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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

☒ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Adventist Health System Sunbelt Healthcare Corporation

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

F Name and address of principal officer

Don Jernigan

900 Hope Way

Altamonte Springs,FL 32714

D Employer identification number

59-2170012

E Telephone number

(407) 357-1000

G Gross receipts \$ 416,694,076

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: www.adventisthealthsystem.com

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1981

M State of legal domicile FL

Part I	Summary																																							
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>Provision of executive leadership and other professional support services to subsidiaries</div> <div></div> <div></div> <div></div>																																							
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div>																																							
	<table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>60</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>49</td></tr><tr><td>5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)</td><td>5</td><td>1,431</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>49</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>416,867</td></tr><tr><td>7b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>48,225</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	60	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	49	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,431	6 Total number of volunteers (estimate if necessary)	6	49	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	416,867	7b Net unrelated business taxable income from Form 990-T, line 34	7b	48,225																					
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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

Signature of officer

Lynn C Addiscott Officer/Asst Secretary

Date

2012-11-14

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Date

Check if self-employed

Preparer's taxpayer identification number (see instructions)

EIN

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part II

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 \$ 358,492,177 including grants of \$ 2,160,724) (Revenue \$ 325,102,626)

During 2011, the Corporation provided hospital management services to 23 wholly or partially owned tax-exempt hospital and nursing home corporations These 23 corporations operate 42 acute-care hospitals, and provide management services to 16 nursing home facilities

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 \$ 358,492,177

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		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.	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.		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.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.	Yes	
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.		No
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, line 10? If "Yes," complete Schedule D, Part VI.	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.	Yes	
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.		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.	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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.	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.		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.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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.	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.	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.		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.		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.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
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.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 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 <input type="checkbox"/>						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	1,592			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	1,431			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
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	Yes			
b	If "Yes," enter the name of the foreign country: <u>BD, UK</u> 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	60		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	49
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	No
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 <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization 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. <input checked="" type="checkbox"/> Terry D Shaw 900 Hope Way Altamonte Springs, FL 32714 (407) 357-2463

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

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	16,900,595	3,823	1,714,295

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 381

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
Cerner Corporation PO Box 412702 Kansas City, MO 64141	IT Serv/Support Fees	15,634,301
Executive Health Resources PO BOX 822688 Philadelphia, PA 19182	Medical Compliance Consulting	7,362,351
Maxit Healthcare LLC PO Box 2589 Fort Wayne, IN 46801	IT Staffing/Programming	5,345,284
Tapestry Asset Management 125 Village Blvd 270 Princeton, NJ 08540	Investment Consulting	2,845,656
Cain Brothers Asset Management LLC 360 Madison Ave 5th Floor New York, NY 10017	Asset Mgmt/Investment Consulting	2,345,863

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 129

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	18,000				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			18,000			
Program Service Revenue			Business Code					
	2a	Management Fees	541610	129,216,409	128,822,099	394,310		
	b	Reimbursed Salaries &	561000	128,736,104	128,736,104			
	c	Reimbursed Pharmaceuti	446110	31,640,706	31,640,706			
	d	Centralized Services P	900099	22,391,588	22,391,588			
	e	Partnership Income Rel	900099	10,577,651	10,555,094	22,557		
	f	All other program service revenue		2,957,035	2,957,035			
	g	Total. Add lines 2a-2f			325,519,493			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			90,898,860		90,898,860	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties			228,698		228,698	
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
				29,025				
				198,556				
				-169,531				
	d	Net gain or (loss)			-169,531		-169,531	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
	b	Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses		b				
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances		a					
b	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			416,495,520	325,102,626	416,867	90,958,027	

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	2,019,269	2,019,269		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	24,455	24,455		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	117,000	117,000		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	12,061,451		12,061,451	
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	126,596,468	124,585,889	2,010,579	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,445,988	10,203,923	1,242,065	
9	Other employee benefits	37,334,357	28,460,077	8,874,280	
10	Payroll taxes	8,482,394	7,728,575	753,819	
11	Fees for services (non-employees)				
a	Management				
b	Legal	1,281,341		1,281,341	
c	Accounting	1,521,996		1,521,996	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	25,429,450	25,417,582	11,868	
12	Advertising and promotion				
13	Office expenses	30,240,816	28,945,579	1,295,237	
14	Information technology	19,201,308	19,201,308		
15	Royalties				
16	Occupancy	3,043,116	3,043,116		
17	Travel	5,929,010	5,653,804	275,206	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	490,865	40,886	449,979	
20	Interest	67,969,290	67,969,290		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	19,511,344	19,511,344		
23	Insurance	248,476		248,476	
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	Maintenance/Repairs	8,053,972	8,053,972		
b	Premier Rebate to facil	7,473,224	7,473,224		
c	Special Events	1,128,616		1,128,616	
d	Taxes - UBI	140,583		140,583	
e					
f	All other expenses	1,159,641	42,884	1,116,757	
25	Total functional expenses. Add lines 1 through 24f	390,904,430	358,492,177	32,412,253	0
26	Joint costs. Check here <input type="checkbox"/> 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			2,450	1	2,452
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,408,091	4	3,108,135
	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			216,568	8	299,462
	9	Prepaid expenses and deferred charges			15,612,076	9	19,362,092
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	294,589,828			
	b	Less: accumulated depreciation	10b	161,041,501	89,232,130	10c	133,548,327
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11			3,607,694,417	12	3,796,731,519
	13	Investments—program-related. See Part IV, line 11				13	798,619
	14	Intangible assets				14	21,978,000
	15	Other assets. See Part IV, line 11			491,641,543	15	653,472,471
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,206,807,275	16	4,629,301,077
Liabilities	17	Accounts payable and accrued expenses			95,774,943	17	130,666,619
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			419,778	21	477,276
	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			10,543,495	23	9,299,480
	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			3,948,524,340	25	4,276,075,926
	26	Total liabilities. Add lines 17 through 25			4,055,262,556	26	4,416,519,301
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			151,544,719	27	212,781,776
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			151,544,719	33	212,781,776
	34	Total liabilities and net assets/fund balances			4,206,807,275	34	4,629,301,077

Part XI Reconciliation 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	416,495,520
2	Total expenses (must equal Part IX, column (A), line 25)	2	390,904,430
3	Revenue less expenses Subtract line 2 from line 1	3	25,591,090
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	151,544,719
5	Other changes in net assets or fund balances (explain in Schedule O)	5	35,645,967
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	212,781,776

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

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

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

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g

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(i)

(ii)

(iii)

h

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
See Additional Data Table									
Total									0

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>

Part IIIPart 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
<p>Schedule A, Part IV, Supplemental Information Part I, Line 11h column (iv) The filing organization meets the requirements of Reg Section 1 509(a)-4(d)(1) by virtue of satisfying the requirements set forth in 1 509(a)-4(d)(2) as discussed below (1) The governing documents of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) demonstrate that it is operated, supervised, or controlled by the General Conference of Seventh-day Adventists in accordance with IRC Section 509(a)(3)(B)(i) (2) The Articles of Incorporation of AHSSHC require that it operate to further the health ministry of the Seventh-day Adventist Church and to provide management, consulting, and related services to educational institutions and health care facilities All but one of the supported organizations listed in Part I, line 11(h) of Schedule A operate hospitals and/or other health care facilities and are wholly owned by AHSSHC The remaining organization, also wholly owned by AHSSHC, serves as a fund-raising foundation organization in support of many of the hospital organizations listed in Part I, line 11(h) AHSSHC is operating to support the Seventh-day Adventist Church by carrying out its health ministry mission Its Articles of Incorporation state that it will support the nonprofit corporations for which it is the sole member and provides a listing of some but not all of its wholly owned subsidiaries Although not all of the supported organizations are designated by name, AHSSHC meets the requirements set forth in Reg Section 1 509(a)-4(d)(2)(i)(b)(2) since it is operating to support one of the purposes of the Seventh-day Adventist Church</p>

Additional Data

Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt
Healthcare Corporation

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) Adventist Health SystemSunbelt Inc	591479658	3	Yes						0
(B) Adventist Health SystemGeorgia Inc	581425000	3	Yes						0
(C) Jellico Community HospitalInc	620924706	3	Yes						0
(D) Memorial Hospital Inc	610594620	3	Yes						0
(E) Sunsystem Development Corporation	592219301	7	Yes						0
(F) Florida Hospital Waterman Inc	593140669	3	Yes						0
(G) Princeton Professional Services Inc	591191045	9	Yes						0
(H) Florida Hospital Zephyrhills Inc	592108057	3	Yes						0
(I) Fletcher HospitalInc	560543246	3	Yes						0
(J) Memorial Health Systems Inc	590973502	3		No					0
(K) Memorial Hospital - Flagler Inc	592951990	3		No					0
(L) Memorial Hospital - West Volusia Inc	593256803	3		No					0
(M) PorterCare Adventist Health System	840438224	3		No					0
(N) Adventist Hinsdale Hospital	362276984	3		No					0
(O) Adventist GlenOaks Hospital	363208390	3		No					0
(P) Chippewa Valley Hospital & Oakview Care Centers Inc	391365168	3		No					0
(Q) Southwest Volusia Healthcare Corporation	593149293	3		No					0
(R) Shawnee Mission Medical Center Inc	480637331	3		No					0
(S) Adventist Bolingbrook Hospital	651219504	3		No					0
(T) University Community Hospital Inc	591113901	3		No					0

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(U) Tarpon Springs Hospital Foundation Inc	590898901	3		No					0
(V) Bert Fish Medical Center Inc	593306983	3		No					0

Additional Data

Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt
Healthcare Corporation

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			
Allen Karen Director	1 00	X						1,602	0	0
Anderson PhD Eric Director	1 00	X						1,802	0	0
Andreasen PhD Niels-Erik Director	1 00	X						1,802	0	0
Barnett D Edward Director	1 00	X						1,802	0	0
Bietz DMIN Gordon Director	1 00	X						1,802	0	0
Biloff Niel L Director	1 00	X						1,802	0	0
Blair Mardian J Director	1 00	X						70,787	0	0
Carlson Ronald Director	1 00	X						1,802	0	0
Cauley Michael F Director	1 00	X						1,802	0	0
Cazeau Rosemarie Director	1 00	X						1,802	0	0
Coridan Dean Director	1 00	X						1,802	0	0
Cotton Sabrina Director	1 00	X						1,602	0	0
Craig Carlos Director (beg 9/11)	1 00	X						650	0	0
Davidson James R Director	1 00	X						2,552	0	0
Davis Jerome Director	1 00	X						1,802	0	0
Denslow Kenneth A Director (end 3/11)	1 00	X						1,152	0	0
Drake III PhDCharles W Director	1 00	X						2,675	0	0
Edge Mike Director	1 00	X						1,602	0	0
Edmond Dana C Director	1 00	X						1,802	0	0
Eisele Melvin K Director	1 00	X						1,802	0	0
Gallimore Jay Director	1 00	X						1,802	0	0
Green Samuel L Director	1 00	X						2,915	0	0
Griffith Jr Buford Director (beg 9/11)	1 00	X						750	0	0
Grove Rodney A Director	1 00	X						3,865	0	0
Hagele Elaine Director	1 00	X						3,865	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Haley Steve Director	1 00	X						1,802	0	0
Hawkins Esq Judith W Director	1 00	X						1,802	0	0
Hayes Alta Sue Director	1 00	X						1,802	0	0
Henderschedt Robert R Director/Exec VP	50 00	X						1,050,296	0	138,146
Holley Leighton R Director (end 4/11)	1 00	X						1,152	0	0
Houmann Lars Director/Exec VP	15 00	X						1,610,483	0	225,465
Hurst Van G Director	1 00	X						1,602	0	0
Japas Carlos Director	1 00	X						1,602	0	0
Jernigan PhD Donald L Director/CEO/President	50 00	X		X				1,868,283	0	115,854
Johnson MD Mark Director	1 00	X						1,802	0	0
Johnson Sandra K Director/Sr VP	50 00	X						693,207	0	91,501
Just PhD Lois C Director	1 00	X						1,802	0	0
Knutson J Deryl Director	1 00	X						3,865	0	0
Lemon Thomas L Vice Chairman/Director	2 00	X						3,865	0	0
Livesay Donald Chairman/Director	2 00	X						3,865	0	0
Mendinghall Vanard J Director (end 9/11)	1 00	X						1,152	0	0
Mitchell Charles Director	1 00	X						1,602	0	0
Moore Larry Vice Chairman/Director (beg 6/11)	2 00	X						1,600	0	0
Morel Hubert Director	1 00	X						1,802	0	0
Moyer John Director	1 00	X						1,802	0	0
Orian Stephen Director	1 00	X						1,802	0	0
Pichette Ray Director (beg 5/11)	1 00	X						650	0	0
Pollard Leslie Director	1 00	X						1,602	0	0
PursleyMD Timothy Director	1 00	X						1,602	0	0
Reed MD Monica P Director	1 00	X						597,958	2,145	111,104

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				
Reiner Richard Director/Exec VP	50 00	X							1,693,089	0	58,944
Retzer Gordon Vice Chairman/Sec/Dir (end 9/11)	2 00	X							3,115	0	0
Robinson Randy Director	1 00	X							3,865	0	0
Scott Glynn C Director	1 00	X							3,865	0	0
Shaw Terry Director/Exec VP/CFO/COO	50 00	X		X					2,966,896	0	224,228
Smith PhD David C Director (end 6/11)	1 00	X							2,258	0	0
Smith PhD Ron C Vice Chairman/Sec/Dir	2 00	X							3,865	0	0
Snyder Brent G Director/Exec VP/CIO	50 00	X							1,014,417	0	122,083
Stevens James L Director	1 00	X							1,802	0	0
Storfjell PhD Judith Director (beg 2/11)	1 00	X							650	0	0
Thurber Gary F Director	1 00	X							1,802	0	0
Trevino Max A Chairman/Director (end 5/11)	2 00	X							6,115	0	0
Valentine II MDiv Maurice Director (beg 5/11)	1 00	X							1,600	0	0
Werner Thomas L Director	1 00	X							6,129	0	11,249
Winston William Director (beg 9/11)	1 00	X							650	0	0
Wright Bill E Director (end 5/11)	1 00	X							1,152	0	0
Wright Edward E Director	1 00	X							1,802	0	0
Schultz Michael 5 highest paid	50 00					X			1,295,015	0	154,608
Jones Donald G 5 highest paid	50 00					X			1,082,369	0	68,066
Crane David 5 highest paid	1 00					X			993,882	1,678	161,249
Harding John R 5 highest paid	1 00					X			936,244	0	125,766
Finch Kenneth A 5 highest paid	1 00					X			903,768	0	106,032

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

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

1

Provide a description of the organization's direct and indirect political campaign activities 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.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a Volunteers?				No
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				No
	c Media advertisements?				No
	d Mailings to members, legislators, or the public?	No			
	e Publications, or published or broadcast statements?	No			
	f Grants to other organizations for lobbying purposes?	No			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	No			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	No			
	i Other activities? If "Yes," describe in Part IV	Yes		1,072,384	
	j Total lines 1c through 1i			1,072,384	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No			
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	Part II-B, Line 1	The corporation paid fees to retain the services of one consulting and one law firm and a public affairs company which performed lobbying activities on behalf of the corporation. The legislative consulting firm Forscey & Stinson was paid \$937,234 and the law firm, Trauger & Tuke were paid a total of \$60,000 (plus a \$150 State of Tennessee fee associated with lobbying) during the year and the remaining \$75,000 was paid to the Academy Advisor.

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 System Sunbelt
Healthcare Corporation

Employer identification number

59-2170012

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ 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 ▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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		19,294,584		19,294,584
b Buildings		54,050,944	6,971,888	47,079,056
c Leasehold improvements				
d Equipment		215,715,817	153,792,730	61,923,087
e Other		5,528,483	276,883	5,251,600
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				133,548,327

Schedule D (Form 990) 2011

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	416,495,520
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	390,904,430
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	25,591,090
4	Net unrealized gains (losses) on investments	4	-7,172,783
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	42,818,750
9	Total adjustments (net) Add lines 4 - 8	9	35,645,967
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	61,237,057

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	7,033,518,894
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-255,086
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	6,691,715,195
e	Add lines 2a through 2d	2e	6,691,460,109
3	Subtract line 2e from line 1	3	342,058,785
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	74,436,735
c	Add lines 4a and 4b	4c	74,436,735
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	416,495,520

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	6,559,346,759
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	6,242,879,062
e	Add lines 2a through 2d	2e	6,242,879,062
3	Subtract line 2e from line 1	3	316,467,697
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	74,436,733
c	Add lines 4a and 4b	4c	74,436,733
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	390,904,430

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
	Part IV, Line 2b	A division of the filing organization conducts third-party administration type claims processing services on behalf of certain organizations. One of the programs for which claims processing is conducted is the Orange County Indigent Plan Program. Funding to assist in payment of claims under this program is partially funded by an unrelated 501(c)(3) hospital system located in the Greater Orlando area. The filing organization has established an escrow account to hold funds collected from the unrelated hospital system that will be used to pay for medical care for indigent patients under this program.
Description of Uncertain Tax Positions Under FIN 48	Part X	The consolidated financial statements of AHS contain the following FIN 48 footnote - The Income Taxes Topic of the ASC (ASC 740) prescribes the accounting for uncertainty in income tax positions recognized in financial statements. ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return.
Part XI, Line 8 - Other Adjustments		Transfer from tax-exempt subs 35,000,000. Allocation of debt costs to tax-exempt subs 20,057. Transfer of Insurance Captive Liability from tax-exempt subs -59,189. Deconsolidation of tax-exempt hospital subsidiary -1,350,000. Transfer to tax-exempt affiliates -1,529,433. Reclassification of Minority Interest Liability 21,970,915. Funding of pension liability for tax-exempt sub -11,233,600. Total to Schedule D, Part XI, Line 8 42,818,750.
Part XII, Line 2d - Other Adjustments		Revenue of Affiliated Organizations Included in Audited Financial Statements 6,691,715,195.
Part XII, Line 4b - Other Adjustments		Reclass Expense 66,963,509. Premier Distribution Allocated to Subs 7,473,224. Rounding 2.
Part XIII, Line 2d - Other Adjustments		Expense of Affiliated Organizations Included in Audited Financial Statements 6,242,879,062.
Part XIII, Line 4b - Other Adjustments		Reclass Expenses 66,963,509. Premier Distribution Allocated to Subs 7,473,224.

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 System Sunbelt
Healthcare Corporation

Employer identification number

59-2170012

Part I

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

1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No

2

For 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
Europe	0	0	Business Investment site visits	Travel expense for investment company site visits	43,527
East Asia	0	0	Speakers		41,229
South Asia	0	0	Speakers		1,810
Sub-Saharan Africa	0	0	Speakers		1,354
Central America & Caribbean	0	0	Business Meetings		3,119
Europe	0	0	Passive Investments		19,883,354
North America	0	0	Passive Investments		11,264,422
Central America and the Caribbean	0	0	Passive Investments		850,721,652
Sub-Saharan Africa	0	0	Grants for Mission Trips		78,000
Central America & Caribbean	0	0	Grants for Mission Trips		39,000
3a Sub-total	0	0			881,960,467
b Total from continuation sheets to Part I	0	0			117,000
c Totals (add lines 3a and 3b)	0	0			882,077,467

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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan Africa	Ethiopia Mission Trip	39,000	check			cash
			Central America and the Caribbean	Guatemala Mission Trip	39,000	check			cash
			Sub-Saharan Africa	Hospital in Chad	39,000	check			cash

2

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

3

3

3

3

3

Enter total number of other organizations or entities

0

0

0

0

Part III

[illegible]

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.

[illegible]

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 System Sunbelt
Healthcare Corporation

Employer identification number
59-2170012

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

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

Part II

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

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

2

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

31

3

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

0

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
(1) Medical School Scholarships	10	10,000			
(2) SHARE Families	6	14,455			

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 only to related organizations that are exempt from Federal Income Tax under 501(c)(3) or to other 501(c)(3) organizations that are a part of the group exemption ruling issued to the General Conference of Seventh-Day Adventists 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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bolingbrook Hospital Foundation 500 Remington Blvd Bolingbrook, IL 60440	90-0494445	501(c)(3)	10,000				General Support
Emory-Adventist Inc 3949 S Cobb Drive Smyrna, GA 30080	58-2171011	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
Florida Hospital College of Health Sciences671 Winyah Dr Orlando,FL 32803	59- 3069793	501(c)(3)	21,878				General Support
Florida Hospital Waterman Foundation1500 Waterman Way Tavares,FL 32778	59- 2330166	501(c)(3)	11,500				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
Forest Lake Academy500 Education Loop Apopka, FL 32703	59-0816443	501(c)(3)	120,500				General Support
Foundation for Shawnee Mission Medical Center7315 Frontage Rd Ste221 Shawnee Mission, KS 66204	48-0868859	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
GlenOaks Hospital Foundation701 Winthrop Ave Glendale Heights, IL 60139	36-3926044	501(c)(3)	10,000				General Support
Gulf States Conference Assoc of Seventh-Day AdventistsPO BOX 240249 Montgomery, AL 36124	64-6001060	501(c)(3)	31,500				General Support/Healthcare Grant

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
Helen Ellis Memorial Hospital Foundation Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689	59-3690149	501(c)(3)	11,000				General Support
Hinsdale Hospital Foundation 120 N Oak St Hinsdale, IL 60521	52-1466387	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
Indiana Conference of Seventh-day Adventists15250 N Meridian Street PO Box 1950 1950 Carmel, IN 46082	35-0976759	501(c)(3)	50,000				Healthcare Grant
Junior Achievement of Central Florida 2121 Camden Rd Orlando, FL 32803	59-0972112	501(c)(3)	12,644				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
LaGrange Memorial Hospital Foundation 5101 S Willow Springs Rd La Grange,IL 60525	30-0247776	501(c)(3)	10,000				General Support
Lake Union Conference of Seventh-Day AdventistsPO Box C Berrien Springs, MI 49103	38-1474933	501(c)(3)	200,000				Annual General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Michigan Conference of Seventh-Day Adventists dba Lifestyle Matters 320 W St Joseph Lansing, MI 48933	38-1467642	501(c)(3)	60,000				Healthcare Grant
Memorial Health Systems Foundation Inc770 West Granada Blvd Ormond Beach, FL 32174	31-1771522	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
Mid-America Union Conference of Seventh-Day AdventistsPO Box 6128 Lincoln,NE 68506	47-6006806	501(c)(3)	200,000				Annual General Support
North American Division of Seventh-Day Adventists12501 Old Columbia Pike Silver Spring, MD 20902	20-3164300	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
Oakwood College 7000 Adventist Blvd NW Huntsville, AL 35896	63-0366652	501(c)(3)	86,500				Annual General Support
Rocky Mountain Adventist Healthcare Foundation 7995 E Prentice Ave 204 Greenwood Village, CO 80111	84-0745018	501(c)(3)	40,000				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
South Central Nursing Homes Inc 602 Courtland 200 Orlando,FL 32804	61-1242373	501(c)(3)	200,000				Documentary "Adventists Called to Heal"
Southern Adventist UniversityPO BOX 370 Collegedale,TN 37315	62-0536733	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
Southern Union Conference of Seventh-Day AdventistsPO Box 849 3978 Memorial Dr Decatur, GA 30031	58-6002274	501(c)(3)	213,250				Annual General Support/Healthcare Grant
Southwest Region Conference of Seventh-Day Adventists2215 Lanark Ave Dallas, TX 75203	75-6002433	501(c)(3)	31,500				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
Southwestern Union Conference of Seventh-Day AdventistsPO Box 4000 777 Burleson Blvd Burleson,TX 76097	75-0904016	501(c)(3)	208,000				Annual General Support
SunSystem Development Corporation900 Hope Way Altamonte Springs, FL 32714	59-2219301	501(c)(3)	123,721				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
Takoma Regional Hospital Inc401 Takoma Ave Greeneville, TN 37743	51-0603966	501(c)(3)	10,000				General Support
US Dream Academy 10400 Little Patuxent Pkwy 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
Union College3800 South 48th Street Lincoln, NE 68506	47-0405319	501(c)(3)	15,000				General Support
University Community Hospital Foundation Inc3100 E Fletcher Ave Tampa, FL 33613	59-2554889	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
Adventist Health System Sunbelt Inc dba Huguley Memorial Medical Center900 Hope Way Altamonte Springs, FL 32714	59-1479658	501(c)(3)	1,870,890				General Support

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Name of the organization
Adventist Health System Sunbelt
Healthcare Corporation

Employer identification number

59-2170012

Part I

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) 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				
(1) Henderschedt Robert R	(i) (ii)	583,876 0	172,147 0	294,273 0	105,897 0	32,249 0	1,188,442 0	87,688 0
(2) Houmann Lars	(i) (ii)	848,313 0	241,337 0	520,833 0	179,768 0	45,697 0	1,835,948 0	153,591 0
(3) Jernigan PhD Donald L	(i) (ii)	923,258 0	271,033 0	673,992 0	13,343 0	102,511 0	1,984,137 0	0 0
(4) Johnson Sandra K	(i) (ii)	383,779 0	92,546 0	216,882 0	44,522 0	46,979 0	784,708 0	28,751 0
(5) Reed MD Monica P	(i) (ii)	418,295 0	98,685 0	80,978 2,145	72,999 0	38,105 0	709,062 2,145	56,486 0
(6) Reiner Richard	(i) (ii)	848,313 0	240,974 0	603,802 0	13,343 0	45,601 0	1,752,033 0	292,670 0
(7) Shaw Terry	(i) (ii)	848,313 0	241,506 0	1,877,077 0	179,768 0	44,460 0	3,191,124 0	153,591 0
(8) Snyder Brent G	(i) (ii)	572,439 0	152,301 0	289,677 0	101,683 0	20,400 0	1,136,500 0	71,170 0
(9) Schultz Michael	(i) (ii)	626,408 0	157,581 0	511,026 0	121,215 0	33,393 0	1,449,623 0	82,488 0
(10) Jones Donald G	(i) (ii)	357,153 0	62,101 0	663,115 0	48,357 0	19,709 0	1,150,435 0	23,970 0
(11) Crane David	(i) (ii)	652,992 0	164,838 0	176,052 1,678	131,272 0	29,977 0	1,155,131 1,678	102,999 0
(12) Harding John R	(i) (ii)	481,967 0	53,945 0	400,332 0	95,720 0	30,046 0	1,062,010 0	56,038 0
(13) Finch Kenneth A	(i) (ii)	407,835 0	99,166 0	396,767 0	77,314 0	28,718 0	1,009,800 0	43,407 0

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	<p>The filing organization is the top-tier parent of a system of healthcare organizations known as Adventist Health System (AHS). Members of the filing organization's executive management team that hold the position of Vice-President or above (including those who provide services at the filing organization and those who perform executive management services at AHS subsidiary organizations) are compensated by and on the payroll of the filing organization. First-class or charter travel. Pursuant to the AHS system-wide general policy regarding business travel, no reimbursement will be provided for any additional cost incurred with respect to first-class or charter air travel beyond the cost of a regular coach airfare. As a means of providing additional business travel reimbursement for those members of the AHSSHC senior executive management team that travel frequently on behalf of AHS, a special annual travel allowance is provided for those executives. As AHS operates 42 hospitals and a number of other health care facilities in 10 states, the senior leadership of AHSSHC travel extensively and often visit multiple hospital locations in different states as a part of a single business trip. The special travel allowance can provide reimbursements to the executive for such items as the purchase of air travel upgrade coupons, to cover the cost differential between coach and first-class travel, or to cover the cost of a charter flight. The special travel allowance benefit was originally authorized by and codified into a policy by the AHSSHC Board Strategy & Compensation Committee (the Committee), an independent body of the AHSSHC Board of Directors, who also approves the annual cap on the amount of the allowance. The special travel allowance has an annual cap of \$24,000 for members of the AHS Corporate Management Committee (6 individual executives) and \$15,000 for AHS Corporate Office Senior Vice Presidents (11 individual executives). In appropriate circumstances, the CEO of AHS has been approved by the Committee to travel by charter for AHS business trips in an amount which may exceed the established annual cap. Those executives who receive the special travel allowance are responsible for tracking the expenses reimbursable under the special travel allowance and must submit such expenses on their accountable plan expense report. Any taxable reimbursements made to executives under the special travel allowance arrangement are treated as taxable compensation to the executive. Travel for companions. AHSSHC has a Corporate Executive Policy that provides a benefit to allow for a traveling AHSSHC executive to have his or her spouse accompany the executive on two business trips each year. Typically, reimbursement is only provided to Vice Presidents and above and is limited to one business trip per year and the annual AHS President's Council business meeting. The AHSSHC Corporate Executive Spousal Travel Policy was originally approved and reviewed by the AHSSHC Board Strategy & 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. The AHS executive compensation philosophy is designed and administered to compensate executives for duties performed irrespective of geographic market differences. Certain AHS hospitals are located in communities where the cost of housing is significantly greater than in other hospital locations in AHS. Accordingly, AHS provides housing assistance in the form of a shared equity interest in a residence to eligible executives who are expected to live within the immediate proximity of hospital facilities located in high-cost communities. Under the AHS system-wide policy governing the employer-provided housing assistance, only four individuals are eligible to receive the housing benefit (an AHS regional CEO and CFO and two hospital CEOs). As with all AHSSHC Corporate Executive Policies, the housing benefit policy was authorized and approved by the AHSSHC Board Strategy & Compensation Committee, an independent committee of the AHSSHC Board of Directors. The appropriate annual dollar amount of the housing benefit provided to the above-described eligible executives is treated as taxable compensation to the employee. AHS reviews the overall compensation of its executives on an annual basis to ensure that the total compensation package is reasonable. Housing allowance or residence for personal use. AHSSHC has a Corporate Executive Policy that addresses assistance to executives who have been relocated by the company during the year. Relocation assistance provided to executives may include relocation allowances to assist with duplicate housing expenses. Relocation assistance is administered per AHSSHC policy by an external relocation company. Any taxable reimbursements made to executives in connection with relocation assistance are treated as wages to the executive and are subject to all payroll withholding and reporting requirements. Health or social club dues or initiation fees. AHSSHC has a Corporate Executive Policy that addresses business development expenditures. Under this policy, certain AHS eligible executives may be reimbursed for member dues and usage charges for a country club or other social club upon authorization. Club memberships must be recommended by the CEO of the AHS hospital organization and approved by the Chairman of the Board of Directors of the organization. In addition, the proposed membership must be approved annually by the AHSSHC Board Strategy & 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.</p>
	Part I, Line 4b	<p>In recognition of the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan). The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (IRC) Section 457(f), to individually tailor a benefits program appropriate to each executive's needs. The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits. The pre-determined benefits allowance credit percentage is approved by the AHS Board Strategy & 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 ----- Robert Henderschedt \$109,054 \$100,738 \$ 104,326 \$ 0 Lars Houmann \$166,425 \$171,118 \$ 300,887 \$ 0 Donald Jernigan \$191,945 \$175,445 \$ 348,321 \$ 0 Sandra Johnson \$ 47,679 \$ 32,423 \$ 146,927 \$ 0 Monica Reed \$ 59,656 \$ 56,671 \$ 0 \$ 0 Richard K. Reiner \$173,337 \$476,453 \$ 54,621 \$ 0 Terry D. Shaw \$166,425 \$161,759 \$1,652,483 \$ 0 Brent G. Snyder \$104,840 \$ 71,369 \$ 148,788 \$ 0 Michael Schultz \$107,872 \$102,555 \$ 342,979 \$ 0 Donald Jones \$ 51,514 \$ 30,155 \$ 562,493 \$ 0 David Crane \$117,929 \$103,345 \$ 0 \$ 0 John Harding \$ 82,377 \$ 68,319 \$ 302,870 \$ 0 Kenneth Finch \$ 63,971 \$ 48,602 \$ 321,975 \$ 0</p>
Supplemental Information	Part III	<p>Part I, Question 3. As noted in our response to question 15 of Part VI of Form 990, the individual who serves as the CEO of the filing organization is compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) for that individual's role in serving as the system-wide CEO of AHS. Compensation and benefits provided to this individual are determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958. AHSSHC uses all of the following to establish compensation of the CEO: - Compensation committee, - Independent compensation consultant, - Compensation survey or study, and - Approval by the board or compensation committee.</p>

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Adventist Health System Sunbelt
Healthcare Corporation

Employer identification number

59-2170012

Part I

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

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

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

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

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

Part II

Loans to and/or From Interested Persons.

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

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

Part III

Grants or Assistance Benefitting Interested Persons.

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Kevin Edgerton	Family of Board Member	206,933	Employee compensation		No
(2) Suzanne Keller	Family of Board Member	26,990	Employee compensation		No
(3) Tim Reiner	Family of Board Member	303,852	Employee compensation		No
(4) Heidi Reiner	Family of Board Member	61,195	Employee compensation		No
(5) Terry Owen	Family of Board Member	713,079	Employee compensation		No
(6) Cynthia Rodgers	Family of Board Member	17,814	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 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 System Sunbelt Healthcare Corporation	Employer identification number 59-2170012
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Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	The governing documents of the filing organization provide that the membership of the organization consists of those individuals who as of October 1, 2009 are duly elected members of at least one of the following Executive Committee of the Southern Union Conference of Seventh-day Adventists, Executive Committee of the Southwestern Union Conference of Seventh-day Adventists, Executive Committee of the Lake Union Conference of Seventh-day Adventists, Executive Committee of the Mid-America Union Conference of Seventh-day Adventists and the Board of Directors of the filing organization

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	The Board of Directors of the filing organization are elected by the membership of the organization or are appointed by virtue of their employment with the organization itself or by virtue of their position within one of the Seventh-Day Adventist Conferences listed above

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7b	The membership of the filing organization has certain reserved powers as set forth in the Bylaws of the filing organization. These reserved powers include the following: a) to approve any amendment, restatement, or repealing of the Articles of Incorporation or Bylaws of the filing organization, and b) to appoint individuals to fill any vacancies on the Board of Directors of the Corporation.

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	<p>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</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	<p>Compensation and benefits provided to Adventist Health System Sunbelt Healthcare Corporation's (AHSSHC) CEO, CFO, Vice Presidents or key employees are determined pursuant to policies, procedures, and processes that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958. AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53.4958-6 with respect to its active executive-level positions. The AHSSHC Board Strategy and Compensation Committee (the Committee) serves as the governing body for all executive compensation matters. The Committee is composed of certain members of the Board of Directors (the Board) of AHSSHC. Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC. The Committee's role is to review and approve all components of the executive compensation plan of AHSSHC. As an independent governing body with respect to executive compensation, it should be noted that the Committee will often confer in executive sessions on matters of compensation policy and policy changes. In such executive sessions, no members of management of AHSSHC are present. The Committee is advised by an independent third party compensation advisor. This advisor prepares all the benchmark studies for the Committee. Compensation levels are benchmarked with a national peer group of other not-for-profit healthcare systems and hospitals of similar size and complexity to AHS and each of its affiliated entities. The following principles guide the establishment of individual executive compensation: - The salary of the President/CEO of AHS will not exceed the 40th percentile of comparable salaries paid by similarly situated organizations, and - Other executive salaries shall be established using market medians. The compensation philosophy, policies, and practices of AHSSHC are consistent with the organization's faith-based mission and conform to applicable laws, regulations, and business practices. As a faith-based organization sponsored by the Seventh-day Adventist Church (the Church), AHSSHC's philosophy and principles with respect to its executive compensation practices reflect the conservative approach of the Church's mission of service and were developed in counsel with the Church's leadership.</p>

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

Identifier	Return Reference	Explanation
	Part VII, Section A	Two members of the Board of Directors Lars Houmann and Monica Reed, MD, and three of the highest paid employees John Harding, Kenneth Finch, and David Crane, 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 (D) and (F) on page 7 were provided in conjunction with that person's responsibilities and roles in serving in an executive leadership position for a subsidiary organization of the filing organization Lars Houmann, Monica Reed, MD, John Harding, Kenneth Finch and David Crane devote approximately 50 hours per week in conjunction with serving in their respective executive leadership position for subsidiary hospital organizations Mardian Blair, a member of the Board, received compensation from a grandfathered paid time off plan

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -7,172,783 Transfer from tax-exempt subs 35,000,000 Allocation of debt costs to tax-exempt subs 20,057 Transfer of Insurance Captive Liability from tax-exempt subs -59,189 Deconsolidation of tax-exempt hospital subsidiary -1,350,000 Transfer to tax-exempt affiliates -1,529,433 Reclassification of Minority Interest Liability 21,970,915 Funding of pension liability for tax-exempt sub - 11,233,600 Total to Form 990, Part XI, Line 5 35,645,967

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 System Sunbelt
Healthcare Corporation

Employer identification number

59-2170012

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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?		(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	
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.)

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

Yes

1j

No

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

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

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.

[illegible]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt
Healthcare Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c) (3))	(f) Direct Controlling Entity	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		No
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		No
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		No
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	Yes	
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	Yes	
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	Yes	
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	Yes	
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		No
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		No
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	Yes	
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		No
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	Yes	
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		No
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		No
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		No
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		No
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	Yes	
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		No
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	Yes	
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		No
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		No
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	Yes	
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		No
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	Yes	
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		No
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	Yes	
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	Yes	
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

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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	O peration 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	O peration 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	O peration of Hospital & Related Services	CO	501(c)(3)	170(b)(1)(A)(iii)	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Portland Nursing & Rehab Center Inc 215 Highland Circle Drive Portland, TN 37148 20-5774842	O peration 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	O peration 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	Yes	
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	Yes	
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	O peration 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	O peration 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

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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	O peration of Hospital & Related Services	FL	501(c) (3)	170(b)(1)(A) (iii)	Adventist Hlth SystemSunbelt Inc		No
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		No
Spring View Hlth & Rehab Center Inc 718 Goodwin Lane Leitchfield, KY 42754 20-5782288	O peration 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	O peration 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	Yes	
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	Yes	
Tarpon Springs Hospital Foundation Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-0898901	O peration 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	O peration of Hospital & Related Services	FL	501(c) (3)	170(b)(1)(A) (iii)	Adventist Hlth SystemSunbelt Inc		No
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	O peration of Home for the Aged/Hlthcare Delivery	KS	501(c) (3)	509(a)(2)	Sunbelt Hlth Care Centers Inc		No

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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	Yes	
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 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	Adventist Hlth System Sunbelt Hlthcare Corp	T			100.000 %
AHS Services Inc 11801 South Freeway Fort Worth, TX 76028 75-2049583	Medical Equipment	TX	N/A	C			
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Association	FL	N/A	C			
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	N/A	C			
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	N/A	C			
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org	TX	N/A	C			
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	N/A	C			
Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	N/A	C			
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	N/A	C			
Huguley Medical Associates Inc 11801 South Freeway Burleson, TX 76028 75-2547668	Physician Clinics	TX	N/A	C			
Kissimmee Multispecialty Clinic Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Association	FL	N/A	C			
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	Adventist Hlth System Sunbelt Hlthcare Corp	C	2,816,654	24,411,478	100.000 %
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	N/A	C			
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	N/A	C			

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	Fletcher Hospital Inc	K	4,285,322	% of subsidiaries' operating exp
(2)	Jellico Community Hospital Inc	K	1,303,996	% of subsidiaries' operating exp
(3)	Memorial Hospital Inc	K	2,277,026	% of subsidiaries' operating exp
(4)	Adventist Hinsdale Hospital	K	12,096,394	% of subsidiaries' operating exp
(5)	Chippewa Valley Hospital & Oakview Care Center Inc	K	596,475	% of subsidiaries' operating exp
(6)	Adventist Bolingbrook Hospital	K	4,232,916	% of subsidiaries' operating exp
(7)	Adventist Health SystemSunbelt Inc	K	63,544,170	% of subsidiaries' operating exp
(8)	Adventist GlenOaks Hospital	K	3,577,907	% of subsidiaries' operating exp
(9)	Metroplex Adventist Hospital Inc	K	5,473,223	% of subsidiaries' operating exp
(10)	Emory-Adventist Inc	K	2,467,196	% of subsidiaries' operating exp
(11)	Adventist Health System Georgia Inc	K	2,956,994	% of subsidiaries' operating exp
(12)	Shawnee Mission Medical Center Inc	K	13,145,933	% of subsidiaries' operating exp
(13)	Florida Hospital Zephyrhills Inc	K	6,184,627	% of subsidiaries' operating exp
(14)	University Community Hospital Inc	K	18,414,656	% of subsidiaries' operating exp
(15)	Southwest Volusia Healthcare Corporation	K	5,570,372	% of subsidiaries' operating exp
(16)	Bert Fish Medical Center	K	736,138	% of subsidiaries' operating exp
(17)	Memorial Hospital - West Volusia Inc	K	5,035,695	% of subsidiaries' operating exp
(18)	Florida Hospital Waterman Inc	K	8,189,655	% of subsidiaries' operating exp
(19)	Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	K	3,391,580	% of subsidiaries' operating exp
(20)	Memorial Health Systems Inc	K	7,990,743	% of subsidiaries' operating exp

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)	Memorial Hospital - Flagler Inc	K	4,557,201	% of subsidiaries' operating exp
(22)	Sunbelt Health Care Centers Inc	K	496,146	% of subsidiaries' operating exp
(23)	PorterCare Adventist Health System	K	5,700,376	% of subsidiaries' operating exp
(24)	Fletcher Hospital Inc	P	6,046,518	Cost
(25)	Jellico Community Hospital Inc	P	1,277,798	Cost
(26)	Memorial Hospital Inc	P	3,357,879	Cost
(27)	Adventist Hinsdale Hospital	P	13,047,900	Cost
(28)	AHS Midwest Management Inc	P	1,719,101	Cost
(29)	Adventist Health Partners Inc	P	3,487,279	Cost
(30)	Adventist Bolingbrook Hospital	P	3,402,242	Cost
(31)	Chippewa Valley Hospital & Oakview Care Center Inc	P	501,731	Cost
(32)	Adventist GlenOaks Hospital	P	3,136,238	Cost
(33)	Adventist Health SystemSunbelt Inc	P	122,482,325	Cost
(34)	Huguley Medical Associates Inc	P	214,038	Cost
(35)	Speciality Physicians of Central Texas Inc	P	146,373	Cost
(36)	Metroplex Adventist Hospital Inc	P	5,385,258	Cost
(37)	Emory-Adventist Inc	P	2,531,732	Cost
(38)	Cobb Medical Associates LLC	P	341,526	Cost
(39)	Adventist Health System Georgia Inc	P	3,751,145	Cost
(40)	PorterCare Adventist Health System	P	2,809,363	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)	Shawnee Mission Medical Center Inc	P	11,359,943	Cost
(42)	Florida Hospital Medical Group	P	11,059,288	Cost
(43)	Memorial Hospital - West Volusia Inc	P	5,490,159	Cost
(44)	Southwest Volusia Healthcare Corporation	P	4,648,301	Cost
(45)	Memorial Hospital - Flagler Inc	P	5,750,861	Cost
(46)	Memorial Health Systems Inc	P	10,558,708	Cost
(47)	Florida Hospital Waterman Inc	P	6,245,336	Cost
(48)	Florida Hospital Zephyrhills Inc	P	6,322,189	Cost
(49)	Sunbelt Health Care Centers Inc	P	6,274,221	Cost
(50)	University Community Hospital Inc	P	15,316,616	Cost
(51) Pinellas	Tarpon Springs Hospital Foundation Inc dba Florida Hosp North	P	2,906,566	Cost
(52)	Pasco-Pinellas Hillsborough Community Health System Inc	P	348,431	Cost
(53)	Bert Fish Medical Center	P	1,486,970	Cost
(54)	Adventist Health SystemSunbelt Inc	O	1,002,400	cost
(55)	Emory-Adventist Inc	A	45,345	FMV Interest Rate
(56)	Emory-Adventist Inc	R	384,598	Principal Payment
(57) Pinellas	Tarpon Springs Hospital Foundation Inc dba Florida Hosp North	A	664,704	FMV Interest Rate
(58) Pinellas	Tarpon Springs Hospital Foundation Inc dba Florida Hosp North	D	26,000,000	amount of loan
(59)	Pasco-Pinellas Hillsborough Community Health System Inc	A	446,258	FMV Interest Rate
(60)	Pasco-Pinellas Hillsborough Community Health System Inc	D	46,000,000	amount of loan

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 - Flagler Inc	I	55,959	FMV Rental Rate
(62)	Adventist Hinsdale Hospital	I	91,977	FMV Rental Rate
(63)	Memorial Hospital Inc	I	73,761	FMV Rental Rate
(64)	Shawnee Mission Medical Center Inc	I	59,064	FMV Rental Rate
(65)	University Community Hospital Inc	C	1,835,185	Actual Amount Received
(66)	Fletcher Hospital Inc	C	483,614	Actual Amount Received
(67)	Memorial Hospital Inc	C	281,248	Actual Amount Received
(68)	Adventist Hinsdale Hospital	C	1,803,081	Actual Amount Received
(69)	Adventist Bolingbrook Hospital	C	212,739	Actual Amount Received
(70)	Chippewa Valley Hospital & Oakview Care Center Inc	C	54,760	Actual Amount Received
(71)	Adventist GlenOaks Hospital	C	299,501	Actual Amount Received
(72)	Adventist Health System Georgia Inc	C	688,672	Actual Amount Received
(73)	PorterCare Adventist Health System	C	5,223,046	Actual Amount Received
(74)	Shawnee Mission Medical Center Inc	C	2,312,798	Actual Amount Received
(75)	Florida Hospital Zephyrhills Inc	C	846,449	Actual Amount Received
(76)	Memorial Hospital - West Volusia Inc	C	513,990	Actual Amount Received
(77)	Southwest Volusia Healthcare Corporation	C	751,125	Actual Amount Received
(78)	Memorial Hospital - Flagler Inc	C	1,165,552	Actual Amount Received
(79)	Memorial Health Systems Inc	C	1,145,545	Actual Amount Received
(80)	Florida Hospital Waterman Inc	C	1,532,991	Actual Amount Received

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
(81)	Adventist Health SystemSunbelt Inc	C	15,849,706	Actual Amount Received
(82)	University Community Hospital Inc	C	1,835,185	Actual Amount Received
(83)	South Central Nursing Home Properties Inc	D	19,913,159	Actual Amount Loan
(84)	South Central Nursing Home Properties Inc	R	33,377,329	Actual Amount Transferred
(85)	Jellico Community Hospital Inc	B	2,000,000	Actual Amount Given
(86)	Bert Fish Medical Center	Q	1,350,000	Actual Amount Given
(87)	Adventist Health SystemSunbelt Inc	B	1,870,890	Actual Amount Given
(88)	Sunsystem Development Corporation	B	123,721	Actual Amount Given

TY 2011 Category 3 filer statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	none	Adventist Health System Sunbelt Healthcare Corpora	900 Hope Way Altamonte Springs, FL 32714	59-2170012	0

TY 2011 Category 3 filer statement**Name:** Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	none	Adventist Health System Sunbelt Healthcare Corpora	900 Hope Way Altamonte Springs, FL 32714	59-2170012	0

TY 2011 Category 3 filer statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	none	Adventist Health System Sunbelt Healthcare Corpora	900 Hope Way Altamonte Springs, FL 32714	59-2170012	0

TY 2011 Category 3 filer statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	none	Adventist Health System Sunbelt Healthcare Corpora	900 Hope Way Altamonte Springs, FL 32714	59-2170012	0

TY 2011 Category 3 filer statement**Name:** Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
0	none	Adventist Health System Sunbelt Healthcare Corpora	900 Hope Way Altamonte Springs, FL 32714	59-2170012	0

**TY 2011 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Change in unrealized loss	3,024,690

**TY 2011 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Gain	2,159,718

TY 2011 Earnings and Profits Other Adjustments Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Amount
Loss and loss expenses	5,636,330
Net contributions	-6,278,339

**TY 2011 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Loss/Gain	5,803,984

**TY 2011 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Loss on Investments	9,385,639

**TY 2011 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Change in Unrealized Gain/Loss	-8,544,570

TY 2011 Itemized Other Current Liabilities Schedule

Name: Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Bella Vista Yauco Inc	66-0553535	Third Party Payors	1,518,169	0

TY 2011 Itemized Other Current Liabilities Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD		Redemptions Payable	338,101	1,995,498
		Subscription received in advance	140,000	0
		Accrued Expenses and other liabilities	4,639	10,165

TY 2011 Itemized Other Current Liabilities Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Basix Capital Offshore Fund LTD		Securities Sold Short, at market	36,247,001	23,352,958
		Performance Fee Payable	580,538	0
		Dividends Payable	11,522	15,090
		Redemptions Payable	250,000	2,767,839
		Accrued Expenses	44,887	47,960

TY 2011 Itemized Other Current Liabilities Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
RAB Cross Europe Fund Limited		Financial Liabilities	2,563,579	
		Due to Broker	5,408,459	
		Subscription received in advance	808,614	
		Interest Payable	36,159	
		Other liabilities	340,976	

TY 2011 Itemized Other Current Liabilities Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd co Kettle Hill Capital Management L	98-0606373	SECURITIES SOLD SHORT	8,828,995	7,436,202
		REDEMPTIONS PAYABLE	1,518,100	2,013,417
		ACCRUED EXPENSES	53,323	63,176
		DIVIDENDS PAYABLE	162	11,326

TY 2011 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
Basix Capital Offshore Fund LTD		Other Assets	6,706	19,706

TY 2011 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
CBAM Resolute Fund Ltd co Maples Corp		Investment in Master Fund		230,004,472
		Other Assets		25,452

TY 2011 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
CBAM Intrepid Fund Ltd co Maples Corp		Investment in Master Fund		75,023,257
		Other Assets		36,962

TY 2011 Itemized Other Assets Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
Templeton Global Bond Plus(Cayman) Fund		Investment in Master Fund	371,824,867	437,039,321
		Advanced Investment in Master Fund	61,000,000	0

TY 2011 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
K2 Commodities Fund Ltd		Other Assets		59,897

TY 2011 Itemized Other Current Assets
Schedule

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

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD		Due from Master Fund	338,101	2,013,417

TY 2011 Itemized Other Current Assets
Schedule

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

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
AHS - K2 Alternatives Portfolio Ltd		Due from Investment Entities	9,085,234	1,405,783

**TY 2011 Itemized Other Current Assets
Schedule**

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Basix Capital Offshore Fund LTD		Due from Broker	38,566,779	26,978,394
		Dividends and Interest Receivable	3,869	11,953

TY 2011 Itemized Other Current Assets
Schedule

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

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
		Other assets	42,742	35,397
		Investment made in Advance		2,000,000

**TY 2011 Itemized Other Current Assets
Schedule**

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
RAB Cross Europe Fund Limited		Due from Broker	12,533,923	0
		Interest Receivable	8,702	0

TY 2011 Itemized Other Current Assets Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd co Kettle Hill Capital Management L	98-0606373	DUE FROM BROKER	32,613,503	34,202,824
		DIVIDENDS RECEIVABLE	1,018	2,716

TY 2011 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fees		623,754
Professional Fees		183,832
Stock loan fees		94,415
Incentive allocation		197,711
Other Expenses		3,304

TY 2011 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Performance Fees		14,098
Management Fees		408,401
Professional Fees & Others		169,172

TY 2011 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fee		344,342
Professional Fees & Others		34,412

TY 2011 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fee		140,735
Performance Fees		60,391
Professional Fees & Others		25,677

TY 2011 Other Deductions Schedule

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

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Professional Fees		342,432

TY 2011 Other Deductions Schedule**Name:** Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Dividend Expense		8,136
Management Fee		226,559
Other Professional Fees		49,933
Director Fees		23,718
Stock loan fees		36,001
Insurance		52,054
Section 988 Expense		1,098,224
Other Expenses		28,953

TY 2011 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fee		1,965,140
Professional Fees		330,423

TY 2011 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD		Investment in Master Fund	42,781,486	39,673,784

TY 2011 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Basix Capital Offshore Fund LTD		Investments in Marketable Securities	40,954,432	35,605,219

TY 2011 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
K2 Commodities Fund Ltd		Investment in Investment Entities		190,438,002

TY 2011 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
RAB Cross Europe Fund Limited		Financial Assets	12,134,499	0

TY 2011 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
AHS - K2 Alternatives Portfolio Ltd		Investments	93,399,019	249,945,910

TY 2011 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
		Due from Investment Entities		28,957,225

TY 2011 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd co Kettle Hill Capital Management L	98-0606373	INVESTMENTS IN SECURITIES	21,254,091	15,903,922

TY 2011 Itemized Other Liabilities Schedule

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

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
CBAM Resolute Fund Ltd co Maples Corp		Management Fee Payable		72,655
		Accrued Expenses		44,137

TY 2011 Itemized Other Liabilities Schedule

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

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
CBAM Intrepid Fund Ltd co Maples Corp		Management Fee Payable		31,072
		Accrued Expenses		44,506

TY 2011 Itemized Other Liabilities Schedule

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

TY 2011 Itemized Other Liabilities Schedule

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
Templeton Global Bond Plus(Cayman) Fund		Subscriptions in Advance	61,000,000	

TY 2011 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Net realized gain on investments		3,259,190
Unrealized loss on investments		-1,465,857

TY 2011 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Change in Unrealized Gain/Loss		8,544,570
Section 988 Income		1,812,200
Other Income		67,161

TY 2011 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Net realized loss on investments		-84,558
Net unrealized loss on investments		-5,803,984

TY 2011 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Unrealized gain/loss on investments		-3,568,196

TY 2011 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Unrealized loss on investments		-4,419,042

TY 2011 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Investment Income from Master Fund		3,439,211
Unrealized gain/loss on investments		3,237,420

TY 2011 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Unrealized gain/loss on investments		-9,385,639

TY 2011 Owns Foreign Partnership Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Name	EIN or SSN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
Kettle Hill Master Fund LTD	98-0606373		Kettle Hill Capital LLC	2011-01-01	2011-12-31

TY 2011 Owns Foreign Partnership Statement

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

Name	EIN or SSN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
CBAM Resolute Master Fund Ltd	98-1008650			2011-08-01	2011-12-31

TY 2011 Owns Foreign Partnership Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Name	EIN or SSN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
CBAM Intrepid Master Fund Ltd	98-1009378			2011-08-01	2011-12-31

TY 2011 Owns Foreign Partnership Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Name	EIN or SSN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
Templeton Global Bond Plus (Master) Fund	98-0637267		Templeton Global Bond Plu	2011-10-01	2011-12-31

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2011 Functional Currency and
Exchange Rate QBU Statement

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

QBU Id	Country of Operation	Functional Currency
US Dollar		0.00000

**TY 2011 Itemized Deductions Not
Charged Against Books Schedule**

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

Description	Amount
Change in Accrued Dividends	2,716

TY 2011 Itemized Expenses
Recorded on Books Schedule

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

Description	Amount
US TAXES WITHHELD	26,254

**TY 2011 Itemized Income Not
Recorded on Books Schedule**

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

Description	Amount
BOOK TAX DIFFERENCE ON GAIN	107,307

**TY 2011 Itemized Income Not
Recorded on Books Schedule**

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

Description	Amount
Unrealized gain	1,488,400

**TY 2011 Itemized Income Not
Recorded on Books Schedule**

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

Description	Amount
Net Section 988 Income/(Loss)	5,741

TY 2011 Itemized Other Credits Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Trade or Business Activity	Description	Amount	Category
	US Taxes Withheld	26,255	Other credits

**TY 2011 Itemized Share of Other
Income (Loss) Schedule**

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Amount
Ordinary loss securities trading	-785,220
Net Section 988 Income/(Loss)	5,741

**Statement of Imputed Interest Under I.R.C. § 7872
For the taxable year ended December 31, 2011**

Taxpayer: Tamara Trimble

Address: 1634 Cherry Lake Way
Lake Mary, FL 32746

TIN 265-11-2382

This statement relates to an amount includible in income under section 7872 for the taxable year ended 12/31/2011 as a result of a split-dollar life insurance arrangement between the taxpayer and the taxpayer's employer. The taxpayer elected to treat the split dollar arrangement as a loan for Federal income tax purposes, and the amount that has been included as income is the imputed interest for the year as outlined below.

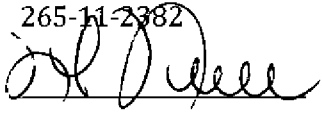
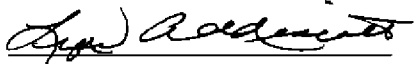
The amount of \$72.22 has been included as imputed interest income and reported by the employer on a Form W-2 (or Form 1099) as compensation income.

The imputed interest has been calculated by applying the blended annual short term AFR for 2011 (equal to .40%) to the loan balance (cumulative premiums paid by the lender employer) as of January 1, 2011 plus the lender employer's share of the annual premium due June 1, 2011, if any. Interest was calculated for 365 days for the cumulative loan balance as of January 1, 2011 and 214 days for the premium due June 1, 2011, if any.

This statement of imputed interest is intended to satisfy the requirement of Treas. Reg. Section 1.7872-11(g).

Agreement to Treat Split Dollar Loan Arrangement as Noncontingent

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

	<u>Borrower</u>	<u>Lender</u>
Name:	Tamara Trimble	Adventist Health System
Address	1634 Cherry Lake Way Lake Mary, FL 32746	900 Hope Way Altamonte Springs, FL 32714
Taxpayer Identification Number	265-11-2382	59-2170012
Signature		
Title (for Lender)		Assistant Secretary

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