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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)

OMB No. 1545-0047

2011

Open to Public
Inspection

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

| | | | |
|---|---|---|--|
| B Check if applicable | C Name of organization Adventist University of Health Sciences, Inc. | | D Employer identification number 59-3069793 |
| <input type="checkbox"/> Address change | | | |
| <input checked="" type="checkbox"/> Name change | | | |
| <input type="checkbox"/> Initial return | | | |
| <input type="checkbox"/> Terminated | | | |
| <input type="checkbox"/> Amended return | | | |
| <input type="checkbox"/> Application pending | | | |
| Doing Business As | | | |
| Number and street (or P.O. box if mail is not delivered to street address) 671 Winyah Drive | | Room/suite | E Telephone number 407-303-9798 |
| City or town, state or country, and ZIP + 4 Orlando, FL 32803 | | | |
| F Name and address of principal officer: David E. Greenlaw same as C above | | | |
| G Gross receipts \$ 29,706,778. | | | |
| H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) | | | |
| H(c) Group exemption number ► 1071 | | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | J Website: ► www.adu.edu | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► | | L Year of formation 1991 M State of legal domicile FL | |

Part I Summary

| | | | |
|--|---|----|----|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: The provision of Allied Health and nursing education through the operation of a school. | | |
| | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 7 |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 7 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |

| | | | |
|---------|---|-------------|--------------|
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 5,481,487. | 5,306,740. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 23,762,157. | 24,280,243. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 364,249. | 119,795. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 16,307. | 0. |
| | | 29,624,200. | 29,706,778. |
| | | OGDEN, UT | |

| | | | |
|---|--|-------------|--------------|
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | Prior Year | Current Year |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 640,226. | 618,646. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ► 0. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 28,670,795. | 29,003,682. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 29,311,021. | 29,622,328. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 313,179. | 84,450. | |

| | | | |
|-----------------------------|---|---------------------------|-------------|
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 Total liabilities (Part X, line 26) | 12,573,727. | 13,545,522. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 3,701,547. | 4,588,892. |
| | | 8,872,180. | 8,956,630. |

Part II Signature Block

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

JUN 21 2013

| | | |
|-----------|--|----------------|
| Sign Here | Signature of officer Lynn C. Addiscott, Assistant Secretary | Date 5/7/13 |
| | Type or print name and title | |

| | | | | | |
|------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ► | | | Firm's EIN ► | |
| | Firm's address ► | | | Phone no. | |

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

 Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III **X**

1 Briefly describe the organization's mission:

Adventist University of Health Sciences, a Seventh-day Adventist institution, specializes in the education of professionals in healthcare. Service-oriented and guided by the values of nurture, excellence, spirituality, and stewardship, the University seeks to

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 \$ 25,878,518. including grants of \$ 618,646.) (Revenue \$ 24,280,243.)
Enrolled 3,346 degree seeking students in Allied Health & Nursing programs.

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 ► 25,878,518.

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors*?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI
- Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12b 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

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

14b 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, Parts I and IV

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 United States? If "Yes," complete Schedule F, Parts II and IV

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 United States? If "Yes," complete Schedule F, Parts III and IV

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

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

| | Yes | No |
|-----|-----|----|
| 1 | X | |
| 2 | X | |
| 3 | | X |
| 4 | | X |
| 5 | | X |
| 6 | | X |
| 7 | | X |
| 8 | | X |
| 9 | | X |
| 10 | X | |
| 11a | X | |
| 11b | | X |
| 11c | | X |
| 11d | | X |
| 11e | X | |
| 11f | X | |
| 12a | X | |
| 12b | X | |
| 13 | X | |
| 14a | | X |
| 14b | | X |
| 15 | | X |
| 16 | | X |
| 17 | | X |
| 18 | | X |
| 19 | | X |
| 20a | | X |
| 20b | | |

Adventist University of Health Sciences, Inc.

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Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|---|-----|----|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 | 24a | X |
| 24b | | 24b | |
| 24c | | 24c | |
| 24d | | 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? If "Yes," complete Schedule L, Part I | 25a | X |
| 25b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | X |
| 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): | | |
| 28a | a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | X |
| 28b | b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | X |
| 28c | 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 direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X |
| 35b | b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | X |
| 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 | X |

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

| | Yes | No |
|--|-----|----|
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 9 |
| 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 | X |
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 0 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i> | | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | X |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X |
| b If "Yes," enter the name of the foreign country: ► <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i> | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | X |
| 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 | X |
| 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). | 7a | X |
| 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? | 7b | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7c | X |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7d | |
| d If "Yes," indicate the number of Forms 8282 filed during the year | 7e | X |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7f | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7g | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7h | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 8 | |
| 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? | 9a | |
| 9 Sponsoring organizations maintaining donor advised funds. | 9b | |
| 10 Section 501(c)(7) organizations. Enter: | 10a | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 10b | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | |
| 11 Section 501(c)(12) organizations. Enter: | 11a | |
| a Gross income from members or shareholders | 11b | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | |
| 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. | 13a | |
| a Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i> | | |
| b Enter the 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 amount of reserves on hand | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14a | X |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

Adventist University of Health Sciences, Inc.

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 | 15 | |
| | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | |
| 1b | Enter the number of voting members included in line 1a, above, who are independent | 7 | |
| 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? | | X |
| 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? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 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? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | | |
| b | Each committee with authority to act on behalf of the governing body? | | |
| 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 | | X |

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? | X |
| 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? | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | |
| 13 | Did the organization have a written whistleblower policy? | |
| 14 | Did the organization have a written document retention and destruction policy? | |
| 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 | |
| b | Other officers or key employees of the organization | |
| | 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? | |
| 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? | |
| 16a | | X |
| 16b | | |

Section C. Disclosure

| | |
|----|--|
| 17 | List the states with which a copy of this Form 990 is required to be filed ►FL |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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 during the tax year. |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Robert Curren - (407) 303-9372 671 Winyah Drive, Orlando, FL 32803 |

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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|---------------------------------|---|---|--|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (1) Andrews, Diane Member | 0.20 | X | | | | | 0. | 0. | 0. |
| (2) Cauley, Michael F. Member | 0.20 | X | | | | | 0. | 1,802. | 0. |
| (3) Cummings, Jr., Desmond Member | 0.20 | X | | | | | 0. | 753,821. | 35,832. |
| (4) Dixon, Daryl Member | 0.20 | X | | | | | 0. | 0. | 0. |
| (5) Dodds, Sheryl D. Member | 0.20 | X | | | | | 0. | 453,963. | 53,663. |
| (6) Gray, MD, Kristen Member | 0.20 | X | | | | | 0. | 7,179. | 0. |
| (7) Greenlaw, David E. Secretary/President/Member | 50.00 | X | X | | | | 0. | 380,880. | 54,153. |
| (8) Henderschedt, Robert R. Member | 0.20 | X | | | | | 0. | 1,050,296. | 138,146. |
| (9) Houmann, Lars D. Chairman/Member | 0.50 | X | | | | | 0. | 1,610,483. | 225,465. |
| (10) Jones, Donald G. Member | 0.20 | X | | | | | 0. | 1,082,369. | 68,066. |
| (11) Kishbaugh, Troy Member | 0.20 | X | | | | | 0. | 0. | 0. |
| (12) Kovalski, Gerald Member | 0.20 | X | | | | | 0. | 0. | 0. |
| (13) Retzer, Gordon Chairman/Member - Ended 9/11 | 0.20 | X | | | | | 0. | 3,115. | 0. |
| (14) Silver, Stephen Member | 0.20 | X | | | | | 0. | 0. | 0. |
| (15) Smith, Ph.D., Ron C. Vice Chair/Member - Began 12/11 | 0.20 | X | | | | | 0. | 3,865. | 0. |
| (16) Suarez, Judy Member - Ended 8/11 | 0.20 | X | | | | | 0. | 0. | 0. |
| (17) Werner, Thomas L. Member | 0.20 | X | | | | | 0. | 6,129. | 11,249. |

Adventist University of Health Sciences, Inc.

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

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

| | Yes | No |
|---|-----|----|
| 3 | | X |
| 4 | X | |
| 5 | | X |

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 |
|--|---|---------------------|
| Embanet-Compass Knowledge Group, 105 Gordon Baker Rd Suite 300, Toronto, OH | Marketing & Course Development/Hosting | 4,483,173. |
| | | |
| | | |
| | | |

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 ► 1

Adventist University of Health Sciences, Inc.

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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 | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | 4,787,661. | | | | |
| | e Government grants (contributions) | 1e | 456,144. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 62,935. | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | | | | | | |
| | h Total. Add lines 1a-1f | | ► 5,306,740. | | | | |
| | | | | | | | |
| Program Service Revenue | 2 a Tuition & Fees | Business Code: 900099 | 22029386. | 22029386. | | | |
| | b Auxiliary Services | 900099 | 2,249,789. | 2,249,789. | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue | 900099 | 1,068. | 1,068. | | | |
| | g Total. Add lines 2a-2f | | ► 24280243. | | | | |
| | | | | | | | |
| | Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | ► 119,795. | | | 119,795. |
| 4 Income from investment of tax-exempt bond proceeds | | | ► | | | | |
| 5 Royalties | | | ► | | | | |
| 6 a Gross rents | | (i) Real | (ii) Personal | | | | |
| b Less: rental expenses | | | | | | | |
| c Rental income or (loss) | | | | | | | |
| d Net rental income or (loss) | | | ► | | | | |
| 7 a Gross amount from sales of assets other than inventory | | (i) Securities | (ii) Other | | | | |
| b Less: cost or other basis and sales expenses | | | | | | | |
| c Gain or (loss) | | | | | | | |
| d Net gain or (loss) | | | ► | | | | |
| 8 a 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 | | ► | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | ► | | | | | |
| 10 a 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: | | | | | | |
| 11 a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | ► | | | | | |
| 12 Total revenue. See instructions. | | ► 29706778. | 24280243. | 0. | 119,795. | | |

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 | 3,500. | 3,500. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 615,146. | 615,146. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 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 | | | | |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | | | | |
| 10 Payroll taxes | | | | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | 5,675. | 5,675. | | |
| c Accounting | 73,800. | 73,800. | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 4,496,762. | 4,496,512. | 250. | |
| 12 Advertising and promotion | 121,943. | 108,217. | 13,726. | |
| 13 Office expenses | 1,151,608. | 774,829. | 376,779. | |
| 14 Information technology | 689,541. | 672,566. | 16,975. | |
| 15 Royalties | | | | |
| 16 Occupancy | 2,677,345. | 1,874,409. | 802,936. | |
| 17 Travel | 398,567. | 294,010. | 104,557. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 6,016. | 6,016. | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 121,564. | 121,564. | | |
| 23 Insurance | | | | |
| 24 Other expenses Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) | | | | |
| a Reimbursed S & W | 17,191,708. | 15,436,750. | 1,754,958. | |
| b Bookstore - COGS | 866,090. | 866,090. | | |
| c Student Services | 323,966. | 249,310. | 74,656. | |
| d Sponsored Events | 312,863. | 106,463. | 206,400. | |
| e All other expenses | 566,234. | 253,136. | 313,098. | |
| 25 Total functional expenses. Add lines 1 through 24e | 29,622,328. | 25,878,518. | 3,743,810. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Check here ► if following SOP 98-2 (ASC 958-720)

Adventist University of Health Sciences, Inc.

Form 990 (2011)

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Part X Balance Sheet

| | | (A) Beginning of year | (B) End of year |
|-----|---|--------------------------|-----------------------|
| | Assets | | |
| 1 | Cash - non-interest-bearing | 1 | |
| 2 | Savings and temporary cash investments | 9,806,850. | 2 10,825,404. |
| 3 | Pledges and grants receivable, net | 14,328. | 3 12,857. |
| 4 | Accounts receivable, net | 1,064,852. | 4 1,240,303. |
| 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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | 6 | |
| 7 | Notes and loans receivable, net | 7 | |
| 8 | Inventories for sale or use | 256,045. | 8 265,382. |
| 9 | Prepaid expenses and deferred charges | 536,264. | 9 595,410. |
| 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,590,061. | |
| b | Less: accumulated depreciation | 10b 1,116,799. | 499,961. 10c 473,262. |
| 11 | Investments - publicly traded securities | 11 | |
| 12 | Investments - other securities. See Part IV, line 11 | 12 | |
| 13 | Investments - program-related. See Part IV, line 11 | 13 | |
| 14 | Intangible assets | 14 | |
| 15 | Other assets. See Part IV, line 11 | 395,427. | 15 132,904. |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 12,573,727. | 16 13,545,522. |
| | Liabilities | | |
| 17 | Accounts payable and accrued expenses | 166,597. | 17 203,714. |
| 18 | Grants payable | 18 | |
| 19 | Deferred revenue | 1,879,850. | 19 2,383,899. |
| 20 | Tax-exempt bond liabilities | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 21 | |
| 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,655,100. | 25 2,001,279. |
| 26 | Total liabilities. Add lines 17 through 25 | 3,701,547. | 26 4,588,892. |
| | 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 | 8,872,180. | 27 8,956,630. |
| 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 | 8,872,180. | 33 8,956,630. |
| 34 | Total liabilities and net assets/fund balances | 12,573,727. | 34 13,545,522. |

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

| | |
|---|-------------|
| 1 | 29,706,778. |
| 2 | 29,622,328. |
| 3 | 84,450. |
| 4 | 8,872,180. |
| 5 | 0. |
| 6 | 8,956,630. |

Part XII Financial Statements and ReportingCheck 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? | 2a | X |
| b Were the organization's financial statements audited by an independent accountant? | 2b | X |
| c If "Yes" to line 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? | 2c | X |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | |
| 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 type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | X |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3b | X |

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2011

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

| | | |
|---------------------------------|---|---------------------------------------|
| Name of the organization | Adventist University of Health Sciences, Inc. | Employer identification number |
| | | 59-3069793 |

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

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

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 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. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 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 section 501(c)(3) organization, check this box and stop here | | | | | | ► <input type="checkbox"/> |

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 from 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 a 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"/> | |

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

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 ►

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

2011Open to Public
Inspection

Name of the organization **Adventist University of Health Sciences, Inc.** Employer identification number **59-3069793**

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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| | Held at the End of the Tax Year |
|----|---------------------------------|
| 2a | |
| 2b | |
| 2c | |
| 2d | |

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax 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, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X ► \$ _____

Adventist University of Health Sciences, Inc.

Schedule D (Form 990) 2011

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

3 Using the organization's acquisition, 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 | 277,768. | 261,631. | 246,432. | 232,116. | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 17,132. | 16,137. | 15,199. | 14,316. | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 294,900. | 277,768. | 261,631. | 246,432. | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► 100.00 %

b Permanent endowment ► .00 %

c Temporarily restricted endowment ► .00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | X | |
| 3b | X | |

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

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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | 1,590,061. | 1,116,799. | | 473,262. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 473,262.

Schedule D (Form 990) 2011

Adventist University of Health Sciences, Inc.

Schedule D (Form 990) 2011

59-3069793 Page 3

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► | | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ► | | |

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

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) Due to Florida Hospital | 1,731,906. |
| (3) Other Current Liabilities | 269,373. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ► | 2,001,279. |

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

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Schedule D (Form 990) 2011

Adventist University of Health Sciences, Inc.

Schedule D (Form 990) 2011

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

| | | |
|---|----|-------------|
| 1 Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 29,706,778. |
| 2 Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 29,622,328. |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 84,450. |
| 4 Net unrealized gains (losses) on investments | 4 | |
| 5 Donated services and use of facilities | 5 | |
| 6 Investment expenses | 6 | |
| 7 Prior period adjustments | 7 | |
| 8 Other (Describe in Part XIV.) | 8 | |
| 9 Total adjustments (net). Add lines 4 through 8 | 9 | |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 84,450. |

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

| | | |
|--|----|-------------|
| 1 Total revenue, gains, and other support per audited financial statements | 1 | 31,477,574. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a Net unrealized gains on investments | 2a | |
| b Donated services and use of facilities | 2b | |
| c Recoveries of prior year grants | 2c | |
| d Other (Describe in Part XIV.) | 2d | 1,770,796. |
| e Add lines 2a through 2d | 2e | 1,770,796. |
| 3 Subtract line 2e from line 1 | 3 | 29,706,778. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b Other (Describe in Part XIV.) | 4b | |
| c Add lines 4a and 4b | 4c | 0. |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 29,706,778. |

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

| | | |
|--|----|-------------|
| 1 Total expenses and losses per audited financial statements | 1 | 29,571,156. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a Donated services and use of facilities | 2a | |
| b Prior year adjustments | 2b | |
| c Other losses | 2c | |
| d Other (Describe in Part XIV.) | 2d | |
| e Add lines 2a through 2d | 2e | 0. |
| 3 Subtract line 2e from line 1 | 3 | 29,571,156. |
| 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 | 51,172. |
| c Add lines 4a and 4b | 4c | 51,172. |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 29,622,328. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; 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.

Part V, line 4: Adventist University of Health Sciences, Inc. (AU) has

an endowment fund established for Scholarships intended to be used by
students attending AU. The endowment fund is currently held and
administered by SunSystem Development Corp. d/b/a Florida Hospital
Foundation (FHF), a related tax-exempt organization that is also exempt
under IRC Section 501(c)(3).

Part XII, Line 2d - Other Adjustments:

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Schedule D (Form 990) 2011

Part XIV Supplemental Information (continued)

| | |
|---|-------------------|
| <u>Topic 958 Adjustment</u> | <u>1,821,968.</u> |
| <u>Prior year refund of reimbursed wages</u> | <u>47,806.</u> |
| <u>Scholarships reclassed to expenses</u> | <u>-98,978.</u> |
| <u>Total to Schedule D, Part XII, Line 2d</u> | <u>1,770,796.</u> |

Part XIII, Line 4b - Other Adjustments:

| | |
|--|-----------------|
| <u>Prior year refund of reimbursed wages</u> | <u>-47,806.</u> |
| <u>Scholarships reclassed from revenue</u> | <u>98,978.</u> |
| <u>Total to Schedule D, Part XIII, Line 4b</u> | <u>51,172.</u> |

Part X - The filing organization's separate audited financial statements
contain the following FIN 48 footnote. The organization follows the
Income Taxes topic of the Accounting Standards Codification (ASC 740),
which prescribes the accounting for uncertainty in income tax positions
recognized in the 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.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

OMB No 1545-0047

2011

Open to Public
Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13,
or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

| | | |
|--------------------------|---|--------------------------------|
| Name of the organization | Adventist University of Health Sciences, Inc. | Employer identification number |
| | | 59-3069793 |

Part I

- 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1
- 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2
- 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. 3

If you need more space, use Part II

The policy is contained in the college bulletin.

- 4 Does the organization maintain the following?
 - a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a
 - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b
 - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c
 - d Copies of all material used by the organization or on its behalf to solicit contributions? 4d

If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5 Does the organization discriminate by race in any way with respect to:
 - a Students' rights or privileges? 5a
 - b Admissions policies? 5b
 - c Employment of faculty or administrative staff? 5c
 - d Scholarships or other financial assistance? 5d
 - e Educational policies? 5e
 - f Use of facilities? 5f
 - g Athletic programs? 5g
 - h Other extracurricular activities? 5h

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a
- b Has the organization's right to such aid ever been revoked or suspended? 6b

If you answered "Yes" to either line 6a or line 6b, explain on Part II.

- 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II 7

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule E (Form 990 or 990-EZ) (2011)

Part II

Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information.

Schedule E, line 6 - Explanation of Government Financial Aid:

Students at the University may qualify under Title IV for access to federal aid (Pell grants and Stafford loans). The University has an administrative role in the qualifying, requesting and disbursement of such funds to students. The University receives a small administrative allowance from the Department of Education for its management of this program.

Adventist University of Health Sciences, Inc.

Schedule I (Form 990) (2011)

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.
Part III can be duplicated 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 |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| Dual Enrollment Scholarships | 48 | 98,978. | 0. | | |
| Endowed Scholarships | 78 | 75,254. | 0. | | |
| Scholarships for employees and their dependents | 54 | 298,010. | 0. | | |
| Non-endowed Scholarships | 25 | 46,057. | 0. | | |
| Health Resources & Services Administration Nursing Scholarships | 22 | 34,194. | 0. | | |

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

Schedule I, Part I, Line 2: With respect to scholarships, interested students complete an application which is reviewed by the scholarship committee to determine if they meet established criteria. Funds are then awarded to the applicants who best meet the criteria. The amount of money available will determine how many scholarships are awarded. A portion of these scholarships are awarded to students based on financial need and nationality.

Students who are awarded scholarships are monitored with respect to their scholastic achievement as students must maintain certain grades to retain their scholarships.

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Adventist University of Health Sciences, Inc.

Schedule I (Form 990)

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Page 2

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990, Part III))

THE JOURNAL OF CLIMATE

| (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 |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| Health Resources & Services Administration Anesthesia Scholarships | 23 | 56,195. | 0. | | |

Schedule I (Form 990)

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Adventist University of Health Sciences, Inc.

Employer identification number
59-3069793

Part I Questions Regarding Compensation

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 type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

| | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input 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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations 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?
b Any related organization?

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?
b Any related organization?

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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2011

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts 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 as deferred in prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|----------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Cummings, Jr., Desmond | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| 2 Dodds, Sheryl D. | 454,552. | 132,817. | 166,452. | 13,067. | 22,765. | 789,653. | 0. |
| 3 Greenlaw, David E. | 313,700. | 70,193. | 70,070. | 41,161. | 12,502. | 507,626. | 41,528. |
| 4 Henderschedt, Robert R. | 232,961. | 56,983. | 90,936. | 13,343. | 40,810. | 435,033. | 0. |
| 5 Houmann, Lars D. | 583,876. | 172,147. | 294,273. | 105,897. | 32,249. | 1,188,442. | 87,688. |
| 6 Jones, Donald G. | 848,313. | 241,337. | 520,833. | 179,768. | 45,697. | 1,835,948. | 153,591. |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |

Adventist University of Health Sciences, Inc.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I, Line 1a: As discussed in our response to Section B, Part VI,

Question 15a & b, the filing organization is a part of the system of

healthcare organizations known as Adventist Health System (AHS). The President of the filing organization is compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of AHS. AHSSHC is exempt from federal income tax under IRC Section 501(c)(3). The filing organization reimburses AHSSHC for the salary and benefit cost of the President of the filing organization.

Social club dues are paid by the University for the President, David E.

Greenlaw. The social club membership was used 100% for business purposes and thus was not included in taxable compensation.

Part I, Line 4b: As discussed in Line 1a above, the President of the filing organization is compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of a healthcare system known as Adventist Health System (AHS).

In addition, several members of the Board of Directors of the filing organization serve in executive management positions within AHS. In

Adventist University of Health
Sciences, Inc.

Schedule J (Form 990) 2011 **Supplemental Information**

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Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Schedule J (Form 990) 2011

Adventist University of Health
Sciences, Inc.

Schedule J (Form 990) 2011
Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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

Adventist University of Health
Sciences, Inc.

Schedule J (Form 990) 2011 59-3069793 Page 3
Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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/457(f) CY | Flex Plan/457(f) CY | SERP | 457(b) CY |
|---------------------|---------------------|------------------|---------------|
| Employer | Distributions | Contrib./Payment | Distributions |
| Desmond | \$ 75,846 | \$ 75,846 | \$ 0 |
| Dodds, Sheryl D. | \$ 44,318 | \$ 41,633 | \$ 0 |
| Greenlaw, David E. | \$ 21,616 | \$ 5,116 | \$ 22,661 |
| | | | \$ 0 |

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Henderschedt,

| | | | | |
|------------------|------------|------------|------------|------|
| Robert R. | \$ 109,054 | \$ 100,738 | \$ 104,326 | \$ 0 |
| Houmann, Lars D. | \$ 166,425 | \$ 171,118 | \$ 300,887 | \$ 0 |
| Jones, Donald G. | \$ 51,514 | \$ 30,155 | \$ 562,493 | \$ 0 |

Part I, Question 3:

As noted in our response to question 15 of Part VI of Form 990, the individual who serves as the President of the filing organization is compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) for that individual's role in serving as the President of the filing organization. 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 President:

- Compensation committee;
- Independent compensation consultant;
- Compensation survey or study; and

Adventist University of Health
Sciences, Inc.

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

- Approval by the board or compensation committee.

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ 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 University of Health Sciences, Inc. | Employer identification number 59-3069793 |
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Form 990, Part III, Line 1, Description of Organization Mission:

develop leaders who will practice healthcare as a ministry.

Form 990, Part VI, Section A, line 4: The Articles of Incorporation were amended to change the name of the corporation from Florida Hospital College of Health Sciences, Inc. to Adventist University of Health Sciences, Inc.

Form 990, Part VI, Section A, line 6: The membership of Adventist University of Health Sciences, Inc. (the filing organization) is comprised and made up of those individuals appointed to the Board of Directors of Adventist Health System/Sunbelt, Inc. d/b/a Florida Hospital (AHSSI). An individual appointed to the Board of Directors of Florida Hospital shall become a member of this Corporation by virtue of said appointment, provided, however, the effective date of said individual's membership appointment shall take effect ninety-five (95) days following his/her appointment to the Board of Directors of Florida Hospital unless an earlier date is designated by the Chair of the Board of Directors of Florida Hospital. AHSSI is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). There are no other classes of membership in the filing organization.

Form 990, Part VI, Section A, line 7a: The Board of Trustees of the filing organization are appointed by the membership, who has the right to elect, appoint or remove any member of the Board of Trustees of the filing organization.

Name of the organization Adventist University of Health Sciences, Inc.

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Form 990, Part VI, Section A, line 7b: Only members can amend, adopt, or repeal the Articles of Incorporation or Bylaws and only members can elect the Board of Trustees of the filing organization.

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

Form 990, Part VI, Section B, Line 12c: The Conflict of Interest Policy of the filing organization applies to members of its Board of Trustees 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 Trustees 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 Trustees 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 Trustees or committee with board delegated powers shall discuss, analyze, and vote upon the potential financial interest/arrangement to determine if a conflict of interest

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exists. According to the filing organization's Conflict of Interest Policy, an Interested Person may make a presentation to the Board of Trustees (or committee with board delegated powers), but after such presentation, shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in a conflict of interest.

Each Interested Person, as defined under the filing organization's Conflict of Interest Policy, shall annually sign a statement which affirms that such person has received a copy of the Conflict of Interests policy, has read and understands the policy, has agreed to comply with the policy, and understands that the filing organization is a charitable organization that must primarily engage in activities which accomplish one or more of its exempt purposes. The filing organization's Conflict of Interest Policy also requires that periodic reviews shall be conducted to ensure that the filing organization operates in a manner consistent with its charitable purposes.

Form 990, Part VI, Section B, Line 15: The top-tier parent of the filing organization is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). AHSSHC is the parent organization of a healthcare system, known as Adventist Health System, that operates hospitals, nursing home facilities, and other healthcare provider organizations. AHSSHC is exempt from federal income tax under IRC Section 501(c)(3) pursuant to a group ruling issued to the General Conference of Seventh-day Adventists.

The individual who serves as the President of the filing organization is compensated by AHSSHC. The individual who serves as the CFO of the filing

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| Name of the organization | Adventist University of Health Sciences, Inc. |
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organization is compensated by Adventist Health System/Sunbelt, Inc. d/b/a Florida Hospital, an affiliate owned and controlled by AHSSHC.

Compensation and benefits provided to the President of the filing organization is determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958. AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53.4958-6 with respect to its active executive-level positions.

The AHSSHC Board Strategy and Compensation Committee (the Committee) serves as the governing body for all executive compensation matters. The Committee is composed of certain members of the Board of Directors (the Board) of AHSSHC. Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC. The Committee's role is to review and approve all components of the executive compensation plan of AHSSHC. As an independent governing body with respect to executive compensation, it should be noted that the Committee will often confer in executive sessions on matters of compensation policy and policy changes. In such executive sessions, no members of management of AHSSHC are present.

The Committee is advised by an independent third party compensation advisor. This advisor prepares all the benchmark studies for the Committee. Compensation levels are benchmarked with a national peer group

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| Name of the organization | Adventist University of Health Sciences, Inc. | Employer identification number 59-3069793 |
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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. The compensation of the CFO of the filing organization is determined by Adventist Health System/Sunbelt, Inc. d/b/a Florida Hospital (FH). In determining the compensation of the CFO, FH utilizes published salary survey data and other local market information in establishing annual compensation. Executive management of FH review and approve annual compensation.

Form 990, Part VI, Section C, Line 19: As discussed in our response to Question 15a & b in Section B of this Part VI, the filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS). Each year, AHS publishes an annual report document that includes a financial report for the relevant year as well as a community

Name of the organization Adventist University of Health Sciences, Inc.

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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.

Part II Continuation of 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 section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|---|---|---|-------------------------------|---|--|--|
| Adventist Health Partners, Inc. - 36-4138353 1000 Remington Blvd., Ste 200 Bolingbrook, IL 60440 | Operate out-patient physician clinics | Illinois | 501(c)(3) | 170(b)(1)(A) | AHS Midwest Management, Inc. | Yes X |
| Adventist Health System Affiliated Benefit Trust - 26-6422966, 111 N. Orlando Avenue, Winter Park, FL 32789 | Promotion of Healthcare | Florida | 501(c)(3) | 509(a)(3) Type I | Adventist Health System Sunbelt Healthcare | X |
| Adventist Health System Sunbelt Healthcare Corporation - 59-2170012, 111 N. Orlando Avenue, Winter Park, FL 32789 | Management Services | Florida | 501(c)(3) | 509(a)(3) Type I | N/A | |
| Adventist Health System/Georgia, Inc. - 58-1425000, 1035 Red Bud Road, Calhoun, GA 30701 | Operation of Hospital & Related Services | Georgia | 501(c)(3) | 170(b)(1)(A) | Adventist Health System Sunbelt Healthcare | X |
| Adventist Health System/Sunbelt, Inc. - 59-1479658, 111 N. Orlando Avenue, Winter Park, FL 32789 | Operation of Hospital & Related Services | Florida | 501(c)(3) | 170(b)(1)(A) | Adventist Health System Sunbelt Healthcare | X |
| Adventist Health System/Texas, Inc. - 74-2578952, 602 Courtland Street, Orlando, FL 32804 | Inactive | Texas | 501(c)(3) | 509(a)(2) | Adventist Health System Sunbelt Healthcare | X |
| Adventist Hinsdale Hospital - 36-2276984 120 North Oak Street Hinsdale, IL 60521 | Operation of Hospital & Related Services | Illinois | 501(c)(3) | 170(b)(1)(A) | Adventist Health System/Sunbelt, Inc. | X |
| AHS Midwest Management, Inc. - 36-3354567 1000 Remington Blvd., Ste 200 Bolingbrook, IL 60440 | Operation of Occupational Health Clinic & Physician Practice Mgmt | Illinois | 501(c)(3) | 509(a)(3) Type I | Adventist Health System/Sunbelt, Inc. | X |
| AHS/Central Texas, Inc. - 74-2621825 1301 Wonder World Drive San Marcos, TX 78666 | Provide Office Space - Medical Professionals | Texas | 501(c)(3) | 509(a)(3) Type III-F | Adventist Health System Sunbelt Healthcare | X |
| Apopka Health Care Properties, Inc. - 51-0605694, 305 E. Oak Street, Apopka, FL 32703 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Sunbelt Health Care Centers, Inc. | X |
| Battle Creek Adventist Hospital - 38-1359189 1000 Remington Blvd., Ste 200 Bolingbrook, IL 60440 | Operation of Hospital & Related Services | Michigan | 501(c)(3) | 170(b)(1)(A) | Adventist Health System/Sunbelt, Inc. | X |
| Bert Fish Medical Center, Inc. (10/1/10-6/30/11) - 36-2276984, 401 Palmetto Street, New Smyrna Beach, FL 32168 | Operation of Hospital & Related Services | Florida | 501(c)(3) | 170(b)(1)(A) | Adventist Health System Sunbelt Healthcare | X |

Part II Continuation of 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 section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|---|---|---|-------------------------------|---|---|--|
| Bolingbrook Hospital Foundation - 90-0494445 1000 Remington Blvd. N. Entrance, 2nd FL Bolingbrook, IL 60440 | Fund-raising for Tax-exempt hospital | Illinois | 501(c)(3) | 170(b)(1)(A) | Midwest Health Foundation | Yes |
| Bradford Heights Health & Rehab Center, Inc. - 20-5782342, 950 Highpoint Drive, Hopkinsville, KY 42240 | Operation of Home for the Aged/Healthcare Delivery | Kentucky | 501(c)(3) | 509(a)(2) | Sunbelt Health Care Centers, Inc. | X |
| Burleson Nursing & Rehab Center, Inc. - 20-5782243, 301 Huguley Blvd., Burleson, TX 76028 | Operation of Home for the Aged/Healthcare Delivery | Texas | 501(c)(3) | 509(a)(2) | Sunbelt Health Care Centers, Inc. | X |
| Caldwell Health Care Properties, Inc. - 51-0605680, 1333 West Main, Princeton, KY 42445 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Sunbelt Health Care Centers, Inc. | X |
| Central Texas Medical Center Foundation - 74-2259907, 1301 Wonder World Drive, San Marcos, TX 78666 | Fund-raising for Tax-exempt hospital | Texas | 501(c)(3) | 170(b)(1)(A) | Adventist Health System/Sunbelt, Inc. | X |
| Chickasaw Health Care Properties, Inc. - 51-0605681, 250 S. Chickasaw Trail, Orlando, FL 32825 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Sunbelt Health Care Centers, Inc. | X |
| Chippewa Valley Hospital & Oakview Care Center, Inc. - 39-1365168, 1220 Third Avenue West, Durand, WI 54736 | Operation of Hospital & Related Services | Wisconsin | 501(c)(3) | 170(b)(1)(A) | Adventist Health System/Sunbelt, Inc. | X |
| Cobb Medical Associates, LLC - 58-2617089 3949 South Cobb Drive SE Smyrna, GA 30080-6342 | Operation of Physician Practices & Medical Services | Georgia | 501(c)(3) | 170(b)(1)(A) | Emory-Adventist, Inc. | X |
| Courtland Health Care Properties, Inc. - 51-0605682, 730 Courtland Street, Orlando, FL 32804 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Sunbelt Health Care Centers, Inc. | X |
| Creekwood Place Nursing & Rehab Center, Inc. - 20-5782260, 683 E. Third Street, Russellville, KY 42276 | Operation of Home for the Aged/Healthcare Delivery | Kentucky | 501(c)(3) | 509(a)(2) | Sunbelt Health Care Centers, Inc. | X |
| Dairy Road Health Care Properties, Inc. - 51-0605684, 7350 Dairy Road, Zephyrhills, FL 33540 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Sunbelt Health Care Centers, Inc. | X |
| East Orlando Health & Rehab Center, Inc. - 20-5774748, 250 S. Chickasaw Trail, Orlando, FL 32825 | Operation of Home for the Aged/Healthcare Delivery | Florida | 501(c)(3) | 509(a)(2) | Sunbelt Health Care Centers, Inc. | X |

Adventist University of Health Sciences, Inc.

Schedule R (Form 990)

59-3069793

Part II Continuation of 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 section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|--|---|---|-------------------------------|---|--|--|
| Emory-Adventist, Inc. - 58-2171011 3949 South Cobb Drive Smyrna, GA 30080 | Operation of Hospital & Related Svcs | Georgia | 501(c)(3) | 170(b)(1)(A) | Adventist Health System/Sunbelt, Inc. | X |
| Fletcher Hospital, Inc. - 56-0543246 100 Hospital Drive Hendersonville, NC 28792 | Operation of Hospital & Related Svcs | North Carolina | 501(c)(3) | 170(b)(1)(A) | Adventist Health System Sunbelt Healthcare | X |
| FLNC, Inc. - 20-5774761 3355 E. Semoran Blvd. Apopka, FL 32703 | Operation of Home for the Aged/Healthcare Delivery | Florida | 501(c)(3) | 509(a)(2) | Sunbelt Health Care Centers, Inc. | X |
| Adventist University of Health Sciences, Inc. (6/30 Year End) - 59-3069793, 671 Lake Winvah Drive, Orlando, FL 32803 | Education/Operation of School | Florida | 501(c)(3) | 170(b)(1)(A) | Adventist Health System/Sunbelt, Inc. | X |
| Florida Hospital DeLand Auxiliary, Inc. - 59-3425543, 701 West Plymouth Avenue, DeLand, FL 32720 | Volunteer support services | Florida | 501(c)(3) | 509(a)(3) Type III-F | Memorial Hospital West Volusia, Inc. | X |
| Florida Hospital Waterman, Inc. - 59-3140669 1000 Waterman Way Tavares, FL 32778 | Operation of Hospital & Related Services | Florida | 501(c)(3) | 170(b)(1)(A) | Adventist Health System Sunbelt Healthcare | X |
| Florida Hospital Wesley Chapel, Inc. - 20-1965753, 2528 Bruce B. Downs Blvd., CR 581 S., Wesley Chapel, FL 33543 | Inactive | Florida | 501(c)(3) | 509(a)(3) Type III-F | Adventist Health System Sunbelt Healthcare | X |
| Florida Hospital Zephyrhills, Inc. - 59-2108057, 7050 Gall Blvd., Zephyrhills, FL 33541 | Operation of Hospital & Related Services | Florida | 501(c)(3) | 170(b)(1)(A) | Adventist Health System/Sunbelt, Inc. | X |
| Florida Physicians Medical Group, Inc. - 59-3214635, 900 Winderley Place, Maitland, FL 32751 | Operation of Physician Practices & Medical Services | Florida | 501(c)(3) | 170(b)(1)(A) | Shawnee Mission Medical Center, Inc. | X |
| Foundation for Shawnee Mission Medical Center, Inc. - 48-0868859, 9100 W. 74th Street, Shawnee Mission, KS 66204 | Fund-raising for Tax-exempt hospital | Kansas | 501(c)(3) | 509(a)(3) Type I | Midwest Health Foundation | X |
| GlenOaks Hospital Foundation - 36-3926044 701 Wintrop Avenue Glendale Heights, IL 60139 | Fund-raising for Tax-exempt hospital | Illinois | 501(c)(3) | 170(b)(1)(A) | Adventist Health System Sunbelt Healthcare | X |
| Hays Memorial Hospital Association of Seventh-Day Adventists - 74-1362785, 1301 Wonder World Drive, San Marcos, TX 78667 | Lease of Hospital Personnel | Texas | 501(c)(3) | 509(a)(3) Type II | | |

Adventist University of Health Sciences, Inc.

Schedule R (Form 990) 59-3069793

Part II Continuation of 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 section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|--|---|---|-------------------------------|---|--|--|
| Helen Ellis Memorial Hospital Auxiliary, Inc. (5/1-12/31/10) - 59-2106043, 1395 S. Pinellas Ave., Tarpon Springs, FL 34689 | Fund-raising for Tax-exempt hospital/foundation | Florida | 501(c)(3) | 509(a)(3) Type I | Tarpon Springs Hospital Foundation, Inc. | X |
| Helen Ellis Memorial Hospital Foundation, Inc. (10/1-12/31/10) - 59-3690149, 1395 S. Pinellas Ave., Tarpon Springs, FL 34689 | Fund-raising for Tax-exempt hospital | Florida | 501(c)(3) | 509(a)(3) Type I | Tarpon Springs Hospital Foundation, Inc. | X |
| Hinsdale Hospital Foundation - 52-1466387 | Fund-raising for Tax-exempt hospital | Illinois | 501(c)(3) | 170(b)(1)(A) | Midwest Health Foundation | X |
| In-Motion Rehab, Inc. - 20-8023411 | Therapy services to tax-exempt nursing homes | Kansas | 501(c)(3) | 509(a)(3) Type II | Sunbelt Health Care Centers, Inc. | X |
| Jellico Community Hospital, Inc. - 62-0924706, 188 Hospital Lane, Jellico, TN 37762 | Operation of Hospital & Related Services | Tennessee | 501(c)(3) | 170(b)(1)(A) | Adventist Health System Sunbelt Healthcare | X |
| La Grange Memorial Hospital Foundation - 30-0247776, 5101 S Willow Springs Rd, La Grange, IL 60525 | Fund-raising for Tax-exempt hospital | Illinois | 501(c)(3) | 170(b)(1)(A) | Midwest Health Foundation | X |
| Memorial Health Systems Foundation, Inc. - 31-1771522, 770 West Grandada Blvd., Ormond Beach, FL 32174 | Fund-raising for Tax-exempt hospital | Florida | 501(c)(3) | 170(b)(1)(A) | Memorial Health Systems, Inc. | X |
| Memorial Health Systems, Inc. - 59-0973502 | Operation of Hospital & Related Services | Florida | 501(c)(3) | 170(b)(1)(A) | Adventist Health System/Sunbelt, Inc. | X |
| 301 Memorial Medical Parkway Daytona Beach, FL 32117 | Operation of Hospital & Related Services | Florida | 501(c)(3) | 170(b)(1)(A) | Memorial Health Systems, Inc. | X |
| 59-2951990, 60 Memorial Medical Parkway, Palm Coast, FL 32164 | Operation of Hospital & Related Services | Florida | 501(c)(3) | 170(b)(1)(A) | Memorial Health Systems, Inc. | X |
| Memorial Hospital - West Volusia, Inc. - 59-3256803, 701 West Plymouth Avenue, DeLand, FL 32720 | Operation of Hospital & Related Services | Florida | 501(c)(3) | 170(b)(1)(A) | Memorial Health Systems, Inc. | X |
| Memorial Hospital, Inc. - 61-0594620 | Operation of Hospital & Related Services | Kentucky | 501(c)(3) | 170(b)(1)(A) | Adventist Health System Sunbelt Healthcare | X |
| 210 Marie Landdon Drive Manchester, KY 40962 | Operation of Hospital & Related Services | Kansas | 501(c)(3) | 509(a)(3) Type III-F | Sunbelt Health Care Centers, Inc. | X |
| 36-4595806, 9700 West 62nd Street, Merriam, KS 66203 | Lease to Related Organization | Kansas | 501(c)(3) | | | X |

Part II Continuation of 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 section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|--|--|---|--|---|--|--|
| Metroplex Adventist Hospital, Inc. - 74-2225672, 2201 S. Clear Creek Road, Killeen, TX 76549 | Operation of Hospital & Related Services | Texas | 501(c)(3) | 170(b)(1)(A) | Adventist Health System Sunbelt Healthcare | Yes X |
| Metroplex Clinic Physicians, Inc. - 11-3762050, 2201 S. Clear Creek Road, Killeen, TX 76549 | Physician healthcare services to the community | Texas | 501(c)(3) | 170(b)(1)(A) | Metroplex Adventist Hospital, Inc. | X X |
| Midwest Health Foundation - 35-2230515 | Support of subsidiary Foundations | Illinois | 501(c)(3) | 509(a)(3) Type II | Sunbelt Health Care Centers, Inc. | X X |
| 120 North Oak Street Hinsdale, IL 60521 | Mills Health & Rehab Center, Inc. - 20-5782320, 500 Beck Lane, Mayfield, KY | Operation of Home for the Aged/Healthcare Delivery | Kentucky | 501(c)(3) | 509(a)(2) | X X |
| 42066 | Mission Strategies, Inc. - 20-5982365 | 602 Courtland Street, Ste. 200 Orlando, FL 32804 | Provision of support to the nursing home division | Kansas | 501(c)(3) | Sunbelt Health Care Centers, Inc. |
| Missouri Adventist Health, Inc. - 43-1224729 | 9100 W. 74th Street Shawnee Mission, KS 66204 | Support Health Care Services | Missouri | 501(c)(3) | 509(a)(3) Type III-O | Adventist Health Mid-America, Inc. |
| North Regional EMS, Inc. - 26-2653616 | 188 Hospital Lane Jellico, TN 37762 | EMS Services | Tennessee | 501(c)(3) | 509(a)(2) | Jellico Community Hospital, Inc. |
| Ormond Beach Memorial Hospital Auxiliary, Inc. - 59-1721962, 301 Memorial Medical Parkway, Daytona Beach, FL 32117 | Volunteer support services | Florida | 501(c)(3) | 509(a)(3) Type III-F | Memorial Health Systems, Inc. | X X |
| Overland Park Nursing & Rehab Center, Inc. - 20-5774821, 6501 West 75th Street, Overland Park, KS 66204 | Operation of Home for the Aged/Healthcare Delivery | Kansas | 501(c)(3) | 509(a)(2) | Sunbelt Health Care Centers, Inc. | X X |
| Paragon Health Care Properties, Inc. - 51-0605686, 950 Highpoint Drive, Hopkinsville, KY 42240 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Sunbelt Health Care Centers, Inc. | X X |
| Portercare Adventist Health System (6/30 Year End) - 84-0438224, 2525 S. Downing Street, Denver, CO 80210 | Operation of Hospital & Related Services | Colorado | 501(c)(3) | 170(b)(1)(A) | Adventist Health System Sunbelt Healthcare | X X |
| Portland Nursing & Rehab Center, Inc. - 20-5774842, 215 Highland Circle Drive, Portland, TN 37148 | Operation of Home for the Aged/Healthcare Delivery | Tennessee | 501(c)(3) | 509(a)(2) | Sunbelt Health Care Centers, Inc. | X X |

Part II Continuation of 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 section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|--|--|---|-------------------------------|---|--|--|
| Princeton Health & Rehab Center, Inc. - 20-5782272, 1333 West Main, Princeton, KY 42445 | Operation of Home for the Aged/Healthcare Delivery | Kentucky | 501(c)(3) | 509(a)(2) | Sumbelt Health Care Centers, Inc. | Yes X |
| Princeton Professional Services, Inc. - 59-1191045, 601 E. Rollins Street, Orlando, FL 32803 | Provision of Healthcare Services | Florida | 501(c)(3) | 509(a)(2) | Adventist Health System Sunbelt Healthcare | X |
| Quality Circle for Healthcare, Inc. - 26-3789368, 111 N. Orlando Avenue, Winter Park, FL 32789 | Healthcare Quality Services | Florida | 501(c)(3) | 509(a)(3) Type III-F | Adventist Health System Sunbelt Healthcare | X |
| Resource Personnel, Inc. - 20-8040875 602 Courtland Street, Ste. 200 Orlando, FL 32804 | Provide administrative support to tax exempt nursing homes | Florida | 501(c)(3) | 509(a)(3) Type II | Sumbelt Health Care Centers, Inc. | X |
| Rocky Mountain Adventist Healthcare Foundation (6/30 Year End) - 84-0745018, 2525 South Downing Street, Denver, CO 80210 | Fundraising for tax-exempt hospital | Colorado | 501(c)(3) | 170(b)(1)(A) | PorterCare Adventist Health System | X |
| Rollins Bedford Corporation - 37-0908840 602 Courtland Street, Ste. 200 Orlando, FL 32804 | Inactive | Florida | 501(c)(3) | 509(a)(3) | Sumbelt Health Care Centers, Inc. | X |
| Russellville Health Care Properties, Inc. - 51-0605691, 683 East Third Street, Russellville, KY 42276 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Sumbelt Health Care Centers, Inc. | X |
| San Marcos Health Care Properties, Inc. - 51-0605693, 1900 Medical Parkway, San Marcos, TX 78666 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Sumbelt Health Care Centers, Inc. | X |
| San Marcos Nursing & Rehab Center, Inc. - 20-5782224, 1900 Medical Parkway, San Marcos, TX 78666 | Operation of Home for the Aged/Healthcare Delivery | Texas | 501(c)(3) | 509(a)(2) | Sumbelt Health Care Centers, Inc. | X |
| Shawnee Mission Health Care, Inc. - 48-0952508, 6501 West 75th Street, Overland Park, KS 66204 | Lease to Related Organization | Kansas | 501(c)(3) | 509(a)(3) Type III-F | Sumbelt Health Care Centers, Inc. | X |
| Shawnee Mission Medical Center, Inc. - 48-0637331, 9100 W. 74th Street, Shawnee Mission, KS 66204 | Operation of Hospital & Related Services | Kansas | 501(c)(3) | 170(b)(1)(A) | Adventist Health Mid-America, Inc. | X |
| South Central Nursing Homes Properties, Inc. - 59-3686109, 111 North Orlando Ave., Winter Park, FL 32789 | Management Support | Georgia | 501(c)(3) | 509(a)(3) Type III-O | South Central, Inc. | X |

Part II Continuation of 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 section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|---|---|---|-------------------------------|---|--|--|
| Yes | No | | | | | |
| South Central Nursing Homes, Inc. - 61-1242373, 602 Courtland Street, Orlando, FL 32804 | Management Support | Kentucky | 501(c)(3) | 509(a)(3) Type III-O | South Central, Inc. | X |
| South Central Properties III, Inc. - 59-3692860, 111 North Orlando Ave., Winter Park, FL 32789 | Real Estate | Georgia | 501(c)(2) | | South Central Nursing Homes Properties, Inc. | X |
| South Central Properties IV, Inc. - 59-3692862, 111 North Orlando Ave., Winter Park, FL 32789 | Real Estate | Georgia | 501(c)(2) | | South Central Nursing Homes Properties, Inc. | X |
| South Central Properties VI, Inc. - 59-3692857, 111 North Orlando Ave., Winter Park, FL 32789 | Real Estate | Georgia | 501(c)(2) | | South Central Nursing Homes Properties, Inc. | X |
| South Central Properties, Inc. - 59-3651692 111 North Orlando Ave. Winter Park, FL 32789 | Real Estate | Georgia | 501(c)(2) | | South Central Nursing Homes Properties, Inc. | X |
| South Central, Inc. - 59-36689740 602 Courtland Street Orlando, FL 32804 | Management Support | Georgia | 501(c)(3) | 509(a)(3) Type III-F | N/A | X |
| South Pasco Health Care Properties, Inc. - 51-0605679, 38250 A Avenue, Zephyrhills, FL 33542 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Sumbalt Health Care Centers, Inc. | X |
| Southwest Volusia Health Services, Inc. - 59-3281591, 1055 Saxon Blvd., Orange City, FL 32763-8468 | Medical Office Building for Hospital | Florida | 501(c)(3) | 509(a)(3) Type I | Southwest Volusia Healthcare Corporation | X |
| Southwest Volusia Healthcare Corporation - 59-3149293, 1055 Saxon Blvd., Orange City, FL 32763-8468 | Operation of Hospital & Related Services | Florida | 501(c)(3) | 170(b)(1)(A) | Adventist Health System/Sunbelt, Inc. | X |
| Specialty Physicians of Central Texas, Inc. - 20-8814408, 1301 Wonder World Drive, San Marcos, TX 78666 | Physician healthcare services to the community | Texas | 501(c)(3) | 170(b)(1)(A) | Adventist Health System/Sunbelt, Inc. | X |
| Spring View Health & Rehab Center, Inc. - 20-5782288, 718 Goodwin Lane, Leitchfield, KY 42754 | Operation of Home for the Aged/Healthcare Delivery | Kentucky | 501(c)(3) | 509(a)(2) | Sumbalt Health Care Centers, Inc. | X |
| Sunbelt Health & Rehab Center - Apopka, Inc. - 20-5774856, 305 East Oak Street, Apopka, FL 32703 | Operation of Home for the Aged/Healthcare Delivery | Florida | 501(c)(3) | 509(a)(2) | Sumbalt Health Care Centers, Inc. | X |

Adventist University of Health Sciences, Inc.

Schedule R (Form 990)

59-3069793

Part II Continuation of 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 section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|---|--|---|-------------------------------|---|--|--|
| Sunbelt Health Care Centers, Inc. - 58-1473135, 602 Courtland Street, Ste. 200 Orlando, FL 32804 | Management Services | Tennessee | 501(c)(3) | 509(a)(3) Type II | Adventist Health System Sunbelt Healthcare | Yes X |
| SunSystem Development Corporation - 59-2219301, 111 N. Orlando Avenue, Winter Park, FL 32789 | Fund Raising for Affiliated Tax-Exempt Hospitals | Florida | 501(c)(3) | 170(b)(1)(A) | Adventist Health System Sunbelt Healthcare | X |
| Tarpon Springs Hosp. Foundation, Inc. (10/1-12/31/10) - 59-0898901, 1395 S. Pinellas Ave., Tarpon Springs, FL 34689 | Operation of Hospital & Related Services | Florida | 501(c)(3) | 170(b)(1)(A) | University Community Hospital, Inc. | X |
| Tarrant County Health Care Properties, Inc. - 51-0605677, 301 Huguley Blvd., Burleson, TX 76028 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Sunbelt Health Care Centers, Inc. | X |
| Taylor Creek Health Care Properties, Inc. - 51-0605678, 718 Goodwin Lane, Leitchfield, KY 42754 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Sunbelt Health Care Centers, Inc. | X |
| The Volunteer Auxiliary of Florida Hospital - Flagler, Inc. - 59-2486582, 60 Memorial Medical Parkway, Palm Coast, FL 32164 | Volunteer support services | Florida | 501(c)(3) | 509(a)(3) Type III-F | Memorial Hospital Flagler, Inc. | X |
| Trinity Nursing & Rehab Center, Inc. - 20-5774890, 9700 West 62nd Street, Merriam, KS 66203 | Operation of Home for the Aged/Healthcare Delivery | Kansas | 501(c)(3) | 509(a)(2) | Sunbelt Health Care Centers, Inc. | X |
| University Community Hospital Auxiliary, Inc.(10/1-12/31/10) - 23-701345, 3100 E. Fletcher Ave, Tampa, FL 33613 | Volunteer support services | Florida | 501(c)(3) | 509(a)(3) Type III-F | University Community Hospital, Inc. | X |
| University Community Hospital Foundation, Inc.(10/1-12/31/10) - 59-22554889, 3100 E. Fletcher Ave, Tampa, FL 33613 | Fund-raising for Tax-exempt hospital | Florida | 501(c)(3) | 509(a)(3) Type I | University Community Hospital, Inc. | X |
| University Community Hospital Specialty Care, Inc.(10/1-12/31/10) - 59-322313, 3100 E. Fletcher Ave, Tampa, FL 33613 | Inactive | Florida | 501(c)(3) | 509(a)(3) | Adventist Health System Sunbelt Healthcare | X |
| University Community Hospital, Inc.(10/1-12/31/10) - 59-1113901, 3100 E. Fletcher Ave, Tampa, FL 33613 | Operation of Hospital & Related Services | Florida | 501(c)(3) | 170(b)(1)(A) | Sunbelt Health Care Centers, Inc. | X |
| West Kentucky Health Care Properties, Inc. - 51-0605676, 500 Beck Lane, Mayfield, KY 42066 | Lease to Related Organization | Georgia | 501(c)(3) | 509(a)(3) Type III-F | Adventist Health System Sunbelt Healthcare | X |

Adventist University of Health Sciences, Inc.
Schedule R (Form 990) 59-3069793

Part II Continuation of 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 section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization? |
|---|---|---|-------------------------------|---|---|--|
| Yes | No | | | | | |
| Zephyr Haven Health & Rehab Center, Inc. - 20-5774930, 38250 A Avenue, Zephyrhills, FL | Operation of Home for the Aged/Healthcare Delivery | Florida | 501(c)(3) | 509(a)(2) | Sunbelt Health Care Centers, Inc. | X |
| Zephyrhills Health & Rehab Center, Inc. - 20-5774967, 7350 Dairy Road, Zephyrhills, FL | Operation of Home for the Aged/Healthcare Delivery | Florida | 501(c)(3) | 509(a)(2) | Sunbelt Health Care Centers, Inc. | X |
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Adventist University of Health Sciences, Inc.

Schedule R (Form 990) 2011 Page 2

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportion- ate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | (k) Percentage ownership |
|---|---------------------------|--|-------------------------------------|---|---------------------------------|--|---|---|---|--------------------------------|
| Appalachian Therapy Services, LLC - 20-2463851, 100 Hospital Drive, Hendersonville, NC 28792 | Therapy Staffing | NC | N/A | N/A | N/A | N/A | Yes | No | Yes | No |
| Clear Creek MOB, Ltd - 74-2669195, 2201 S. Clear Creek Rd, Killeen, TX 76549 | Real Estate | TX | N/A | N/A | N/A | N/A | | | | |
| Florida Hospital DME/RT, LLC - 20-2392253, 2450 Maitland Center Pkwy, Ste 200, Maitland, FL 32751 | Medical Equipment | FL | N/A | N/A | N/A | N/A | | | | |
| Florida Hospital Home Infusion - 59-312824, 2450 Maitland Center Pkwy, Ste 200, Maitland, FL 32751 | Home Infusion Services | FL | N/A | N/A | N/A | N/A | | | | |

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 |
|--|--|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| Adventist Health Sys. Sunbelt Healthcare Corp. Employee Benefit Trust - 58-1, 111 N. Orlando Avenue, Winter Park, FL 32789 | Administration of Self-Insured Benefit Plans | FL | N/A | TRUST | N/A | N/A | N/A |
| AHS Services, Inc. - 75-2049533 11801 South Freeway Fort Worth, TX 76028 | Medical Equipment | TX | N/A | C CORP | N/A | N/A | N/A |
| Altamonte Medical Plaza Condominium Association, Inc. - 59-2855792, 601 East Rollins Street, Orlando, FL 32803 | Condo Association | FL | N/A | C CORP | N/A | N/A | N/A |
| Apopka Medical Plaza Condominium Association, Inc. - 59-3000857, 601 East Rollins Street, Orlando, FL 32803 | Condo Association | FL | N/A | C CORP | N/A | N/A | N/A |
| Arapahoe Medical Building I, Inc. (6/30 Year End) - 84-1574506, 2525 S. Downing Street, Denver, CO 80210 Real Estate Leasing | CO | N/A | C CORP | N/A | N/A | N/A | N/A |

See Part VII for Continuations

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

Adventist University of Health Sciences, Inc.

Schedule R (Form 990) 59-3069793

Part IX Continuation of 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 |
|---|---|--|-------------------------------------|--|---------------------------------|--|--------------------------------|
| Arapahoe Medical Building II, Inc. (6/30 Year End) - 84-1574507, 2525 S. Downing Street, Denver, CO 80210 | Real Estate Leasing | CO | N/A | C corp | N/A | N/A | N/A |
| C.C. MOB, Inc. - 74-2616875 | Real Estate Rental | TX | N/A | C corp | N/A | N/A | N/A |
| 2201 S. Clear Creek Road Killeen, TX 76549 | Physician Clinics | TX | N/A | C corp | N/A | N/A | N/A |
| Central Texas Medical Associates - 74-2729873 | Physician Hospital Org. | TX | N/A | C corp | N/A | N/A | N/A |
| 1301 Wonder World Drive San Marcos, TX 78666 | Condo Association | FL | N/A | C corp | N/A | N/A | N/A |
| Central Texas Provider's Network - 74-2827652 | PHO/TPA | FL | N/A | C corp | N/A | N/A | N/A |
| 1301 Wonder World Drive San Marcos, TX 78666 | Florida Hospital Flagler Medical Office Association, Inc. - 26-2158309, 60 Memorial Medical Parkway, Palm Coast, FL 32164 | Condo Association | FL | N/A | C corp | N/A | N/A |
| Florida Hospital Healthcare System, Inc. - 59-3215680 | 602 Courtland Street Orlando, FL 32804 | Condo Association | FL | N/A | C corp | N/A | N/A |
| Florida Medical Plaza Condo Association, Inc. - 59-2855791, 601 East Rollins Street, Orlando, FL 32803 | 770 W. Granada Blvd., Ste. 317 Ormond Beach, FL 32174 | Physician Hospital Org. | FL | N/A | C corp | N/A | N/A |
| Harvard Park East, Inc. (6/30 Year End) - 84-1574365 | 2525 S. Downing Street Denver, CO 80210 | Real Estate Leasing Helen Ellis Memorial Hospital Real Estate Corp. | CO | N/A | C corp | N/A | N/A |
| (10/1-12/31/10) - 59-3375731, 1395 S. Pinellas Ave, Tarpon Springs, FL 34689 | Real Estate Rental Huguley Alliance Foundation - 75-2642209 | FL | N/A | C corp | N/A | N/A | N/A |
| 11801 South Freeway Fort Worth, TX 76115 | Inactive | TX | N/A | C corp | N/A | N/A | N/A |
| Huguley Medical Associates, Inc. - 75-2547668 | Physician Clinics | TX | N/A | C corp | N/A | N/A | N/A |
| 11801 South Freeway Burleson, TX 76028 | | | | | | | |

Part IV Continuation of 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 |
|--|---|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| Kissimmee Multispecialty Clinic Condominium Association, Inc. - 59-3539564, 201 Hilda Street, Suite 30, Kissimmee, FL 34741 | Condo Association | FL | N/A | C CORP | N/A | N/A | N/A |
| Midwest Management Services, Inc. - 48-0901551 9100 West 74th Street | Real Estate Rental | KS | N/A | C CORP | N/A | N/A | N/A |
| Shawnee Mission, KS 66204 Metroplex Adventist Hospital CRNA - 26-0760794 2201 S. Clear Creek Road Killeen, TX 76549 | Support hospital through the provision of allied health | TX | N/A | C CORP | N/A | N/A | N/A |
| North American Health Services, Inc. & Subs. - 622-1041820, 111 N. Orlando Avenue, Winter Park, FL 32789 | Lessor/Holding Co. | TN | N/A | C CORP | N/A | N/A | N/A |
| Ormond Professional Condo Association (4/30 Year End) - 59-2694434, 770 W. Granada Blvd., Ste 101, Ormond Beach, FL 32174 | Condo Association | FL | N/A | C CORP | N/A | N/A | N/A |
| Park Ridge Property Owner's Association, Inc. - 03-0380531, 1 Park Place, Naples Road, Fletcher, NC 28732 | Condo Association | NC | N/A | C CORP | N/A | N/A | N/A |
| Porter Affiliated Hlth Services, Inc. dba Diversified Affiliated Hlth Svcs. , 2525 S. Downing Street, Denver, CO 80210 | Healthcare Services | CO | N/A | C CORP | N/A | N/A | N/A |
| Porter Medical Plaza, Inc. (6/30 Year End) - 84-1574319, 2525 S. Downing Street, Denver, CO 80210 Reflections Commercial Condominium Association, Inc. - 59-3519055, 875 Stertus Ave, Ormond Beach, FL 32174 | Real Estate Leasing | CO | N/A | C CORP | N/A | N/A | N/A |
| San Marcos Regional MRI, Inc. - 77-0597968 1301 Wonder World Drive San Marcos, TX 78666 | Condo Association | FL | N/A | C CORP | N/A | N/A | N/A |
| Southeast Volusia Medical Services, Inc. (10/11/0-9/30/11) - 59-3287185, 401 Palmetto Street, New Smyrna Beach, FL 32168 | Holding Company | TX | N/A | C CORP | N/A | N/A | N/A |
| The Garden Retirement Community, Inc. - 59-3414055 602 Courtland Street, Ste. 200 Orlando, FL 32804 | Inactive | FL | N/A | C CORP | N/A | N/A | N/A |
| Real Estate Rental | FL | N/A | C CORP | N/A | N/A | N/A | N/A |

Part IV Continuation of 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 |
|--|---|--------------------|-------------------|-----|---|--------|---------------------------|-----|---|-----|-----------------------|-----|-----------------------------|-----|----------------------|
| University Community Health Insurance Company SPC, Ltd., C/O AON Insurance Managers, PO Box 69GT, Grand Cayman, CAYMAN ISLANDS | UCH Services, Inc. (10/1-12/31/10) - 59-3508454 3100 East Fletcher Ave. Tampa, FL 33613 | Management Company | Physician Clinics | FL | N/A | c corp | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| West Coast Medical Group, Inc. (10/1-12/31/10) - 59-3537305, 1395 S. Pinellas Ave, Tarpon Springs, FL 34689 | | | | | | | | | | | | | | | |
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Part V **Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part V, line 34, 35, 35a, or 36)**

Note: Complete line 1 if any entity is listed in Parts I, II, III or IV of this schedule.

Note: Complete only if any entity is listed in Parts II, III, or IV of this Schedule.

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 or (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)

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- o Reimbursement paid to related organization(s) for expenses

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

Table 2 presents the results of the experiments. It shows the mean and standard deviation of the time required to solve the problem.

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. (d) Method of determining amount involved

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Adventist Health System/Sunbelt, Inc.

④ d /b/ a Florida Hospital

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Advantist Health System/Sunbelt, Inc.

Florida Hospital

Sunsystem Development can be based on the following principles:

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(3) Hospital Foundation

Adventist Health System/Sunbelt, Inc.

(a) *d/b/a Florida Hospital*

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

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

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Florida Hospital College of Health Sciences, Inc.

DOCUMENT NUMBER: N44225

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cristin Repasky

(Name of Contact Person)

Florida Hospital

(Firm/ Company)

2400 Bedford Road

(Address)

Orlando, FL 32803

(City/ State and Zip Code)

Cristin.Repasky@flhosp.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cristin Repasky

(Name of Contact Person)

407 303-8585

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certificate of Status Certified Copy
(Additional copy is enclosed) \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
FLORIDA HOSPITAL COLLEGE OF HEALTH SCIENCES, INC.
(A Not-For-Profit Corporation)

12 OCT 25 AM 9:17
FLORIDA
DEPARTMENT OF
STATE DIVISION OF
CORPORATIONS
FILED

Pursuant to the provisions of Section 617.1006 of the Florida Statutes, the undersigned corporation hereby adopts the following articles of amendment to its articles of incorporation:

1. The name of the corporation is Florida Hospital College of Health Sciences, Inc.
2. The Articles of Incorporation shall be amended to change the name of the corporation from Florida Hospital College of Health Sciences, Inc. to Adventist University Of Health Sciences, Inc. Such amendment shall be effectuated by deleting the contents of Article I (Name) and inserting the following in its stead:

The name of the corporation shall be ADVENTIST UNIVERSITY OF HEALTH SCIENCES, INC. and it shall be hereinafter referred to as ADVENTIST UNIVERSITY OF HEALTH SCIENCES, INC. ("Corporation"). Its principal office shall be in the City of Orlando, County of Orange, and the State of Florida.

3. These Articles of Amendment were duly adopted by the unanimous consent of the membership of the Corporation on October 17, 2012. The number of votes cast for this amendment by the members was sufficient for approval in accordance with the Articles of Incorporation, the Bylaws and Florida state law.
4. These Articles of Amendment shall take effect immediately upon filing with the Florida Department of State Division of Corporations.

IN WITNESS whereof, the undersigned, David Greenlaw, President of the Corporation, has executed these Articles of Amendment this 22 day of October, 2012.

FLORIDA HOSPITAL COLLEGE OF HEALTH SCIENCES, INC.

By:



David Greenlaw, President

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only □

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|---|---|--|
| Type or print | Name of exempt organization or other filer, see instructions. Adventist University of Health Sciences, Inc. | Employer identification number (EIN) or <input checked="" type="checkbox"/> 59-3069793 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions. 671 Winyah Drive | Social security number (SSN) <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Orlando, FL 32803 | |

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

Robert Curren

- The books are in the care of ► **671 Winyah Drive – Orlando, FL 32803**

Telephone No. ► **(407) 303-5600** FAX No. ► **407-303-9408**

- If the organization does not have an office or place of business in the United States, check this box □
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15, 2013**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► calendar year or
► tax year beginning **JUL 1, 2011**, and ending **JUN 30, 2012**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

| | | | |
|---|----|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)