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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
Adventist Health SystemSunbelt Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
900 Hope Way

City or town, state or country, and ZIP + 4
Altamonte Springs, FL 32714

D Employer identification number
59-1479658

E Telephone number
(407) 357-2419

G Gross receipts $ 2,940,736,739

F Name and address of principal officer
Donald Jernigan
900 Hope Way
Altamonte Springs, FL 32714

H(a) Is this a group return for affiliates? [ ] Yes [x] No

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

H(c) Group exemption number ▶ 1071

I Tax-exempt status [x] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ www adventisthealthsystem com

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

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	25,567
6	Total number of volunteers (estimate if necessary)	**6**	4,172
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	12,059,731
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	591,112

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	5,775,084	6,313,788
	9 Program service revenue (Part VIII, line 2g)	2,826,917,153	2,899,300,597
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	46,693,287	25,573,839
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,958,813	5,264,364
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,883,344,337	2,936,452,588
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,737,315	14,980,749
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,231,652,609	1,350,533,428
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,430,100,808	1,348,234,659
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,680,490,732	2,713,748,836
	19 Revenue less expenses Subtract line 18 from line 12	202,853,605	222,703,752

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	5,892,298,669	5,913,996,141
	21 Total liabilities (Part X, line 26)	4,109,543,275	3,954,358,511
	22 Net assets or fund balances Subtract line 21 from line 20	1,782,755,394	1,959,637,630

Part II Signature Block

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

Sign Here

****** | 2012-11-15
Signature of officer | Date

Lynn C Addiscott Asst Secretary
Type or print name and title

Paid Preparer's Use Only

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

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,517,507,776 including grants of $ 14,980,749) (Revenue $ 2,889,311,006)

Operation of 13 acute care hospitals with 157,810 patient admissions and 742,527 patient days in the current year In addition to hospital operations, the corporation provides medical care through a number of other activities such as urgent care centers, physician clinics, home health services, hospice services, sleep centers, wound centers, therapy and rehab

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 2,517,507,776

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* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	2,131		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	25,567		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**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 or securities account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	**13a**			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the aggregate amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

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

Terry Shaw
900 Hope Way
Altamonte Springs, FL 32714
(407) 357-2463

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								3,891,958	16,917,365	2,085,558

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,035

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
BRASFIELD & GORRIE LLC 200 COLONIAL CENTER PWY STE LAKE MARY, FL 32746	Construction Services	60,279,069
CERNER CORP PO BOX 410451 KANSAS CITY, MO 64141	Technology solutions support	10,736,568
BARTON MALOW COMPANY 5337 MILLENIA LAKES BLVD ORLANDO, FL 32839	Construction Services	8,224,105
CROTHALL HEALTHCARE 13028 COLLECTION CTR CHICAGO, IL 60693	Housekeeping Services	4,422,586
Hardee Services of Rehab Inc 1330 Hwy 17 South Wauchula, FL 33873	Physical Therapy	3,852,147

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 487

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	112,951			
	d	Related organizations	1d	3,678,131			
	e	Government grants (contributions)	1e	1,634,325			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	888,381			
	g	Noncash contributions included in lines 1a-1f $ 272,741					
	h	**Total.** Add lines 1a-1f		6,313,788			
			Business Code				
Program Service Revenue	2a	Patient Revenue	900099	2,827,473,851	2,817,856,510	9,617,341	
	b	Management Fee	900099	23,933,678	23,933,678		
	c	Cafeteria/Vending Rev	900099	18,659,193	18,232,385	426,808	
	d	Research	541700	4,966,125	4,966,125		
	e	Fitness Revenue	713940	4,758,653	4,201,310	557,343	
	f	All other program service revenue		19,509,097	18,778,086	731,011	
	g	**Total.** Add lines 2a–2f		2,899,300,597			
	3	Investment income (including dividends, interest and other similar amounts)		13,360,818			13,360,818
	4	Income from investment of tax-exempt bond proceeds		2,335,372			2,335,372
	5	Royalties		553,965			553,965
			(i) Real / (ii) Personal				
	6a	Gross rents	4,564,083 / 229,817				
	b	Less rental expenses	1,389,020 / 697				
	c	Rental income or (loss)	3,175,063 / 229,120				
	d	Net rental income or (loss)		3,404,183		727,228	2,676,955
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	9,333,207 / 3,331,542				
	b	Less cost or other basis and sales expenses	0 / 2,787,100				
	c	Gain or (loss)	9,333,207 / 544,442				
	d	Net gain or (loss)		9,877,649			9,877,649
Other Revenue	8a	Gross income from fundraising events (not including $ 112,951 of contributions reported on line 1c) See Part IV, line 18	a 70,638				
	b	Less direct expenses	b 107,334				
	c	Net income or (loss) from fundraising events		-36,696			-36,696
	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	Equity earnings from r	900099	1,533,264	1,533,264		
	b	Investment in Subs	900099	-190,352	-190,352		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		1,342,912			
	12	**Total revenue.** See Instructions		2,936,452,588	2,889,311,006	12,059,731	28,768,063

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	14,915,837	14,915,837		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	64,912	64,912		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	10,171,032		10,171,032	
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	989,086,993	967,173,574	21,913,419	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	36,169,776	35,320,664	849,112	
9	Other employee benefits	238,661,891	224,580,921	14,080,970	
10	Payroll taxes	76,443,736	74,611,057	1,832,679	
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,257,833		4,257,833	
c	Accounting	576,019		576,019	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	250,856,941	193,521,941	57,335,000	
12	Advertising and promotion	19,190,552		19,190,552	
13	Office expenses	93,665,996	70,456,275	23,209,721	
14	Information technology	22,968,583	19,124,662	3,843,921	
15	Royalties . .				
16	Occupancy	55,214,182	55,044,902	169,280	
17	Travel	6,035,318	2,890,552	3,144,766	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,296,645	745,485	551,160	
20	Interest	78,464,095	62,920,509	15,543,586	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	156,534,559	156,534,559		
23	Insurance	34,973,665	36,385,987	-1,412,322	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Medical Supplies	478,868,326	478,868,326		
b	Repairs/Maintenance	68,052,437	68,052,437		
c	Assessments	31,627,460	31,627,460		
d	UBI Tax	409,951	409,951		
e					
f	All other expenses	45,242,097	24,257,765	20,984,332	
25	**Total functional expenses.** Add lines 1 through 24f	2,713,748,836	2,517,507,776	196,241,060	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		95,639	1	99,490
	2	Savings and temporary cash investments		1,392,112,401	2	1,458,843,277
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		360,121,552	4	370,664,906
	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		58,417,644	8	69,068,975
	9	Prepaid expenses and deferred charges		15,175,721	9	15,053,517
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 3,375,544,200			
	b	Less accumulated depreciation	10b 1,601,917,173	1,679,422,987	10c	1,773,627,027
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		277,751,895	12	277,876,782
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		12,031,039	14	11,840,997
	15	Other assets See Part IV, line 11		2,097,169,791	15	1,936,921,170
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,892,298,669	16	5,913,996,141
Liabilities	17	Accounts payable and accrued expenses		190,473,193	17	195,866,090
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		3,703,849,999	20	3,588,586,470
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		215,220,083	25	169,905,951
	26	**Total liabilities.** Add lines 17 through 25		4,109,543,275	26	3,954,358,511
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,775,070,404	27	1,956,618,834
	28	Temporarily restricted net assets		7,684,990	28	3,018,796
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,782,755,394	33	1,959,637,630
	34	Total liabilities and net assets/fund balances		5,892,298,669	34	5,913,996,141

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	2,936,452,588
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,713,748,836
3	Revenue less expenses Subtract line 2 from line 1	3	222,703,752
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,782,755,394
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-45,821,516
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,959,637,630

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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?

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

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

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

Facts And Circumstances Test

Explanation

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (Proxy Tax), then

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		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?	Yes		11,565
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?	Yes		12,570
i	Other activities? If "Yes," describe in Part IV	Yes		505,680
j	Total lines 1c through 1i			529,815
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	Part II-B, Line 1	The corporation reimbursed traveling expenses and paid fees to retain the services of four consulting firms which performed lobbying activities on behalf of the corporation The four firms were William Filan, John Andrew Kane, Dick Batchelor, and Johnson & Blanton and were paid a total of $338,549 during the year Additionaly, dues were paid to the American Hospital Association, Florida Hospital Association, Illinois Hospital Association and the Texas Hospital Association who use a portion of the dues to conduct lobbying activities
Part IV, Supplemental Information		Part II-B 1(b) During 2011 salary expense of $15,666 was incurred for paid staff engaged in lobbying activities

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	15,221,113	14,810,178	14,077,615	3,027,408	
b	Contributions	121,143	30,263	57,189	79,953	
c	Investment earnings or losses	753,535	720,592	696,088		
d	Grants or scholarships		339,920	117,114		
e	Other expenditures for facilities and programs	365,254			233,695	
f	Administrative expenses			-96,400		
g	End of year balance	15,730,537	15,221,113	14,810,178	2,873,666	

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

- a Board designated or quasi-endowment ▶ 80 410 %
- b Permanent endowment ▶ 19 590 %
- c Term endowment ▶ 0 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		176,328,522		176,328,522
b Buildings		1,261,691,167	500,775,212	760,915,955
c Leasehold improvements				
d Equipment		1,791,051,735	1,044,928,071	746,123,664
e Other		146,472,776	56,213,890	90,258,886
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,773,627,027

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

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

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

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

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

(a) Description	(b) Book value
(1) Funds Held in Trust	23,506,277
(2) Other Current Receivables	9,560,022
(3) Due From Related Parties and Affiliates	45,425,506
(4) Donor Restricted Assets	1,496,690
(5) Deferred Charges and Costs	23,829,484
(6) Long-term Investments	31,846,833
(7) Other Non-Current Assets	11,767,528
(8) Receivable - Interco Alloc of Tax-Exempt Bond Proceeds	1,789,488,830
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,936,921,170

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Accounts Receivable - Credit Balances	8,444,039
Payable to Third Party	43,817,541
Due to Related-Affiliated Entities	15,753,369
Other Current Liabilities	6,945,379
Other Non-Current Liabilities	80,123,103
Notes and Loans Payable - Current	5,741,829
Leases Payable	9,080,691
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	169,905,951

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

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

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
Description of How Organization Reports Conservation Easements	Part II, Line 9	The filing organization has recorded the land conservation easement on its financial statements as a Property, Plant, and Equipment Asset The conservation easement generates no revenue and the filing organization did not incur any expense in 2011 related to the maintenance and monitoring of the conservation easement
Description of Intended Use of Endowment Funds	Part V, Line 4	All endowment funds are held by related 501(c)(3) exempt foundations These endowment funds have been established for a variety of purposes in support of related tax-exempt hospitals All of the foundation's permanently restricted endowment funds are required to be retained permanently either by explicit donor stipulation or by the Florida Uniform Management of Institutional Funds Act Part V, line 1a, column (b) Prior year - Explanation for change in opening balance During the year 2009, management of a related Foundation determined that there were temporarily restricted net assets that should have been classified as unrestricted board-designated endowment funds as of December 31, 2008 This included $11,203,949 of board-designated endowments that should have been released from restriction in fiscal year 2008 or an earlier period As a result, the related Foundation restated beginning board-designated endowment funds on the statement of activities in its 2009 tax year
Description of Uncertain Tax Positions Under FIN 48	Part X	The filing organization is a subsidiary organization within Adventist Health System (AHS) The consolidated financial statements of AHS contain the following FIN 48 footnote - The Income Taxes Topic of the ASC (ASC 740) prescribes the accounting for uncertainty in income tax positions recognized in financial statements ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return

Additional Data

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

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

(a) Description	**(b)** Book value
Funds Held in Trust	23,506,277
Other Current Receivables	9,560,022
Due From Related Parties and Affiliates	45,425,506
Donor Restricted Assets	1,496,690
Deferred Charges and Costs	23,829,484
Long-term Investments	31,846,833
Other Non-Current Assets	11,767,528
Receivable - Interco Alloc of Tax-Exempt Bond Proceeds	1,789,488,830

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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/investments in region
See Add'l Data					
3a Sub-total	0	0			53,126
b Total from continuation sheets to Part I	0	0			350,895
c **Totals** (add lines 3a and 3b)	0	0			404,021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America (which includes Canada and Mexico, but not the U S)	Medical Supplies or Equipment	7,000	Cash Payment			Book
		Central America and the Caribbean	Medical Supplies or Equipment			13,218	Medical Supplies	Book
		Central America and the Caribbean	Medical Supplies or Equipment			6,036	Medical Supplies	Book
		Middle East and North Africa	Medical Supplies or Equipment			28,658	Medical Supplies	Book
		South America	Medical Supplies or Equipment			10,000	Medical Equipment	Book

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 4

3 Enter total number of other organizations or entities . . . . . ▶ 1

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 Part V if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 Foreign grants are generally non-cash donations of medical equipment and supplies to assist foreign health care providers in fulfilling their mission of providing health care services to the populations they serve The foreign health care providers are often hospitals and/or clinics operated and/or sponsored by or affiliated with the Seventh-Day Adventist Church The foreign hospitals/clinics may be located in remote and/or underserved villages and townships of developing countries Grants are typically made to other U S charitable organizations or foreign entities recognized as charitable by the foreign country in which they are located As a result of the nature of the grants as non-cash medical equipment and supplies and the fact that most grants are made indirectly through other U S or foreign charitable organizations, the filing organization has not established specific procedures for monitoring the use of grant funds outside the United States

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program Services	Donation of equipment and supplies to God's Helping Hands Ministry in Guatemala (value for customs purposes)	6,036
Central America and the Caribbean	0	0	Program Services	Environmental Services trip to Haiti and donation of shoes for EVS staff	8,667
Central America and the Caribbean	0	0	Program Services	Facilities evaluation in Jamaica and FH representation	2,932
Central America and the Caribbean	0	0	Program Services	Donation of equipment and supplies to Andrews Memorial Hospital, Kingston, Jamaica (value for customs purposes)	13,218
Central America and the Caribbean	0	0	Program Services	Travel expense for mission trips	5,244
Central America and the Caribbean	0	0	Program Services	Mission Trips Environmental SVC/Infection Control	6,662
Central America and the Caribbean	0	0	Program Services	FootPrint- Meetings with sister hospital	8,572
Central America and the Caribbean	0	0	Program Services	Educational and Recruiting - Conferences	1,795
Central America and the Caribbean	0	0	Program Services	Educational and Recruiting - Reaching communites and broaden relationships	1,991
Central America and the Caribbean	0	0	Program Services	Physical Therapy	10,041
Central America and the Caribbean	0	0	Program Services	Environmental svcs/Infection Control	9,966
East Asia and the Pacific	0	0	Program Services	Educational and Recruiting - Conferences	15,988
Europe (including Iceland and Greenland)	0	0	Program Services	Educational and Recruiting - Conferences	22,143
Middle East and North Africa	0	0	Program Services	Donation of eye care equipment (autorefractor and other equipment) and portable ultrasound to Summit Clinic and Learning Village, Addis Ababa, Ethiopia	28,658
Middle East and North Africa	0	0	Program Services	Travel expense for mission trips	7,915
Middle East and North Africa	0	0	Program Services	Educational and Recruiting - Conferences	9,658
Middle East and North Africa	0	0	Program Services	Mission Trip Ethiopia	7,012
North America (includes Canada and Mexico, not U S)	0	0	Program Services	Educational and Recruiting - Conferences	13,722
North America (which includes Canada and Mexico, but not the U S)	0	0	Grantmaking		7,000
North America (which includes Canada and Mexico, but not the U S)	0	0	Program Services	Cleft Lip & Palate/Colposcopy	45,165
South America	0	0	Program Services	Donation of generator, hospital beds and other equipment to Good Hope Clinic, Lima, Peru (value for customs purposes)	10,000
South America	0	0	Program Services	Donation of chairs, beds and other materials to Adventist Clinic, Venezuela (value for customs purposes)	2,692
South America	0	0	Program Services	Educational and Recruiting - Conferences	8,574
South America	0	0	Program Services	Surgical mission trip to Juliaca and Lima, Peru	55,886
South America	0	0	Program Services	Cleft Lip & Palate	61,422
South America	0	0	Program Services	GYN Surgical and eye care	33,062

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

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

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

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

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

		(a) Event #1 Crystal Heart Gala (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	183,589			183,589
	2 Less Charitable contributions	112,951			112,951
	3 Gross income (line 1 minus line 2)	70,638			70,638
Direct Expenses	4 Cash prizes	2,000			2,000
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	43,299			43,299
	8 Entertainment	11,580			11,580
	9 Other direct expenses	50,455			50,455
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(107,334)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-36,696

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			154,952,519		154,952,519	5 710 %
b Medicaid (from Worksheet 3, column a)			418,305,917	292,411,495	125,894,422	4 640 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			573,258,436	292,411,495	280,846,941	10 350 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			12,645,413	239,091	12,406,322	0 460 %
f Health professions education (from Worksheet 5)			40,098,714	11,251,421	28,847,293	1 060 %
g Subsidized health services (from Worksheet 6)			9,058,336	9,041,113	17,223	0 %
h Research (from Worksheet 7)			1,313,841	1,234,568	79,273	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			9,203,257		9,203,257	0 340 %
j **Total** Other Benefits			72,319,561	21,766,193	50,553,368	1 860 %
k **Total.** Add lines 7d and 7j			645,577,997	314,177,688	331,400,309	12 210 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			10,531,573	4,115,221	6,416,352	0 240 %
8 Workforce development			484,217	12,956	471,261	0 020 %
9 Other			12,908		12,908	0 %
10 **Total**			11,028,698	4,128,177	6,900,521	0 260 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense	2	93,843,831		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	9,352,763		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	694,894,341		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	795,619,184		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-100,724,843		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes		
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1 1 Surgical Center at Sun'N Lake LLC	Ambulatory Surgery	50 000 %	0 %	50 000 %
2 2 San Marcos MRI LP	Imaging Center	50 000 %	0 %	50 000 %
3 3 Central Texas Ambulatory Endoscopy	Endoscopy Center	18 800 %	0 %	81 200 %
4 4 Huguley Surgery Center LLP	OP Surgeries	64 100 %	0 %	35 900 %
5 5 Surgery Management Associates of Kissimmee LLC	Management/Admin	30 000 %	0 %	70 000 %
6 6 Florida Hospital Kidney Stone Center LLC	Lessor of Medical Equipment	40 000 %		60 000 %
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? **13**

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	Florida Hospital Orlando 601 E Rollins Street Orlando, FL 32803	X	X	X	X		X	X		
2	Florida Hospital Altamonte 601 E Altamonte Drive Altamonte Springs, FL 32701	X	X		X			X		
3	Florida Hospital Celebration Health 400 Celebration Place Celebration, FL 34747	X	X		X			X		
4	Florida Hospital East Orlando 7727 Lake Underhill Drive Orlando, FL 32822	X	X		X			X		
5	Winter Park Memorial Hospital 200 N Lakemont Avenue Winter Park, FL 32822	X	X		X			X		
6	Adventist La Grange Memorial Hospital 5101 S Willow Springs Road La Grange, IL 60525	X	X		X			X		
7	Huguley Memorial Medical Center 11801 South Freeway Fort Worth, TX 76115	X	X					X		Home Health Agency
8	FH Heartland Medical Center 4200 Sun N Lake Blvd Sebring, FL 33872	X	X					X		
9	Florida Hospital Kissimmee 2450 North Orange Blossom Trail Kissimmee, FL 34741	X	X		X			X		
10	Central Texas Medical Center 1301 Wonder World Dr San Marcos, TX 78666	X	X					X		
11	Florida Hospital Apopka 201 N Park Avenue Apopka, FL 32703	X	X		X			X		
12	FH Heartland Medical Center Lake Placid 1210 US 27 N Lake Placid, FL 33852	X	X					X		Inpatient Psych
13	Florida Hospital Wauchula 533 W Carlton Street Wauchula, FL 33873	X	X			X		X		Skilled Nursing

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Florida Hospital Orlando

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Florida Hospital Altamonte

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Florida Hospital Celebration Health

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Florida Hospital East Orlando

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Winter Park Memorial Hospital

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Adventist La Grange Memorial Hospital

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 6

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Huguley Memorial Medical Center

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 7

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

FH Heartland Medical Center

Name of Hospital Facility: _____

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 8

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Florida Hospital Kissimmee

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 9

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Central Texas Medical Center

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 10

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Florida Hospital Apopka

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 11

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

FH Heartland Medical Center Lake Placid

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 12

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Florida Hospital Wauchula

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 13

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	**9**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

			Yes	No
10	Used FPG to determine eligibility for providing discounted care?	10	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
	a ☑ Income level			
	b ☑ Asset level			
	c ☑ Medical indigency			
	d ☑ Insurance status			
	e ☑ Uninsured discount			
	f ☑ Medicaid/Medicare			
	g ☑ State regulation			
	h ☐ Other (describe in Part VI)			
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility?	13	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
	a ☐ The policy was posted at all times on the hospital facility's web site			
	b ☐ The policy was attached to all billing invoices			
	c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
	d ☐ The policy was posted in the hospital facility's admissions offices			
	e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
	f ☑ The policy was available upon request			
	g ☑ Other (describe in Part VI)			

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments or arrests			
	e ☐ Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	16		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
	a ☐ Reporting to credit agency			
	b ☐ Lawsuits			
	c ☐ Liens on residences			
	d ☐ Body attachments			
	e ☐ Other similar actions (describe in Part VI)			
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
	a ☐ Notified patients of the financial assistance policy upon admission			
	b ☐ Notified patients of the financial assistance policy prior to discharge			
	c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
	d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
	e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **126**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		Part I, Line 6a The filing organization is a wholly owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) AHSSHC serves as a parent organization to 22 tax-exempt 501(c)(3) hospital organizations that operate 42 hospitals in ten states within the U S The system of organizations under the control and ownership of AHSSHC is known as "Adventist Health System" (AHS) All hospital organizations within AHS collect, calculate, and report the community benefits they provide to the communities they serve AHS organizations exist solely to improve and enhance the local communities they serve AHS has a system-wide community benefits accounting policy that provides guidelines for its health care provider organizations to capture and report the costs of services provided to the underprivileged and to the broader community On an annual basis, the community benefits of all AHS organizations are consolidated and reported in the AHS Annual Report document

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

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

Identifier	ReturnReference	Explanation
		Part III, Line 4 Bad Debt Expense The amount of bad debt expense, reported on line 2 of S ection A of Part III is recorded in accordance with Healthcare Financial Management Associ ation Statement No 15 Discounts and payments on patient accounts are recorded as adjustm ents to revenue, not bad debt expense Methodology for Determining the Estimated Amount of Bad Debt Expense that May Represent Patients who Could Have Qualified under the Filing Or ganization's Charity Care Policy Self-pay patients are required to complete a Patient Fina ncial Assistance Application Short Form (PFAA) If the PFAA is not completed after reasona ble attempts to obtain it are exhausted, patient information is processed through a Scorer product The Scorer product utilizes publicly available data, such as credit reports, to assess an individual patient's financial viability Patients who earn a certain score on t he Scorer product are considered to qualify as non-state charity patients An amount up to $1,000 of such a patient's bill is written off as bad debt expense, while the remaining p ortion of the patient's bill is considered to be non-state charity The amount written off as bad debt expense for those patients who potentially qualify as non-state charity using the Scorer product is the amount shown on line 3 of Section A of Part III Rationale for Including Certain Bad Debts in Community Benefit The filing organization is dedicated to t he view that medically necessary health care for emergency and non-elective patients shoul d be accessible to all, regardless of age, gender, geographic location, cultural backgroun d, physician mobility, or ability to pay The filing organization treats emergency and non -elective patients regardless of their ability to pay or the availability of third-party c overage By providing health care to all who require emergency or non-elective care in a n on-discriminatory manner, the filing organization is providing health care to the broad co mmunity it serves As a 501(c)(3) hospital organization, the filing organization maintains a 24/7 emergency room providing care to all whom present When a patient's arrival and/or admission to the facility begins within the Emergency Department, triage and medical scre ening are always completed prior to registration staff proceeding with the determination o f a patient's source of payment If the patient requires admission and continued non-elect ive care, the filing organization provides the necessary care regardless of the patient's ability to pay The filing organization's operation of a 24/7 Emergency Department that ac cepts all individuals in need of care promotes the health of the community through the pro vision of care to all whom present Current Internal Revenue Service guidance that tax-exe mpt hospitals maintain such emergency rooms was established to ensure that emergency care would be provided to all without discrimination The treatment of all at the filing organi zation's Emergency Department is a community benefit Under the filing organization's Char ity Care Policy, every effort is made to obtain a patient's necessary financial informatio n to determine eligibility for charity care However, not all patients will cooperate with such efforts and a charity care eligibility determination can not be made In this case, a patient's portion of a bill that remains unpaid for a certain stipulated time period is wholly or partially classified as bad debt Bad debts associated with patients who have re ceived care through the filing organization's Emergency Department should be considered to be community benefit as charitable hospitals exist to provide such care in pursuit of the ir purpose of meeting the need for emergency medical care services available to all in the community Financial Statement Footnote Related to Accounts Receivable and Allowance for Uncollectible Accounts The financial information of the filing organization is included in a consolidated audited financial statement for the current year The applicable footnote from the consolidated audited financial statements that addresses accounts receivable, the allowance for uncollectible accounts, and the provision for bad debts is as follows Plea se note that dollar amounts are in thousands The Division's patient acceptance policy is b ased on its mission to improve and enhance local communities that it serves in harmony wit h Christ's healing ministry and its charitable purposes Accordingly, the Division accepts patients in immediate need of care, regardless of their ability to pay The Division serv es certain patients whose medical care costs are not paid at established rates These pati ents include those sponsored under government programs such as Medicare and Medicaid, thos e sponsored under private contractual agreements, charity patients and other uninsured pat ients who have limited ability to pay A patient is classified as a charity patient based on the established policies of the Division, which

Identifier	ReturnReference	Explanation
		require that the patient provide certain information to qualify for charity Patients tha t qualify for charity are provided services for which no payment is due for all or a porti on of the patient's bill from either the patient or other third parties For financial rep orting purposes, charity care is excluded from patient service revenue For all other patie nts, patient service revenue is reported at estimated net realizable amounts for services rendered The Division recognizes patient service revenue associated with patients who hav e third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for charity care, revenue is recognized on the basis of discounted rates in accordance with the Division's policy Patient service revenue is reduced by the provision for bad debts and accounts receivable are reduced by an allow ance for uncollectible accounts These amounts are based on management's assessment of his torical and expected net collections for each major payor source, considering business and economic conditions, trends in healthcare coverage and other collection indicators Manag ement regularly reviews collections data by major payor sources in evaluating the sufficie ncy of the allowance for uncollectible accounts On the basis of historical experience, a significant portion of the Division's self-pay patients will be unable or unwilling to pay for the services provided Thus, the Division records a significant provision for bad deb ts in the period services are provided related to self-pay patients The Division's allowa nce for uncollectible accounts for self-pay patients was 97% of self-pay accounts receivab le as of December 31, 2011 For receivables associated with patients who have third-party coverage, the Division analyzes contractually due amounts and provides an allowance for un collectible accounts and a provision for bad debts, if necessary Accounts receivable are written off after collection efforts have been followed in accordance with the Division's policies Patient service revenue is not recognized for those patients that qualify for cha rity under the Division's policies For all other patients, patient service revenue, net o f contractual allowances and self-pay discounts and before the provision for bad debts, re cognized from major payor sources for the year ended December 31, 2011, is as follows Thir d-party payors, net of contractual allowances $3,724,724Self-pay patients, net of discount s 94,729 --------- $3,819,453The Division changed its uninsured discount policy, effective January 1, 2011, as required by the Patient Protection and Affordable Care Act (Act) The Act has resulted in an increase in self-pay discounts, which are a reduction of patient s ervice revenue, and a corresponding decrease in self-pay write-offs that are included in t he provision for bad debts Overall, the total of self-pay discounts and write-offs has no t changed significantly for the year ended December 31, 2011 The Division has not experie nced significant changes in write-off trends and has not changed its charity care policy f or the year ended December 31, 2011 The Division has determined, based on an assessment at the reporting-entity level, that patient service revenue is primarily recorded prior to a ssessing the patient's ability to pay and as such, the entire provision for bad debts is r ecorded as a deduction from patient service revenue in the accompanying combined statement s of operations and changes in net assets *** see continuation of footnote

Identifier	ReturnReference	Explanation
		Part III, Line 8 Costing Methodology Medicare allowable costs were calculated using a cost-to-charge ratio Rationale for Including a Medicare Shortfall as Community Benefit As a 501 (c)(3) organization, the filing organization provides emergency and non-elective care to all regardless of ability to pay All hospital services are provided in a non-discriminatory manner to patients who are covered beneficiaries under the Medicare program As a public insurance program, Medicare provides a pre-established reimbursement rate/amount to health care providers for the services they provide to patients In some cases, the reimbursement amount provided to a hospital may exceed its costs of providing a particular service or services to a patient In other cases, the Medicare reimbursement amount may result in the hospital experiencing a shortfall of reimbursement received over costs incurred In those cases where an overall shortfall is generated for providing services to all Medicare patients, the shortfall amount should be considered as a benefit to the community Tax-exempt hospitals are required to accept all Medicare patients regardless of the profitability, or lack thereof, with respect to the services they provide to Medicare patients The population of individuals covered under the Medicare program is sufficiently large so that the provision of services to the population is a benefit to the community and relieves the burdens of government In those situations where the provision of services to the total Medicare patient population of a tax-exempt hospital during any year results in a shortfall of reimbursement received over the cost of providing care, the tax-exempt hospital has provided a benefit to a class of persons broad enough to be considered a benefit to the community Despite a financial shortfall, a tax-exempt hospital must and will continue to accept and care for Medicare patients Typically, tax-exempt hospitals provide health care services based upon an assessment of the health care needs of their community as opposed to their taxable counterparts where profitability often drives decisions about patient care services that are offered Patient care provided by tax-exempt hospitals that results in Medicare shortfalls should be considered as providing a benefit to the community and relieving the burdens of government

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

Identifier	ReturnReference	Explanation
	Supplemental Schedule to Schedule H, Part III, Section B	Reconciliation of Schedule H Reported Medicare Surplus/ (Shortfall) to Unreimbursed Medicare Costs Associated with the Provision of ServicesTo All Medicare Beneficiaries The Medicare revenue and allowable costs of care reported in Section B of Part III of Schedule H are based upon the amounts reported in the filing organization's Medicare cost report in accordance with the IRS instructions for Schedule H On an annual basis, the filing organization also determines its total unreimbursed costs associated with providing services to all Medicare patients Unreimbursed costs are reported as a community benefit to the elderly and are included in the consolidated Adventist Health System (AHS or the Company) Community Benefits Report contained in the AHS Annual Report document The primary reconciling items between the Medicare surplus/(shortfall) shown on line 7 of Section B of Part III of Schedule H and the filing organization's unreimbursed costs of services provided to Medicare patients as reported in the AHS Community Benefit Report are as follows - Medicare surplus/ (shortfall) shown on line 7 of Section B of Schedule H $(100,724,843)- Difference in costing methodology 1,892,659- Unreimbursed costs incurred for services provided to Medicare patients that are not included in the organization's Medicare cost report (55,508,952) ----------Total Unreimbursed costs of serving all Medicare patients per the filing organization's community benefit reporting $(154,341,136)As indicated above, the primary differences between the Medicare surplus/(shortfall) reported on Schedule H, Part III, Section B, line 7 and the filing organization's portion of the Company's annual community benefit statement is due to a difference in the costing methodology and differences in the population of Medicare patients within the calculation The cost methodology utilized in calculating any Medicare surplus/ (shortfall) for purposes of the annual community benefit reporting is based upon the cost-to-charge ratio outlined in Worksheet 2 of the Schedule H instructions The same cost-to-charge ratio is used to determine the costs associated with services provided to charity care patients and Medicaid patients as reported in Schedule H, Part I, line 7 In addition, the Medicare cost report excludes services provided to Medicare patients for physician services, services provided to patients enrolled in Medicare HMOs, and certain services provided by outpatient departments of the filing organization that are reimbursed on a fee schedule The Company's own community benefit statement captures the unreimbursed cost of providing services to all Medicare beneficiaries throughout the organization

Identifier	ReturnReference	Explanation
	Part III, Line 4 Continuation of Footnote	Revenue from the Medicare and Medicaid programs represents approximately 36% of the Division's patient service revenue for the year ended December 31, 2011 Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term Other than the accounts receivable related to the Medicare and Medicaid programs, there are no significant concentrations of accounts receivable due from an individual payor at December 31, 2011 The Division is subject to retroactive revenue adjustments due to future audits, reviews and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations Adjustments to revenue related to prior periods increased patient service revenue by approximately $30,500 for the year ended December 31, 2011

Identifier	ReturnReference	Explanation
Florida Hospital Orlando		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
Florida Hospital Altamonte		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
Florida Hospital Celebration Health		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
Florida Hospital East Orlando		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
Winter Park Memorial Hospital		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
Adventist La Grange Memorial Hospital		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
Huguley Memorial Medical Center		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
FH Heartland Medical Center		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
Florida Hospital Kissimmee		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
Central Texas Medical Center		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
Florida Hospital Apopka		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
FH Heartland Medical Center Lake Placid		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
Florida Hospital Wauchula		Part V, Section B, Line 13g The filing organization has developed a patient-friendly summary version of its financial assistance policy (FAP) The filing organization's FAP provides that its hospital facility will post the patient-friendly summary version of its FAP on the Hospital's website In addition, the FAP of the Hospital facility states that signage regarding the availability of the Hospital facility's FAP will be visible at points of admission and registration, including the emergency department

Identifier	ReturnReference	Explanation
Florida Hospital Orlando		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
Florida Hospital Altamonte		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
Florida Hospital Celebration Health		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
Florida Hospital East Orlando		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
Winter Park Memorial Hospital		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
Adventist La Grange Memorial Hospital		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
Huguley Memorial Medical Center		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
FH Heartland Medical Center		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
Florida Hospital Kissimmee		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
Central Texas Medical Center		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
Florida Hospital Apopka		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
FH Heartland Medical Center Lake Placid		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

Identifier	ReturnReference	Explanation
Florida Hospital Wauchula		Part V, Section B, Line 19d In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital uses the following methodology The Hospital identifies all commercial payors whose volume of activity with the Hospital equals or exceeds $100,000 for the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates is determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determines the maximum amount that can be charged to patients eligible under the Hospital's financial assistance policy

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

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

Identifier	ReturnReference	Explanation
		Part VI, Line 4 The filing organization currently operates 5 hospitals that together enco mpass 13 separate campus locations The hospitals are located in Florida, Illinois and Tex as A description of each of the 5 hospitals is described below Adventist Health System/Su nbelt, Inc dba Central Texas Medical Center Central Texas Medical Center (CTMC) is a 178- bed acute-care hospital providing a wide range of healthcare services in San Marcos, Texas and the neighboring communities within Hays and Caldwell counties, Texas Special service s offered at CTMC include a 24/7, Level 4 emergency and trauma center, state-of-the-art me dical imaging and laboratory services, a new women's center featuring a Level 2 Neonatal I ntensive Care Unit, newly renovated and expanded surgery suites, a Rehabilitation Institut e, a center for advanced wound healing and hyperbaric medicine, and a cardiac catheterizat ion lab As a health resource for their community, CTMC's Institute for Healthy Living als o annually hosts the oldest and largest health screening and fair event in Hays county as well as a number of ongoing classes and workshops ranging in topics from diabetes preventi on and management to heart disease, stroke, arthritis, self-help, nutrition more In 2011, CTMC received accreditation as a certified chest pain center from the Society of Chest Pa in Centers The accreditation enhances the hospital's ability to receive and treat patient s suffering from chest pain and/or a possible heart attack The result is a focus on reduc ed time from symptom onset to diagnosis and treatment, getting patients treated more quick ly during the critical window of time when the integrity of the heart muscle can be preser ved, and monitoring of patients whose diagnosis is uncertain to ensure they are not sent h ome too quickly or admitted unnecessarily Additionally, CTMC was named The Best Hospital in Hays County in 2010 and 2011 San Marcos, Texas is located in Hays County and is in clo se proximity to Austin and San Antonio The Hospital's primary market has a population of approximately 89,000, with an estimated 8,400 over the age of 65 The weighted average hou sehold income, based on population, in the primary market is approximately $39,000 High s chool graduates account for approximately 87% of Hays County, with an estimated 32% having a bachelor's degree or higher It is estimated that 18% of the individuals residing in Ha ys County live below the poverty level and the unemployment rate is about 8% Approximatel y 40% of the Hospital's patients during 2011 were Medicare patients, about 14% were Medica id patients, about 14% were self-pay patients and the remaining percentage were patients c overed under commercial insurance In 2011, about 65% of the hospital's in-patients were a dmitted through the hospital's Emergency Department Adventist Health System/Sunbelt, Inc dba Florida Hospital Heartland Medical Center Florida Hospital Heartland Medical Center (F HHMC) is comprised of 3 separate hospital campuses with a total of 234 beds Two of the ho spital campuses are located in Highlands County, Florida and the third campus is located i n Hardee County, Florida Highlands and Hardee counties are in the south central areas of Florida and are adjacent to each other *FHHMC Sebring Campus - The main 159-bed hospital facility is located in Sebring, FL in Highlands County The Sebring facility provides a wi de range of healthcare services including a Stroke Center and vascular surgery center, ima ging services (CT scanner/MRI), stroke and cardiac rehabilitation, and a Cardiac Catheteri zation Lab A community education center and library are also located on the Sebring campu s offering free and low-cost community classes, screenings and a resource information libr ary In 2009, the hospital began performing percutaneous coronary intervention (PCI) in a new cath lab and a second cath lab was opened in 2010 *FHHMC Lake Placid Campus houses 33 medical and surgical beds, Highland County's only 17 bed inpatient mental health unit, an outpatient counseling center, and a wide range of services that are highly sophisticated for a small community hospital The Lake Placid campus also specializes in inpatient geria tric psychiatric services and outpatient behavioral health counseling centers within Highl ands and Hardee counties The need for behavioral health services is extreme in both count ies since there is no other program closer than sixty miles *FHHMC Wauchula Campus is lice nsed for 25 beds and specializes in emergency and outpatient care, while offering excellen t medical inpatient services The inpatient unit is mixed with both acutely ill patients a nd patients who need short-term rehabilitation (transitional care) FHHMC Wauchula campus became the first Critical Access Hospital in the State of Florida in the year 2000 As note d above, Highlands and Hardee counties in Florida are located in the heart of the Florida Peninsula The Hospital's primary market has a pop

Identifier	ReturnReference	Explanation
		ulation of approximately 133,000 with an estimated 35,000 over the age of 65 The weighted average household income, based on population, in the primary market is approximately $34 ,000 High school graduates account for approximately 77% of Highlands County, with an est imated 14% having a bachelor's degree or higher It is estimated that 16% of the individua ls residing in Highlands County live below the poverty level and the unemployment rate is about 10% Approximately 64% of the Hospital's patients during 2011 were Medicare patients , about 14% were Medicaid patients, about 6% were self-pay patients and the remaining perc entage were patients covered under commercial insurance In 2011, about 64% of the hospita l's in-patients were admitted through the hospital's Emergency Department Adventist Health System/Sunbelt, Inc dba Florida Hospital (FH) FH is a 2,247 bed medical complex in Centr al Florida with seven separate hospital campuses FH serves the residents of Central Flori da (primarily serving the residents of Orange, Osceola, Seminole and Lake County) but also draws patients from other parts of the Southeastern United States, the Caribbean and Sout h America The 7-campus health system is the largest healthcare provider in Central Florid a and the nation's largest Medicare provider with FH being the second largest employer in the area The main campus of the FH system is located in Orlando, Florida (Orange County) n ear the downtown area The other 6 campuses are located in surrounding communities in the counties of Orange, Osceola, and Seminole In addition to operating the 7 hospitals, FH al so operates 19 full-service urgent care clinics in convenient community settings A brief description of each of the 7 hospital campuses is described below *Florida Hospital Orland o (Orange County) - At the core of the FH system, FH Orlando is a 1,067 bed acute-care ter tiary hospital caring for more than 1 5 million patients a year FH Orlando is home to nat ionally recognized Centers of Excellence for cancer, cardiology, children's health, diabet es, neuroscience, orthopedics, transplant and global robotics Florida Hospital Orlando ho uses one of the largest Emergency Departments and cardiac catheterization labs in the coun try and is one of the busiest hospitals in the nation, providing service excellence to mor e than 32,000 inpatients and 125,000 outpatients each year The recent opening of a 15-sto ry patient tower features 200 more beds and 500 new jobs The campus is also adding a stat e-of-the-art Cardiac Diagnostic Center featuring 15 Cath and electro physiology (EPS) Labs The cardiology team currently treats 25,000+ individuals for chest pain and performs ove r 1,700 open heart surgeries each year making them first in the state for the number of su rgeries performed Also located on the Florida Hospital Orlando Campus is the Walt Disney Pavilion at Florida Hospital for Children The Walt Disney Pavilion is not a stand-alone f acility but rather a 7-story tower located on Florida Hospital Orlando's campus It is a f ull-service facility served by more than 80 pediatric specialists and a highly trained ped iatric team of more than 600 employees The Walt Disney Pavilion at Florida Hospital for C hildren delivers a complete range of pediatric health services for younger patients includ ing advanced surgery, oncology, neurosurgery, cardiology and transplant services, full-ser vice pediatrics, and an innovative health and obesity platform When the expansion is comp lete, the Walt Disney Pavilion at Florida Hospital for Children will have a total of more than 195 pediatric beds *** see continuation of footnote

Identifier	ReturnReference	Explanation
		Part VI, Line 5 The provision of community benefit is central to the filing organization's mission of service and compassion Restoring and promoting the health and quality of life of those in the communities served by the filing organization is a function of "extending the healing ministry of Christ" and embodies the filing organization's commitment to its values and principles The filing organization commits substantial resources to provide a broad range of services to both the underprivileged as well as the broader community In addition to the community benefit information provided in Parts I, II and III of this Schedule H, the filing organization captures and reports the benefits provided to its community through faith-based care Examples of such benefits include the cost associated with chaplaincy care programs and mission peer reviews and mission conferences During the current year, the filing organization provided $6,473,099 of benefit with respect to the faith-based and spiritual needs of the communities it serves in conjunction with its operation of community hospitals The filing organization also provides benefits to its communities' infrastructure by investing in capital improvements to ensure that facilities and technology provide the best possible care During the current year, the filing organization expended $251,564,007 in new capital improvements As faith-based mission-driven community hospitals, the filing organization is continually involved in monitoring its communities, identifying unmet health care needs and developing solutions and programs to address those needs In accordance with its conservative approach to fiscal responsibility, surplus funds of the Hospitals are continually being invested in resources that improve the availability and quality of delivery of health care services and programs to its communities

Identifier	ReturnReference	Explanation
		Part VI, Line 6 The filing organization is a part of a faith-based healthcare system of organizations whose parent is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) The system is known as Adventist Health System (AHS) AHSSHC is an organization exempt from federal income tax under IRC Sec 501(c)(3) AHSSHC and its subsidiary organizations operate 42 hospitals in 10 states throughout the U S , primarily in the Southeastern portion of the U S AHSSHC and its subsidiaries also operate 16 nursing home facilities and other ancillary health care provider facilities, such as ambulatory surgery centers and diagnostic imaging centers As the parent organization of the AHS system, AHSSHC provides executive leadership and other professional support services to its subsidiary organizations Professional support services include among others corporate compliance, legal, human resources, reimbursement, risk management, and tax as well as treasury functions The provision of these executive and support services on a centralized basis by AHSSHC provides an appropriate balance between providing each AHS subsidiary hospital organization with mission-driven consistent leadership and support while allowing the hospital organization to focus its resources on meeting the specific health care needs of the communities it serves The reader of this Form 990 should keep in mind that this reporting entity may differ in certain areas from that of a stand-alone hospital organization due to its inclusion in a larger system of healthcare organizations As a part of a system of hospital and other health care organizations, the filing organization benefits from reduced costs due to system efficiencies, such as large group purchasing discounts, and the availability of internal resources such as internal legal counsel Each AHS subsidiary pays a management fee to AHSSHC for the internal services provided by AHSSHC As a result, management fee expense reported by a AHS subsidiary organization may appear greater in relation to management fee expense that may be reported by a single stand-alone hospital The single stand-alone hospital would likely report costs associated with management and other professional services on various expense line items in its statement of revenue and expense as opposed to reporting such costs in one overall management fee expense As the reporting of the Form 990 is done on an entity by entity basis, there is no single Form 990 that captures the programs and operations of AHS as a whole The reader is directed to visit the web-site of AHS at www adventisthealthsystem com to learn more about the mission and operations of AHS and to access AHS's annual report that contains financial data as well as community benefit reporting for the entire system

Identifier	ReturnReference	Explanation
	Part VI, Line 7	The annual community benefit report contained in the annual report prepared by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) on behalf of the entire AHS System of healthcare organization is not filed with any state agencies Certain hospitals within the filing organization file annual community benefit reports with the state in which they are located Specifically, Huguley Memorial Medical Center and Central Texas Medical Center file community benefit reports with the State of Texas and Adventist La Grange Memorial Hospital files a community benefit report with the State of Illinois

Identifier	ReturnReference	Explanation
Description of Community Information - Continued	Part VI, Line 4 Continuation of Footnote	Orlando is located in Orange County, Florida The Hospital's primary market has a populati on of approximately 1,822,000 with an estimated 197,000 over the age of 65 The weighted a verage household income, based on population, in the primary market is approximately $52,0 00 High school graduates account for approximately 87% of Orange County, with an estimate d 30% having a bachelor's degree or higher It is estimated that 13% of the individuals re siding in Orange County live below the poverty level and the unemployment rate is about 8% Approximately 42% of the Hospital's patients during 2011 were Medicare patients, about 1 7% were Medicaid patients, about 7% were self-pay patients and the remaining percentage we re patients covered under commercial insurance In 2011, about 70% of the hospital's in-pa tients were admitted through the hospital's Emergency Department *Florida Hospital Altamon te (Seminole County) - FH Altamonte is a 341-bed facility, which has recently doubled in s ize with a new patient tower to better serve a busy community FH Altamonte was the first "satellite" hospital, built in 1973 on what was then pastureland, miles from the nearest b usiness district Located north of Orlando in fast-growing Seminole County, Florida Hospit al Altamonte is the largest satellite campus within the Florida Hospital health care syste m In addition to maternity, pediatric, emergency, medical and surgical services, the hosp ital operates the Martin Andersen Cancer Center (along with the region's only Cancer Resou rce Library), a heart catheterization lab, and a comprehensive outpatient program which in cludes surgery, diagnostics, and medical treatment programs *Florida Hospital Apopka (Ora nge County) - In 1975, FH Apopka became the second satellite hospital For nearly three de cades, Florida Hospital Apopka has set the standard in hometown health care by providing h igh-tech, quality care with a personalized touch They are situated just 12 miles northwes t of Orlando, with a small, yet advanced, 50-bed campus that houses a certified Chest Pain Center and a multitude of inpatient and outpatient services *Florida Hospital Celebration Health (Osceola County) - FH Celebration Health is a cornerstone of Disney's planned comm unity in Celebration, Florida Today, this 174-bed acute care hospital delivers a state-of -the-art healing environment to residents of Osceola, Orange, Polk and Lake Counties, as w ell as to visitors from across the United States and the world From its creation FH Celeb ration Health has been about promoting health and wellness as well as healing Inside the resort-style hospital there is a wellness center, complete with workout area, pool, rehabi litation facility FH Celebration Health also houses the Global Robotics Institute, which provides patients with access to some of the most experienced robotic surgeons in the worl d The Nicholson Center for Surgical Advancement also is a location where surgeons from ar ound the world travel to learn the latest robotic surgery techniques In 2011, the new 234 ,000 square-foot patient tower added 62 beds and will house the Interactive Patient Care U nit, the first of its kind in the nation In connection with the Institute for Interactive Patient Care, everything from new patient safety technology to changing ways to communica te with patients about their care could be studied as part of the unit *Florida Hospital East Orlando (Orange County) - FH East Orlando is now an innovative local leader that fill s a vital need in a fast-growing area A recent 200,000 square-foot expansion project upgr aded the hospital to 225 beds, with a spacious patient tower and 80 new private rooms desi gned to enhance the holistic care experience *Florida Hospital Kissimmee (Osceola County) - FH Kissimmee is an 83-bed community-focused hospital, conveniently located near Walt Dis ney World The team located at FH Kissimmee is dedicated to bringing mission-focused, fait h-based care to residents and visitors of Osceola and Orange Counties This facility has r ecently expanded to include a new medical office building, patient tower, new main entranc e and a parking garage *Florida Hospital Winter Park (Orange County) - FH Winter Park Memo rial Hospital is a 307-bed facility that is a model of community health and wellness The facility boasts spacious patient care areas and a full spectrum of specialties and service s, including the Dr P Phillips Baby Place (with Level II NICU), Florida Hospital Orthope dic Institute, and state-of-the-art surgery, recovery and rehabilitation at the Florida Ho spital Cancer Institute Adventist Health System/Sunbelt, Inc dba Huguley Memorial Medica l Center Huguley Memorial Medical Center (HMMC) is a 213-bed acute-care hospital in Burles on, Texas The hospital houses two intensive care units, a progressive care unit, an open- heart surgery center, a behavioral health center and a 24/7 emergency department HMMC has a 16-bed intensive care unit for patients with me

Identifier	ReturnReference	Explanation
Description of Community Information - Continued	Part VI, Line 4 Continuation of Footnote	dical care and respiratory needs and a 12-bed intensive care unit concentrating on cardiov ascular patients A 4-bed dialysis center is available for renal patients with critical ne eds Additionally, there is a 33-bed Progressive Care Unit designed to bridge the gap betw een the Intensive Care Unit and the medical-surgical units Part of HMMC's primary service area includes a number of smaller communities with limited access to healthcare services To meet the needs of these residents, HMMC has established multiple primary care clinics throughout its primary service area In addition, the Mobile Health Services Bus provides health screenings and wellness education services throughout Tarrant and Johnson counties Burleson, Texas is located in Johnson County and serves the South Fort Worth area The Ho spital's primary market has a population of approximately 212,000, with an estimated 25,00 0 over the age of 65 The weighted average household income, based on population, in the p rimary market is approximately $53,000 High school graduates account for approximately 82 % of Johnson County, with an estimated 16% having a bachelor's degree or higher It is est imated that 11% of the individuals residing in Johnson County live below the poverty level and the unemployment rate is about 8% Approximately 48% of the Hospital's patients durin g 2011 were Medicare patients, about 12% were Medicaid patients, about 11% were self-pay p atients and the remaining percentage were patients covered under commercial insurance In 2011, about 73% of the hospital's in-patients were admitted through the hospital's Emergen cy Department Adventist Health System/Sunbelt, Inc dba Adventist La Grange Memorial Hospi tal Adventist La Grange Memorial Hospital (ALMH) is a 205-bed facility providing outpatien t and inpatient primary care, trauma care and wellness services to residents of Chicago's western suburbs The hospital is a leader in offering comprehensive oncology services, ort hopedic services, advanced cardiac care, women's health and maternity care, emergency, ger iatric and many other specialties that cater to the communities it serves The communities served by ALMH contain a high senior population To address the unique needs of its servi ce area, ALMH offers a broad spectrum of services designed to meet the diverse needs of ag ing adults La Grange, Illinois is located in Cook County The Hospital's primary market h as a population of approximately 158,000, with an estimated 25,000 over the age of 65 The weighted average household income, based on population, in the primary market is approxim ately $68,000 High school graduates account for approximately 85% of Cook County, with an estimated 33% having a bachelor's degree or higher It is estimated that 15% of the indiv iduals residing in Cook County live below the poverty level and the unemployment rate is a bout 9% Approximately 54% of the Hospital's patients during 2011 were Medicare patients, about 7% were Medicaid patients, about 2% were self-pay patients and the remaining percent age were patients covered under commercial insurance In 2011, about 72% of the hospital's in-patients were admitted through the hospital's Emergency Department

Additional Data

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

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **126** Name and address	Type of Facility (Describe)
Florida Hospital Altamonte Ambulatory Su 661 E Altamonte Drive Suite 110 34 Altamonte Springs, FL 32701	Outpatient Surgery Center
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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I General Information on Grants and Assistance

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

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

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

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 74

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 12

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

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

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

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

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Samaritan Touch Care Center Inc 3015 Herring Avenue Sebring, FL 33870	02-0773338	501(c)(3)	251,500				Medical care
Greater Sebring Chamber of Commerce227 US 27 North Sebring, FL 33870	59-0532480	501(c)(6)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Avon Park SDA Church1410 W Avon Boulevard Avon Park, FL 33825	59-3057686	501(c)(3)	10,000				Construction
Champion for Children Foundation of Highlands419 E Center Avenue Sebring, FL 33870	65-0444941	501(c)(3)	7,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society Florida Division Inc3709 W Jetton Avenue Tampa,FL 33873	59-0657320	501(c)(3)	6,000				General Support
The School Board of Highlands County426 School Street Sebring,FL 33870	59-6000654	Gov't	10,000				General Support - Senior Education

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
SFCC Foundation13 E Main Street Avon Park,FL 33825	59-3050497	501(c)(3)	21,100				General Support
SunSystem Development Corporation dba Florida Hospital Heartland Foundation4200 Sun N Lake Blvd Sebring,FL 33872	59-2219301	501(c)(3)	12,500				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
FL Conference of Seventh-Day Adventists655 N Wymore Road Winter Park, FL 32789	59-0806975	501(c)(3)	0	29,941	Book	Land	General Support
La Grange Memorial Hospital Foundation5101 South Willow Springs Road La Grange, IL 60525	30-0247776	501(c)(3)		242,914	Book	Provision of general administrative support	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
Central Texas Medical Center Foundation1301 Wonder World Drive San Marcos, TX 78666	74-2259907	501(c)(3)		82,402	Book	Provision of general administrative support	General Support
American Cancer Society Inc High Plans Division Inc 2433 A Ridgepoint Drive Austin, TX 78754	74-1185665	501(c)(3)	10,000				General Support - Relay for Life Sponsorship

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
Burleson Area Chamber of Commerce1044 SW Wilshire Blvd Burleson,TX 76028	75-1228140	501(c)(6)	9,350				General Support - Sponsorship
Southwestern Union ConferencePO Box 4000 Burleson,TX 76028	75-0904016	501(c)(3)	10,000				General Support - Purchase of Bibles

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
Huguley Community Care Corporation 11801 South Freeway Burleson,TX 76029	45-2793120	501(c)(3)	526,850				General Support
(The Foundation for) SEMINOLE STATE COLLEGE100 WELDON BLVD SANFORD,FL 32773	23-7033822	501(c)(3)	88,334				General Support

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

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AFRICAN AMERICAN CHAMBER OF COMMERCE OF CENTRAL FLORIDA INC315 E ROBINSON ST STE 100 ORLANDO,FL 32801	59-3314330	501(c)(6)	14,900				General Support
AMERICAN ASSOCIATION OF PHYSICIANS OF INDIA600 ENTERPRISE DR STE 108 OAK BROOK,IL 60523	38-2532505	501(c)(3)	7,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY1601 W COLONIAL DR ORLANDO,FL 32804	59-0657320	501(c)(3)	24,500				General Support
AMERICAN DIABETES ASSOCIATION1101 N LAKE DESTINY RD STE 415 MAITLAND,FL 32751	13-1623888	501(c)(3)	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION1101 NORTHCHASE PKWY SE STE 1 MARIETTA,GA 30067	13-5613797	501(c)(3)	90,150				General Support
AMERICAN LUNG ASSOCIATION OF THE SOUTHEAST INC851 OUTER RD ORLANDO,FL 32814	59-0662271	501(c)(3)	7,500				General Support

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

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AMERICAN RED CROSSPO BOX 536726 ORLANDO,FL 32853	59-0624357	501(c)(3)	20,000				General Support
ANNIKA FOUNDATION5 SOUTHSIDE DR CLIFTON PARK,NY 12065	26-3100887	501(c)(3)	10,000				General Support

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

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BOY SCOUTS OF AMERICAPO BOX 422101 KISSIMMEE,FL 34742	59-0624376	501(c)(3)	7,500				General Support
CENTRAL FLORIDA FAMILY HEALTH CENTER INC2400 ST RD 415 SANFORD,FL 32771	59-1741286	501(c)(3)	30,000				General Support

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

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CENTRAL FLORIDA PARTNERSHIP INC 75 S IVANHOE BLVD ORLANDO,FL 32804	33-1202266	501(c)(6)	113,990				General Support
CENTRAL FLORIDA REGIONAL HEALTH CENTPO BOX 560908 ORLANDO,FL 32856	20-8145032	501(c)(3)	271,000				General Support

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

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CENTRAL FLORIDA YMCA433 N MILLS AVENUE ORLANDO,FL 32803	59-0624430	501(c)(3)	14,590				General Support
CHRISTIAN SERVICE CENTER 808 W CENTRAL BLVD ORLANDO,FL 32805	59-1353031	501(c)(3)	5,500				General Support

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

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CITY OF ALTAMONTE SPRINGS150 CRANES ROOST BLVD STE 2200 ALTAMONTE SPRINGS, FL 32701	59-6000263	Gov't	25,000				General Support
CITY OF WINTER PARK401 S PARK AVE WINTER PARK, FL 32789	59-6000454	Gov't	8,000				General Support

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

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COALITION FOR THE HOMELESS OF CENTRAL FLORIDA 639 W CENTRAL BLVD ORLANDO, FL 32801	59-2814255	501(c)(3)	15,000				General Support
COMMUNITY VISION INC704 GENERATION PT APT 101 KISSIMMEE, FL 34744	59-2896657	501(c)(3)	12,200				General Support

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

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D12 FOUNDATION 711 N MAGNOLIA AVE ORLANDO,FL 32803	27-3846066	501(c)(3)	7,500				General Support
DOWNTOWN COLLEGE PARK PARTNERSHIPPO BOX 547744 ORLANDO,FL 32854	23-7250533	501(c)(3)	6,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ECONOMIC DEVELOPMENT COMMISSION OF MID FLORIDA301 EAST PINE STREET SUITE 900 ORLANDO,FL 32801	59-1767933	501(c)(6)	50,000				General Support
FIRST CONGREGATIONAL CHURCH OF WINTER PARK225 S INTERLACHEN AVE WINTER PARK,FL 32789	59-0637840	501(c)(3)	25,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA CHAMBER OF COMMERCE INC PO BOX 11309 TALLAHASSEE,FL 32302	59-0248200	501(c)(6)	100,000				General Support
FLORIDA STERLING COUNCILPO BOX 13907 TALLAHASSEE,FL 32317	59-3140977	501(c)(3)	10,000				General Support

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

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FOREST LAKE ACADEMY500 EDUCATION LOOP APOPKA,FL 32703	59-0816443	501(c)(3)	10,800				General Support
FOREST LAKE EDUCATION CENTER1275 LEARNING LOOP LONGWOOD,FL 32779	59-3143238	501(c)(3)	7,500				General Support

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

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GRACE MEDICAL HOME INC51 PENNSYLVANIA STREET ORLANDO,FL 32806	28-1817966	501(c)(3)	100,450				General Support
HEALTH CARE CENTER FOR THE HOMELESS232 N ORANGE BLOSSOM TRL ORLANDO,FL 32805	59-3185020	501(c)(3)	101,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTHY START COALITION OF OSCEOLA COUNTY PO BOX 701995 ST CLOUD,FL 34770	59-3212535	501(c)(3)	15,000				General Support
HEART OF FLORIDA UNITED WAY1940 TRAYLOR BLVD ORLANDO,FL 32804	59-0808854	501(c)(3)	97,903				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HISPANIC BUSINESS INITIATIVE FUND 3201 E COLONIAL DR UNIT A20 ORLANDO,FL 32803	59-3341405	501(c)(3)	20,600				General Support
HISPANIC CHAMMBER OF COMMERCE OF METRO ORLANDO INC315 E ROBINSON ST STE 465 ORLANDO,FL 32801	59-3103840	501(c)(6)	19,950				General Support

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

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HOMEGROWN LOCAL FOOD COOPERATIVE2310 N ORANGE AVE ORLANDO,FL 32804	27-1485572	Other	11,000				General Support
IVANHOE VILLAGE INC320 E PRINCETON ST ORLANDO,FL 32804	26-1797406	501(c)(3)	7,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF CENTRAL FLORIDAPO BOX 917197 ORLANDO,FL 32891	59-0972112	501(c)(3)	37,250				General Support
JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL INC 370 CENTER POINTE CIR STE 1154 ALTAMONTE SPRINGS,FL 32701	23-1907729	501(c)(3)	6,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIDS BEATING CANCER INC615 E PRINCETON ST STE 400 ORLANDO, FL 32803	59-3136203	501(c)(3)	10,000				General Support
KIDS HOUSE OF SEMINOLE INC 5467 NORTH RONALD REGAN BLVD SANFORD, FL 32773	59-3415005	501(c)(3)	16,250				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
KISSIMMEEOSCEOLA COUNTY CHAMBER OF 1425 E VINE STREET KISSIMMEE,FL 34744	59-0319865	501(c)(6)	22,500				General Support
LAKESIDE BEHAVIORAL HEALTHCARE INC1800 MERCY DRIVE STE 302 ORLANDO,FL 32808	59-2301233	501(c)(3)	1,305,759				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
MAITLAND ART & HISTORY ASSOCIATION INC 231 W PACKWOOD AVE DBA ART HISTORY MUSEUMS MAITLAND MAITLAND,FL 32751	59-1710129	501(c)(3)	10,000				General Support
MARANATHA VOLUNTEERS INTERNATIONAL990 RESERVE DR STE 100 ROSEVILLE,CA 95678	38-1945104	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARCH OF DIMES 341 N MAITLAND AVE STE 115 MAITLAND, FL 32751	13-1846366	501(c)(3)	17,500				General Support
MENTAL HEALTH ASSOCIATION OF CENTRAL1525 E ROBINSON ST ORLANDO, FL 32801	59-0816432	501(c)(3)	11,358				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
MICHELEE PUPPETS INC4420 PARKWAY COMMERCE BLVD A ORLANDO,FL 32808	59-2616456	501(c)(3)	7,190				General Support
ORANGE COUNTY HEALTHY START COALITION600 COURTLAND ST STE 565 ORLANDO,FL 32804	59-3125675	501(c)(3)	20,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORLANDO SCIENCE CENTER777 E PRINCETON STREET ORLANDO,FL 32803	59-0896343	501(c)(3)	15,000				General Support
ORLANDO VOLLEYBALL ACADEMY6700 KINGSPOINTE PKWY ORLANDO,FL 32819	59-3344274	501(c)(3)	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORLANDOORANGE COUNTY CONVENTION & VISITORS BUREAU INC6700 FORUM DRIVE STE 100 ORLANDO,FL 32821	59-2395248	501(c)(6)	17,500				General Support
OSCEOLA COUNTY COUNCIL ON AGING INC700 GENERATION POINT KISSIMMEE,FL 34744	59-1595398	501(c)(3)	62,622				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
OUR WHOLE COMMUNITY INC 526 N PARK AVE WINTER PARK, FL 32789	27-0283789	501(c)(3)	5,750				General Support
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL FLORIDA 1350 N ORANGE AVE WINTER PARK, FL 32789	59-3211250	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SEMINOLE COUNTY LAKE MARY REGIONAL CHAMBER1055 AAA DR STE 153 LAKE MARY,FL 32746	59-3646781	501(c)(6)	11,095				General Support
SHEPHERD'S HOPE INC4851 S APOPKA VINELAND RD ORLANDO,FL 32819	59-3420727	501(c)(3)	13,600				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
SOUTHERN ADVENTIST UNIVERSITYPO BOX 370 COLLEGEDALE,TN 37315	62-0536733	501(c)(3)	400,000				General Support
ADVENTIST CARE CENTERS - COURTLAND INC 730 COURTLAND ST ORLANDO,FL 32804	20-5774723	501(c)(3)	218,100				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
EAST ORLANDO HEALTH & REHAB CENTER INC250 S CHICKASAW TRAIL ORLANDO, FL 32825	20-5774748	501(c)(3)	1,404,864				General Support
FLNC INC3355 E SEMORAN BLVD APOPKA, FL 32703	20-5774761	501(c)(3)	2,199,240				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
SUNBELT HEALTH & REHAB CENTER - APOPKA INC305 EAST OAK ST APOPKA,FL 32703	20-5774856	501(c)(3)	450,000				General Support
SUSAN G KOMEN BREAST CANCER FOUNDATION1350 ORANGE AVE STE 260 WINTER PARK,FL 32789	75-2854957	501(c)(3)	11,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TAMPA BAY PARTNERSHIP FOR REGIONAL RESEARCH & EDUCATION FOUNDATION4300 W CYPRESS ST STE 250 TAMPA,FL 33607	59-3414776	501(c)(3)	10,000				General Support
UCF FOUNDATION INC12424 RESEARCH PARKWAY STE 140 ORLANDO,FL 32826	59-6211832	501(c)(3)	190,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED GLOBAL OUTREACH2311 MOUNT VERNON ST ORLANDO,FL 32803	03-0511875	501(c)(3)	35,000				General Support
UNIVERSAL ORLANDO FOUNDATION INC 1000 UNIVERSAL STUDIOS PLAZA ORLANDO,FL 32819	59-3510383	501(c)(3)	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF FLORIDAPO BOX 113201 33 TIGERT HALL GAINESVILLE,FL 32611	59-6002052	Gov't	22,279				General Support
US DREAM ACADEMY10400 LITTLE PATUXENT PKWAY SUITE 300 COLUMBIA,MD 21044	59-3514841	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VALENCIA COMMUNITY COLLEGEPO BOX 4913 ORLANDO,FL 32802	59-1216316	Gov't	215,500				General Support
WEST ORANGE HEALTHCARE DISTRICHLT CENTRAL10000 W COLONIAL DRIVE OCOEE,FL 34761	59-2091206	501(c)(3)	7,500				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
WINTER PARK CHAMBER OF COMMERCEPO BOX 280 WINTER PARK, FL 32790	59-0514615	501(c)(6)	7,500				General Support
WINTER PARK HEALTH FOUNDATION INC 220 EDINBURGH DR WINTER PARK, FL 32792	59-0669460	501(c)(3)	67,500				General Support

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320081752

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

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

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	As discussed in our response to Section B, Part VI, Question 15a & b, the filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS) Members of the filing organization's executive management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of AHS AHSSHC is exempt from federal income tax under IRC Section 501(c)(3) The filing organization reimburses AHSSHC for the salary and benefit cost of those executives on the payroll of AHSSHC that provide services and are on the management team of the filing organization Travel for companions AHSSHC has a Corporate Executive Policy that provides a benefit to allow for a traveling AHSSHC executive to have his or her spouse accompany the executive on two business trips each year Typically, reimbursement is only provided to Vice Presidents and above and is limited to one business trip per year and the annual AHS President's Council business meeting The AHSSHC Corporate Executive Spousal Travel Policy was originally approved and reviewed by the AHSSHC Board Strategy & Compensation Committee, an independent body of the AHSSHC Board of Directors All spousal travel costs reimbursed to the executive are considered taxable compensation to the executive Tax Indemnification and gross-up payments AHS has a system-wide policy addressing gross-up payments provided in connection with employer-provided benefits/other taxable items Under the policy, certain taxable business-related reimbursements (i e taxable business-related moving expenses, taxable items provided in connection with employment) provided to any employee may be grossed-up at a 25% rate upon approval of the filing organization's CEO and CFO Additionally, employees at the Director level and above are eligible for gross-up payments on gifts received for board of director services Discretionary spending account A nominal discretionary spending amount was provided in the current year to all eligible executives who attend the annual AHS President's Council business meeting ($500 per executive) Eligible executives include all AHSSHC Vice Presidents and above and all AHSSHC subsidiary organization CEOs and Regional CFOs The payment provided to each executive was considered taxable compensation to the executive Housing allowance or residence for personal use AHSSHC has a Corporate Executive Policy that addresses assistance to executives who have been relocated by the company during the year Relocation assistance provided to executives may include relocation allowances to assist with duplicate housing expenses Relocation assistance is administered per AHSSHC policy by an external relocation company Any taxable reimbursements made to executives in connection with relocation assistance are treated as wages to the executive and are subject to all payroll withholding and reporting requirements Health or social club dues or initiation fees AHSSHC has a Corporate Executive Policy that addresses business development expenditures Under this policy, certain AHS eligible executives may be reimbursed for member dues and usage charges for a country club or other social club upon authorization Club memberships must be recommended by the CEO of the AHS hospital organization and approved by the Chairman of the Board of Directors of the organization In addition, the proposed membership must be approved annually by the AHSSHC Board Strategy & Compensation Committee, an independent committee of the Board of Directors of AHSSHC Eligible executives are limited to certain senior level executives (hospital organization CEOs, the CEO of the nursing home division of AHS, senior vice presidents at three large hospital organizations, regional CEOs and CFOs and the president and senior vice presidents of AHSSHC) In the current year, for this filing organization, 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 & Compensation Committee that describes how the membership benefited their organization during the preceding year
	Part I, Line 4b	As discussed in Line 1a above, executives on the filing organization's management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of a healthcare system known as Adventist Health System (AHS) In recognition of the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan) The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (IRC) Section 457(f), to individually tailor a benefits program appropriate to each executive's needs The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits The pre-determined benefits allowance credit percentage is approved by the AHS Board Strategy & Compensation Committee, an independent committee of the Board of Directors of AHSSHC Any funds that remain after the cost of mandatory and elective benefits are subtracted from the annual pre-determined benefits allowance 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 Upon attainment of age 65, all previous 457(f) deferred amounts are paid immediately to the participant and any future employer contributions are made quarterly from the Plan directly to the participant 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 $204,000 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 Flex Plan/ Flex Plan/ SERP 457(b) CY 457(f) CY 457(f) CY Contrib / Distributions Employer Distributions Payment Contrib ---------- Lars Houmann $166,425 $171,118 $ 300,887 $ 0 Donald Jernigan $191,945 $175,445 $ 348,321 $ 0 Richard Reiner $173,337 $476,453 $ 54,621 $ 0 Terry Shaw $166,425 $161,759 $1,652,483 $ 0 David Banks $ 71,324 $ 63,841 $ 0 $ 0 Desmond Cummings $ 75,846 $ 75,846 $ 0 $ 0 Sheryl D Dodds $ 44,318 $ 41,633 $ 0 $ 0 Robert D Fulbright $ 30,682 $ 27,206 $ 0 $ 0 Todd A Goddman $ 30,690 $ 28,205 $ 0 $ 0 Douglas W Hilliard $ 28,115 $ 27,881 $ 0 $ 0 Jeffery D Hurst $ 29,209 $ 9,709 $ 0 $ 0 John D Moorhead,MD $ 78,294 $ 65,080 $ 0 $ 0 Terry R Owen $ 52,327 $ 41,638 $ 166,815 $ 0 J Brian Paradis $104,404 $ 87,359 $ 0 $ 0 Monica P Reed, MD $ 59,656 $ 56,671 $ 0 $ 0 Eddie Soler $ 86,815 $ 86,301 $ 0 $ 0 Bonnie L Bowls $ 24,569 $ 19,125 $ 0 $ 0 Karen Grim-Marcarelli$ 22,862 $ 5,678 $ 114,818 $ 0 Connie A Hamilton $ 34,680 $ 18,660 $ 0 $ 0 Arlene K Herrin $ 25,443 $ 25,298 $ 0 $ 0
	Part I, Line 6	The filing organization's physician compensation formula is designed to result in total compensation that would be reasonable for each physician Since implementing the productivity-based incentive compensation model, the financial losses from the operations of organization's physician practices have significantly decreased and established physician practices have generally become profitable The filing organization utilizes national survey productivity, cost and compensation data in formulating all aspects of the compensation plan Physician compensation arrangements include a ceiling or reasonable maximum on the amount a physician may earn The filing organization's employed physicians enter into a written agreement that requires the physicians to provide medical care to individuals who are referred by the filing organization Pursuant to the agreement, an individual may not be rejected as a patient by a physician due to race, sex, age, color, creed, national origin or inability to pay The filing organization's compensation arrangement does not use a method of compensation that is based upon a percentage of the organization's net income Rather, under the compensation arrangement, physician base salary is set based on Fair Market Value benchmarks, and any additional compensation is based on a percentage of the practice/location net revenue
Supplemental Information	Part III	Part I, Question 3 As noted in our response to question 15 of Part VI of Form 990, the individual who serves as the CEO of the filing organization is compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) for that individual's role in serving as the CEO of the system of organizations whose parent is AHSSHC Compensation and benefits provided to this individual are determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958 AHSSHC uses all of the following to establish compensation of the CEO - Compensation committee, - Independent compensation consultant, - Compensation survey or study, and - Approval by the board or compensation committee

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Houmann Lars D	(I)	0	0	0	0	0	0	0
	(II)	848,313	241,337	520,833	179,768	45,697	1,835,948	153,591
Jernigan PhD Donald L	(I)	0	0	0	0	0	0	0
	(II)	923,258	271,033	673,992	13,343	102,511	1,984,137	0
Reiner Richard	(I)	0	0	0	0	0	0	0
	(II)	848,313	240,974	603,802	13,343	45,601	1,752,033	292,670
Shaw Terry	(I)	0	0	0	0	0	0	0
	(II)	848,313	241,506	1,877,077	179,768	44,460	3,191,124	153,591
Banks David P	(I)	0	0	2,036	0	0	2,036	0
	(II)	465,288	106,714	99,693	84,667	45,701	802,063	63,632
Cummings Jr Desmond	(I)	0	0	0	0	0	0	0
	(II)	454,552	132,817	166,452	13,067	22,765	789,653	0
Dodds Sheryl D	(I)	0	0	822	0	0	822	0
	(II)	313,700	70,193	69,248	41,161	12,502	506,804	41,528
Fulbright Robert D	(I)	0	0	1,872	0	0	1,872	0
	(II)	314,458	75,115	54,347	44,025	30,971	518,916	27,117
Goodman Todd	(I)	0	0	0	0	0	0	0
	(II)	300,407	66,671	58,451	44,033	46,645	516,207	21,532
Hilliard Douglas W	(I)	0	0	0	0	0	0	0
	(II)	303,996	69,934	47,367	41,458	35,883	498,638	27,790
Hurst Jeffery D	(I)	0	0	0	0	0	0	0
	(II)	280,422	63,459	53,210	25,277	23,826	446,194	8,136
Moorhead MD John D	(I)	0	0	0	0	0	0	0
	(II)	445,785	99,462	131,263	70,237	40,853	787,600	64,907
Owen Terry R	(I)	0	0	1,813	0	0	1,813	0
	(II)	374,544	90,656	247,878	49,170	34,506	796,754	32,304
Paradis J Brian	(I)	0	0	2,033	0	0	2,033	0
	(II)	611,334	161,979	109,017	113,972	55,875	1,052,177	87,067
Reed Monica	(I)	0	0	2,145	0	0	2,145	0
	(II)	418,295	98,685	80,978	72,999	38,105	709,062	56,486
Soler Eddie	(I)	0	0	0	0	0	0	0
	(II)	513,760	122,151	129,186	100,158	35,040	900,295	60,279
Lee MD Kathy	(I)	257,919	631,567	93,535	13,343	15,241	1,011,605	0
	(II)	0	0	0	0	0	0	0
Torres MD Ramon M	(I)	598,472	121,674	12,000	13,343	14,549	760,038	0
	(II)	0	0	0	0	0	0	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Czerska MD Barbara	(I)	626,103	11,248	43,129	13,343	7,280	701,103	0
	(II)	0	0	0	0	0	0	0
Eubanks Jr MD William Stephen	(I)	665,514	76	7,052	8,443	20,299	701,384	0
	(II)	0	0	0	0	0	0	0
HuddlestonHeather Adrian	(I)	20,049	31	792,414	0	1,435	813,929	0
	(II)	0	0	0	0	0	0	0
Bowls Bonnie L	(I)	0	0	0	0	0	0	0
	(II)	235,545	67,344	52,267	21,412	26,807	403,375	15,380
Grim-Marcarelli Karen	(I)	0	0	0	0	0	0	0
	(II)	240,033	34,656	145,874	19,705	23,844	464,112	4,976
Hamilton Connie A	(I)	0	0	454	0	0	454	0
	(II)	288,425	72,006	65,983	31,523	44,613	502,550	18,596
Herrin Arlene	(I)	0	0	0	0	0	0	0
	(II)	230,536	32,791	41,575	33,886	17,856	356,644	25,215

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569	431022ER9	08-28-2003	136,110,000	2003B&C, Refund Series 1993 Bonds issued 6/23/1993		X		X		X
B	Colorado Health Facilities Authority	84-0752932	1964738R6	09-28-2004	50,000,000	2004B, Expand/refurbish facilities, purchase equipment		X		X		X
C	Kansas Development Finance Authority	48-1066589	48542ABD2	09-28-2004	50,000,000	2004C, Expand/refurbish facilities, purchase equipment		X		X		X
D	Highlands County Health Facilities Authority	52-1313569	431022FR8	10-18-2005	64,943,086	2005A, Refund FL 1993A&B, TN 1993 and Tarrant 1993 all issued 10/20/1993		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	57,950,000	5,755,000	5,465,500	17,840,000
2	Amount of bonds defeased				
3	Total proceeds of issue	136,110,000	50,000,000	50,000,000	64,943,086
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	114,367,278			64,016,377
7	Issuance costs from proceeds	2,722,200	700,000	700,000	926,709
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	19,020,522	49,300,000	49,300,000	
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2003	2004	2004	1993

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569	431022GN6	10-18-2005	106,410,063	2005B, Refund Orange 2000, Tenn 2000, and Tarrant 2000 all issued 8/31/2000		X		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022HG0	10-18-2005	63,434,535	2005C, Refund Colorado 2001 issued 3/28/2001		X		X		X
C	Highlands County Health Facilities Authority	52-1313569	431022HH8	10-18-2005	102,220,000	2005D, Expand/refurbish facilities, purchase equipment		X		X		X
D	Highlands County Health Facilities Authority	52-1313569	431022HUD	06-14-2006	205,156,000	2006C, Expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	29,125,000	980,000	12,255,000	4,900,000
2	Amount of bonds defeased				
3	Total proceeds of issue	106,410,063	63,434,535	102,220,000	205,156,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	104,877,613	62,505,602		
7	Issuance costs from proceeds	1,532,450	928,933	1,500,000	2,000,000
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			100,720,000	203,156,000
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2000	2001	2005	2006

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Colorado Health Facilities Authority	84-0752932	19648AAV7	11-15-2006	249,501,424	2006D&E, Refnd Highland, Tarrant 98 iss 12/17/98, Highland iss 03D 10/7/03		X		X		X
B	Colorado Health Facilities Authority	84-0752932	19648ACG8	11-15-2006	30,371,450	2006F, Refund 1995 Bonds issued 6/8/1995		X		X		X
C	Highlands County Health Facilities Authority	52-1313569	431022JZ6	12-20-2006	212,464,496	2006G, Refund Highlands 2002 issued 12/19/02 and Orange 2002 issued 7/10/02		X		X		X
D	Highlands County Health Facilities Authority	52-1313569	431022KK7	08-08-2007	366,445,000	2007A B C D, Expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	13,330,000	21,565,000	21,245,000	258,000,000
2	Amount of bonds defeased				
3	Total proceeds of issue	249,501,424	30,371,450	212,464,496	366,445,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	247,008,533	30,064,743	210,608,121	
7	Issuance costs from proceeds	2,492,891	306,707	1,856,375	
8	Credit enhancement from proceeds				5,560,382
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				360,884,618
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2003	1995	2002	2007

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
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Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569	431022KV3	07-02-2008	45,675,000	2004A SFC, Refunded Highlands 2004A issued 9/28/04		X		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022QU9	12-11-2008	60,650,000	2005F SFC, Refunded Highlands 2005F issued 12/22/05		X		X		X
C	Highlands County Health Facilities Authority	52-1313569	431022QV7	12-12-2008	49,425,000	2005G SFC, Refunded Highlands 2005G issued 12/22/05		X		X		X
D	Highlands County Health Facilities Authority	52-1313569	431022QW5	12-15-2008	49,425,000	2005H SFC, Refunded Highlands 2005H issued 12/22/05		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,075,000			
2	Amount of bonds defeased				
3	Total proceeds of issue	45,675,000	60,650,000	49,425,000	49,425,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	45,675,000	60,650,000	49,425,000	49,425,000
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2004	2005	2005	2005

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569	431022QZ8	12-16-2008	68,000,000	2008A, Expand/refurbish facilities, purchase equipment		X		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022QR6	12-16-2008	142,275,000	2005E/2007B SFC, Refund Highlands 05E iss 12/22/05, Highland 07B iss 8/8/07		X		X		X
C	Highlands County Health Facilities Authority	52-1313569	431022QS4	12-18-2008	78,350,000	2007D SFC, Refunded Highlands 2007D issued 8/8/07		X		X		X
D	Orange County Health Facilities Authority	52-1378595		04-08-2009	5,000,000	2009A, Expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		11,825,000	11,725,000	2,737,855
2	Amount of bonds defeased				
3	Total proceeds of issue	68,000,000	142,275,000	78,350,000	5,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow		142,275,000	78,350,000	
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	68,000,000			5,000,000
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2007	2007	2008

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Kansas Development Finance Authority	48-1066589		04-08-2009	5,000,000	2009B, Expand/refurbish facilities, purchase equipment		X		X		X
B	Kansas Development Finance Authority	48-1066589	48542ABX8	07-08-2009	325,394,417	2009C, Ref 96/05&97/05 iss 1/13/05, 03A 1/16/03, 08B 12/19/08, exp facility		X		X		X
C	Kansas Development Finance Authority	48-1066589	48542ACY5	10-01-2009	102,271,154	2009D, Refund Highlands 07C, 8/8/07 & expand/refurbish facilities/purc equip		X		X		X
D	Highlands County Health Facilities Authority	52-1313569	431022SC7	10-07-2009	304,230,000	2009A-F, AR Program 1996A, 1999, 2000A&B, 2004AR1&2 all reissued 9/4/08		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,629,590	11,455,000	6,000,000	
2	Amount of bonds defeased				
3	Total proceeds of issue	5,000,000	325,394,417	102,271,154	304,230,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow		313,389,450	80,426,433	304,230,000
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	5,000,000	12,004,967	21,844,721	
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2009	2009	2004

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569	431022SP8	11-16-2009	190,752,502	09E & 08B Conv, Ref Orange 91/01 10/11/01, 92/03 5/15/03, 08B 12/19/08		X		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022SG8	11-16-2009	177,240,000	2005I Conv, Refund Highlands 05I 12/22/05 & expand/refurbish facilities		X		X		X
C	Highlands County Health Facilities Authority	52-1313569		12-17-2010	57,000,000	2010A, Expand/refurbish facilities, purchase equipment		X		X		X
D	Orange County Health Facilities Authority	52-1378595		12-22-2010	25,000,000	2010B, Expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	7,180,000			
2	Amount of bonds defeased				
3	Total proceeds of issue	190,752,502	178,936,632	57,000,000	25,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow	190,752,502	178,936,632		
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		1,696,632	57,000,000	25,000,000
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2008	2005	2010	2010

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Kansas Development Finance Authority	48-1066589		12-22-2010	25,000,000	2010C, Expand/refurbish facilities, purchase equipment		X		X		X
B	Colorado Health Facilities Authority	84-0752932		12-22-2010	25,000,000	2010D, Expand/refurbish facilities, purchase equipment		X		X		X
C	Highlands County Health Facilities Authority	52-1313569		12-30-2010	225,000,000	2010E, Expand/refurbish facilities, purchase equipment		X		X		X
D	Highlands County Health Facilities Authority	52-1313569		11-16-2011	80,000,000	2011A, Expand/refurbish facilities		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	25,000,000	25,000,000	225,000,000	80,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	25,000,000	25,000,000	225,000,000	80,000,000
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010	2010	2010	2011

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Linda Knutson	Family of board member	48,587	Employee Compensation		No
(2) Dan Tilstra	Family of key employee	29,262	Consulting Services/Employee Compensation		No
(3) Jenola Bradwell	Family of board member	59,564	Employee Compensation		No
(4) Karen Tilstra	Family of key employee	90,190	Consulting		No
(5) Clifton Scott	Family of board member	55,694	Employee Compensation		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (Medical Equipment)	X	22	119,778	Selling price of donated property
26	Other ▸( )				
27	Other ▸( )				
28	Other ▸ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493320081752

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	Lars Houmann and Terry Owen - Family Relationship

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	Adventist Health System/Sunbelt, Inc (the filing organization) has one member The sole member of the filing organization is Adventist Health System Sunbelt Healthcare Corporation Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3) There are no other classes of membership in the filing organization

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	The sole member of the filing organization is AHSSHC The Board of Directors of the filing organization are appointed by the sole member, AHSSHC, who has the right to elect, appoint or remove any member of the Board of Directors of the filing organization

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7b	AHSSHC, as the sole member of the filing organization, has certain reserved powers as set forth in the Bylaws of the filing organization These reserved powers include the following a) to approve and disapprove the executive and/or administrative leadership of the filing organization, and their salaries, b) to approve and disapprove the operating Bylaws of the filing organization, c) to set limits and terms for the borrowing of funds, d) to approve or disapprove major building programs and/or purchase or sale of personal property or real property equal to or in excess of One Million dollars, e) to approve or disapprove the annual operating and capital budgets of the filing organization, f) to direct the placement of funds and capital of the filing organization, and g) to establish general guiding policies

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	The filing organization's current year Form 990 will be reviewed by the Senior Vice President of Finance subsequent to its filing with the IRS The review conducted by the Senior Vice President of Finance will not include the review of any supporting workpapers that were used in preparation of the current year Form 990, but will include a review of the entire Form 990 and all supporting schedules

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	The Conflict of Interest Policy of the filing organization applies to members of its Board of Directors and its principal officers (to be known as Interested Persons) In connection with any actual or possible conflict of interests, any member of the Board of Directors of the filing organization or any principal officer of the filing organization (i e Interested Persons) must disclose the existence of any financial interest with the filing organization and must be given the opportunity to disclose all material facts concerning the financial interest/arrangement to the Board of Directors of the filing organization or to any members of a committee with board delegated powers that is considering the proposed transaction or arrangement Subsequent to any disclosure of any financial interest/arrangement and all material facts, and after any discussion with the relevant Board member or principal officer, the remaining members of the Board of Directors or committee with board delegated powers shall discuss, analyze, and vote upon the potential financial interest/arrangement to determine if a conflict of interest exists According to the filing organization's Conflict of Interest Policy, an Interested Person may make a presentation to the Board of Directors (or committee with board delegated powers), but after such presentation, shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in a conflict of interest Each Interested Person, as defined under the filing organization's Conflict of Interest Policy, shall annually sign a statement which affirms that such person has received a copy of the Conflict of Interests policy, has read and understands the policy, has agreed to comply with the policy, and understands that the filing organization is a charitable organization that must primarily engage in activities which accomplish one or more of its exempt purposes The filing organization's Conflict of Interest Policy also requires that periodic reviews shall be conducted to ensure that the filing organization operates in a manner consistent with its charitable purposes

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	The top-tier parent of the filing organization is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) AHSSHC is the parent organization of a healthcare system, known as Adventist Health System, that operates hospitals, nursing home facilities, and other healthcare provider organizations AHSSHC is exempt from federal income tax under IRC Section 501(c)(3) pursuant to a group ruling issued to the General Conference of Seventh-day Adventists The individuals who serve as the CEO, CFO or Vice President of the filing organization are compensated by AHSSHC Compensation and benefits provided to these individuals is determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958 AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53 4958-6 with respect to its active executive-level positions The AHSSHC Board Strategy and Compensation Committee (the Committee) serves as the governing body for all executive compensation matters The Committee is composed of certain members of the Board of Directors (the Board) of AHSSHC Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC The Committee's role is to review and approve all components of the executive compensation plan of AHSSHC As an independent governing body with respect to executive compensation, it should be noted that the Committee will often confer in executive sessions on matters of compensation policy and policy changes In such executive sessions, no members of management of AHSSHC are present The Committee is advised by an independent third party compensation advisor This advisor prepares all the benchmark studies for the Committee Compensation levels are benchmarked with a national peer group of other not-for-profit healthcare systems and hospitals of similar size and complexity to AHS and each of its affiliated entities The following principles guide the establishment of individual executive compensation - The salary of the President/CEO of AHS will not exceed the 40th percentile of comparable salaries paid by similarly situated organizations, and - Other executive salaries shall be established using market medians The compensation philosophy, policies, and practices of AHSSHC are consistent with the organization's faith-based mission and conform to applicable laws, regulations, and business practices As a faith-based organization sponsored by the Seventh-day Adventist Church (the Church), AHSSHC's philosophy and principles with respect to its executive compensation practices reflect the conservative approach of the Church's mission of service and were developed in counsel with the Church's leadership

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	As discussed in our response to Question 15a & b in Section B of this Part VI, the filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS) Each year, AHS publishes an annual report document that includes a financial report for the relevant year as well as a community benefit report The financial report and community benefit report are presented on a consolidated basis and represent all of the activities, results of operations, and financial position at year-end of the entire AHS system In addition, the audited consolidated financial statements of AHS and of the AHS "Obligated Group" are filed annually with the Municipal Securities Rulemaking Board (MSRB) The "Obligated Group" is a group of AHSSHC subsidiaries that are jointly and severally liable under a Master Trust Indenture that secures debt primarily issued on a tax-exempt basis Unaudited quarterly financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) are also filed with MSRB for AHS on a consolidated basis and for the grouping of AHS subsidiaries comprising the "Obligated Group" The filing organization does not generally make its governing documents or conflict of interest policy available to the public

Identifier	Return Reference	Explanation
Columns (E) & (F)	Part VII, Section A	For those Board of Director members who devote less than full-time to the filing organization (based upon the average number of hours per week shown in column (B) on page 7 of the return) the compensation amounts shown in columns (E) and (F) on page 7 for Don Jernigan, Richard Reiner, and Terry Shaw, were provided in conjunction with that person's responsibilities and roles in serving in an executive leadership position within Adventist Health System Each of these individuals devote approximately 50 hours per week in conjunction with serving in their respective executive leadership position within Adventist Health System

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -16,879,183 Transfer to tax-exempt affiliates -34,053,850 Transfer to tax-exempt parent -17,001,201 Donated Property 1,891,881 Income on restricted fund balance -54,184 SWAP loss amortization 878,553 Allocations from Tax-exempt Parent with respect to Debt 6,952,503 Transfer for expenses -4,051,588 Gifts 17,779,974 Other -341,052 Interest in Foundation -943,369 Total to Form 990, Part XI, Line 5 -45,821,516

Identifier	Return Reference	Explanation
Savings and temporary cash investments	Part X, Line 2	The amounts shown on line 2 of Part X of this return include the filing organization's interest in a central investment pool maintained by Adventist Health System Sunbelt Healthcare Corporation, the filing organization's top-tier parent The investments in the central investment pool are recorded at market value

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Florida Radiology Imaging at Lake Mary LLC 875 Concourse Parkway 150 Maitland, FL 32751 55-0789387	Imaging & Testing	FL	16,348,383	9,589,672	Adventist Health SystemSunbelt Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

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

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

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

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

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

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
Adventist Bolingbrook Hospital 500 Remington Blvd Bolingbrook, IL 60440 65-1219504	Operation of Hospital & Related Services	IL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
Adventist Care Centers - Courtland Inc 730 Courtland Street Orlando, FL 32804 20-5774723	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Adventist GlenOaks Hospital 701 Winthrop Avenue Glendale Heights, IL 60139 36-3208390	Operation of Hospital & Related Services	IL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
Adventist Hlth Mid-America Inc 9100 W 74th Street Shawnee Mission, KS 66204 52-1347407	Hlthcare Related Services	KS	501(c)(3)	509(a)(3) Type I	Adventist Hlth SystemSunbelt Inc	Yes	
Adventist Hlth Partners Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 36-4138353	Operate out-patient physician clinics	IL	501(c)(3)	170(b)(1)(A)(iii)	AHS Midwest Management Inc		No
Adventist Hlth System Affiliated Benefit Trust 111 N Orlando Avenue Winter Park, FL 32789 26-6422966	Promotion of Hlthcare	FL	501(c)(3)	509(a)(3) Type I	Adventist Hlth System Sunbelt Hlthcare Corp		No
Adventist Hlth System Sunbelt Hlthcare Corp 111 N Orlando Avenue Winter Park, FL 32789 59-2170012	Management Services	FL	501(c)(3)	509(a)(3) Type I	N/A		No
Adventist Hlth 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 Hlth System Sunbelt Hlthcare Corp		No
Adventist Hlth SystemSunbelt Inc 111 N Orlando Avenue Winter Park, FL 32789 59-1479658	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth System Sunbelt Hlthcare Corp		No
Adventist Hlth SystemTexas Inc 602 Courtland Street Orlando, FL 32804 74-2578952	Inactive	TX	501(c)(3)	509(a)(2)	Adventist Hlth System Sunbelt Hlthcare Corp		No
Adventist Hinsdale Hospital 120 North Oak Street Hinsdale, IL 60521 36-2276984	Operation of Hospital & Related Services	IL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
AHS Midwest Management Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 36-3354567	Operation of Physician Practice Mgmt	IL	501(c)(3)	509(a)(3) Type I	Adventist Hlth SystemSunbelt Inc	Yes	
AHSCentral Texas Inc 1301 Wonder World Drive San Marcos, TX 78666 74-2621825	Provide Office Space - Medical Professionals	TX	501(c)(3)	509(a)(3) Type III-F	Adventist Hlth System Sunbelt Hlthcare Corp		No
Apopka Hlth Care Properties Inc 305 E Oak Street Apopka, FL 32703 51-0605694	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
Battle Creek Adventist Hospital 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 38-1359189	Inactive	MI	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
Bert Fish Medical Center Inc (10110-63011) 401 Palmetto Street New Smyrna Beach, FL 32168 36-2276984	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth System Sunbelt Hlthcare Corp		No
Bolingbrook Hospital Foundation 1000 Remington Blvd N Entrance 2nd Bolingbrook, IL 60440 90-0494445	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	170(b)(1)(A)(vi)	Midwest Hlth Foundation		No
Bradford Heights Hlth & Rehab Center Inc 950 Highpoint Drive Hopkinsville, KY 42240 20-5782342	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Burleson Nursing & Rehab Center Inc 301 Huguley Blvd Burleson, TX 76028 20-5782243	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Caldwell Hlth Care Properties Inc 1333 West Main Princeton, KY 42445 51-0605680	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No

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	g Section 512(b)(13) controlled organization	
Central Texas Hlthcare Collaborative (112-123111) 1301 Wonder World Drive San Marcos, TX 78666 45-3739929	Support Operation of Hospital	TX	501(c)(3)	509(a)(3) Type I	Adventist Hlth SystemSunbelt Inc	Yes	
Cedar Crag Terrace Inc (630 Year End) Rt 5 Box 900 Manchester, KY 40962 61-1120442	Operation of Home for the elderly-disabled	KY	501(c)(3)	170(b)(1)(A)(vi)	Memorial Hospital Inc		No
Central Texas Medical Center Foundation 1301 Wonder World Drive San Marcos, TX 78666 74-2259907	Fund-raising for Tax-exempt hospital	TX	501(c)(3)	170(b)(1)(A)(vi)	Adventist Hlth SystemSunbelt Inc	Yes	
Chickasaw Hlth Care Properties Inc 250 S Chickasaw Trail Orlando, FL 32825 51-0605681	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
Chippewa Valley Hospital & Oakview Care Center Inc 1220 Third Avenue West Durand, WI 54736 39-1365168	Operation of Hospital & Related Services	WI	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
Cobb Medical Associates LLC 3949 South Cobb Drive SE Smyrna, GA 300806342 58-2617089	Operation of Physician Practices & Medical Services	GA	501(c)(3)	170(b)(1)(A)(iii)	Emory-Adventist Inc		No
Courtland Hlth Care Properties Inc 730 Courtland Street Orlando, FL 32804 51-0605682	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
Creekwood Place Nursing & Rehab Center Inc 683 E Third Street Russellville, KY 42276 20-5782260	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Dairy Road Hlth Care Properties Inc 7350 Dairy Road Zephyrhills, FL 33540 51-0605684	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
East Orlando Hlth & Rehab Center Inc 250 S Chickasaw Trail Orlando, FL 32825 20-5774748	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Emory-Adventist Inc 3949 South Cobb Drive Smyrna, GA 30080 58-2171011	Operation of Hospital & Related Svcs	GA	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
Fletcher Hospital Inc 100 Hospital Drive Hendersonville, NC 28792 56-0543246	Operation of Hospital & Related Svcs	NC	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth System Sunbelt Hlthcare Corp		No
FLNC Inc 3355 E Semoran Blvd Apopka, FL 32703 20-5774761	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Florida Hospital College of Hlth Sciences Inc (630 Year End) 671 Lake Winyah Drive Orlando, FL 32803 59-3069793	Education/Operation of School	FL	501(c)(3)	170(b)(1)(A)(ii)	Adventist Hlth SystemSunbelt Inc	Yes	
Florida Hospital DeLand Auxiliary Inc (11-82411) 701 West Plymouth Avenue Deland, FL 32720 59-3425543	Volunteer support services	FL	501(c)(3)	509(a)(3) Type III-F	Memorial Hospital West Volusia Inc		No
Florida Hospital Waterman Inc 1000 Waterman Way Tavares, FL 32778 59-3140669	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth System Sunbelt Hlthcare Corp		No
Florida Hospital Zephyrhills Inc 7050 Gall Blvd Zephyrhills, FL 33541 59-2108057	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
Florida Hospital Medical Group Inc 900 Winderley Place Maitland, FL 32751 59-3214635	Operation of Physician Practices & Medical Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
Foundation for Shawnee Mission Medical Center Inc 9100 W 74th Street Shawnee Mission, KS 66204 48-0868859	Fund-raising for Tax-exempt hospital	KS	501(c)(3)	509(a)(3) Type I	Shawnee Mission Medical Center Inc		No
GlenOaks Hospital Foundation 701 Winthrop Avenue Glendale Heights, IL 60139 36-3926044	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	170(b)(1)(A)(vi)	Midwest Hlth Foundation		No

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	g Section 512(b)(13) controlled organization	
Hays Memorial Hospital Association of Seventh-Day Adventists 1301 Wonder World Drive San Marcos, TX 78667 74-1362785	Lease of Hospital Personnel	TX	501(c)(3)	509(a)(3) Type II	Adventist Hlth System Sunbelt Hlthcare Corp		No
Helen Ellis Memorial Hospital Auxiliary Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-2106043	Fund-raising for Tax-exempt hospital/foundation	FL	501(c)(3)	509(a)(3) Type I	Tarpon Springs Hospital Foundation Inc		No
Helen Ellis Memorial Hospital Foundation Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3690149	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	509(a)(3) Type I	Tarpon Springs Hospital Foundation Inc		No
Hinsdale Hospital Foundation 7 Salt Creek Lane Suite 203 Hinsdale, IL 60521 52-1466387	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	170(b)(1)(A)(vi)	Midwest Hlth Foundation		No
Huguley Community Care Corp 11801 South Freeway Burleson, TX 76028 45-2793120	Support Operation of Hospital	TX	501(c)(3)	509(a)(3) Type I	Adventist Hlth SystemSunbelt Inc	Yes	
In-Motion Rehab Inc 602 Courtland Street Ste 200 Orlando, FL 32804 20-8023411	Therapy services to tax exempt nursing homes	KS	501(c)(3)	509(a)(3) Type II	Sunbelt Hlth Care Centers Inc		No
Jellico Community Hospital Inc 188 Hospital Lane Jellico, TN 37762 62-0924706	Operation of Hospital & Related Services	TN	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth System Sunbelt Hlthcare Corp		No
La Grange Memorial Hospital Foundation 5101 S Willow Springs Rd La Grange, IL 60525 30-0247776	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	170(b)(1)(A)(vi)	Midwest Hlth Foundation		No
Memorial Hlth Systems Foundation Inc 770 West Granada Blvd Ormond Beach, FL 32174 31-1771522	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	170(b)(1)(A)(vi)	Memorial Hlth Systems Inc		No
Memorial Hlth Systems Inc 301 Memorial Medical Parkway Daytona Beach, FL 32117 59-0973502	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
Memorial Hospital Flagler Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 59-2951990	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Memorial Hlth Systems Inc		No
Memorial Hospital - West Volusia Inc 701 West Plymouth Avenue Deland, FL 32720 59-3256803	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Memorial Hlth Systems Inc		No
Memorial Hospital Inc 210 Marie Langdon Drive Manchester, KY 40962 61-0594620	Operation of Hospital & Related Services	KY	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth System Sunbelt Hlthcare Corp		No
Merriam Hlth Care Properties Inc 9700 West 62nd Street Merriam, KS 66203 36-4595806	Lease to Related Organization	KS	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
Metroplex Adventist Hospital Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2225672	Operation of Hospital & Related Services	TX	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth System Sunbelt Hlthcare Corp		No
Metroplex Clinic Physicians Inc 2201 S Clear Creek Road Killeen, TX 76549 11-3762050	Physician Hlthcare services to the community	TX	501(c)(3)	170(b)(1)(A)(iii)	Metroplex Adventist Hospital Inc		No
Midwest Hlth Foundation 120 North Oak Street Hinsdale, IL 60521 35-2230515	Support of subsidiary Foundations	IL	501(c)(3)	509(a)(3) Type II	N/A		No
Mills Hlth & Rehab Center Inc 500 Beck Lane Mayfield, KY 42066 20-5782320	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Mission Strategies Inc 602 Courtland Street Ste 200 Orlando, FL 32804 20-5982365	Provision of support to the nursing home division	KS	501(c)(3)	509(a)(3) Type II	Sunbelt Hlth Care Centers Inc		No
Mission Strategies of Georgia Inc (1114-123111) 3949 S Cobb Drive Smyrna, GA 30080 90-0866024	Provision of support to the nursing home division	GA	501(c)(3)	509(a)(3) Type II	Sunbelt Hlth Care Centers Inc		No

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	g Section 512(b)(13) controlled organization	
Missouri Adventist Hlth Inc 9100 W 74th Street Shawnee Mission, KS 66204 43-1224729	Support Hlth Care Services	MO	501(c)(3)	509(a)(3) Type III-O	Adventist Hlth Mid-America Inc		No
North Regional EMS Inc 188 Hospital Lane Jellico, TN 37762 26-2653616	EMS Services	TN	501(c)(3)	509(a)(2)	Jellico Community Hospital Inc		No
Ormond Beach Memorial Hospital Auxiliary Inc 301 Memorial Medical Parkway Daytona Beach, FL 32117 59-1721962	Volunteer support services	FL	501(c)(3)	509(a)(3) Type III-F	Memorial Hlth Systems Inc		No
Overland Park Nursing & Rehab Center Inc 6501 West 75th Street Overland Park, KS 66204 20-5774821	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Paragon Hlth Care Properties Inc 950 Highpoint Drive Hopkinsville, KY 42240 51-0605686	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
Pasco-Pinellas Hillsborough Community Hlth System Inc 2400 Bedford Road Orlando, FL 32803 20-8488713	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	N/A		No
Portercare Adventist Hlth System (630 Year End) 2525 S Downing Street Denver, CO 80210 84-0438224	Operation of Hospital & Related Services	CO	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth System Sunbelt Hlthcare Corp		No
Portland Nursing & Rehab Center Inc 215 Highland Circle Drive Portland, TN 37148 20-5774842	Operation of Home for the Aged/Hlthcare Delivery	TN	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Princeton Hlth & Rehab Center Inc 1333 West Main Princeton, KY 42445 20-5782272	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Princeton Professional Services Inc 601 E Rollins Street Orlando, FL 32803 59-1191045	Provision of Hlthcare Services	FL	501(c)(3)	509(a)(2)	Adventist Hlth System Sunbelt Hlthcare Corp		No
Quality Circle for Hlthcare Inc 111 N Orlando Avenue Winter Park, FL 32789 26-3789368	Hlthcare Quality Services	FL	501(c)(3)	509(a)(3) Type III-F	Adventist Hlth System Sunbelt Hlthcare Corp		No
Resource Personnel Inc 602 Courtland Street Ste 200 Orlando, FL 32804 20-8040875	Provide administrative support to tax exempt nursing homes	FL	501(c)(3)	509(a)(3) Type II	Sunbelt Hlth Care Centers Inc		No
Rocky Mountain Adventist Hlthcare Foundation (630 Year End) 2525 South Downing Street Denver, CO 80210 84-0745018	Fund-raising for Tax-exempt hospital	CO	501(c)(3)	170(b)(1)(A)(vi)	PorterCare Adventist Hlth System		No
Rollins Bedford Corp 602 Courtland Street Ste 200 Orlando, FL 32804 37-0908840	Inactive	FL	501(c)(3)	509(a)(3) Type II	Sunbelt Hlth Care Centers Inc		No
Russellville Hlth Care Properties Inc 683 East Third Street Russellville, KY 42276 51-0605691	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
San Marcos Hlth Care Properties Inc 1900 Medical Parkway San Marcos, TX 78666 51-0605693	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
San Marcos Nursing & Rehab Center Inc 1900 Medical Parkway San Marcos, TX 78666 20-5782224	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Shawnee Mission Hlth Care Inc 6501 West 75th Street Overland Park, KS 66204 48-0952508	Lease to Related Organization	KS	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
Shawnee Mission Medical Center Inc 9100 W 74th Street Shawnee Mission, KS 66204 48-0637331	Operation of Hospital & Related Services	KS	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth Mid-America Inc		No
South Central Nursing Homes Properties Inc 111 North Orlando Ave Winter Park, FL 32789 59-3686109	Management Support	GA	501(c)(3)	509(a)(3) Type III-O	South Central Inc		No

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	g Section 512(b)(13) controlled organization	
South Central Nursing Homes Inc 602 Courtland Street Orlando, FL 32804 61-1242373	Management Support	KY	501(c)(3)	509(a)(3) Type III-O	South Central Inc		No
South Central Properties III Inc 111 North Orlando Ave Winter Park, FL 32789 59-3692860	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc		No
South Central Properties IV Inc 111 North Orlando Ave Winter Park, FL 32789 59-3692862	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc		No
South Central Properties VI Inc 111 North Orlando Ave Winter Park, FL 32789 59-3692857	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc		No
South Central Properties Inc 111 North Orlando Ave Winter Park, FL 32789 59-3651692	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc		No
South Central Inc 602 Courtland Street Orlando, FL 32804 59-3689740	Management Support	GA	501(c)(3)	509(a)(3) Type III-F	N/A		No
South Pasco Hlth Care Properties Inc 38250 A Avenue Zephyrhills, FL 33542 51-0605679	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
Southwest Volusia Hlth Services Inc 1055 Saxon Blvd Orange City, FL 327638468 59-3281591	Medical Office Building for Hospital	FL	501(c)(3)	509(a)(3) Type I	Southwest Volusia Hlthcare Corp		No
Southwest Volusia Hlthcare Corp 1055 Saxon Blvd Orange City, FL 327638468 59-3149293	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
Specialty Physicians of Central Texas Inc 1301 Wonder World Drive San Marcos, TX 78666 20-8814408	Physician Hlthcare services to the community	TX	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
Spring View Hlth & Rehab Center Inc 718 Goodwin Lane Leitchfield, KY 42754 20-5782288	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Sunbelt Hlth & Rehab Center - Apopka Inc 305 East Oak Street Apopka, FL 32703 20-5774856	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Sunbelt Hlth Care Centers Inc 602 Courtland Street Ste 200 Orlando, FL 32804 58-1473135	Management Services	TN	501(c)(3)	509(a)(3) Type II	Adventist Hlth System Sunbelt Hlthcare Corp		No
SunSystem Development Corp 111 N Orlando Avenue Winter Park, FL 32789 59-2219301	Fund Raising for Affiliated Tax-Exempt Hospitals	FL	501(c)(3)	170(b)(1)(A)(vi)	Adventist Hlth System Sunbelt Hlthcare Corp		No
Tarpon Springs Hospital Foundation Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-0898901	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	University Community Hospital Inc		No
Tarrant County Hlth Care Properties Inc 301 Huguley Blvd Burleson, TX 76028 51-0605677	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
Taylor Creek Hlth Care Properties Inc 718 Goodwin Lane Leitchfield, KY 42754 51-0605678	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
Texas Hlth Huguley Inc (76-123111) 900 Hope Way Altamonte Springs, FL 32714 45-2694620	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth SystemSunbelt Inc	Yes	
The Volunteer Auxiliary of Florida Hospital - Flagler Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 59-2486582	Volunteer support services	FL	501(c)(3)	509(a)(3) Type III-F	Memorial Hospital Flagler Inc		No
Trinity Nursing & Rehab Center Inc 9700 West 62nd Street Merriam, KS 66203 20-5774890	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No

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	g Section 512(b)(13) controlled organization	
University Community Hospital Auxiliary Inc 3100 E Fletcher Ave Tampa, FL 33613 23-7011345	Volunteer support services	FL	501(c)(3)	509(a)(3) Type III-F	University Community Hospital Inc		No
University Community Hospital Foundation Inc 3100 E Fletcher Ave Tampa, FL 33613 59-2554889	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	509(a)(3) Type I	University Community Hospital Inc		No
University Community Hospital Specialty Care Inc 3100 E Fletcher Ave Tampa, FL 33613 59-3231322	Inactive	FL	501(c)(3)	509(a)(3)	University Community Hospital Inc		No
University Community Hospital Inc 3100 E Fletcher Ave Tampa, FL 33613 59-1113901	Operation of Hospital & Related Services	FL	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth System Sunbelt Hlthcare Corp		No
West Kentucky Hlth Care Properties Inc 500 Beck Lane Mayfield, KY 42066 51-0605676	Lease to Related Organization	GA	501(c)(3)	509(a)(3) Type III-F	Sunbelt Hlth Care Centers Inc		No
Zephyr Haven Hlth & Rehab Center Inc 38250 A Avenue Zephyrhills, FL 33542 20-5774930	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No
Zephyrhills Hlth & Rehab Center Inc 7350 Dairy Road Zephyrhills, FL 33540 20-5774967	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Appalachian Therapy Services LLC 100 Hospital Drive Hendersonville, NC 28792 20-2463851	Therapy Staffing	NC	N/A									
Central Texas Medical Center Bond LLC (11-111411) 1301 Wonder World Drive San Marcos, TX 78666 20-4314236	Investment	TX	N/A									
Clear Creek MOB Ltd 2201 S Clear Creek Rd Killeen, TX 76549 74-2609195	Real Estate	TX	N/A									
Florida Hospital DMERT LLC 2450 Maitland Center Pkwy Ste 200 Maitland, FL 32751 20-2392253	Medical Equipment	FL	N/A									
Florida Hospital Home Infusion 2450 Maitland Center Pkwy Ste 200 Maitland, FL 32751 59-3142824	Home Infusion Services	FL	N/A									
KCCCSMMC Cancer Center LLC 9100 W 74th Street Shawnee Mission, KS 66204 27-0909763	Equipment Rental	KS	N/A									
San Marcos MRI LP 1330 Wonder World Drive Ste 202 San Marcos, TX 78666 77-0597972	Imaging & Testing	TX	Adventist Health SystemSunbelt Inc dba Central TX Med Ctr	Related	2,579	6,603		No			No	50 000 %
Shawnee Mission Open MRI LLC 9100 W 74th Street Box 2923 Shawnee Mission, KS 66201 27-0011796	Imaging & Testing	KS	N/A									
Shawnee Mission Surgery Center LLC PO Box 2923 Shawnee Mission, KS 66201 48-1243914	Surgical Services	KS	N/A									
Skyland MRI LLC 100 Hospital Drive Hendersonville, NC 28792 04-3646559	Imaging & Testing	NC	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 Hlth Sys Sunbelt Hlthcare Corp Empl Benefit Trust 111 N Orlando Avenue Winter Park, FL 32789 58-1318939	Administration of Self-Insured Benefit Plans	FL	N/A	T			
AHS Services Inc 11801 South Freeway Fort Worth, TX 76028 75-2049583	Medical Equipment	TX	Adventist Hlth SystemSunbelt Inc	C			100 000 %
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	129,274	58,065	58 000 %
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	26,849	9,927	89 000 %
Arapahoe Medical Building I Inc (630 Year End) 2525 S Downing Street Denver, CO 80210 84-1574506	Real Estate Leasing	CO	N/A	C			
Arapahoe Medical Building II Inc (630 Year End) 2525 S Downing Street Denver, CO 80210 84-1574507	Real Estate Leasing	CO	N/A	C			
CC MOB Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2616875	Real Estate Rental	TX	N/A	C			
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX 78666 74-2729873	Physician Clinics	TX	Adventist Hlth SystemSunbelt Inc	C	1,542,172	242,711	100 000 %
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org	TX	Adventist Hlth SystemSunbelt Inc	C	4,526	188,928	100 000 %
Florida Hospital Flagler Medical Offices Association Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 26-2158309	Condo Association	FL	N/A	C			
Florida Hospital Healthcare System Inc 602 Courtland Street Orlando, FL 32804 59-3215680	PHO/TPA	FL	Adventist Hlth SystemSunbelt Inc	C	123,963,153	48,245,999	100 000 %
Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	525,061	3,663	78 000 %
Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL 32174 59-3403558	Physician Hospital Org	FL	N/A	C			
Harvard Park East Inc (630 Year End) 2525 S Downing Street Denver, CO 80210 84-1574365	Real Estate Leasing	CO	N/A	C			
Helen Ellis Memorial Hospital Real Estate Corp 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3375731	Real Estate Rental	FL	N/A	C			
Huguley Alliance Foundation 11801 South Freeway Fort Worth, TX 76115 75-2642209	Inactive	TX	Adventist Hlth SystemSunbelt Inc	C		136,191	100 000 %
Huguley Medical Associates Inc 11801 South Freeway Burleson, TX 76028 75-2547668	Physician Clinics	TX	Adventist Hlth SystemSunbelt Inc	C	11,912,385	2,131,617	100 000 %
Kissimmee Multispecialty Clinic Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	39,610	19,169	54 400 %
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS 66204 48-0901551	Real Estate Rental	KS	N/A	C			
Metroplex Adventist Hospital CRNA 2201 S Clear Creek Road Killeen, TX 76549 26-0760794	Support hospital - provide allied health professionals	TX	N/A	C			

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
North American Health Services Inc & Subs 111 N Orlando Avenue Winter Park, FL 32789 62-1041820	Lessor/Holding Co	TN	N/A	C			
Ormond Professional Condo Association (430 Year End) 770 W Granada Blvd Ste 101 Ormond Beach, FL 32174 59-2694434	Condo Association	FL	N/A	C			
Park Ridge Property Owner's Association Inc 1 Park Place Naples Road Fletcher, NC 28732 03-0380531	Condo Association	NC	N/A	C			
Porter Affiliated Hlth Services Inc dba Diversified Affiliated Hlth Svcs 2525 S Downing Street Denver, CO 80210 84-0956175	Healthcare Services	CO	N/A	C			
Porter Medical Plaza Inc (630 Year End) 2525 S Downing Street Denver, CO 80210 84-1574369	Real Estate Leasing	CO	N/A	C			
San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX 78666 77-0597968	Holding Company	TX	Adventist Hlth SystemSunbelt Inc	C	2,575	6,590	100 000 %
Southeast Volusia Medical Services Inc (10110-63011) 401 Palmetto Street New Smyrna Beach, FL 32168 59-3287185	Inactive	FL	N/A	C			
The Garden Retirement Community Inc 602 Courtland Street Ste 200 Orlando, FL 32804 59-3414055	Real Estate Rental	FL	N/A	C			
University Community Health Insurance Company SPC Ltd C/O AON Insurance Managers PO Box Grand Cayman CJ	Captive Insurance	CJ	N/A	C			
UCH Services Inc 3100 East Fletcher Ave Tampa, FL 33613 59-3508454	Management Company	FL	N/A	C			
West Coast Medical Group Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3537305	Physician Clinics	FL	N/A	C			
Winter Park Medical Office Building I Condo Assoc Inc (330-123111) 200 Lakemont Ave Winter Park, FL 32792 45-2228478	Physician Clinics	FL	Adventist Hlth SystemSunbelt Inc	C	110,778	22,541	52 000 %

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1) Adventist Health System Sunbelt Healthcare Corporation	B	15,849,706	Actual Amount Given
(2) Adventist Health System Sunbelt Healthcare Corporation	C	1,870,890	Actual Amount Received
(3) Adventist Health System Sunbelt Healthcare Corporation	L	44,683,567	% of Facility's Operating Exp
(4) Adventist Health System Sunbelt Healthcare Corporation	O	127,233,507	Cost
(5) Adventist Health System Sunbelt Healthcare Corporation	P	2,806,338	Cost
(6) Adventist Health System Sunbelt Healthcare Corporation dba AHSIS	K	265,235	Cost
(7) Adventist Health System Sunbelt Healthcare Corporation dba AHSIS	L	18,860,603	% of Facility's Operating Exp
(8) Adventist Health System Sunbelt Healthcare Corporation dba AHSIS	O	566,255	Cost
(9) Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	I	76,309	Cost
(10) Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	O	271,629	Cost
(11) Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	P	522,125	Cost
(12) Adventist Bolingbrook Hospital	O	72,226	Cost
(13) Adventist Bolingbrook Hospital	P	143,930	Cost
(14) Adventist Care Centers - Courtland Inc	B	218,100	Actual Amount Given
(15) Adventist GlenOaks Hospital	O	84,326	Cost
(16) Adventist GlenOaks Hospital	P	125,993	Cost
(17) Adventist Health Partners	O	1,014,668	Cost
(18) Adventist Hinsdale Hospital	K	10,579,846	Cost
(19) Adventist Hinsdale Hospital	O	15,698,460	Cost
(20) Adventist Hinsdale Hospital	P	6,411,221	Cost

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(21)	AHS Midwest Management Inc	O	1,984,848	Cost
(22)	AHSCentral Texas Inc	J	116,904	Cost
(23)	Bert Fish Medical Center Inc	K	63,972	Cost
(24)	Central Texas Medical Associates	B	800,000	Actual Amount Given
(25)	Central Texas Medical Associates	P	533,761	Cost
(26)	Central Texas Medical Center Foundation	B	82,402	Actual Amount Given
(27)	Central Texas Providers Network	P	81,376	Cost
(28)	East Orlando Health & Rehab Center Inc	B	1,404,864	Actual Amount Given
(29)	Emory-Adventist Inc	A	688,506	FMV Interest Rate
(30)	Emory-Adventist Inc	R	950,400	Principal Loan Amount
(31)	FLNC Inc	B	2,199,240	Actual Amount Given
(32)	Florida Hospital College of Health Sciences Inc	I	2,199,732	Cost
(33)	Florida Hospital College of Health Sciences Inc	L	3,893,669	Cost
(34)	Florida Hospital College of Health Sciences Inc	O	702,766	Cost
(35)	Florida Hospital College of Health Sciences Inc	P	19,097,504	Cost
(36)	Florida Hospital College of Health Sciences Inc	Q	110,090	Cost
(37)	Florida Hospital Healthcare System Inc	L	91,347,029	Claims Reimb Plus FMV Fee
(38)	Florida Hospital Healthcare System Inc	P	9,052,660	Cost
(39)	Florida Hospital Medical Group Inc	I	3,358,808	FMV Rental Rate
(40)	Florida Hospital Medical Group Inc	J	81,662	Cost

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(41)	Florida Hospital Medical Group Inc	K	1,118,293	Cost
(42)	Florida Hospital Medical Group Inc	L	38,862,934	Cost Plus Appropriate %
(43)	Florida Hospital Medical Group Inc	O	5,043,785	Cost
(44)	Florida Hospital Medical Group Inc	P	5,357,145	Cost
(45)	Florida Hospital Medical Group Inc	Q	432,865	Cost
(46)	Florida Hospital Waterman Inc	C	89,065	Actual Amount Received
(47)	Florida Hospital Waterman Inc	K	107,840	Cost
(48)	Florida Hospital Waterman Inc	P	152,923	Cost
(49)	Florida Hospital Zephyrhills Inc	K	74,593	Cost
(50)	Huguley Community Care Corporation	B	526,850	Actual Amount Given
(51)	Huguley Medical Associates Inc	A	568,578	FMV Rental Rate
(52)	Huguley Medical Associates Inc	O	2,222,594	Cost
(53)	Huguley Medical Associates Inc	P	134,777	Cost
(54)	La Grange Memorial Hospital Foundation	B	242,914	Actual Amount Given
(55)	La Grange Memorial Hospital Foundation	C	2,477,958	Actual Amount Received
(56)	La Grange Memorial Hospital Foundation	Q	66,535	Cost
(57)	Memorial Health Systems Inc	K	332,224	Cost
(58)	Memorial Health Systems Inc	P	52,879	Cost
(59)	Memorial Hospital - Flagler Inc	K	265,790	Cost
(60)	Memorial Hospital - West Volusia Inc	K	152,552	Cost

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(61)	Memorial Hospital - West Volusia Inc	P	99,453	Cost
(62)	Metroplex Adventist Hospital Inc	P	725,364	Cost
(63)	Princeton Professional Services Inc	I	243,213	Cost Plus Appropriate Margin
(64)	Princeton Professional Services Inc	K	89,662	Cost Plus Appropriate Margin
(65)	Princeton Professional Services Inc	P	10,103,575	Cost
(66)	Shawnee Mission Medical Center Inc	K	74,655	Cost
(67)	South Central Nursing Homes Inc	C	52,948	Actual Amount Received
(68)	Southwest Volusia Healthcare Corporation	K	219,823	Cost
(69)	Southwest Volusia Healthcare Corporation	P	209,661	Cost
(70)	Specialty Physicians of Central Texas Inc	B	2,500,000	Actual Amount Given
(71)	Specialty Physicians of Central Texas Inc	P	904,503	Cost
(72)	Sunbelt Health & Rehab Center - Apopka Inc	B	450,000	Actual Amount Given
(73)	Sunbelt Health Care Centers Inc	I	231,882	Cost
(74)	SunSystem Development Corporation	B	4,674,912	Actual Amount Given
(75)	SunSystem Development Corporation	C	15,948,365	Actual Amount Received
(76)	SunSystem Development Corporation	M	242,032	Cost
(77)	SunSystem Development Corporation	P	759,807	Cost Plus
(78)	SunSystem Development Corporation	Q	4,825,804	Cost
(79)	University Community Hospital Inc	K	205,117	Cost

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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			
Carlson Ronald Director	1 00	X						0	1,802	0
Cauley Michael F Director	1 00	X						0	1,802	0
Cazeau Rosemarie Director	1 00	X						0	1,802	0
Craig Carlos Director (beg 9/11)	1 00	X						0	650	0
Davidson James Director (beg 9/11)	1 00	X						0	2,552	0
Denslow Kenneth A Director (end 3/11)	1 00	X						0	1,152	0
Green Samuel L Director (end 5/11)	1 00	X						0	2,915	0
Griffith Jr Buford Director (beg 9/11)	1 00	X						0	750	0
Grove Rodney A Director	1 00	X						0	3,865	0
Hagele Elaine Director	1 00	X						0	3,865	0
Hayes Alta Sue Director	1 00	X						0	1,802	0
Holley Leighton R Director (end 4/11)	1 00	X						0	1,152	0
Houmann Lars D Director	40 00	X						0	1,610,483	225,465
Jernigan PhD Donald L Director/CEO	1 00	X		X				0	1,868,283	115,854
Johnson MD Mark Director	1 00	X						0	1,802	0
Knutson J Deryl Director	1 00	X						0	3,865	0
Lemon Thomas L Vice Chairman/Director	1 00	X						0	3,865	0
Livesay Donald Chairman/Director	1 00	X						0	3,865	0
Moore Larry R Vice Chairman/Director	1 00	X						0	1,600	0
Morel Hubert Director	1 00	X						0	1,802	0
Pichette Ray Director (beg 9/11)	1 00	X						0	650	0
Reiner Richard Director	1 00	X						0	1,693,089	58,944
Retzer Gordon Vice Chairman/Director (end 9/11)	1 00	X						0	3,115	0
Robinson Randy Director	1 00	X						0	3,865	0
Scott Glynn C Director	1 00	X						0	3,865	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			
Shaw Terry Director	1 00	X		X				0	2,966,896	224,228
Smith PhD Ron C Vice Chair/Sec/Director	1 00	X						0	3,865	0
Trevino Max A Chairman (end 5/11)	1 00	X						0	6,115	0
Valentine III Maurice Director (beg 5/11)	1 00	X						0	1,600	0
Werner Thomas L Director	1 00	X						0	6,129	11,249
Banks David P Senior Vice President, FH	50 00				X			2,036	671,695	130,368
Cummings Jr Desmond Executive VP, FH	50 00				X			0	753,821	35,832
Dodds Sheryl D Senior Vice President, FH	50 00				X			822	453,141	53,663
Fulbright Robert D Senior Vice President, FH	50 00				X			1,872	443,920	74,996
Goodman Todd Senior Vice President, FH	50 00				X			0	425,529	90,678
Hilliard Douglas W Senior Vice President, FH	50 00				X			0	421,297	77,341
Hurst Jeffery D Senior Vice President, FH	50 00				X			0	397,091	49,103
Moorhead MD John D Chief Medical Officer, FH	50 00				X			0	676,510	111,090
Owen Terry R Senior Vice President, FH	50 00				X			1,813	713,078	83,676
Paradis J Brian COO, Exec VP FH	50 00				X			2,033	882,330	169,847
Reed Monica Senior Vice President, FH	50 00				X			2,145	597,958	111,104
Soler Eddie CFO, Florida Division	50 00				X			0	765,097	135,198
Lee MD Kathy Physician	50 00					X		983,021	0	28,584
Torres MD Ramon M Physician	50 00					X		732,146	0	27,892
Czerska MD Barbara Medical Director of Cardiac Transplant and Advance	50 00					X		680,480	0	20,623
Eubanks Jr MD William Stephen Executive Director of Academic Surgery	50 00					X		672,642	0	28,742
HuddlestonHeather Adrian Clinical Quality Coordinator	50 00					X		812,494	0	1,435
Bowls Bonnie L Former key employee	40 00						X	0	355,156	48,219
Grim-Marcarelli Karen Former key employee	50 00						X	0	420,563	43,549
Hamilton Connie A Former key employee	50 00						X	454	426,414	76,136

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			
Herrin Arlene Former key employee	50 00						X	0	304,902	51,742

Adventist Health System

Audited Consolidated Financial Statements

December 31, 2011

Table of Contents

Consolidated Balance Sheets

December 31, 2011 and 2010

(dollars in thousands)	2011	2010
ASSETS		
Current Assets		
Cash and cash equivalents	$ 1,194,945	$ 1,025,207
Investments (including investments pledged under securities lending program of $11,262 in 2011 and $50,374 in 2010)	2,538,407	2,549,305
Current portion of assets whose use is limited	167,392	171,790
Collateral held under securities lending program	11,492	51,450
Patient accounts receivable, less allowance for uncollectible accounts of $331,592 in 2011 and $367,963 in 2010	354,847	330,043
Other receivables	312,626	275,331
Inventories	141,819	131,746
Prepaid expenses and other current assets	54,362	53,492
	4,775,890	4,588,364
Property and Equipment	4,457,129	4,294,470
Assets Whose Use is Limited, net of current portion	432,183	523,885
Other Assets	431,391	409,687
	$ 10,096,593	$ 9,816,406
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable and accrued liabilities	$ 658,836	$ 603,233
Estimated settlements to third parties	134,557	156,095
Payable under securities lending program	11,492	51,450
Other current liabilities	147,781	171,080
Short-term financings	161,002	238,415
Current maturities of long-term debt	73,915	67,409
	1,187,583	1,287,682
Long-Term Debt, net of current maturities	3,151,450	3,231,988
Other Noncurrent Liabilities	611,402	582,614
	4,950,435	5,102,284
Net Assets		
Unrestricted		
Controlling interest	4,951,429	4,513,408
Noncontrolling interests in subsidiaries	37,813	32,912
	4,989,242	4,546,320
Temporarily restricted – controlling interest	156,916	167,802
	5,146,158	4,714,122
Commitments and Contingencies		
	$ 10,096,593	$ 9,816,406

The accompanying notes are an integral part of these consolidated financial statements

Consolidated Statements of Operations and Changes in Net Assets

For the years ended December 31, 2011 and 2010

(dollars in thousands)	2011	2010
Revenue		
Patient service revenue	$ 6,923,593	$ 6,334,139
Provision for bad debts	(260,508)	(307,123)
Net patient service revenue	6,663,085	6,027,016
EHR incentive payments	55,886	–
Other	266,971	236,940
Total operating revenue	6,985,942	6,263,956
Expenses		
Employee compensation	3,365,242	3,027,287
Supplies	1,248,340	1,137,362
Professional fees	420,745	364,607
Other	963,095	885,143
Interest	163,856	156,522
Depreciation and amortization	398,069	357,680
Total operating expenses	6,559,347	5,928,601
Income from Operations	426,595	335,355
Nonoperating Gains (Losses)		
Investment income	67,376	117,484
Change in fair value of interest rate swaps	4,866	4,900
Loss from early extinguishment of debt	(20,710)	(15,472)
Excess of fair value of assets acquired over liabilities assumed in acquisition	–	337,750
Total nonoperating gains	51,532	444,662
Excess of revenue and gains over expenses	478,127	780,017
Less Excess of revenue and gains over expenses attributable to noncontrolling interests	(3,955)	(6,260)
Excess of Revenue and Gains over Expenses Attributable to Controlling Interest	474,172	773,757

Continued on following page

Consolidated Statements of Operations and Changes in Net Assets (continued)

For the years ended December 31, 2011 and 2010

(dollars in thousands)	2011	2010
Unrestricted Net Assets		
Excess of revenue and gains over expenses attributable to controlling interest	$ 474,172	$ 773,757
Excess of revenue and gains over expenses attributable to noncontrolling interests	3,955	6,260
Change in unrealized gains and losses on investments	(6,558)	(25,896)
Change in fair value of cash flow hedges	(34,557)	(27,846)
Reclassification of accumulated loss related to terminated cash flow hedges to loss from early extinguishment of debt	12,027	–
Accumulated derivative losses reclassified into excess of revenue and gains over expenses	10,663	7,546
Net assets released from restrictions for purchase of property and equipment	28,227	20,125
Pension related changes other than net periodic pension benefit	(15,591)	23,500
Other	(1,215)	(417)
Increase in unrestricted net assets before discontinued operations	471,123	777,029
Discontinued operations	(28,201)	26,435
Increase in unrestricted net assets	442,922	803,464
Temporarily Restricted Net Assets		
Investment income	968	2,097
Gifts and grants	31,889	33,753
Net assets released from restrictions for purchase of property and equipment or use in operations	(42,646)	(34,348)
Net assets received in acquisition	–	22,223
Other	(1,076)	3,089
(Decrease) increase in temporarily restricted net assets before discontinued operations	(10,865)	26,814
Discontinued operations	(21)	21
(Decrease) increase in temporarily restricted net assets	(10,886)	26,835
Increase in Net Assets	432,036	830,299
Net assets, beginning of year	4,714,122	3,883,823
Net assets, end of year	$ 5,146,158	$ 4,714,122

The accompanying notes are an integral part of these consolidated financial statements

Consolidated Statements of Cash Flows

For the years ended December 31, 2011 and 2010

(dollars in thousands)	2011	2010
Operating Activities	$ 804,264	$ 904,932
Investing Activities		
Cash acquired in acquisition	–	57,365
Purchases of property and equipment, net	(604,034)	(435,857)
Sales and maturities of investments	15,469,975	14,831,395
Purchases of investments	(15,468,977)	(15,186,896)
Sales and maturities of assets whose use is limited	694,024	449,471
Purchases of assets whose use is limited	(612,702)	(588,966)
Decrease in collateral held under securities lending program	39,958	145,326
Decrease in cash due to discontinued operations	(7,802)	–
Increase in other assets	(7,404)	(14,597)
	(496,962)	(742,759)
Financing Activities		
Repayments of long-term borrowings	(561,023)	(595,335)
Additional long-term borrowings	444,313	583,716
Repayments of short-term borrowings	(13,537)	(7,328)
Additional short-term borrowings	4,219	–
Payment of deferred financing costs	(4,435)	(1,492)
Decrease in payable under securities lending program	(39,958)	(145,326)
Restricted gifts and grants and investment income	32,857	35,850
	(137,564)	(129,915)
Increase in Cash and Cash Equivalents	169,738	32,258
Cash and cash equivalents at beginning of year	1,025,207	992,949
Cash and Cash Equivalents at End of Year	$ 1,194,945	$1,025,207
Operating Activities		
Increase in net assets	$ 432,036	$ 830,299
Increase in net assets from acquisition	–	(359,973)
Discontinued operations	28,222	(26,456)
Depreciation	394,820	357,295
Amortization of intangible assets	3,249	2,634
Amortization of deferred financing costs and original issue discounts and premiums	(525)	(585)
Change in unrealized gains and losses on investments	6,558	25,896
Change in fair value of interest rate swaps	29,691	22,946
Loss on extinguishment of debt	8,683	15,472
Restricted gifts and grants and investment income	(32,857)	(35,850)
Changes in operating assets and liabilities		
Patient accounts receivable	(31,796)	(22,233)
Other receivables	(37,392)	(20,068)
Other current assets	(13,778)	(7,106)
Accounts payable and accrued liabilities	64,402	(2,985)
Estimated settlements to third parties	(20,462)	16,135
Other current liabilities	(20,421)	28,190
Other noncurrent liabilities	(6,166)	81,321
	$ 804,264	$ 904,932

The accompanying notes are an integral part of these consolidated financial statements

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

1. Significant Accounting Policies

Reporting Entity

Adventist Health System Sunbelt Healthcare Corporation d/b/a Adventist Health System (Healthcare Corporation) is a not-for-profit healthcare corporation that operates and controls hospitals, nursing homes and philanthropic foundations (referred to herein collectively as the System) The affiliated hospitals, nursing homes and philanthropic foundations are controlled through their by-laws, governing board appointments and operating agreements by Healthcare Corporation The System's 41 hospitals, 16 nursing homes and philanthropic foundations operate in 10 states – Colorado, Florida, Georgia, Illinois, Kansas, Kentucky, North Carolina, Tennessee, Texas and Wisconsin

Healthcare Corporation and the System are collectively controlled by the Lake Union Conference of Seventh-day Adventists, the Mid-America Union Conference of Seventh-day Adventists, the Southern Union Conference of Seventh-day Adventists and the Southwestern Union Conference of Seventh-day Adventists

SunSystem Development Corporation (Foundation) is a charitable foundation operated by the System for the benefit of the hospitals that are divisions or controlled affiliates of Healthcare Corporation The board of directors is appointed by the board of directors of the System The Foundation is involved in philanthropic activities

Mission

The System exists solely to improve and enhance our local communities that we serve in harmony with Christ's healing ministry All financial resources and excess of revenue and gains over expenses are used to benefit the communities in the areas of patient care, research, education, community service and capital reinvestment

Specifically, the System provides

Benefit to the underprivileged, by offering services free of charge or deeply discounted to those who cannot pay, and by supplementing the unreimbursed costs of the government's Medicaid assistance program

Benefit to the elderly, as provided through governmental Medicare funding, by subsidizing the unreimbursed costs associated with this care

Benefit to the community's overall health and wellness through clinics and primary care services, health education and screenings, in-kind donations, extended education and research

Benefit to the faith-based and spiritual needs of the community in accordance with our mission of extending the healing ministry of Christ

Benefit to the community's infrastructure by investing in capital improvements to ensure the facilities and technology provide the best possible care to the community

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of Adventist Health System/Sunbelt, Inc (Sunbelt), the Foundation and other affiliated organizations that are controlled by Healthcare Corporation Any subsidiary or other operations owned and controlled by divisions or controlled affiliates of Healthcare Corporation are included in these consolidated financial statements Investments in entities where the Healthcare Corporation does not have operating control are recorded under the equity or cost method of accounting Income from unconsolidated entities of $21,681 and $7,882 for 2011 and 2010, respectively, is included in other operating revenue in the accompanying consolidated statements of operations and changes in net assets All significant intercompany accounts and transactions have been eliminated in consolidation

Use of Estimates

The preparation of these consolidated financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes Actual results could differ from those estimates

Recent Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No 2010-23, *Measuring Charity Care for Disclosure* (ASU 2010-23) The provisions of ASU 2010-23 are intended to reduce the diversity in how charity care is calculated and disclosed by healthcare entities Charity care is required to be measured at cost, defined as the direct and indirect costs of providing the charity care As the System does not recognize revenue when charity care is provided, ASU 2010-23 had no effect on the accompanying consolidated statements of operations and changes in net assets ASU 2010-23 only requires additional disclosures, including the method used to estimate the cost of charity care

In August 2010, the FASB issued ASU No 2010-24, *Presentation of Insurance Claims and Related Insurance Recoveries* (ASU 2010-24) ASU 2010-24 prohibits the netting of insurance recoveries against a related claim liability and requires the claim liability to be calculated without consideration of insurance recoveries This guidance is effective for fiscal years beginning after December 15, 2010, with early application permitted The System adopted ASU 2010-24 in the first quarter of 2011 The adoption did not have a material impact on the System's consolidated financial position or results of operations

In May 2011, the FASB issued ASU No 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U S Generally Accepted Accounting Principles (GAAP) and International Financial Reporting Standards (IFRS)* (ASU 2011-04) The amendments in ASU 2011-04 result in common fair value measurement and disclosure requirements in GAAP and IFRS ASU 2011-04 also changes the wording used to describe many of the requirements in GAAP for measuring fair value and for disclosing information about fair value measurements This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011 The adoption of this standard in 2012 is not expected to have a material impact on the System's consolidated financial position or results of operations

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

In July 2011, the FASB issued ASU No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debt and the Allowance for Doubtful Accounts for Certain Health Care Entities* (ASU 2011-07) The provisions of ASU 2011-07 require healthcare entities that recognize significant amounts of patient service revenue at the time services are rendered, even though they do not assess the patient's ability to pay to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue in the statement of operations rather than as an operating expense Additional disclosures relating to sources of patient service revenue and the allowance for uncollectible accounts are also required This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted The System adopted the provisions of ASU 2011-07 as of and for the year ended December 31, 2011 and retrospectively applied the presentation requirements to all periods presented

In September 2011, the FASB issued ASU No 2011-08, *Testing Goodwill for Impairment* (ASU 2011-08) ASU 2011-08 gives entities the option to first perform a qualitative assessment to determine whether it is more likely than not that the fair value of a reporting unit is less than its carrying amount If entities determine, on the basis of qualitative factors, that the fair value of a reporting unit is more likely than not less than the carrying amount, the two-step impairment test under the Intangibles-Goodwill and Other Topic of the Accounting Standards Codification (ASC) (ASC350) would be required Otherwise, further testing would not be needed This new guidance is effective for fiscal years and interim periods within those fiscal years beginning after December 15, 2011, with early adoption permitted The System adopted ASU 2011-08 as of September 30, 2011 The adoption did not have an impact on the System's consolidated financial position or results of operations

In September 2011, the FASB issued ASU No 2011-09, *Disclosures about an Employer's Participation in a Multiemployer Plan* (ASU 2011-09) The provisions of ASU 2011-09 increase the quantitative and qualitative disclosures an employer is required to provide about its participation in significant multiemployer plans that offer pension or other postretirement benefits This new guidance is effective for fiscal years ending after December 15, 2011 The System adopted the new disclosure requirement in its consolidated financial statements for the year ended December 31, 2011

Net Patient Service Revenue, Patient Accounts Receivable and Allowance for Uncollectible Accounts

The System's patient acceptance policy is based on its mission statement and its charitable purposes Accordingly, the System accepts patients in immediate need of care, regardless of their ability to pay The System serves certain patients whose medical care costs are not paid at established rates These patients include those sponsored under government programs such as Medicare and Medicaid, those sponsored under private contractual agreements, charity patients and other uninsured patients who have limited ability to pay A patient is classified as a charity patient based on the established policies of the System, which require that the patient provide certain information to qualify for charity Patients that qualify for charity are provided services for which no payment is due for all or a portion of the patient's bill from either the patient or other third parties For financial reporting purposes, charity care is excluded from patient service revenue

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

For all other patients, patient service revenue is reported at estimated net realizable amounts for services rendered The System recognizes patient service revenue associated with patients who have third-party payor coverage on the basis of contractual rates for the services rendered For uninsured patients that do not qualify for charity care, revenue is recognized on the basis of discounted rates in accordance with the System's policy

Patient service revenue is reduced by the provision for bad debts and accounts receivable are reduced by an allowance for uncollectible accounts These amounts are based on management's assessment of historical and expected net collections for each major payor source, considering business and economic conditions, trends in healthcare coverage and other collection indicators Management regularly reviews collections data by major payor sources in evaluating the sufficiency of the allowance for uncollectible accounts On the basis of historical experience, a significant portion of the System's self-pay patients will be unable or unwilling to pay for the services provided Thus, the System records a significant provision for bad debts in the period services are provided related to self-pay patients The System's allowance for uncollectible accounts for self-pay patients was 97% of self-pay accounts receivable as of December 31, 2011 and 2010 For receivables associated with patients who have third-party coverage, the System analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if necessary Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies

Patient service revenue is not recognized for those patients that qualify for charity under the System's policies For all other patients, patient service revenue, net of contractual allowances and self-pay discounts and before the provision for bad debts, recognized from major payor sources for the year ended December 31, 2011, is as follows

Third-party payors, net of contractual allowances	$ 6,687,698
Self-pay patients, net of discounts	235,895
	$ 6,923,593

The System changed its uninsured discount policy, effective January 1, 2011, as required by the Patient Protection and Affordable Care Act (Act) The Act has resulted in an increase in self-pay discounts, which are a reduction of patient service revenue, and a corresponding decrease in self-pay write-offs that are included in the provision for bad debts Overall, the total of self-pay discounts and write-offs has not changed significantly for the year ended December 31, 2011 The System has not experienced significant changes in write-off trends and has not changed its charity care policy for the year ended December 31, 2011

The System has determined, based on an assessment at the reporting-entity level, that patient service revenue is primarily recorded prior to assessing the patient's ability to pay and as such, the entire provision for bad debts is recorded as a deduction from patient service revenue in the accompanying consolidated statements of operations and changes in net assets

Revenue from the Medicare and Medicaid programs represents approximately 36% and 35% of the System's patient service revenue for the years ended December 31, 2011 and 2010, respectively Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term Other than the accounts receivable related to the Medicare and Medicaid programs, there are no significant

concentrations of accounts receivable due from an individual payor at December 31, 2011 and 2010

The System is subject to retroactive revenue adjustments due to future audits, reviews and investigations Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations Adjustments to revenue related to prior periods increased patient service revenue by approximately $46,600 and $29,500 for the years ended December 31, 2011 and 2010, respectively

Charity Care

As discussed previously, the System's patient acceptance policy is based on its mission statement and its charitable purposes and as such, the System accepts patients in immediate need of care, regardless of their ability to pay Patients that provide the necessary information to qualify for charity are provided services for which no payment is due for all or a portion of the patient's bill Therefore, charity care is excluded from patient service revenue and the cost of providing such care is recognized within operating expenses

The System estimates the direct and indirect costs of providing charity care by applying a cost to gross charges ratio to the gross uncompensated charges associated with providing charity care to patients The System also receives certain funds to offset or subsidize charity services provided These funds are primarily received from uncompensated care programs sponsored by various states, whereby healthcare providers within the state pay into an uncompensated care fund and the pooled funds are then redistributed based on state specific criteria The cost of providing charity care, amounts paid by the System into uncompensated care funds and amounts received by the System to offset or subsidize charity services are as follows for the years ended December 31, 2011 and 2010, respectively

	Year Ended December 31	
	2011	2010
Cost of providing charity care	$ 294,737	$ 280,636
Funds paid into trusts (included in other expenses)	$ (99,214)	$ (70,499)
Funds received to offset or subsidize charity services (included in net patient service revenue)	77,351	70,871
	$ (21,863)	$ 372

EHR Incentive Payments

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid incentive payments are available to providers that

adopt, implement or upgrade certified EHR technology Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments

The System accounts for HITECH incentive payments as a gain contingency Income from Medicare incentive payments is recognized as revenue after the System has demonstrated that it complied with the meaningful use criteria over the entire applicable compliance period and the cost report period that will be used to determine the final incentive payment has ended The System recognized revenue from Medicaid incentive payments after it adopted certified EHR technology Incentive payments totaling $55,886 for the year ended December 31, 2011 are included in total operating revenue in the accompanying consolidated statements of operations and changes in net assets Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data that is subject to audit Additionally, the System's compliance with the meaningful use criteria is subject to audit by the federal government

Excess of Revenue and Gains over Expenses

The consolidated statements of operations and changes in net assets include excess of revenue and gains over expenses, which is analogous to income from continuing operations of a for-profit enterprise Changes in unrestricted net assets that are excluded from excess of revenue and gains over expenses, consistent with industry practice, include changes in unrealized gains and losses on certain investments, changes in the fair value of derivative financial instruments that qualify as cash flow hedges, pension related changes other than net periodic pension costs and contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets)

Contributed Resources

Resources restricted by donors for specific operating purposes or a specified time period are held as temporarily restricted net assets until expended for the intended purpose or until the specified time restrictions are met, at which time they are reported as other revenue Resources restricted by donors for additions to property and equipment are held as temporarily restricted net assets until the assets are placed in service, at which time they are reported as transfers to unrestricted net assets Gifts, grants and bequests not restricted by donors are reported as other revenue At December 31, 2011 and 2010, temporarily restricted net assets are available for various programs and capital expenditures at the System's hospitals

Cash Equivalents

Cash equivalents include all highly liquid investments, including certificates of deposit and commercial paper with maturities not in excess of three months when purchased Interest income on cash equivalents is included in investment income

Functional Expenses

The System does not present expense information by functional classification because its resources and activities are primarily related to providing healthcare services Further, since the System receives substantially all of its resources from providing healthcare services in a manner similar to a business enterprise, other indicators contained in the accompanying consolidated financial statements are considered important in evaluating how well management has discharged its stewardship responsibilities

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

Investments

Investment securities, excluding alternative investments accounted for under the equity method, are recorded at fair value The cost of securities sold is based on the specific identification method Investment income or loss includes realized gains and losses, interest, dividends and certain unrealized gains and losses The investment income or loss on investments that are restricted by donor or law is recorded as increases or decreases to temporarily restricted net assets The System accounts for investment transactions on a settlement-date basis

Management has designated primarily all fixed income instruments as other than trading securities and, accordingly, changes in unrealized gains and losses are included in unrestricted net assets During 2011 and 2010, the System's primary equity investment portfolio included various domestic stock exchange indices In addition, to limit its risk from the equity markets, the portfolio also included equity options, including puts and calls Management designated these equity instruments in its primary equity investment portfolio as trading securities and, accordingly, changes in unrealized gains and losses are included in the excess of revenue and gains over expenses As of December 31, 2011, the System had divested its primary equity investment portfolio and reallocated these amounts primarily to alternative investments Certain other equity investments, primarily held by the System's foundations, are designated as other than trading securities and the related changes in unrealized gains and losses are included in unrestricted net assets

Alternative Investments – Equity Method

As part of its investment strategy, the System invests in alternative investments (primarily hedge funds) through partnership investment trusts The partnership investment trusts generally contract with managers who have full discretionary authority over the investment decisions The System accounts for its ownership interest in these alternative investments under the equity method Accordingly, the System's share of the hedge funds' income or loss, both realized and unrealized, is recognized as investment income or loss, which is a component of excess of revenue and gains over expenses Alternative investments accounted for using the equity method totaled $713,523 and $361,363 at December 31, 2011 and 2010, respectively, and were classified as investments and assets whose use is limited in the accompanying consolidated balance sheets

Alternative Investments – Fair Value

The System has a wholly-owned subsidiary, AHS–K2 Alternatives Portfolio, Ltd (Fund), that primarily invests in alternative investments (primarily hedge funds) through partnership investment trusts The Fund is managed by an external investment manager (Manager) in accordance with the investment guidelines contained within the limited liability company agreement

The strategies of the underlying funds held by the Fund, as of December 31, 2011, are described below

Alternate strategies The underlying funds invest in products other than traditional investments such as stocks and bonds This strategy is a tool to reduce overall investment risk through diversification

Commodity The underlying funds trade in agricultural, metal and energy markets at various stages in the commodity cycle

Currency The underlying funds invest both long and short in currencies (i e , spot, forward, futures or options) on a global basis

Event Driven The underlying funds focus on identifying and analyzing securities that may benefit from the occurrence of specific corporate events

Global Macro The underlying funds invest in products that may benefit from overall economical and political views of various countries

Long/Short The underlying funds invest both long and short, primarily in common stocks, based on the manager's perception of such securities being undervalued or overvalued in the market Some of the managers may specialize in specific sectors or industries

Multi-strategy The underlying funds invest in multiple strategies to diversify risks and reduce volatility

Relative Value The underlying funds utilize non-directional strategies Relative value investing involves trading around the mispricing of two related securities using various types of securities or instruments

Specialist Credit The underlying funds seek to generate superior risk-adjusted returns from a combination of capital appreciation and current income by opportunistically investing and trading in a diversified portfolio of credit-related securities and other instruments

The Fund follows the Financial Services–Investment Companies Topic of the ASC (ASC 946-10), which requires that the investments in the underlying funds be recorded at fair value The fair value of the underlying hedge funds is determined in good faith by the Manager and generally represents the Fund's proportionate share of the net assets of the underlying funds as reported by the managers Unrealized appreciation and depreciation resulting from valuing the underlying funds is recognized as investment income or loss, which is a component of excess of revenue and gains over expenses

The Fund follows ASC 820-10 for estimating the fair value of the underlying funds that have calculated a net asset value (NAV) per share in accordance with ASC 946-10 Accordingly, the Fund uses NAV as reported by the managers as a practical expedient to determine the fair value of those underlying funds that do not have a readily determinable fair value and either have the attributes of an investment company or prepare their financial statements consistent with the measurement principles of an investment company As of December 31, 2011 and 2010, the fair value of all underlying funds has been determined using the NAV of the underlying funds

The Manager uses its best judgment in estimating the fair value of these investments As there are inherent limitations in any estimation technique, the fair value estimates presented herein are not necessarily indicative of an amount that could be realized in an actual transaction and the differences could be material

Alternative investments accounted for at fair value totaled $213,094 and $106,438 as of December 31, 2011 and 2010, respectively, and were classified as investments and assets whose use is limited in the accompanying consolidated balance sheets

At December 31, 2011, certain funds cannot be redeemed currently because the funds include initial restrictions that do not allow for redemption in the first 12 months after investment These restrictions are referred to as lock-ups At

December 31, 2011, underlying funds with lock-up provisions expiring by October 31, 2012 totaled $10,133 Certain other underlying funds may charge a withdrawal fee ranging from 1-6% if the Fund liquidates its investment prior to the expiration of the lock-up periods At December 31, 2011, these underlying funds totaling $67,314 have lock-up provisions that expire through November 30, 2012 The remaining funds totaling $135,647 have no such redemption restrictions

Upon the expiration of lock-up provisions, the Fund has the ability to liquidate its investments periodically in accordance with the provisions of the respective agreements with the underlying funds The underlying funds have either monthly, quarterly or annual redemption terms Certain funds with quarterly redemption terms allow redemptions of up to 25% of the investment each quarter and as such, a period of twelve months would be required to fully redeem these investments Certain agreements may also allow the underlying fund to temporarily suspend redemptions or place other temporary restrictions, such as gate provisions or side pockets Investments with quarterly redemption terms or other temporary suspensions totaled $24,619 as of December 31, 2011 There were no such investments at December 31, 2010

Assets Whose Use is Limited

Certain of the System's investments are limited as to use through board resolution, by provisions of contractual arrangements, under the terms of bond indentures or under the terms of other trust agreements These investments are classified as assets whose use is limited in the accompanying consolidated balance sheets Interest and dividend income and realized gains and losses on assets whose use is limited are reported as investment income within nonoperating gains (losses)

Securities Lending Program

The System participates in securities lending transactions with the custodian of its investments, whereby a portion of its investments is loaned to certain brokerage firms in return for cash and securities from the brokers as collateral for the investments loaned, usually on a short-term basis Collateral provided by brokers is maintained at levels approximating 102% of the fair value of the securities on loan and is adjusted for daily market fluctuations The fair value of collateral held for loaned securities is reported as collateral held under securities lending program, with a corresponding obligation reported for repayment of such collateral upon settlement of the lending transaction

Derivative Financial Instruments

The System accounts for its derivative financial instruments as required by ASC 815 and the Health Care Entities Derivative and Hedging Subtopic of the ASC (ASC 954-815) ASC 954-815 requires that not-for-profit healthcare organizations apply the provisions of ASC 815 (including the provisions pertaining to cash flow hedge accounting) in the same manner as for-profit enterprises

ASC 815 requires companies to recognize all derivative instruments as either assets or liabilities in the balance sheet at fair value The accounting for changes in the fair value (i e , gains or losses) of a derivative instrument depends on whether it has been designated and qualifies as part of a hedging relationship and further, on the type of hedging relationship For those derivative instruments that are designated and qualify as hedging instruments, a company must designate the hedging instrument, based upon the exposure being hedged, as a fair value hedge, cash flow hedge or a hedge of the foreign currency exposure of a net investment in a foreign operation

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

The System is exposed to certain risks relating to its ongoing operations The primary risk managed by using derivative instruments is interest rate risk Interest rate swaps are entered into to manage interest rate risk associated with the System's fixed and variable-rate borrowings In accordance with ASC 815, the System designates certain interest rate swaps as cash flow hedges of variable-rate borrowings The System has no derivative instruments that are designated as fair value hedges or as hedges of the foreign currency exposure of a net investment in a foreign operation

Sale of Patient Accounts Receivable

The System and certain of its member affiliates maintain a program (Program) for the continuous sale of certain patient accounts receivable to the Highlands County Health Facilities Authority (Highlands) on a nonrecourse basis Highlands has partially financed the purchase of the patient accounts receivable through the issuance of tax-exempt bonds (Bonds), of which Highlands had $304,230 outstanding as of December 31, 2011 and 2010 These Bonds are supported by a bank letter of credit arrangement that expires in December 2013 As of December 31, 2011 and 2010, the estimated net realizable value, as defined in the underlying agreements, of patient accounts receivable sold by the System and removed from the accompanying consolidated balance sheets was $569,129 and $526,305, respectively The patient accounts receivable sold consist primarily of amounts due from government programs and commercial insurers The proceeds received from Highlands consist of cash from the Bonds, a note on a subordinated basis with the Bonds and a note on a parity basis with the Bonds The note on a subordinated basis with the Bonds is in an amount to provide the required over-collateralization of the Bonds and was $85,808 at December 31, 2011 and 2010 The note on a parity basis with the Bonds is the excess of eligible accounts receivable sold over the sum of cash received and the subordinated note and was $179,091 and $136,267 at December 31, 2011 and 2010, respectively These notes are included in other receivables (current) in the accompanying consolidated balance sheets Due to the nature of the patient accounts receivable sold, collectability of the subordinated and parity notes is not significantly impacted by credit risk

Inventories

Inventories (primarily pharmaceuticals and medical supplies) are stated at the lower of cost or market using the first-in, first-out method of valuation

Property and Equipment

Property and equipment are reported on the basis of cost, except for donated items, which are recorded at fair value at the date of the donation Expenditures that materially increase values, change capacities or extend useful lives are capitalized Depreciation is computed primarily utilizing the straight-line method over the expected useful lives of the assets Amortization of capitalized leased assets is included in depreciation expense and allowances for depreciation

Goodwill

Goodwill represents the excess of the purchase price and related costs over the value assigned to the net tangible and identifiable intangible assets of the businesses acquired These amounts are included in other assets (noncurrent) in the accompanying consolidated balance sheets and are evaluated annually for impairment or when there is an indicator of impairment

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

Upon adoption of ASU 2011-08 in 2011, in performing the annual assessment, the System chose to complete a qualitative assessment to determine whether it is more likely than not that the fair value of its reporting units is less than their carrying amount Management has determined that it is not more likely than not that the fair value of the System's reporting units is less than their carrying amount Therefore, the two-step impairment test under ASC 350 was not required

Deferred Financing Costs

Direct financing costs are included in other assets (noncurrent) and deferred and amortized over the remaining lives of the financings using the effective interest method

Interest in the Net Assets of Unconsolidated Foundations

Interest in the net assets of unconsolidated foundations represents contributions received on behalf of the System or its member affiliates by independent fund-raising foundations As the System cannot influence the foundations to the extent that it can determine the timing and amount of distributions, the System's interest in the net assets of the foundations are included in other assets (noncurrent) and changes in that interest are included in temporarily restricted net assets

Impairment of Long-Lived Assets

Long-lived assets are reviewed for impairment whenever events or business conditions indicate the carrying amount of such assets may not be fully recoverable Initial assessments of recoverability are based on estimates of undiscounted future net cash flows associated with an asset or group of assets Where impairment is indicated, the carrying amount of these long-lived assets is reduced to fair value based on discounted net cash flows or other estimates of fair value

Bond Discounts and Premiums

Bonds payable, including related original issue discounts and/or premiums, are included in long-term debt Discounts and premiums are being amortized over the life of the bonds using the effective interest method

Income Taxes

Healthcare Corporation and its affiliated organizations, other than North American Health Services, Inc and its subsidiaries (NAHS), are exempt from state and federal income taxes Accordingly, Healthcare Corporation and its tax-exempt affiliates are not subject to federal, state, or local income taxes except for any net unrelated business taxable income For the years ended December 31, 2011 and 2010, unrelated business income activities conducted by Healthcare Corporation and its tax-exempt affiliates did not generate a material amount of combined federal, state and local income tax

NAHS is a wholly owned, for-profit subsidiary of Healthcare Corporation NAHS and its subsidiaries are subject to federal and state income taxes NAHS files a consolidated federal income tax return and, where appropriate, consolidated state income tax returns For the years ended December 31, 2011 and 2010, NAHS generated taxable income of approximately $1,000 and $1,500, respectively This taxable income was fully offset by net operating loss carryforwards for federal income tax purposes Although one state in which NAHS conducts business suspended the utilization of net operating loss carryforwards for the year ended December 31, 2011, no material state income tax liability resulted Accordingly, there is no provision for current federal or state income tax for the years ended December 31, 2011 and 2010

NAHS also has temporary deductible differences of approximately $67,500 and $68,400 at December 31, 2011 and 2010, respectively, primarily as a result of net operating loss carryforwards At December 31, 2011, NAHS had net operating loss carryforwards of approximately $66,800, of which $21,000 will expire in 2023, with the remaining $45,800 expiring beginning in 2013 through 2026 Some of these net operating losses are subject to the separate return limitation year rules Deferred taxes have been provided for these amounts, resulting in a net deferred tax asset of approximately $25,600 and $26,000 at December 31, 2011 and 2010, respectively A full valuation allowance has been provided at December 31, 2011 and 2010, respectively, to offset the deferred tax asset since Healthcare Corporation has determined that it is more likely than not that the benefit of the net operating loss carryforwards will not be realized in future years 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

Reclassifications

Certain reclassifications were made to the 2010 consolidated financial statements to conform to the classifications used in 2011 These reclassifications had no impact on the consolidated excess of revenue and gains over expenses and changes in net assets previously reported

2. Acquisition

The System entered into a Merger and Affiliation Agreement (Agreement) with University Community Hospital, Inc (UCH) under which, the System became the sole member of UCH effective September 1, 2010 (acquisition date) No consideration was transferred in exchange for this acquisition UCH is comprised of three hospitals and one long-term acute care facility in the Tampa, Florida market This acquisition allowed the System the ability to provide expanded healthcare services in the Tampa, Florida market

In accordance with the Business Combinations Topic of the ASC (ASC 805), provisional amounts had been recorded where the accounting for certain liabilities had not been finalized As a result of the receipt of additional information necessary to finalize the accounting, the acquisition date fair value of other noncurrent liabilities was increased by $14,588 In accordance with ASC 805, such adjustments are recognized as if the accounting for the acquisition had been completed as of the acquisition date As such, the fair value of noncurrent liabilities was increased by $14,588, offset by a decrease to the excess of fair value of assets acquired over liabilities assumed in acquisition as of September 1, 2010

The amounts recognized as of the acquisition date for each major class of assets acquired and liabilities assumed are as follows

Assets	
Cash	$ 51,389
Investments	52,242
Patient accounts receivable	56,087
Prepaid expenses and other current assets	28,900
Assets whose use is limited	86,016
Property and equipment	511,724
Other assets	51,363
	837,721
Liabilities	
Accounts payable and accrued liabilities	$ 77,570
Estimated settlements to third parties	9,720
Other current liabilities	12,325
Long-term debt and capital lease obligations	252,527
Other noncurrent liabilities	125,606
	477,748
Excess of fair value of assets acquired over liabilities assumed in acquisition	$ 359,973

UCH's results of operations and changes in net assets were included in the System's consolidated financial statements beginning September 1, 2010, and were as follows for the periods presented

	Year Ended December 31, 2011	Four Months Ended December 31, 2010
Total operating revenue	$ 501,184	$ 160,240
(Deficiency) excess of revenue and gains over expenses before loss from early extinguishment of debt	(8,163)	10,554
Loss from early extinguishment of debt	–	(11,871)
(Decrease) increase in unrestricted net assets	(36,190)	24,349
Decrease in temporarily restricted net assets	(4,206)	(1,170)

Subsequent to the acquisition, the System extinguished the outstanding bonds of UCH, which resulted in a loss from early extinguishment of debt of $11,871 for the year ended December 31, 2010

The following pro forma combined results of operations for the year ended December 31, 2010 give effect to the acquisition as if it had occurred on January 1, 2010 The pro forma combined results of operations do not necessarily represent the System's consolidated results of operations had the acquisition occurred on the date assumed, nor are these results necessarily indicative of the System's future consolidated results of operations The System expects to realize certain benefits from integrating UCH into the System and to incur certain one-time costs The pro forma combined results of operations do not reflect these benefits or costs These combined results reflect the impact of amortizing certain acquisition accounting adjustments such as fair value adjustments to property and equipment as of January 1, 2010

Pro forma total operating revenue	$6,563,383
Pro forma excess of revenue and gains over expenses	430,595
Pro forma changes in unrestricted net assets	405,008
Pro forma changes in temporarily restricted net assets	4,956

3. Discontinued Operations

Effective July 1, 2010, the System entered into a Merger and Affiliation Agreement whereby the System became the sole member of Bert Fish Medical Center, Inc (BFMC) and assumed a lease of a hospital facility with the Southeast Volusia Hospital District (District) Subsequent to the acquisition of BFMC by the System, the Bert Fish Foundation, Inc filed a lawsuit against the District, BFMC and the System (Parties) The lawsuit alleged that the acquisition was not completed in accordance with applicable Florida statutes and sought to unwind the transaction In late February 2011, Florida's Seventh Judicial Circuit Court (Court) ordered the Parties to submit a plan to return the control of BFMC from the System to the District On June 24, 2011, the Court approved a transition agreement in which control of BFMC was transferred to the District on June 30, 2011 No consideration was received by the System in exchange for this transfer

In accordance with the Consolidation Topic of the ASC (ASC 810), when a parent corporation ceases to have a controlling interest in a subsidiary, the deconsolidation of that subsidiary is required BFMC was deconsolidated from the System's balance sheet as of June 30, 2011, resulting in a loss of $27,218, representing the net carrying amount of BFMC's assets and liabilities BFMC's assets and liabilities are included in the accompanying consolidated balance sheet as of December 31, 2010 The operating results of BFMC for the years ended December 31, 2011 and 2010 were reclassified to discontinued operations in the accompanying consolidated statements of operations and changes in net assets The excess of expenses over revenue and gains from BFMC's operations for the six months ended June 30, 2011 was $1,004, resulting in a total loss from discontinued operations of $28,222 For the year ended December 31, 2010, $26,456 was reclassified to discontinued operations This includes BFMC's excess of revenue and gains over expenses for the six months ended December 31, 2010 of $261 and the excess of fair value of assets acquired over liabilities assumed in acquisition of $26,195

BFMC's total operating revenue, included in discontinued operations in the accompanying consolidated statements of operations and changes in net assets for the years ended December 31, 2011 and 2010, was $48,464 and $46,070, respectively

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

4. Investments and Assets Whose Use is Limited

Investments

Investments are comprised of the following

	December 31	
	2011	2010
Other than trading portfolio		
Fixed income instruments		
U S government agencies and sponsored entities	$1,363,279	$1,385,992
U S corporate bonds	119,867	61,761
Residential mortgage-backed	104,266	119,033
Commercial mortgage-backed	33,008	39,095
Collateralized debt obligations	35,078	71,893
Student loan asset-backed	49,765	53,810
Accrued interest	6,474	9,665
	1,711,737	1,741,249
Equity instruments		
Domestic	3,599	3,377
Foreign	1,062	1,524
	4,661	4,901
Trading portfolio		
Equity instruments – domestic		
Index securities	–	363,090
Options	–	19,945
	–	383,035
Alternative investments – fair value		
Alternate strategies	14,627	6,835
Commodity	15,266	8,552
Currency	11,102	5,302
Event driven	19,747	3,165
Global macro	15,114	–
Long/short	45,199	25,420
Multi-strategy	4,070	–
Relative value	4,720	3,000
Specialist credit	22,783	19,386
	152,628	71,660
Alternative investments – equity method	669,381	348,460
	$ 2,538,407	$ 2,549,305

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

Assets Whose Use is Limited

Assets whose use is limited is comprised of the following

	December 31 2011	2010
Other than trading portfolio		
Fixed income instruments		
U S government agencies and sponsored entities	$ 349,059	$ 280,692
U S corporate bonds	13,757	12,899
Residential mortgage-backed	5,517	–
Commercial mortgage-backed	1,746	–
Collateralized debt obligations	1,856	–
Student loan asset-backed	2,980	–
Accrued interest	1,713	2,261
	376,628	295,852
Equity instruments		
Domestic	11,536	7,092
Foreign	3,679	847
	15,215	7,939
Trading portfolio		
Fixed income instruments		
U S government agencies and sponsored entities	–	5,417
U S corporate bonds	–	28,829
	–	34,246
Equity instruments – domestic		
Equities	–	5,475
Index securities	–	11,158
Options	–	613
	–	17,246
Alternative investments – fair value		
Alternate strategies	5,795	3,317
Commodity	6,048	4,151
Currency	4,398	2,573
Event driven	7,823	1,536
Global macro	5,988	–
Long/short	17,906	12,337
Multi-strategy	1,612	–
Relative value	1,870	1,456
Specialist credit	9,026	9,408
	60,466	34,778
Alternative investments – equity method	44,142	12,903
Cash and cash equivalents	103,124	292,711
	$ 599,575	$ 695,675

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

Assets whose use is limited include investments held by bond trustees, investments held under other trust agreements and investments designated by boards for employee retirement plans and capital expenditures Amounts to be used for the payment of current liabilities are classified as current assets

Indenture requirements of tax-exempt financings by the System provide for the establishment and maintenance of various accounts with trustees These arrangements require the trustee to control the expenditure of debt proceeds, as well as the payment of interest and the repayment of debt to bondholders Medical malpractice trust funds are maintained to provide funds to settle medical malpractice claims

A summary of the major limitations as to the use of these assets consists of the following

	December 31	
	2011	2010
Investments held by bond trustees		
Construction funds and other	$ –	$ 75,000
Required bond funds	23,506	59,080
	23,506	134,080
Malpractice trust funds	363,275	292,455
Employee benefits funds	141,715	132,272
Board designated funds for capital expenditures	53,750	78,110
Other	17,329	58,758
	599,575	695,675
Less amounts to pay current liabilities	(167,392)	(171,790)
	$ 432,183	$ 523,885

Investment Income and Unrealized Gains and Losses

Investment income from cash and cash equivalents, investments and assets whose use is limited amounted to $67,376 and $117,484 for the years ended December 31, 2011 and 2010, respectively, and consisted of the following

	Year Ended December 31	
	2011	2010
Interest and dividend income	$ 38,710	$ 34,151
Net realized and unrealized gains/losses	45,811	52,627
The System's share of alternative investments' (loss) income	(17,145)	30,706
	$ 67,376	$ 117,484

Changes in unrealized gains and losses that are included as a reduction of unrestricted net assets in the accompanying consolidated statements of operations and changes in net assets totaled $6,558 and $25,896 for 2011 and 2010, respectively

At December 31, 2011 and 2010, the total fair value of investments and assets whose use is limited, excluding alternative investments and the trading portfolio, amounted to $2,211,365 and $2,342,652, respectively The net unrealized loss associated with these holdings approximated $1,500 at December 31, 2011, which is comprised of gross unrealized gains of approximately $20,600 and gross

unrealized losses of approximately $22,100 The net unrealized gain associated with these holdings approximated $6,100 at December 31, 2010, which is comprised of gross unrealized gains of approximately $25,400 and gross unrealized losses of approximately $19,300

GAAP requires that the System recognize, in excess of revenue and gains over expenses, all declines in fair value below the cost basis of investment securities that are considered other-than-temporary Management has evaluated the investments with unrealized losses and has concluded that none of the above losses should be considered other-than-temporary as of December 31, 2011 and 2010

5. Unrestricted Cash and Investments

The System's unrestricted cash and cash equivalents, investments and board designated funds for capital expenditures consist of the following

	December 31	
	2011	2010
Cash and cash equivalents	$1,194,945	$1,025,207
Investments	2,538,407	2,549,305
Board designated funds for capital expenditures	53,750	78,110
	$3,787,102	$3,652,622
Days cash and investments on hand	224	224

Days cash and investments on hand is calculated as unrestricted cash and cash equivalents, investments and certain board designated funds divided by daily operating expenses (excluding depreciation and amortization) The annualized operating expenses of UCH and BFMC were included in the 2010 calculation

6. Property and Equipment

Property and equipment consists of the following

	December 31	
	2011	2010
Land and improvements	$ 597,730	$ 549,328
Buildings and improvements	3,801,026	3,604,287
Equipment	3,210,524	2,985,561
	7,609,280	7,139,176
Less allowances for depreciation	(3,382,069)	(3,058,357)
	4,227,211	4,080,819
Construction in progress	229,918	213,651
	$ 4,457,129	$ 4,294,470

Certain hospitals have entered into construction contracts for which costs have been incurred and included in construction in progress These and other committed projects will be financed through operations, proceeds from borrowings and board designated funds (see note 4) The estimated costs to complete these projects approximated $162,800 at December 31, 2011 During periods of construction,

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

interest costs are capitalized to the respective property accounts Interest capitalized approximated $7,900 and $4,700 for the years ended December 31, 2011 and 2010, respectively

7. Other Assets

Other assets consists of the following

	December 31	
	2011	2010
Goodwill	$ 140,229	$ 135,606
Deferred financing costs	24,482	27,315
Notes and loans receivable	67,056	51,452
Interests in net assets of unconsolidated foundations	59,741	65,162
Investments in unconsolidated entities	78,884	57,578
Other noncurrent assets	60,999	72,574
	$ 431,391	$ 409,687

8. Long-Term Debt

Long-term debt consists of the following:

	December 31	
	2011	2010
Fixed-rate hospital revenue bonds, interest rates from 2 00% to 6 00%, payable through 2039	$ 2,217,660	$ 2,228,740
Variable-rate hospital revenue bonds, payable through 2037	926,646	977,840
Capitalized leases payable	44,468	58,280
Other indebtedness	18,325	13,556
Unamortized original issue premium, net	18,266	20,981
	3,225,365	3,299,397
Less current maturities	(73,915)	(67,409)
	$ 3,151,450	$ 3,231,988

Master Trust Indenture

Long-term debt has been issued primarily on a tax-exempt basis Substantially all bonds are secured under a master trust indenture, which provides for, among other things, the deposit of revenue with the master trustee in the event of certain defaults, pledges of accounts receivable, pledges not to encumber property and limitations on additional borrowings

Variable-Rate Bonds

Certain variable-rate bonds may be put to the System at the option of the bondholder The variable-rate bond indentures generally provide the System the option to remarket the obligations at the then prevailing market rates for periods ranging from one day to the maturity dates

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

The obligations have been primarily marketed for seven-day periods during 2011, with annual interest rates ranging from 0 03% to 3 25% The System has various sources of liquidity in the event any variable-rate bonds are put and not remarketed, including bank letter of credit agreements The bank letter of credit agreements provide, among other things, that in the event a market for these obligations is not sustained, the bank would purchase the obligations at rates that vary with prime or, in certain cases, the London Interbank Offer Rate (LIBOR) The System's obligation to the bank would be payable in accordance with the variable-rate bonds' original maturities over the remaining term of the letter of credit agreements, with the remaining amount due upon expiration of the letter of credit agreements

The System had a revolving credit agreement (Revolving Note) with a syndicate of banks (Syndicate) in the aggregate amount of $1,885,200 for letters of credit, liquidity facilities and general corporate needs, including working capital, capital expenditures and acquisitions that had an expiration date in December 2011 In December 2010, the System amended the Revolving Note (New Revolving Note) with a revised group of banks (New Syndicate) The New Revolving Note totals $1,750,000 and has an expiration date of December 2015 The New Revolving Note became effective in March 2011, upon the replacement of the existing letters of credit with letters of credit issued by the New Syndicate (LOC substitutions) The LOC substitutions required a purchase and reissuance of the related bonds, which was accounted for as an extinguishment and reissuance for accounting purposes The LOC substitutions resulted in a loss of $3,962, which is included in the loss from early extinguishment of debt in the accompanying consolidated statements of operations and changes in net assets for the year ended December 31, 2011 At December 31, 2011 and 2010, the System had $637,490 and $736,377, respectively, of the applicable revolving credit agreement committed to letter of credit agreements that secure variable-rate bonds

Variable-rate bonds that are not supported by bank letter of credit agreements or are supported by agreements that expire within a year are included in short-term financings in the accompanying consolidated balance sheets

2011 Debt Transactions

During 2011, the System extinguished certain debt obligations with par amounts totaling $154,570 These obligations were retired using existing funds In connection with these transactions, the System recorded a loss from early extinguishment of debt in the accompanying consolidated statements of operations and changes in net assets of approximately $16,748 Approximately $12,027 of the loss resulted from the reclassification of accumulated losses related to terminated cash flow hedges (see note 9) During November 2011, the System issued bonds with par amounts totaling $80,000 that have a fixed interest rate of 2 4% through a mandatory tender date of November 2021 The interest rate on these bonds may be reset at the respective mandatory tender dates to either a fixed-rate or variable-rate mode With the proceeds, the System financed or refinanced certain costs of the acquisition, construction, renovation and equipping of certain facilities

2010 Debt Transactions

During September 2010, the System drew $225,000 on its Revolving Note and used the proceeds to extinguish the outstanding bonds of UCH During December 2010, the System issued bonds with par amounts totaling $357,000 with final maturity dates in 2036 Bonds with par amounts totaling $282,000 have fixed interest rates ranging from 2 39% to 2 96% through a mandatory tender date of

January 2018 Bonds with par amounts of $75,000 have a fixed interest rate of 3 57% through a mandatory tender date of January 2021 The interest rate on these bonds may be reset at the respective mandatory tender dates to either a fixed-rate or variable-rate mode Proceeds from these bonds were used to repay the draw on the Revolving Note, extinguish certain other debt and provide funding for certain pension plans and working capital needs of acquired facilities In connection with these debt extinguishments, the System recorded a loss from early extinguishment of debt in the accompanying consolidated statements of operations and changes in net assets of approximately $15,472

Debt Maturities

Maturities of long-term debt consist of the following

2012	$ 73,915
2013	74,559
2014	76,551
2015	94,096
2016	83,547
Thereafter	2,804,431

9. Derivative Financial Instruments

Derivatives Designated as Hedging Instruments

For derivative instruments that are designated and qualify as a cash flow hedge (i e , hedging the exposure to variability in expected future cash flows associated with certain of the System's variable-rate borrowings), the effective portion of the gain or loss on the derivative instrument is reported as a component of unrestricted net assets and reclassified into earnings in the same line item (interest expense) associated with the forecasted transaction and in the same period or periods during which the hedged transaction affects excess of revenue and gains over expenses

The ineffective portion, which represents the remaining gain or loss on the derivative instrument in excess of the cumulative change in the present value of future cash flows of the hedged item, if any, or hedge components excluded from the assessment of effectiveness, is recognized in excess of revenue and gains over expenses in the accompanying consolidated statements of operations and changes in net assets during the current period

The System utilizes interest rate swaps, including forward-starting interest rate swaps, which effectively modify the System's exposure to interest rate risk by converting a portion of its variable-rate borrowings to a fixed-rate basis, thus reducing the impact of interest-rate changes on future interest expense These agreements involve the receipt of variable-rate amounts in exchange for fixed-rate interest payments over the life of the agreements without an exchange of the underlying principal amounts The agreements expire in periods beginning in 2012 through 2017 Approximately $964,000 and $1,106,000 of the System's outstanding variable-rate debt classified as both short-term financings and long-term debt had its interest payments designated as the hedged forecasted transactions to interest rate swap agreements at December 31, 2011 and 2010, respectively At December 31, 2011 and 2010, the notional values of the System's forward-starting interest rate swaps totaled $300,000

The changes in the accumulated net derivative loss included in unrestricted net assets associated with the System's cash flow hedges is as follows

	Year Ended December 31	
	2011	2010
Accumulated net derivative loss included in unrestricted net assets at beginning of year	$ (123,118)	$ (102,818)
Net change associated with current period hedging transactions	(34,557)	(27,846)
Net reclassifications into excess of revenue and gains over expenses	22,690	7,546
Accumulated net derivative loss included in unrestricted net assets at end of year	$ (134,985)	$ (123,118)

The accumulated net derivative loss included in unrestricted net assets will be reclassified into earnings in the same periods during which the hedged transaction affects excess of revenue and gains over expenses or in the event it is determined that the original forecasted transactions are not probable of occurring by the end of the originally specified period or within the additional period of time allowed in ASC 815 In connection with the early extinguishment of certain variable-rate bonds in 2011 (see note 8), accumulated losses of $12,027 related to previously terminated cash flow hedges were reclassified into the excess of revenue and gains over expenses The System expects that the amount of net losses existing in unrestricted net assets to be reclassified into excess of revenue and gains over expenses within the next 12 months will be approximately $7,200

Derivatives Not Designated as Hedging Instruments

The System has entered into certain interest rate swap agreements that do not qualify as hedging instruments These interest rate swaps are primarily utilized to reduce the cost associated with the System's fixed-rate borrowings The gain or loss on these derivative instruments is reported as a component of nonoperating gains (losses) in the period it occurs As of December 31, 2011 and 2010, the total notional amount of the System's interest rate swaps not qualifying for hedge accounting was approximately $233,000 and $325,000, respectively

Credit-Risk-Related Contingent Features of Derivative Instruments

Substantially all of the System's derivative instruments contain provisions that require the System to maintain an investment-grade credit rating If the System's credit rating were to fall below investment grade, it would be in violation of such provisions, and the counterparties to the derivative instruments could request immediate payment on derivative instruments in net liability positions The aggregate fair value of all derivative instruments with credit-risk-related contingent features that are in a liability position on December 31, 2011 and 2010, is $125,265 and $113,628, respectively If the credit-risk-related contingent features underlying these agreements had been triggered on December 31, 2011, the System could have been required to settle the agreements with the counterparties, requiring cash or other liquid assets of $56,784, in addition to the collateral posted of $68,481 Collateral is included in investments in the accompanying consolidated balance sheets

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For the years ended December 31, 2011 and 2010 (dollars in thousands)

Financial Statement Presentation

The System's derivative financial instruments are reported in the accompanying consolidated balance sheets as follows

		Liability Derivatives	
		Fair Value	
	Balance Sheet Location	December 31 2011	2010
Derivatives designated as hedging instruments:			
Interest rate swap agreements	Other noncurrent liabilities	$ 121,214	$ 103,633
Derivatives not designated as hedging instruments:			
Interest rate swap agreements	Other noncurrent liabilities	4,051	9,995
		$ 125,265	$ 113,628

The effects of the System's derivative financial instruments on the accompanying consolidated statements of operations and changes in net assets are as follows

	Year Ended December 31 2011	2010
Interest rate swap agreements in cash flow hedging relationships:		
Loss recognized in unrestricted net assets (effective portion)	$ (34,557)	$ (27,846)
Loss reclassified from unrestricted net assets into interest expense (effective portion)	(10,663)	(7,546)
Loss reclassified from unrestricted net assets into loss from early extinguishment of debt	(12,027)	–
Gain (loss) recognized in nonoperating gains (ineffective portion)	2,031	(1,437)
Interest rate swap agreements not designated as hedging instruments:		
Gain recognized in nonoperating gains	$ 2,835	$ 6,337
Gain recognized in other operating expenses	3,555	482

Investment Derivatives

Through August 2011, the System utilized derivative instruments within its primary equity investment portfolio, which is comprised of long positions in various domestic stock exchange indices In order to limit the System's market risk from the equity markets, the portfolio includes derivative instruments such as puts and calls Management has designated the instruments within its primary equity investment portfolio as trading securities and, accordingly, both realized and unrealized gains and losses are included in investment income in the period they occur The net gains or losses on these trading activities, including both the long positions and the derivative instruments, are included in investment income For the

years ended December 31, 2011 and 2010, the System recorded net (losses) gains of approximately $(351) and $7,500, respectively, on its primary equity investment portfolio

10. Retirement Plans

Defined Contribution Plans

The System participates with other Seventh-day Adventist healthcare entities in a defined contribution retirement plan (Plan) that covers substantially all full-time employees who are at least 18 years of age The Plan is exempt from the Employee Retirement Income Security Act of 1974 The Plan provides, among other things, that the employer contribute 2 6% of wages, plus additional amounts for very highly paid employees Additionally, the Plan provides that the employer match 50% of the employee's contributions up to 4% of the contributing employee's wages, resulting in a maximum available match of 2% of the contributing employee's wages each year UCH sponsored retirement savings plans through December 31, 2010 Subsequent to December 31, 2010, this plan ceased accepting contributions Effective January 1, 2011, UCH employees were eligible to participate in the Plan

Contributions for all of the above plans are included in employee compensation in the accompanying consolidated statements of operations and changes in net assets in the amount of $88,510 and $74,655 for the years ended December 31, 2011 and 2010, respectively

Defined Benefit Plan – Multiemployer Plan

Prior to January 1, 1992, substantially all of the System's entities participated in a multiemployer, noncontributory defined benefit retirement plan, the Seventh-day Adventist Hospital Retirement Plan Trust (Old Plan) administered by the General Conference of Seventh-day Adventists that is exempt from the Employee Retirement Income Security Act of 1974 The risks of participating in multiemployer plans is different from single-employer plans in the following aspects

Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers

If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers

If an entity chooses to stop participating in the multiemployer plan, it may be required to pay the plan an amount based on the underfunded status of the plan, referred to as withdrawal liability

During 1992, the Old Plan was suspended and the Plan was established The System, along with the other participants in the Old Plan, may be required to make future contributions to the Old Plan to fund any difference between the present value of the Old Plan benefits and the fair value of the Old Plan assets Future funding amounts and the funding time periods have not been determined by the Old Plan administrators, however, management believes the impact of any such future decisions will not have a material adverse effect on the System's consolidated financial statements

The plan assets and benefit obligation data for the Old Plan as of December 31, 2009 is as follows

Total plan assets	$ 792,099
Actuarial present value of accumulated plan benefits	858,199
Funded status	92 3%

The most current plan assets data is as of December 31, 2010 and totaled $830,043 The System did not make contributions to the Old Plan for the years ended December 31, 2011 or 2010

Defined Benefit Plan – Frozen Pension Plan

As of the date of their acquisition by the System, both UCH and BFMC sponsored a noncontributory defined benefit pension plan (UCH Pension Plan and BFMC Pension Plan or collectively, Pension Plans) The System froze the Pension Plans in December 2010, such that no new benefits will be accrued in the future As a result of freezing future benefits, the System recognized a curtailment gain of approximately $4,882 during the year ended December 31, 2010, of which $3,824 is included in employee compensation and $1,058 is included in discontinued operations in the accompanying consolidated statements of operations and changes in net assets The projected and accumulated benefit obligation and the fair value of plan assets of the BFMC Pension Plan were removed from the 2011 end of year obligation as a result of the discontinued operations of BFMC ASC Topic 715, Compensation – Retirement Benefits, requires employers that sponsor defined benefit plans to recognize the funded status of their postretirement benefit plans in the statement of financial position, measure the fair value of plan assets and benefit obligations as of the date of the year-end statement of financial position, and provide additional disclosures

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

The following table sets forth the remaining combined projected and accumulated benefit obligations and the assets of the Pension Plans at December 31, 2011 and 2010, the components of net periodic benefit costs for the year then ended, and a reconciliation of the amounts recognized in the accompanying consolidated financial statements

	Year Ended December 31	
	2011	2010
Accumulated benefit obligation, end of year	$ 171,238	$ 196,206
Change in projected benefit obligation		
Projected benefit obligation, beginning of year	$ 196,206	$ –
Projected benefit obligation of discontinued operations	(37,954)	–
Projected benefit obligation assumed in acquisitions	–	212,835
Service cost	–	552
Interest cost	8,537	3,836
Curtailment gain	–	(4,882)
Benefits paid	(4,637)	(2,363)
Actuarial loss (gain)	9,086	(13,772)
Projected benefit obligation, end of year	171,238	196,206
Change in plan assets		
Fair value of plan assets, beginning of year	126,269	–
Fair value of plan assets of discontinued operations	(17,414)	–
Fair value of plan assets at acquisition	–	114,083
Actual return on plan assets	674	12,990
Employer contributions	44,797	1,559
Benefits paid	(4,637)	(2,363)
Fair value of plan assets, end of year	149,689	126,269
Deficiency of fair value of plan assets over projected benefit obligation, included in other noncurrent liabilities	$ (21,549)	$ (69,937)

No plan assets are expected to be returned to the System during the fiscal year ending December 31, 2012

Included in unrestricted net assets at December 31, 2011 and 2010, are unrecognized actuarial gains of approximately $5,999 and $23,500, respectively, that have not yet been recognized in net periodic pension expense None of the actuarial gain included in unrestricted net assets is expected to be recognized in net periodic pension cost during the year ending December 31, 2012

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

Changes in plan assets and benefit obligations recognized in unrestricted net assets include

	Year Ended December 31	
	2011	2010
Net actuarial loss (gain)	$ 15,405	$ (23,500)
Amortization of net actuarial loss	186	–
Total recognized in unrestricted net assets	$ 15,591	$ (23,500)

The components of net periodic pension were as follows

	Year Ended December 31	
	2011	2010
Service cost	$ –	$ 552
Interest cost	8,537	3,836
Expected return on plan assets	(7,302)	(3,262)
Recognized net actuarial gain	(186)	–
Curtailment gain	–	(4,882)
Net periodic pension cost (benefit)	$ 1,049	$ (3,756)

The assumptions used to determine the benefit obligation and net periodic benefit cost for the Pension Plans is set forth below

	Year Ended December 31	
	2011	2010
Used to determine projected benefit obligation		
Weighted-average discount rate	5 13%	5 46%
Used to determine benefit cost		
Weighted-average discount rate	5 47%	5 03%
Weighted-average expected long-term rate of return on plan assets	5 50%	8 43%
Weighted-average rate of compensation increase	N/A	3 12%

The Pension Plans' assets are invested in a portfolio designed to protect principal and obtain competitive investment returns and long-term investment growth, consistent with actuarial assumptions, with a reasonable and prudent level of risk Diversification is achieved by allocating funds to various asset classes and investment styles and by retaining multiple investment managers with complementary styles, philosophies and approaches

The Pension Plans' assets are managed solely in the interest of the participants and their beneficiaries The expected long-term rate of return on the Pension Plans' assets is based on historical and projected rates of return for current and planned asset categories in the investment portfolio Assumed projected rates of return for each asset category were selected after analyzing historical experience and future expectations of the returns and volatility for assets of that category using benchmark rates Based on the target allocation among the asset categories, the overall expected rate of return for the portfolio was developed and adjusted for historical and expected experience of active portfolio management results compared to benchmark returns and for the effect of expenses paid from plan assets

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

At December 31, 2010, the Pension Plans' assets consist primarily of cash and cash equivalents, publicly traded common stocks of both U S and international corporations and fixed income securities During 2011, the System reallocated the investment portfolio of the UCH Pension Plan to include primarily fixed income securities and alternative investments The target investment allocation for the UCH Pension Plan is 50% fixed income and 50% equity securities This allocation is partially achieved through investments in alternative investments that have fixed income or equity strategies

The following table presents the UCH Pension Plan's financial instruments as of December 31, 2011, measured at fair value on a recurring basis by the valuation hierarchy defined in note 14

	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	$ 12.906	$ 12.906	$ –	$ –
Debt securities				
U S government agencies and sponsored entities	30.269	6.581	23.688	–
U S corporate bonds	33.906	–	33.906	–
Commercial mortgage-backed	808	–	808	–
Collateralized debt obligations	6.200	–	6.200	–
Equity securities				
Domestic equities	6.626	6.626	–	–
Foreign equities	2.966	2.966	–	–
Alternative investments				
Alternate strategies	22.100	–	22.100	–
Commodity	3.750	–	3.750	–
Currency	2.726	–	2.726	–
Event driven	4.852	–	3.371	1.481
Global macro	3.713	–	3.713	–
Long short	11.108	–	11.108	–
Multi-strategy	1.001	–	–	1.001
Relative value	1.159	–	1.159	–
Specialist credit	5.599	–	3.746	1.853
Total plan assets	$ 149.689	$ 29.079	$ 116.275	$ 4.335

The following table presents the Pension Plans' financial instruments as of December 31, 2010, measured at fair value on a recurring basis by the valuation hierarchy defined in note 14

	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	$ 71,198	$ 71,198	$ –	$ –
Equity instruments				
Domestic	47,027	36,992	10,035	–
Foreign	2,761	2,761	–	–
Fixed income	5,283	5,283	–	–
	$ 126,269	$ 116,234	$ 10,035	$ –

Fair value methodologies for Levels 1, 2 and 3 are consistent with the inputs described in note 14

The changes in financial assets classified as Level 3 during the year ended December 31, 2011 were as follows

	Alternative Investments			
	Event Driven	Multi-Strategy	Specialist Credit	Total
Beginning balance	$ –	$ –	$ –	$ –
Purchases	1,936	1,235	2,694	5,865
Sales	–	–	(368)	(368)
Unrealized losses	(455)	(234)	(473)	(1,162)
Ending balance	$ 1,481	$ 1,001	$ 1,853	$ 4,335

The following represents the expected benefit plan payments for the next five years and the five years thereafter

Year ending December 31	
2012	$ 4,806
2013	5,678
2014	6,147
2015	6,713
2016	7,247
2017-2021	46,251

11. Medical Malpractice

The System established a self-insured revocable trust (Trust) that covers the System's facilities for claims below a specified level (Excess Level) Claims above the Excess Level are covered by a claims-made policy with a commercial insurance company An Excess Level of $2,000 was established for the year ended December 31, 2001 The Excess Level was increased to $7,500 and $15,000 effective January 1, 2002 and 2003, respectively, and has remained at $15,000 through December 31, 2011

The Trust funds are recorded in the accompanying consolidated balance sheets as assets whose use is limited in the amount of $363,275 and $292,455 at December 31, 2011 and 2010, respectively The related accrued malpractice claims are recorded in the accompanying consolidated balance sheets as other current liabilities in the amount of $66,050 and $60,054 and as other noncurrent liabilities in the amount of $273,926 and $207,008 at December 31, 2011 and 2010, respectively The related estimated insurance recoveries are recorded as other assets in the amount of $15,058 in the accompanying consolidated balance sheets at December 31, 2011

Management, with the assistance of consulting actuaries, estimates claim liabilities at the present value of future claim payments using a discount rate of 4 5% at December 31, 2011 and 2010

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

12. Commitments and Contingencies

Operating Leases

The System leases certain property and equipment under operating leases Lease and rental expense was approximately $100,400 and $90,600 for the years ended December 31, 2011 and 2010, respectively

Net future minimum lease payments under noncancelable operating leases as of December 31, 2011, are as follows

2012	$ 36,189
2013	29,745
2014	24,664
2015	21,517
2016	16,670
Thereafter	24,027

Litigation

Certain of the System's affiliated organizations are involved in litigation arising in the ordinary course of business In the opinion of management, after consultation with legal counsel, these matters will be resolved without material adverse effect to the System's consolidated financial statements

13. Changes in Consolidated Unrestricted Net Assets

Changes in consolidated unrestricted net assets that are attributable to the System and the noncontrolling interests in subsidiaries are as follows

	Total	Controlling Interest	Noncontrolling Interest
Balance January 1, 2011	$ 4,546,320	$ 4,513,408	$ 32,912
Excess of revenue and gains over expenses	478,127	474,172	3,955
Distributions	(276)	–	(276)
Other activity	(34,929)	(36,151)	1,222
Change in net assets	442,922	438,021	4,901
Balance December 31, 2011	$ 4,989,242	$ 4,951,429	$ 37,813

	Total	Controlling Interest	Noncontrolling Interest
Balance January 1, 2010	$ 3,742,856	$ 3,712,338	$ 30,518
Excess of revenue and gains over expenses	780,017	773,757	6,260
Distributions	(3,866)	–	(3,866)
Other activity	27,313	27,313	–
Change in net assets	803,464	801,070	2,394
Balance December 31, 2010	$ 4,546,320	$ 4,513,408	$ 32,912

14. Fair Value Measurements

The System follows ASC 820, which provides a framework for measuring the fair value of certain assets and liabilities and disclosures about fair value measurements As defined in ASC 820, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date ASC 820 establishes a fair value hierarchy that prioritizes the inputs used to measure fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement)

Certain of the System's financial assets and financial liabilities are measured at fair value on a recurring basis, including money market, fixed income and equity instruments, exchange-traded derivatives, collateral under the securities lending program and interest rate swap agreements The three levels of the fair value hierarchy defined by ASC 820 and a description of the valuation methodologies used for instruments measured at fair value are as follows

Level 1 – Financial assets and liabilities whose values are based on unadjusted quoted prices for identical assets or liabilities in an active market that the System has the ability to access

Level 2 – Financial assets and liabilities whose values are based on pricing inputs that are either directly observable or that can be derived or supported from observable data as of the reporting date Level 2 inputs may include quoted prices for similar assets or liabilities in nonactive markets or pricing models whose inputs are observable for substantially the full term of the asset or liability

Level 3 – Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both significant to the fair value of the financial asset or financial liability and are generally less observable from objective sources These inputs may be used with internally developed methodologies that result in management's best estimate of fair value

Notes to Consolidated Financial Statements

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Fair Values

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement

The fair value of financial assets and financial liabilities measured at fair value on a recurring basis at December 31, 2011, was as follows

	Total	Level 1	Level 2	Level 3
ASSETS				
CASH AND CASH EQUIVALENTS	$1,194,945	$1,194,945	$ –	$ –
INVESTMENTS				
Debt securities				
U.S. government agencies and sponsored entities	1,363,279	19,362	1,343,917	–
U.S. corporate bonds	119,867	–	119,867	–
Residential mortgage-backed	104,266	–	104,266	–
Commercial mortgage-backed	33,008	–	33,008	–
Collateralized debt obligations	35,078	–	35,078	–
Student loan asset-backed	49,765	–	49,765	–
Equity securities				
Domestic equities	3,599	3,599	–	–
Foreign equities	1,062	1,062	–	–
Alternative investments				
Alternate strategies	14,627	–	14,627	–
Commodity	15,266	–	15,266	–
Currency	11,102	–	11,102	–
Event driven	19,747	–	13,721	6,026
Global macro	15,114	–	15,114	–
Long short	45,199	–	45,199	–
Multi-strategy	4,070	–	–	4,070
Relative value	4,720	–	4,720	–
Specialist credit	22,783	–	15,245	7,538
Total investments	1,862,552	24,023	1,820,895	17,634

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

	As of December 31, 2011 (cont.)			
	Total	Level 1	Level 2	Level 3
ASSETS WHOSE USE IS LIMITED				
Cash and cash equivalents	103,124	103,124	–	–
Debt securities				
U.S. government agencies and sponsored entities	349,059	7,605	341,454	–
U.S. corporate bonds	13,757	–	13,757	–
Residential mortgage-backed	5,517	–	5,517	–
Commercial mortgage-backed	1,746	–	1,746	–
Collateralized debt obligations	1,856	–	1,856	–
Student loan asset-backed	2,980	–	2,980	–
Equity securities				
Domestic equities	11,536	10,386	1,150	–
Foreign equities	3,679	3,679	–	–
Alternative investments				
Alternate strategies	5,795	–	5,795	–
Commodity	6,048	–	6,048	–
Currency	4,398	–	4,398	–
Event driven	7,823	–	5,436	2,387
Global macro	5,988	–	5,988	–
Long short	17,906	–	17,906	–
Multi-strategy	1,612	–	–	1,612
Relative value	1,870	–	1,870	–
Specialist credit	9,026	–	6,040	2,986
Total assets whose use is limited	553,720	124,794	421,941	6,985
Collateral held under securities lending program	11,492	–	11,492	–
	$ 3,622,709	$ 1,343,762	$ 2,254,328	$ 24,619
LIABILITIES				
INTEREST RATE SWAPS	$ 125,265	$ –	$ 125,265	$ –

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

The fair value of financial assets and financial liabilities measured at fair value on a recurring basis at December 31, 2010, was as follows

	Total	Level 1	Level 2	Level 3
ASSETS				
CASH AND CASH EQUIVALENTS	$ 1,025,207	$ 978,611	$ 46,596	$ –
INVESTMENTS				
Debt securities				
U S government agencies and sponsored entities	1,385,992	–	1,385,992	–
U S corporate bonds	61,761	1,631	60,130	–
Residential mortgage-backed	119,033	–	119,033	–
Commercial mortgage-backed	39,095	–	39,095	–
Collateralized debt obligations	71,893	–	71,893	–
Student loan asset-backed	53,810	–	53,810	–
Equity securities				
Domestic equities	3,377	3,377	–	–
Foreign equities	1,524	1,524	–	–
Domestic equity index securities	363,090	363,090	–	–
Domestic equity options	19,945	19,945	–	–
Alternative investments				
Alternate strategies	6,835	–	6,835	–
Commodity	8,552	–	8,552	–
Currency	5,302	–	5,302	–
Event driven	3,165	–	3,165	–
Long short	25,420	–	25,420	–
Relative value	3,000	–	3,000	–
Specialist credit	19,386	–	19,386	–
Total investments	2,191,180	389,567	1,801,613	–

	As of December 31, 2010 (cont.)			
	Total	Level 1	Level 2	Level 3
ASSETS WHOSE USE IS LIMITED				
Cash and cash equivalents	292,711	292,711	–	–
Debt securities				
U.S. government agencies and sponsored entities	286,109	6,128	279,981	–
U.S. corporate bonds	41,728	1,841	39,887	–
Equity securities				
Domestic equities	12,567	12,567	–	–
Foreign equities	847	847	–	–
Domestic equity index securities	11,158	11,158	–	–
Domestic equity options	613	613	–	–
Alternative investments				
Alternate strategies	3,317	–	3,317	–
Commodity	4,151	–	4,151	–
Currency	2,573	–	2,573	–
Event driven	1,536	–	1,536	–
Long short	12,337	–	12,337	–
Relative value	1,456	–	1,456	–
Specialist credit	9,408	–	9,408	–
Total assets whose use is limited	680,511	325,865	354,646	–
Collateral held under securities lending program	51,450	–	51,450	–
	$ 3,948,348	$ 1,694,043	$ 2,254,305	$ –
LIABILITIES				
INTEREST RATE SWAPS	$ 113,628	$ –	$ 113,628	$ –

The carrying values of accounts receivable, accounts payable, accrued liabilities and payable under the securities lending program are reasonable estimates of their fair values due to the short-term nature of these financial instruments. The fair values of the System's fixed-rate bonds are based on quoted market prices for the same or similar issues and approximated $2,346,000 and $2,266,000 as of December 31, 2011 and 2010, respectively. The carrying values of these fixed-rate bonds were $2,217,660 and $2,228,740 as of December 31, 2011 and 2010, respectively. The carrying amount approximates fair value for all other long-term debt (see note 8).

The changes in financial assets classified as Level 3 during the year ended December 31, 2011 were as follows

	Alternative Investments			
	Event Driven	Multi-Strategy	Specialist Credit	Total
Beginning balance	$ –	$ –	$ –	$ –
Purchases	11,000	7,000	15,296	33,296
Sales	–	–	(2,099)	(2,099)
Unrealized losses (included in investment income)	(2,587)	(1,318)	(2,673)	(6,578)
Ending balance	$ 8,413	$ 5,682	$ 10,524	$24,619
Amount of total losses for the period included in investment income attributable to the change in unrealized gains and losses relating to assets still held at the reporting date	$ (2,587)	$ (1,318)	$ (2,673)	$ (6,578)

Reconciliation to the Consolidated Balance Sheets

Financial assets are reflected in the consolidated balance sheets as follows

	December 31	
	2011	2010
Investments measured at fair value	$ 1,862,552	$ 2,191,180
Alternative investments accounted for under the equity method	669,381	348,460
Accrued interest	6,474	9,665
Total investments	$ 2,538,407	$ 2,549,305
Assets whose use is limited measured at fair value	$ 553,720	$ 680,511
Alternative investments accounted for under the equity method	44,142	12,903
Accrued interest	1,713	2,261
Total assets whose use is limited	$ 599,575	$ 695,675

See note 9 for the location of interest rate swap assets and liabilities in the consolidated balance sheets

Valuation Techniques and Inputs

The fair values of the securities included in Level 1 were determined through quoted market prices The fair values of Levels 2 and 3 financial assets and financial liabilities were determined as follows

Cash equivalents, U S government agencies and sponsored entities, U S corporate bonds, residential mortgage-backed, commercial mortgage-backed, collateralized debt obligations and student loan asset-backed – These Level 2 securities were valued through the use of third-party pricing services that use evaluated bid prices adjusted for specific bond characteristics and market sentiment

Alternative investments – These underlying funds are valued using the NAV as a practical expedient to determine fair value Several factors are considered in appropriately classifying the underlying funds in the fair value hierarchy An underlying fund is generally classified as Level 2 if the System has the ability to withdraw its investment with the underlying fund at NAV at the measurement date or within the near term An underlying fund is generally classified as Level 3 if the System does not have the ability to redeem its investment with the underlying fund at NAV within the near term Those alternative investments classified as Level 3 as of December 31, 2011, were classified as such because they could not be redeemed in the near term

Collateral held under securities lending program – The System participates in securities lending transactions with the custodian of its investments (program), whereby a portion of its investments is loaned to certain brokerage firms in return for cash from the brokers as collateral for the investments loaned This cash collateral is invested by the System in a securities lending quality trust (SLQT) The fair value of the System's interest in the SLQT was determined by considering its NAV and actual issuances and redemptions of interests in the SLQT

The SLQT invests in short-term portfolio instruments in order to preserve capital and produce a moderate rate of return Issuances and redemptions of interests in the SLQT are made each business day Currently, interests in the SLQT are purchased and redeemed at a constant NAV of $1 00 per unit for daily operational liquidity purposes, although redemptions for certain other purposes, such as termination of the System's participation in the program, may be in-kind

Interest rate swaps –The fair value of these Level 2 financial assets and financial liabilities was determined through the use of widely accepted valuation techniques, including discounted cash flow analysis on the expected cash flows of each derivative The analysis reflects the contractual terms of the interest rate swaps, including the period to maturity, and uses observable market-based inputs, such as interest rate curves In addition, credit valuation adjustments are included to reflect both the System's nonperformance risk and the respective counterparty's nonperformance risk The System pays fixed rates ranging from 2 63% to 3 83% and receives cash flows based primarily on percentages of LIBOR, ranging from 64% to 67% of LIBOR

15. Subsequent Events

The System evaluated events and transactions occurring subsequent to December 31, 2011 through March 1, 2012, the date the accompanying consolidated financial statements were issued During this period, there were no subsequent events that required recognition in the accompanying consolidated financial statements Additionally, there were no nonrecognized subsequent events that required disclosure

Notes to Consolidated Financial Statements

For the years ended December 31, 2011 and 2010 (dollars in thousands)

16. Fourth Quarter Results of Operations (Unaudited)

The System's operating results for the three months ended December 31, 2011, are presented below

Revenue	
Patient service	$ 1,765,945
Provision for bad debts	(52,528)
Net patient service revenue	1,713,417
EHR incentive payments	55,886
Other	70,663
Total operating revenue	1,839,966
Expenses	
Employee compensation	863,754
Supplies	320,364
Professional fees	109,259
Other	250,786
Interest	42,773
Depreciation and amortization	107,706
Total operating expenses	1,694,642
Income from Operations	145,324
Nonoperating Gains (Losses)	
Investment income	10,256
Change in fair value of interest rate swaps	3,051
Loss from early extinguishment of debt	(15,673)
Total nonoperating losses	(2,366)
Excess of revenue and gains over expenses	142,958
Less Excess of revenue and gains over expenses attributable to noncontrolling interests	(2,033)
Excess of Revenue and Gains over Expenses Attributable to Controlling Interests	140,925
Other changes in unrestricted net assets, net	12,773
Decrease in temporarily restricted net assets, net	(13,623)
Increase in Net Assets	$ 140,075

Report of Independent Certified Public Accountants

The Board of Directors
Adventist Health System Sunbelt Healthcare Corporation
d/b/a Adventist Health System

We have audited the accompanying consolidated balance sheets of Adventist Health System and its subsidiaries as of December 31, 2011 and 2010, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended These financial statements are the responsibility of Adventist Health System's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement We were not engaged to perform an audit of Adventist Health System's internal control over financial reporting Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Adventist Health System's internal control over financial reporting Accordingly, we express no such opinion An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Adventist Health System and its subsidiaries at December 31, 2011 and 2010, and the consolidated results of their operations and their cash flows for the years then ended in conformity with accounting principles generally accepted in the United States

As discussed in note 1 to the consolidated financial statements, Adventist Health System changed the presentation of the provision for bad debts as a result of the adoption of the amendments to the FASB Accounting Standards Codification resulting from Accounting Standards Update No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, effective January 1, 2010

Ernst + Young LLP

Orlando, Florida
March 1, 2012