additional Data

Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt  
Healthcare Corporation

Form 5471, Schedule A - Stock of the Foreign Corporation:

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
Common	188,517	193,118
Common	30,000	30,000
Common	5,627	3,500
Common	0	9,000
Common	440	440
Common	1,000	1,000

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-2170012  
**Name:** Adventist Health System Sunbelt  
Healthcare Corporation

Additional Data

Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt  
Healthcare Corporation

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			
Anderson PhD Eric Director	1 00	X						500	0	0
Andreasen PhD Niels- Director	1 00	X						500	0	0
Baker PhD Delbert W Director	1 00	X						500	0	0
Barnett D Edward Director (9/17-12/31/09)	1 00	X						500	0	0
Bietz DMIN Gordon Director	1 00	X						500	0	0
Biloff Niel L Director	1 00	X						500	0	0
Blair Mardian J Director	1 00	X						500	0	360
Bradford Charles E Director (Resig 3/09)	1 00	X						0	0	0
Brauer James L Director (Resig 6/09)	1 00	X						0	0	0
Browne Benjamin P Director (Resig 9/09)	1 00	X						200	0	0
Carlson Ron Director	1 00	X						500	0	0
Cauley Mike F Director	1 00	X						500	0	0
Cazeau RoseMarie E Director	1 00	X						500	0	0
Coridan Dean Director	1 00	X						500	0	0
Corkum Donald W Director	1 00	X						500	0	0
Davidson James R Director	1 00	X						500	0	0
Davis Jerome Director	1 00	X						500	0	0
Denslow Kenneth A Director	1 00	X						500	0	0
Dixon PhD Marguerite Director	1 00	X						500	0	0
Drake III PhDCharles Director	1 00	X						700	0	0
Edmond Dana C Director (9/17-12/31/09)	1 00	X						500	0	0
Eisele Melvin K Director	1 00	X						500	0	0
Gallimore Jay Director	1 00	X						500	0	0
Green Samuel L Director	1 00	X						950	0	0
Grove Rodney A Director	1 00	X						950	0	0

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			
Hagele Elaine Director	1 00	X						1,100	0	0
Haley Steve Director (12/17-12/31/09)	1 00	X						500	0	0
Hallock Richard R Director (Resig 7/31/09)	1 00	X						0	0	0
Hawkins Esq Judith W Director	1 00	X						500	0	0
Hayes Sue Director	1 00	X						500	0	0
Henderschedt Robert R Director/Sr VP	40 00	X						2,289,615	0	124,258
Holley Leighton Director	1 00	X						500	0	0
Houmann Lars D Director	1 00	X						1,498,624	35,287	213,265
Howard Roscoe J III Director/Vice Chair	2 00	X						1,155	0	0
Hurst Van G Director (9/17-12/31/09)	1 00	X						500	0	0
Jernigan PhD Donald Director/CEO	40 00	X		X				2,734,372	0	282,164
Johnson MD Mark Director	1 00	X						500	0	0
Johnson Sandra K Director	40 00	X						618,700	0	79,238
Just PhD Lois C Director	1 00	X						500	0	0
Knutson J Deryl Director	1 00	X						1,100	0	0
Lemon Thomas Director	1 00	X						750	0	0
Livesay Donald Director/Vice-Chairman	2 00	X						955	0	0
Mendinghall Vanard J Director	1 00	X						500	0	0
Morel Hubert Director	1 00	X						500	0	0
Moyer John Director	1 00	X						500	0	0
Orian Stephen Director	1 00	X						700	0	0
Reed MD Monica P Director	1 00	X						719,298	24,235	94,364
Reiner Richard K Director	40 00	X						4,868,860	0	210,528
Retzer Gordon L Director/Vice Chair /Sec	2 00	X						1,155	0	0
Robinson Randy Director	1 00	X						1,100	0	0

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			
Salmons Joan Director	1 00	X						500	0	0
Scott Glynn C W Director	1 00	X						1,100	0	0
Shaw Terry D Director/CFO	40 00	X		X				1,464,036	0	208,179
Smith PhD David C Director	1 00	X						500	0	0
Smith PhD Ron C Director	1 00	X						827	0	0
Snyder Brent G Director/CIO	40 00	X						1,798,555	0	108,961
Stevens James L Director	1 00	X						500	0	0
Thurber Gary F Director	1 00	X						500	0	0
Trevino Max A Director/Chairman	2 00	X						1,155	0	0
Weber Peter M Director/VP (Resig 6/09	1 00	X						598,276	1,599	111,585
Werner Thomas L Director	1 00	X						149,237	0	12,029
Wright Bill E Director	1 00	X						500	0	0
Wright Edward E Director	1 00	X						500	0	0
Cummings Jr Desmond 5 highest paid	1 00					X		2,393,059	11,963	109,869
Trimble Tamara L 5 highest paid	40 00					X		1,836,340	0	89,710
Skilton Gary C 5 highest paid	40 00					X		1,688,436	0	92,547
Mattison Kenneth R 5 highest paid	1 00					X		1,602,021	13,762	86,956
Hamilton MD Thomas E 5 highest paid	40 00					X		1,232,517	0	88,734



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
Reimbursed Salaries &	561,000	93,962,070	93,962,070		
Management Fees	541,610	83,337,464	83,030,651	306,813	
Reimbursed Pharmaceuti	446,110	26,918,641	26,918,641		
Centralized Services P	900,099	17,545,731	17,545,731		
Partnership Income Rel	900,099	8,768,405	8,841,081	-72,676	

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Maintenance/Repairs	8,376,316	8,376,316		
Premier Rebate to facil	6,227,333	6,227,333		
State Street Rebate	2,069,461	2,069,461		
Bad Debt	659,488	659,488		
Taxes - UBI	24,110		24,110	

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 Adventist Health System Sunbelt Healthcare Corporation	Employer identification number  59-2170012
---	--

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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		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		
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														
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-															
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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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)		(b)
		Yes	No	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?		No	
	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		725,418
	j Total lines 1c through 1i			725,418
	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 1.  
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	During 2009 salary expense of \$68,232 was incurred for paid staff engaged in lobbying activities. Additionally, the corporation paid fees to retain the services of one consulting and one law firm and a public affairs company which performed lobbying activities on behalf of the corporation. The legislative consulting firm Forscey & Stinson and the law firm, Trauger & Tuke were paid a total of \$715,418 during the year and the remaining \$10,000 was paid to the Davies Public Affairs company.

SCHEDULE D  
(Form 990)

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

<b>Name of the organization</b> Adventist Health System Sunbelt Healthcare Corporation	<b>Employer identification number</b>  59-2170012
--	---

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 . . . . .				
b	Contributions . . . . .				
c	Investment earnings or losses . . . . .				
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .				
f	Administrative expenses . . . . .				
g	End of year balance . . . . .				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations . . . . .

3a(i)

☐

Yes

☐

No

(ii) related organizations . . . . .

3a(ii)

☐

☐

b

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

3b

☐

☐

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 . . . . .		3,591,236		3,591,236
b Buildings . . . . .		7,025,159	3,765,344	3,259,815
c Leasehold improvements . . . . .				
d Equipment . . . . .		165,754,223	118,756,004	46,998,219
e Other . . . . .		32,634,209	229,676	32,404,533
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				86,253,803

Schedule D (Form 990) 2009





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	383,077,534
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	389,327,669
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,250,135
4	Net unrealized gains (losses) on investments	4	10,218,663
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	-7,884
8	Other (Describe in Part XIV)	8	33,944,293
9	Total adjustments (net) Add lines 4 - 8	9	44,155,072
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	37,904,937

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	6,085,179,017
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	1,658,443
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	5,833,178,897
e	Add lines 2a through 2d . . . . .	2e	5,834,837,340
3	Subtract line 2e from line 1 . . . . .	3	250,341,677
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	132,735,857
c	Add lines 4a and 4b . . . . .	4c	132,735,857
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	383,077,534

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	5,721,624,315
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	5,465,032,503
e	Add lines 2a through 2d . . . . .	2e	5,465,032,503
3	Subtract line 2e from line 1 . . . . .	3	256,591,812
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	132,735,857
c	Add lines 4a and 4b . . . . .	4c	132,735,857
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	389,327,669

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 IV, Line 2b		A division of the filing organization conducts third-party administration type claims processing services on behalf of certain organizations. One of the programs for which claims processing is conducted is the Orange County Indigent Plan Program. Funding to assist in payment of claims under this program is partially funded by an unrelated 501(c)(3) hospital system located in the Greater Orlando area. The filing organization has established an escrow account to hold funds collected from the unrelated hospital system that will be used to pay for medical care for indigent patients under this program.
Part X	Description of Uncertain Tax Positions Under FIN 48	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.
Part XI, Line 8 - Other Adjustments		Allocation of debt costs to tax-exempt subs 7488 Transfer from tax exempt subs 33936805
Part XII, Line 2d - Other Adjustments		Revenue of Affiliated Organizations Included in Audited Financial Statements 5833178897
Part XII, Line 4b - Other Adjustments		Reclass Expense 126512058 Premier Distribution Allocated to Subs 6227333 Loss on Sale -3534
Part XIII, Line 2d - Other Adjustments		Expense of Affiliated Organizations Included in Audited Financial Statements 5465032503
Part XIII, Line 4b - Other Adjustments		Reclass Expenses 126512058 Premier Distribution Allocated to Subs 6227333 Loss on Sale -3534

SCHEDULE F  
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Adventist Health System Sunbelt  
Healthcare Corporation

Employer identification number  
  
59-2170012

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 grant makers. 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
Europe			Business Investment site visits	Travel expense for investment company site visits	42,514
North America			Board Meetings and Conference		2,823
North America			Business Investment site visits	Travel expense for investment company site visits	4,581
South America			Speakers		3,122
East Asia			Speakers		10,729
Central America & Caribbean			Passive Investments		
Europe			Passive Investments		
North America			Passive Investments		
Sub-Saharan Africa			Passive Investments		
Totals . . . . . ►	0	0			63,769

[illegible]**Schedule F (Form 990) 2009**

**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.

[illegible]

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

**Schedule F (Form 990) 2009**

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 System Sunbelt  
Healthcare Corporation

Employer identification number  
59-2170012

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 . . . . .

27

3

Enter total number of other organizations . . . . .

0



Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt  
Healthcare Corporation

## 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
Junior Achievement of Central Florida 2121 Camden Rd Orlando, FL 32803	59-0972112	501(c)(3)	17,085				General Support
US Dream Academy 10400 Little Patuxent Pkwy Ste 300 Columbia, MD 21044	59-3514841	501(c)(3)	10,000				General Support
Florida Hospital Waterman Foundation 1500 Waterman Way Taveres, FL 32778	59-2330166	501(c)(3)	10,000				General Support
Oakwood College 7000 Adventist Blvd NW Huntsville, AL 35896	63-0366652	501(c)(3)	80,000				Annual General Support
Foundation for Shawnee Mission Medical Center 7315 Frontage Rd St 221 Shawnee Mission, KS 66204	48-0868859	501(c)(3)	10,000				General Support
Florida Hospital Zephyrhills Inc 7050 Gall Blvd Zephyrhills, FL 33541	59-2108057	501(c)(3)	10,000				General Support
Southwestern Union Conference PO Box 4000 777 S Burleson Blvd Burleson, TX 76097	75-0904016	501(c)(3)	208,000				Annual General Support
Takoma Regional Hospital Inc 401 Takoma Ave Greeneville, TN 37743	51-0603966	501(c)(3)	10,000				General Support
Metroplex Adventist Hospital Inc 2201 South Clear Creek Rd Killeen, TX 76542	74-2225672	501(c)(3)	10,000				General Support
Southern Union Conference PO Box 849 3978 Memorial Dr Decatur, GA 30031	58-6002274	501(c)(3)	200,000				Annual 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
Lake Union ConferencePO Box C Berrien Springs, MI 49103	38-1474933	501(c)(3)	200,000				Annual General Support
Mid-America Union ConferencePO Box 6128 Lincoln, NE 68506	47-6006806	501(c)(3)	200,000				Annual General Support
Adventist Health SystemSunbelt Inc111 N Orlando Avenue Winter Park, FL 32789	59-1479658	501(c)(3)	20,000				General Support
Memorial Health System Foundation Inc875 Sterthaus Avenue Ormond Beach, FL 32176	31-1771522	501(c)(3)	10,000				General Support
SunSystem Development Corporation111 N Orlando Avenue Winter Park, FL 32789	59-2219301	501(c)(3)	81,200				General Support
Rocky Mountain Adventist Healthcare Foundation7995 E Prentice Ave 204 Greenwood Village, CO 80111	84-0745018	501(c)(3)	40,000				General Support
Community Seventh-day Adventist ChurchPO Box 3549 Meridian, MS 39303	02-0776702	501(c)(3)	61,800				General Support
Huntsville Central SDA Church3001 Whitesburg Drive South Huntsville, AL 35802	63-1043864	501(c)(3)	50,000				General Support
Michigan Conference of Seventh-Day Adventists dba Lifestyle Matters320 W St Joseph Lansing, MI 48933	38-1467642	501(c)(3)	34,000				FACES Grant Publication of Balance Magazine
Indiana Conference of Seventh-day Adventists 15250 N Meridian Street PO Box 1950 Carmel,IN 46082	35-0976759	501(c)(3)	55,000				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) A mount 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
National Assoc of Health Services Execs1140 Connecticut Ave NW 505 Washington,DC 20036	62-1312239	501(c)(3)	15,000				General Support
Hinsdale Hospital Foundation120 N Oak Street Hinsdale,IL 60521	52-1466387	501(c)(3)	10,000				General Support
Jellico Community Hospital Inc188 Hospital Lane Jellico,TN 37762	62-0924706	501(c)(3)	10,000				General Support
LaGrange Memorial Hospital Foundation5101 S Willow Springs Rd La Grange,IL 60525	30-0247776	501(c)(3)	8,000				General Support
North American Division Corp of Seventh-Day Adventists12501 Old Columbia Pike Silver Spring,MD 20902	20-3164300	501(c)(3)	10,000				General Support
Union College3800 South 48th Street Lincoln,NE 68506	47-0405319	501(c)(3)	15,000				General Support
Adventist Health International11060 Anderson St MH-111 Loma Linda,CA 92354	33-0940020	501(c)(3)	30,000				General Support

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury  
Internal Revenue Service

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.

2009  
Open to Public  
Inspection

Name of the organization Adventist Health System Sunbelt Healthcare Corporation	Employer identification number  59-2170012
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Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate 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			
	<input checked="" type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
	<input checked="" type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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 or provision 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			
	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> 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		No
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		No
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 accrued 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				
Henderschedt Robert R	(i) (ii)	551,507 0	160,258 0	1,577,850 0	101,031 0	23,227 0	2,413,873 0	205,618 0
Houmann Lars D	(i) (ii)	772,700 0	232,089 0	493,835 35,287	166,934 0	46,331 0	1,711,889 35,287	447,341 0
Jernigan PhD Donald L	(i) (ii)	869,229 0	249,764 0	1,615,379 0	181,183 0	100,981 0	3,016,536 0	434,025 0
Johnson Sandra K	(i) (ii)	354,451 0	86,446 0	177,803 0	42,094 0	37,144 0	697,938 0	127,986 0
Reed MD Monica P	(i) (ii)	371,809 0	88,908 0	258,581 24,235	69,829 0	24,535 0	813,662 24,235	223,405 0
Reiner Richard K	(i) (ii)	774,656 0	197,553 0	3,896,651 0	157,250 0	53,278 0	5,079,388 0	531,429 0
Shaw Terry D	(i) (ii)	772,700 0	227,185 0	464,151 0	166,934 0	41,245 0	1,672,215 0	406,754 0
Snyder Brent G	(i) (ii)	487,655 0	142,962 0	1,167,938 0	84,513 0	24,448 0	1,907,516 0	685,452 0
Weber Peter M	(i) (ii)	378,370 0	25,946 0	193,960 1,599	65,701 0	45,884 0	709,861 1,599	130,657 0
Werner Thomas L	(i) (ii)	0 0	0 0	149,237 0	0 0	12,029 0	161,266 0	149,237 0
Cummings Jr Desmond	(i) (ii)	424,386 0	126,973 0	1,841,700 11,963	85,344 0	24,525 0	2,502,928 11,963	295,273 0
Trimble Tamara L	(i) (ii)	378,944 0	92,719 0	1,364,677 0	77,228 0	12,482 0	1,926,050 0	1,017,049 0
Skilton Gary C	(i) (ii)	358,473 0	90,365 0	1,239,598 0	66,157 0	26,390 0	1,780,983 0	813,257 0
Mattison Kenneth R	(i) (ii)	328,656 0	82,506 0	1,190,859 13,762	44,670 0	42,286 0	1,688,977 13,762	956,653 0
Hamilton MD Thomas E	(i) (ii)	322,655 0	63,992 0	845,870 0	60,109 0	28,625 0	1,321,251 0	154,027 0

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	<p>The filing organization is the top-tier parent of a 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 (including those who provide services at the filing organization and those who perform executive management services at AHS subsidiary organizations) are compensated by and on the payroll of the filing organization. However, 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. First-class or charter travel. Pursuant to the AHS system-wide general policy regarding business travel, no reimbursement will be provided for any additional cost incurred with respect to first-class or charter air travel beyond the cost of a regular coach airfare. As a means of providing additional business travel reimbursement for those members of the AHSSHC senior executive management team that travel frequently on behalf of AHS, a special annual travel allowance is provided for those executives. As AHS operates 37 hospitals and a number of other health care facilities in 10 states, the senior leadership of AHSSHC travel extensively and often visit multiple hospital locations in different states as a part of a single business trip. The special travel allowance has an annual cap of \$24,000 for members of the AHS Corporate Management Committee (6 individual executives) and \$15,000 for AHS Corporate Office Senior Vice Presidents (7 individual executives). The special travel allowance can provide reimbursements to the executive for such items as the purchase of air travel upgrade coupons, to cover the cost differential between coach and first-class travel, or to cover the cost of a charter flight. The special travel allowance benefit was originally authorized by and codified into a policy by the AHSSHC Board Strategy &amp; Compensation Committee, an independent body of the AHSSHC Board of Directors, who also approves the annual cap on the amount of the allowance. Those executives who receive the special travel allowance are responsible for tracking the expenses reimbursable under the special travel allowance and must submit such expenses on their accountable plan expense report. Any taxable reimbursements made to executives under the special travel allowance arrangement are treated as taxable compensation to the executive. 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 &amp; 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. The AHS executive compensation philosophy is designed and administered to compensate executives for duties performed irrespective of geographic market differences. Certain AHS hospitals are located in communities where the cost of housing is significantly greater than in other hospital locations in AHS. Accordingly, AHS provides housing assistance in the form of a shared equity interest in a residence to eligible executives who are expected to live within the immediate proximity of hospital facilities located in high-cost communities. Under the AHS system-wide policy governing the employer-provided housing assistance, only four individuals are eligible to receive the housing benefit (an AHS regional CEO and CFO and two hospital CEOs; only three individuals currently have such arrangements and one other individual was provided with the housing benefit in the current year under a grandfather clause in a former policy). As with all AHSSHC Corporate Executive Policies, the housing benefit policy was authorized and approved by the AHSSHC Board Strategy &amp; Compensation Committee, an independent committee of the AHSSHC Board of Directors. The appropriate annual dollar amount of the housing benefit provided to the above-described eligible executives is treated as taxable compensation to the employee. AHS reviews the overall compensation of its executives on an annual basis to ensure that the total compensation package is reasonable. 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 &amp; 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, two 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 &amp; Compensation Committee that describes how the membership benefited their organization during the preceding year.</p>
	Part I, Line 4a	<p>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 &amp; 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 Desmond Cummings \$ 72,277 \$295,273 \$1,461,570 Thomas Hamilton, MD \$ 46,766 \$154,027 \$ 656,631 Robert Henderschedt \$104,188 \$205,618 \$1,298,809 Lars Houmann \$153,591 \$447,341 \$ 0 Donald Jernigan \$184,340 \$524,574 \$ 944,956 Sandra Johnson \$ 45,251 \$127,986 \$ 0 Kenneth Mattison \$ 47,827 \$229,359 \$ 928,474 * *INCLUDES PRIOR YEARS' ACCRUAL OF \$ 727,294 Monica Reed \$ 56,486 \$223,405 \$ 0 Richard K. Reiner \$160,407 \$531,429 \$3,291,559 Terry D. Shaw \$153,591 \$406,754 \$ 0 Gary Skilton \$ 52,814 \$118,964 \$1,102,813** **INCLUDES PRIOR YEARS' ACCRUAL OF \$ 694,293 Brent G. Snyder \$ 87,670 \$104,521 \$1,000,237*** **INCLUDES PRIOR YEARS' ACCRUAL OF \$ 580,931 Tamara Trimble \$ 63,885 \$248,229 \$1,079,975**** **INCLUDES PRIOR YEARS' ACCRUAL OF \$ 768,820 Peter M. Weber \$ 53,537 \$130,657 \$ 0</p>
Supplemental Information	Part III	<p>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 system-wide CEO of AHS. 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.</p>



SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
Adventist Health System Sunbelt  
Healthcare Corporation

Employer identification number  
59-2170012

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Donald Livesay and Glynn Scott - Business Relationship Donald Livesay and Rodney Grove - Business Relationship Donald Livesay and Jay Gallimore - Business Relationship Donald Livesay and Niels-Erik Andreasen - Business Relationship Donald Livesay and Donald Corkum - Business Relationship Donald Livesay and Van Hurst - Business Relationship Donald Livesay and Gary Thurber - Business Relationship Donald Livesay and Jerome Davis - Business Relationship Randy Robinson and Delbert Baker - Business Relationship Randy Robinson and Gordon Retzer - Business Relationship Randy Robinson and Vanard Mendinghall - Business Relationship Randy Robinson and Dana Edmond - Business Relationship Randy Robinson and Richard Hallock - Business Relationship Randy Robinson and Edward Wright - Business Relationship Randy Robinson and Mike Cauley - Business Relationship Randy Robinson and Benjamn Brow ne - Business Relationship Randy Robinson and Gordon Bietz - Business Relationship Randy Robinson and Steve Haley - Business Relationship Randy Robinson and Hubert Morel - Business Relationship Stephen Orian and Max Trevino - Business Relationship Stephen Orian and J Deryl Knutson - Business Relationship David Smith and Neil Biloff - Business Relationship David Smith and James Brauer - Business Relationship David Smith and D Edward Barnett - Business Relationship David Smith and Mardian Blair - Business Relationship David Smith and Gary Thurber - Business Relationship David Smith and Ron Carlson - Business Relationship David Smith and Thomas Dean Coridan - Business Relationship David Smith and Charles Drake - Business Relationship David Smith and Elaine Hagele - Business Relationship David Smith and Roscoe Howard - Business Relationship David Smith and Thomas Lemon - Business Relationship David Smith and Richard Reiner - Business Relationship David Smith and Van G Hurst - Business Relationship Kenneth Denslow and Rodney Grove - Business Relationship Kenneth Denslow and Glynn Scott - Business Relationship Kenneth Denslow and D Edward Barnett - Business Relationship Kenneth Denslow and Donald Livesay - Business Relationship Rodney Grove and Glynn Scott - Business Relationship Rodney Grove and Van Hurst - Business Relationship Rodney Grove and Gary Thurber - Business Relationship Rodney Grove and Jay Gallimore - Business Relationship Rodney Grove and Jerome Davis - Business Relationship Rodney Grove and Rosemarie Cazeau - Business Relationship Rodney Grove and Niels-Erik Andreasen - Business Relationship Rodney Grove and Donald Corkum - Business Relationship J Deryl Knutson and Max Trevino - Business Relationship J Deryl Knutson and Samuel Green - Business Relationship Glynn Scott and J Deryl Knutson - Business Relationship Glynn Scott and Donald Corkum - Business Relationship Glynn Scott and Randy Robinson - Business Relationship Glynn Scott and Ron Smith - Business Relationship Glynn Scott and Niels-Erik Andreasen - Business Relationship Glynn Scott and Gary Thurber - Business Relationship Glynn Scott and Gordon Retzer - Business Relationship Glynn Scott and Jay Gallimore - Business Relationship Glynn Scott and Jerome Davis - Business Relationship Glynn Scott and Samuel Green - Business Relationship Glynn Scott and Max Trevino - Business Relationship Glynn Scott and Van Hurst - Business Relationship Glynn Scott and Elaine Hagele - Business Relationship Peter Weber and Max Trevino - Business Relationship Peter Weber and Eric Anderson - Business Relationship Jay Gallimore and Kenneth Denslow - Business Relationship Jay Gallimore and Niels-Erik Andreasen - Business Relationship Jay Gallimore and Sandra Johnson - Business Relationship Jay Gallimore and Jerome Davis - Business Relationship Jay Gallimore and Donald Corkum - Business Relationship
Form 990, Part VI, Section A, line 6		The governing documents of the filing organization provide that the membership of the organization consists of two classes of memberships The regular class consists of the duly elected members of the Executive Committee of the following Conferences of Seventh-day Adventists Southern Union, Southwestern Union, Lake Union and the Mid-America Union along with the Board of Directors of the filing organization (members from the Lake Union and Mid-America Conferences may be limited in numbers) The second class of members is the special class members which consists of individuals that are granted membership based on a two-thirds vote of the regular class of members
Form 990, Part VI, Section A, line 7a		The Board of Directors of the filing organization are elected by the membership of the organization or are appointed by virtue of their employment with the organization itself or by virtue of their position within one of the Seventh-Day Adventist Conferences listed above
Form 990, Part VI, Section A, line 7b		The membership 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 any amendment, restatement, or repealing of the Articles of Incorporation or Bylaws of the filing organization, and b) to appoint individuals to fill any vacancies on the Board of Directors of the Corporation
Form 990, Part VI, Section B, line 11		The filing organization's 2009 Form 990 was reviewed by the CEO, CFO and Senior Vice President of Finance prior to its filing with the IRS The review conducted by the CEO, CFO and Senior Vice President of Finance did not include the review of any supporting workpapers that were used in preparation of the 2009 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 (ie 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		Compensation and benefits provided to Adventist Health System Sunbelt Healthcare Corporation's (AHSSHC) CEO, CFO, Vice Presidents or key employees are determined pursuant to policies, procedures, and processes 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		The filing organization is the parent organization of a 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
Part VII, Section A		For those Board of Director members and officers and highest compensated employees 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 for a subsidiary organization of the filing organization





## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

# 2009

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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.**

**Name of the organization**  
Adventist Health System Sunbelt  
Healthcare Corporation

Employer identification number

59-2170012

**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
The Giver LLC 10000 32789	Health Improvement Services	FL			Adventist Health System Sunbelt Healthcare Corporation

**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)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	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) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	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
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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

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b No

1c Yes

1d No

1e No

1f No

1g No

1h No

1i Yes

1j Yes

1k Yes

1l No

1m No

1n No

1o Yes

1p Yes

1q Yes

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)			

Schedule R (Form 990) 2009

**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?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 59-2170012

Name: 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
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, GA 30701 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 Physician 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 Physician 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 Bloomingtondale, 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 System Sunbelt 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 System Sunbelt 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) Dispropotionate allocations?		(i) Code V - UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	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	N/A								
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	N/A								

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	N/A	C			
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL32803 59-3000857	Condo Association	FL	N/A	C			
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL32803 59-2855792	Condo Association	FL	N/A	C			
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	N/A	C			
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX78666 74-2827652	Physician Hospital Org	TX	N/A	C			
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	N/A	C			
Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL32803 59-2855791	Condo Association	FL	N/A	C			
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	N/A	C			
Huguley Medical Associates Inc 11801 South Freeway Burleson, TX76028 75-2547668	Physician Clinics	TX	N/A	C			
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 American Health Services Inc & Subs 111 N Orlando Avenue Winter Park, FL32789 62-1041820	Lessor/Holding Co	TN	Adventist Health System Sunbelt Healthcare Corporation	C	2,249,528	23,083,237	100 000 %
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	N/A	C			
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) Fletcher Hospital Inc	K	746,800
(2) Jellico Community Hospital Inc	K	240,712
(3) Memorial Hospital Inc	K	441,732
(4) Adventist Hinsdale Hospital	K	2,321,884
(5) Chippewa Valley Hospital & Oakview Care Center Inc	K	102,231
(6) Adventist Bolingbrook Hospital	K	763,518
(7) Adventist Health SystemSunbelt Inc	K	18,370,075
(8) Adventist GlenOaks Hospital	K	589,348
(9) Metroplex Adventist Hospital Inc	K	922,723
(10) Emory Adventist Inc	K	495,860
(11) Adventist Health System Georgia Inc	K	668,110
(12) Shawnee Mission Medical Center Inc	K	2,839,505
(13) Florida Hospital Zephyrhills Inc	K	764,177
(14) Southwest Volusia Healthcare Corporation	K	1,201,939
(15) Memorial Hospital - West Volusia Inc	K	1,067,218
(16) Florida Hospital Waterman Inc	K	1,773,153
(17) Memorial Health Systems Inc	K	1,948,219
(18) Memorial Hospital - Flagler Inc	K	1,002,103
(19) Sunbelt Health Care Centers Inc	K	524,149
(20) PorterCare Adventist Health System	K	4,823,707
(21) Fletcher Hospital Inc	P	6,969,197
(22) Jellico Community Hospital Inc	P	2,203,793
(23) Memorial Hospital Inc	P	4,547,767
(24) Adventist Hinsdale Hospital	P	33,248,648
(25) AHS Midwest Management Inc	P	442,982
(26) Adventist Health Partners Inc	P	2,748,670
(27) Adventist Bolingbrook Hospital	P	2,126,749
(28) Chippewa Valley Hospital & Oakview Care Center Inc	P	246,163
(29) Adventist GlenOaks Hospital	P	1,782,087
(30) Adventist Health SystemSunbelt Inc	P	85,578,356
(31) Huguley Medical Associates Inc	P	165,463
(32) Speciality Physicians of Central Texas Inc	P	70,815
(33) Metroplex Adventist Hospital Inc	P	5,962,515
(34) Emory Adventist Inc	P	4,150,538
(35) Cobb Medical Associates LLC	P	185,910
(36) Adventist Health System Georgia Inc	P	4,724,937
(37) PorterCare Adventist Health System	P	2,673,695
(38) Shawnee Mission Medical Center Inc	P	16,066,004
(39) Florida Physicians Medical Group	P	5,662,868
(40) Memorial Hospital - West Volusia Inc	P	7,049,309
(41) Southwest Volusia Healthcare Corporation	P	7,048,818
(42) Memorial Hospital - Flagler Inc	P	5,678,783
(43) Memorial Health Systems Inc	P	13,438,646
(44) Florida Hospital Waterman Inc	P	11,079,819
(45) Florida Hospital Zephyrhills Inc	P	8,951,680
(46) Sunbelt Health Care Centers Inc	P	5,652,704
(47) Fletcher Hospital Inc	C	525,079
(48) Memorial Hospital Inc	C	241,995
(49) Chippewa Valley Hospital & Oakview Care Center Inc	C	54,049
(50) Adventist GlenOaks Hospital	C	258,434
(51) Adventist Hinsdale Hospital	C	2,056,592
(52) Adventist Bolingbrook Hospital	C	261,235
(53) Adventist Health System Georgia Inc	C	645,743
(54) PorterCare Adventist Health System	C	5,168,651
(55) Shawnee Mission Medical Center Inc	C	2,607,072
(56) Memorial Hospital - West Volusia Inc	C	602,725
(57) Memorial Hospital - Flagler Inc	C	995,457
(58) Florida Hospital Waterman Inc	C	1,507,425
(59) Florida Hospital Zephyrhills Inc	C	970,479
(60) Southwest Volusia Healthcare Corporation	C	659,838
(61) Memorial Health Systems Inc	C	1,530,005
(62) Adventist Health SystemSunbelt Inc	C	15,881,989
(63) Adventist Health SystemSunbelt Inc	O	1,335,964
(64) Emory Adventist Inc	A	271,788
(65) Adventist Health SystemSunbelt Inc	J	72,642
(66) Adventist Hinsdale Hospital	I	68,448
(67) Memorial Hospital Inc	I	64,929
(68) Shawnee Mission Medical Center Inc	I	53,958
(69) Adventist Health SystemSunbelt Inc	R	1,653,561

Additional Data

Software ID:  
Software Version:  
EIN: 59-2170012  
Name: Adventist Health System Sunbelt  
Healthcare Corporation

Form 8865, Schedule A - Constructive Ownership of Partnership Interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner
Kettle Hill Offshore Ltd	Queensgate House South Grand Cayman, FC CJ		X	X

SCHEDULE O  
(Form 8865)

Transfer of Property to a Foreign Partnership  
  
(under section 6038B)  
▶ Attach to Form 8865. See Instructions for Form 8865.

OMB No 1545-1668  
  
2009

Department of the Treasury  
Internal Revenue Service

Name of transferor  
Adventist Health System Sunbelt  
Healthcare Corporation

Filer's identifying number  
59-2170012

Name of foreign partnership  
Kettle Hill Master Fund Ltd

Part I Transfers Reportable Under Section 6038B

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash							
Marketable securities	2009-01-01		19,845,251	19,845,251			71.790 %
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							

Supplemental Information Required To Be Reported (see instructions):

Part II Dispositions Reportable Under Section 6038B

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?

Yes

No



**TY 2009 Category 3 filer statement**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation

**EIN:** 59-2170012

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
		Adventist Health System	111 N Orlando Ave Winter Park, FL 32789	59-2170012	

**TY 2009 Earnings and Profits Other  
Adjustments Statement**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Amount
Change in unrealized loss	-1,604,542

**TY 2009 Earnings and Profits Other  
Adjustments Statement**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Amount
Unrealized Loss	-1,730,105



# TY 2009 Earnings and Profits Other Adjustments Statement

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Amount
Loss and loss expenses	329,612
Net contributions	-200,000

TY 2009 Itemized Other Current Liabilities Schedule

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Bella Vista Yauco Inc	66-0553535	Third Party Payors	1,518,169	1,518,169

**TY 2009 Itemized Other Current Liabilities Schedule**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation

**EIN:** 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD		Securities Sold Short, at fair value	4,291,014	0
		Redemptions Payable	16,533,661	6,667
		Deferred incentive fee	1,654,191	0
		Subscription received in advance	350,000	500,000
		Accrued Expenses and other liabilities	58,501	56,334

**TY 2009 Itemized Other Current Liabilities Schedule****Name:** Adventist Health System Sunbelt

Healthcare Corporation

**EIN:** 59-2170012

<b>Corporation Name</b>	<b>Corporation EIN</b>	<b>Description</b>	<b>Beginning Amount</b>	<b>Ending Amount</b>
Basix Capital Offshore Fund LTD		Securities Sold Short, at market	15,019,594	29,011,058
		Performance Fee Payable	274,737	946,377
		Dividends Payable	7,119	7,018
		Redemptions Payable	4,751,026	1,000,000
		Accrued Expenses	35,493	38,539

**TY 2009 Itemized Other Current Liabilities Schedule****Name:** Adventist Health System Sunbelt

Healthcare Corporation

**EIN:** 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd	98-0606373	SECURITIES SOLD SHORT		847,833
		REDEMPTIONS PAYABLE		1,175,000
		ACCRUED EXPENSES		20,146
		DIVIDENDS PAYABLE		1,013

TY 2009 Itemized Other Assets Schedule

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
Basix Capital Offshore Fund LTD		Other Assets	10,428	16,706

TY 2009 Itemized Other Current Assets  
Schedule

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD		Due from Broker	20,855,673	0
		Other assets	18,246	1,563

TY 2009 Itemized Other Current Assets  
Schedule

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Basix Capital Offshore Fund LTD		Due from Broker	33,500,393	41,271,397
		Dividends and Interest Receivable	8,390	8,594



**TY 2009 Itemized Other Current Assets**  
**Schedule**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Telluride Capital Fund LTD		Receivable from master fund	12,393,714	938,354
		Receivable from investment manager		

**TY 2009 Itemized Other Current Assets**  
**Schedule**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd	98-0606373	DUE FROM BROKER		29,300,577
		DIVIDENDS RECEIVABLE		528

TY 2009 Other Deductions Schedule

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fees		498,404

TY 2009 Other Deductions Schedule

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Brokerage Commissions		293,485

**TY 2009 Other Deductions Schedule**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation

**EIN:** 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Professional Fees		119,406
Stock loan fees		40,774
Incentive allocation		1,689,669
Other Expenses		14,530

**TY 2009 Other Deductions Schedule**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation

**EIN:** 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Performance Fees		946,377
Management Fees		335,057
Professional Fees & Others		113,160

**TY 2009 Other Deductions Schedule****Name:** Adventist Health System Sunbelt

Healthcare Corporation

**EIN:** 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Dividend Expense		307,477
Interest Expense		132,649
Management & Incentive Fee		79,481
Allocation to Deferred Compensation		2,473,828
Operating and other expenses		339,577

TY 2009 Itemized Other Investments Schedule

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD		Investment in Master Fund	27,550,882	37,236,907



TY 2009 Itemized Other Investments Schedule

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Basix Capital Offshore Fund LTD		Investments in Marketable Securities	15,520,817	26,843,864

TY 2009 Itemized Other Investments Schedule

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Telluride Capital Fund LTD		Investment in Master Fund	32,713,218	4,200,118

TY 2009 Itemized Other Investments Schedule

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd	98-0606373	INVESTMENTS IN SECURITIES		10,494,463

**TY 2009 Itemized Other Liabilities Schedule**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation

**EIN:** 59-2170012

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
Telluride Capital Fund LTD		Deferred compensation	22,558,664	0
		Payable to investment manager	1,193,117	729,411
		Management fee payable	58,020	3,500
		Redemptions payable	15,322,761	131,655
		Incentive Fee payable	0	33,726

TY 2009 Other Income Statement

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Foreign Amount	Amount
Net realized gain on investments		10,881,767

TY 2009 Other Income Statement

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Foreign Amount	Amount
Unrealized gain on Securities		1,730,105

TY 2009 Other Income Statement

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Foreign Amount	Amount
Unrealized gain on investments		1,604,542

**TY 2009 Other Income Statement**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation

**EIN:** 59-2170012

Description	Foreign Amount	Amount
Net change in unrealized gain		1,637,016
Minority Interest in earnings		44,688
Other Income		27,327



TY 2009 Owns Foreign Partnership Statement

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Name	EIN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
Telluride Captial Master Fund LTD	98-0391698	1065	Telluride Cap Fund LLC	2009-01-01	2009-12-31

TY 2009 Owns Foreign Partnership Statement

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Name	EIN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
Kettle Hill Master Fund LTD	98-0606373	1065	Kettle Hill Capital LLC	2009-01-01	2009-12-31

**TY 2009 Itemized Expenses**  
**Recorded on Books Schedule**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Amount
US TAXES WITHHELD	26,886

**TY 2009 Itemized Income Not  
Recorded on Books Schedule**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Amount
BOOK TAX DIFFERENCE ON GAIN	170,903

**TY 2009 Itemized Income**  
**Recorded on Books Schedule**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Amount
UNREALIZED GAIN	1,608,510

TY 2009 Itemized Other Credits Schedule

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation

**EIN:** 59-2170012

Trade or Business Activity	Description	Amount	Category
	US Taxes Withheld	26,885	

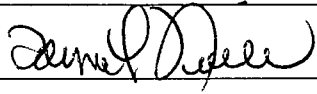
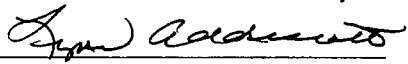
**TY 2009 Itemized Share of Other  
Income (Loss) Schedule**

**Name:** Adventist Health System Sunbelt  
Healthcare Corporation  
**EIN:** 59-2170012

Description	Amount
Section 988 loss	-3,561
Ordinary loss fr securities trading	-605,738

## Agreement to Treat Split Dollar Loan Arrangement as Noncontingent

The parties indicated below have a split-dollar life insurance arrangement that is treated as a split dollar loan for Federal income tax purposes. The payments under the arrangement are non-recourse to the borrower and are therefore deemed contingent under Treas. Reg. § 1.7872-15(d)(1). As provided under Treas. Reg. § 1.7872-15(d)(2), the parties have agreed to treat the split-dollar loan arrangement as noncontingent since it is their expectation that all payments under the loan arrangement will be made, and the parties hereby represent that a reasonable person would expect that all payments under the loan would be made.

	<u>Borrower</u>	<u>Lender</u>
Name:	Tamara Trimble	Adventist Health System
Address:	1634 Cherry Lake Way Lake Mary, FL 32746	111 North Orlando Avenue Winter Park, FL 32789-3675
Taxpayer Identification Number	<u>265-11-2382</u>	59-2170012
Signature	<u></u>	<u></u>
Title (for Lender)		<u>Assistant Secretary</u>

This representation applies to all subsequent split-dollar loans made pursuant to the split-dollar life insurance arrangement. This statement is intended to satisfy the requirement of Treas. Reg. § 1.7872-15(d)(2).