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Part IIIStatement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

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?

YesNo

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 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 \$ 403,228,794 including grants of \$ 6,255,231) (Revenue \$ 334,506,130)

During 2012, the Corporation provided hospital management services to 24 wholly or partially owned tax-exempt hospital and nursing home corporations These 24 corporations operate 43 acute-care hospitals, and provide management services to 16 nursing home facilities

4b

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

4c

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

4d

Other program services (Describe in Schedule O)






















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

4e

Total program service expenses ▶ 403,228,794

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

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	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: BD See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	61	
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	48	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	IL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
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	Terry D Shaw 900 Hope Way Altamonte Springs, FL (407) 357-2463

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

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

Form **990** (2012)

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							15,100,667	0	1,827,764	

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 **435**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Cerner Corporation PO Box 412702 Kansas City MO 64141	IT Serv/Support Fees	20,372,505
Executive Health Resources PO BOX 822688 Philadelphia PA 19182	Medical Compliance Consulting	7,557,766
Oracle America 500 Oracle Parkway Redwood Shores CA 94065	Consulting Services	2,910,290
Clover Systems of Orlando PO Box 780062 Orlando FL 32878	Maintenance Services	2,685,390
Vitalize Consulting 248 Main St 101 Reading MA 01867	Consulting Services	2,571,140

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 ►139

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	22,200				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		22,200				
Program Service Revenue	2a	Reimbursed Salaries & Wages from	Business Code	561000	138,687,296	138,687,296		
	b	Management Fees		541610	113,074,042	112,667,330	406,712	
	c	Reimbursed Pharmaceutical Costs f		446110	36,599,401	36,599,401		
	d	Centralized Services Purchased by		900099	24,149,911	24,149,911		
	e	Partnership Income Related to Pro		900099	12,571,047	12,402,004	169,043	
	f	All other program service revenue			10,000,188	10,000,188		
	g	Total. Add lines 2a-2f			335,081,885			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		106,475,293			106,475,293
4		Income from investment of tax-exempt bond proceeds						
5		Royalties		27,786			27,786	
6a		Gross rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	1,291,432	1,081		
		b	Less cost or other basis and sales expenses		500,000	0		
		c	Gain or (loss)		791,432	1,081		
		d	Net gain or (loss)		792,513			792,513
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b					
c		Net income or (loss) from fundraising events						
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c		Net income or (loss) from gaming activities						
10a		Gross sales of inventory, less returns and allowances	a					
b		Less cost of goods sold	b					
c		Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions		442,399,677	334,506,130	575,755	107,295,592		

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).

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

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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.	6,112,702	6,112,702		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	25,529	25,529		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	117,000	117,000		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	10,113,135		10,113,135	
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.	142,418,500	140,394,194	2,024,306	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	8,440,723	7,785,930	654,793	
9	Other employee benefits.	38,192,547	29,447,905	8,744,642	
10	Payroll taxes.	9,175,444	8,535,338	640,106	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,222,321		1,222,321	
c	Accounting.	1,363,700		1,363,700	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	21,971,963	21,963,915	8,048	
12	Advertising and promotion.				
13	Office expenses.	34,151,089	32,557,353	1,593,736	
14	Information technology.	20,797,154	20,797,154		
15	Royalties.				
16	Occupancy.	3,441,154	3,441,154		
17	Travel.	4,797,920	4,487,843	310,077	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	370,750	26,466	344,284	
20	Interest.	85,601,776	85,601,776		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	21,863,421	21,863,421		
23	Insurance.	552,176		552,176	
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	Taxes - UBI.	17,818		17,818	
b	Maintenance/Repairs.	11,320,821	11,320,821		
c	Premier Rebate to facil.	8,666,389	8,666,389		
d	Special Events.	1,676,389		1,676,389	
e	All other expenses.	130,826	83,904	46,922	
25	Total functional expenses. Add lines 1 through 24e.	432,541,247	403,228,794	29,312,453	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			2,452	1	2,449
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			3,108,135	4	3,447,886
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other 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) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			299,462	8	1,026,514
	9	Prepaid expenses and deferred charges			19,362,092	9	19,375,518
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	376,477,157			
	b	Less accumulated depreciation	10b	181,402,604	133,548,327	10c	195,074,553
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11			3,796,731,519	12	4,002,478,399
	13	Investments—program-related See Part IV, line 11			798,619	13	1,770,156
	14	Intangible assets			21,978,000	14	20,646,000
	15	Other assets See Part IV, line 11			653,472,471	15	614,034,365
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,629,301,077	16	4,857,855,840
Liabilities	17	Accounts payable and accrued expenses			130,666,619	17	142,917,025
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			477,276	21	186,086
	22	Loans and other 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			9,299,480	23	8,939,854
	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			4,276,075,926	25	4,428,994,867
	26	Total liabilities. Add lines 17 through 25			4,416,519,301	26	4,581,037,832
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			212,781,776	27	276,818,008
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117 (ASC 958), 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			212,781,776	33	276,818,008
	34	Total liabilities and net assets/fund balances			4,629,301,077	34	4,857,855,840

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	442,399,677
2	Total expenses (must equal Part IX, column (A), line 25)	2	432,541,247
3	Revenue less expenses Subtract line 2 from line 1	3	9,858,430
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	212,781,776
5	Net unrealized gains (losses) on investments	5	19,778,622
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	34,399,180
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	276,818,008

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt
Healthcare Corporation

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Allen PhD Karen A Director	1 00 0 00	X						1,071	0	0
Anderson PhD Eric Director	1 00 0 00	X						1,071	0	0
Andreasen PhD Niels-Erik Director	1 00 0 00	X						1,071	0	0
Barnett D Edward Director	1 00 0 00	X						1,071	0	0
Bietz DMin Gordon Director	1 00 0 00	X						1,071	0	0
Biloff Niel L Director	1 00 0 00	X						1,071	0	0
Blair Mardian J Director	1 00 0 00	X						9,961	0	0
Carlson Ronald Director	1 00 3 00	X						1,071	0	0
Cauley DMin Michael F Director	1 00 3 00	X						1,071	0	0
Cazeau Esq RoseMarie E Director	1 00 3 00	X						1,071	0	0
Condan Dean Director	1 00 0 00	X						1,071	0	0
Cotton Sabrina Director	1 00 0 00	X						1,071	0	0
Craig Carlos Director	1 00 3 00	X						1,071	0	0
Davidson James R Director	1 00 3 00	X						2,071	0	0
Davis Jerome L Director	1 00 0 00	X						1,071	0	0
Drake III PhDCharles W Director (end 7/12)	1 00 0 00	X						903	0	0
Edge Mike Director	1 00 0 00	X						1,071	0	0
Edmond Dana C Director	1 00 0 00	X						1,071	0	0
Eisele Melvin K Director	1 00 0 00	X						1,071	0	0
Gallimore Jay Director	1 00 0 00	X						1,071	0	0
Green Samuel L Director	1 00 0 00	X						1,071	0	0
Griffith Jr Buford Director	1 00 3 00	X						1,821	0	0
Grove Rodney A Director	1 00 3 00	X						2,071	0	0
Hagele Elaine M Director	1 00 3 00	X						1,821	0	0
Haley Steve Director	1 00 0 00	X						1,071	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
Hawkins Esq Judith W Director	1 00 0 00	X						1,071	0	0	
Hayes Alta Sue Director	1 00 3 00	X						1,071	0	0	
Henderschedt Robert R Director/Exec VP	50 00 0 00	X						1,093,487	0	139,388	
Houmann Lars D Director/Exec VP	15 00 35 00	X						1,371,852	0	242,069	
Hurst Van G Director	1 00 0 00	X						1,071	0	0	
Japas MD Carlos Director	1 00 0 00	X						1,071	0	0	
Jernigan PhD Donald L Director/CEO/President	50 00 0 00	X		X				1,976,362	0	106,120	
Johnson MD Mark Director	1 00 3 00	X						1,071	0	0	
Johnson Sandra K Director/Sr VP	50 00 0 00	X						590,485	0	99,955	
Just PhD Lois C Director	1 00 0 00	X						1,071	0	0	
Knutson J Deryl Director	1 00 3 00	X						2,071	0	0	
Lemon Thomas L Vice Chairman/Director	2 00 3 00	X						2,850	0	0	
Livesay MDiv Donald E Chairman/Director	2 00 3 00	X						2,850	0	0	
Louis Leslie D Director (beg 3/12)	1 00 0 00	X						871	0	0	
Mitchell MD Charles W Director	1 00 0 00	X						1,511	0	0	
Moore MDiv Larry R Vice Chairman/Director	2 00 3 00	X						2,850	0	0	
Morel Hubert J Director	1 00 3 00	X						1,071	0	0	
Moyer John Director	1 00 0 00	X						1,071	0	0	
Ornan Stephen Director	1 00 0 00	X						1,071	0	0	
Pichette Ray Director	1 00 3 00	X						1,071	0	0	
Pollard DMin PhD Leslie N Director	1 00 0 00	X						1,071	0	0	
Pursley MD Timothy J Director	1 00 0 00	X						1,071	0	0	
Reed MD Monica P Director	1 00 49 00	X						648,656	0	114,429	
Reiner Richard K Director/Exec VP	50 00 0 00	X						1,681,892	0	62,430	
Robinson Randy Director	1 00 3 00	X						2,071	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Scott Glynn CW Director	1 00 3 00	X						2,071	0	0
Shaw Terry D Director/Exec VP/CFO/COO	50 00 0 00	X		X				1,343,770	0	234,647
Smith DMin PhD Ron C Vice Chairman/Sec/Dir	2 00 3 00	X						2,671	0	0
Snyder Esq Brent G Director/Exec VP/CIO	50 00 0 00	X						964,458	0	126,808
Stevens DMin James L Director	1 00 0 00	X						1,071	0	0
Storfjell PhD Judith Director	1 00 0 00	X						1,071	0	0
Thurber Gary F Director	1 00 0 00	X						1,071	0	0
Valentine II MDiv Maurice R Director	1 00 3 00	X						1,321	0	0
Wagner John H Director (beg 3/12)	1 00 0 00	X						0	0	0
Werner Thomas L Director	1 00 3 00	X						1,071	0	0
Winston William Director	1 00 0 00	X						1,071	0	0
Wright DMin Edward E Director	1 00 0 00	X						1,071	0	0
Schultz Michael 5 highest paid	1 00 50 00					X		1,305,933	0	169,103
Crane David 5 highest paid	1 00 50 00					X		1,080,204	0	171,549
Harding John R 5 highest paid	1 00 50 00					X		1,030,205	0	119,615
Hagensicker Janice K 5 highest paid	1 00 50 00					X		1,007,652	0	67,105
Paradis John Brain 5 highest paid	1 00 50 00					X		926,299	0	174,546

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public
Inspection

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

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	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	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input checked="" type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input checked="" type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input checked="" type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box <input type="checkbox"/>
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h		Provide the following information about the supported organization(s)

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

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

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. 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						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2011 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV

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

Facts And Circumstances Test

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

Additional Data

Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt
Healthcare Corporation

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Adventist Health SystemSunbelt Inc	591479658	3	Yes						0
Adventist Health SystemGeorgia Inc	581425000	3	Yes						0
Jellico Community HospitalInc	620924706	3	Yes						0
Memorial Hospital Inc	610594620	3	Yes						0
Sunsystem Development Corporation	592219301	7	Yes						0
Florida Hospital Waterman Inc	593140669	3	Yes						0
Princeton Professional Services Inc	591191045	9	Yes						0
Florida Hospital Zephyrhills Inc	592108057	3	Yes						0
Fletcher HospitalInc	560543246	3	Yes						0
Memorial Health Systems Inc	590973502	3		No					0
Memorial Hospital - Flagler Inc	592951990	3		No					0
Memorial Hospital - West Volusia Inc	593256803	3		No					0
PorterCare Adventist Health System	840438224	3		No					0
Adventist Hinsdale Hospital	362276984	3		No					0
Adventist GlenOaks Hospital	363208390	3		No					0

Form 990, Sch A, Part I, Line 11h - Provide the following information about the supported organization(s).

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Chippewa Valley Hospital & Oakview Care Centers Inc	391365168	3		No					0
Southwest Volusia Healthcare Corporation	593149293	3		No					0
Shawnee Mission Medical Center Inc	480637331	3		No					0
Adventist Bolingbrook Hospital	651219504	3		No					0
University Community Hospital Inc	591113901	3		No					0
Tarpon Springs Hospital Foundation Inc	590898901	3		No					0

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization Adventist Health System Sunbelt Healthcare Corporation	Employer identification number 59-2170012
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization’s direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization’s funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)	
		Yes	No	Amount	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	a Volunteers?		No		
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
	c Media advertisements?		No		
	d Mailings to members, legislators, or the public?		No		
	e Publications, or published or broadcast statements?		No		
	f Grants to other organizations for lobbying purposes?		No		
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
	i Other activities?	Yes			782,782
	j Total Add lines 1c through 1i				782,782
	2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Explanation of Lobbying Activities	Part II-B, Line 1	The corporation paid fees to retain the services of one consulting and one law firm and a public affairs company which performed lobbying activities on behalf of the corporation. The legislative consulting firm Forscey PLLC was paid \$652,632 and the law firm, Trauger & Tuke were paid a total of \$55,000 (plus a \$150 State of Tennessee fee associated with lobbying) during the year and the remaining \$75,000 was paid to the Academy Advisor.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Adventist Health System Sunbelt Healthcare Corporation

Employer identification number

59-2170012

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or 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

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

▶\$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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 XIII

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☒

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

(i) unrelated organizations

(ii) related organizations

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

b

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

4

Describe in Part XIII 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		18,627,161		18,627,161
b Buildings		53,417,234	8,274,510	45,142,724
c Leasehold improvements				
d Equipment		227,827,062	172,667,996	55,159,066
e Other		76,605,700	460,098	76,145,602
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				195,074,553

Part XIReconciliation of Revenue per Audited Financial Statements With Revenue per Return				
1	Total revenue, gains, and other support per audited financial statements	1	7,339,084,525	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	-3,029,271	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	6,989,455,946	
e	Add lines 2a through 2d	2e	6,986,426,675	
3	Subtract line 2e from line 1	3	352,657,850	
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 XIII)	4b	89,741,827	
c	Add lines 4a and 4b	4c	89,741,827	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	442,399,677	

Part XIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return				
1	Total expenses and losses per audited financial statements	1	6,834,126,858	
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 XIII)	2d	6,491,327,437	
e	Add lines 2a through 2d	2e	6,491,327,437	
3	Subtract line 2e from line 1	3	342,799,421	
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 XIII)	4b	89,741,826	
c	Add lines 4a and 4b	4c	89,741,826	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	432,541,247	

Part XIIISupplemental 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	Part IV, Line 2b	A division of the filing organization conducts third-party administration type claims processing services on behalf of certain organizations One of the programs for which claims processing is conducted is the Orange County Indigent Plan Program Funding to assist in payment of claims under this program is partially funded by an unrelated 501(c)(3) hospital system located in the Greater Orlando area The filing organization has established an escrow account to hold funds collected from the unrelated hospital system that will be used to pay for medical care for indigent patients under this program
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	The consolidated financial statements of AHS contain the following FIN 48 footnote Please note that dollar amounts are in thousands Healthcare Corporation and its affiliated organizations, other than North American Health Services, Inc and its subsidiaries (NAHS), are exempt from state and federal income taxes Accordingly, Healthcare Corporation and its tax-exempt affiliates are not subject to federal, state, or local income taxes except for any net unrelated business taxable income For the years ended December 31, 2012 and 2011, unrelated business income activities conducted by Healthcare Corporation and its tax-exempt affiliates did not generate a material amount of combined federal, state and local income tax NAHS is a wholly owned, for-profit subsidiary of Healthcare Corporation NAHS and its subsidiaries are subject to federal and state income taxes NAHS files a consolidated federal income tax return and, where appropriate, consolidated state income tax returns For the years ended December 31, 2012 and 2011, NAHS generated taxable income of approximately \$2,400 and \$1,000, respectively This taxable income was fully offset by net operating loss carryforwards for federal income tax purposes Although one state in which NAHS conducts business has suspended the utilization of net operating loss carryforwards for the year ended December 31, 2012, no material state income tax liability resulted Accordingly, there is no provision for current federal or state income tax for the years ended December 31, 2012 and 2011 NAHS also has temporary deductible differences of approximately \$64,800 and \$67,500 at December 31, 2012 and 2011, respectively, primarily as a result of net operating loss carryforwards At December 31, 2012, NAHS had net operating loss carryforwards of approximately \$64,300 of which \$21,000 will expire in 2023, with the remaining \$43,300 expiring beginning in 2018 through 2026 Some of these net operating losses are subject to the separate return limitation year rules Deferred taxes have been provided for these amounts, resulting in a net deferred tax asset of approximately \$24,600 and \$25,600 at December 31, 2012 and 2011, respectively A full valuation allowance has been provided at December 31, 2012 and 2011, respectively, to offset the deferred tax asset since Healthcare Corporation has determined that it is more likely than not that the benefit of the net operating loss carryforwards will not be realized in future years The Income Taxes Topic of the ASC (ASC 740) prescribes the accounting for uncertainty in income tax positions recognized in financial statements ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return
Part XI, Line 2d - Other Adjustments		Revenue of Affiliated Organizations Included in Audited Financial Statements 6,989,455,946
Part XI, Line 4b - Other Adjustments		Reclass Expense 81,075,437 Premier Distribution Allocated to Subs 8,666,389 Rounding 1
Part XII, Line 2d - Other Adjustments		Expense of Affiliated Organizations Included in Audited Financial Statements 6,491,327,437
Part XII, Line 4b - Other Adjustments		Reclass Expenses 81,075,437 Premier Distribution Allocated to Subs 8,666,389

SCHEDULE F
(Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2012

Open to Public Inspection

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

► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Health System Sunbelt
Healthcare Corporation

Employer identification number
59-2170012

Part I

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

1

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

☒ Yes

☐ No

2

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

3

Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Europe			Meetings		36,631
East Asia			Meetings		42,860
East Asia			Meetings		10,991
East Asia			Program Services	SHARE Training	25,855
South America			Meetings		845
North America			Meetings		5,444
Central America & Caribbean			Meetings		2,985
Europe			Passive Investments		763,302
North America			Passive Investments		5,262,150
Central America and the Caribbean -			Passive Investments		759,273,665
Sub-Saharan Africa - Angola,			Grantmaking		78,000
Central America & Caribbean			Grantmaking		39,000
3a Sub-total	0	0			888,913
b Total from continuation sheets to Part I	0	0			764,652,815
c Totals (add lines 3a and 3b)	0	0			765,541,728

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Sub-Saharan Africa - Angola,	Ethiopia Mission Trip	39,000	check			
			Central America and the Caribbean -	Guatemala Mission Trip	39,000	check			
			Sub-Saharan Africa - Angola,	Hospital in Chad	39,000	check			

2

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

3

3

Enter total number of other organizations or entities ▶

0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes ☒ No

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

2012

Open to Public Inspection

Name of the organization
Adventist Health System Sunbelt
Healthcare Corporation

Employer identification number
59-2170012

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

[illegible]

- | | | |
|----------|---|----|
| 2 | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 36 |
| 3 | Enter total number of other organizations listed in the line 1 table | 1 |

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
(1) Medical School Scholarships	10	10,000			
(2) SHARE Families	6	15,529			

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt
Healthcare Corporation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adventist Health System Georgia Inc1035 Red Bud Road Calhoun,GA 30701	58-1425000	501(c)(3)	75,000				Creation Health-Patient Care
Adventist Health System Sunbelt Inc900 Hope Way Altamonte Springs,FL 32714	59-1479658	501(c)(3)	87,449				Creation Health-Wellness and Second Harvest Food Bank

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adventist Hinsdale Hospital 120 N Oak St Hinsdale,IL 60521	36-2276984	501(c)(3)	22,500				Creation Health-Education
Bolingbrook Hospital Foundation500 Remington Blvd Bolingbrook,IL 60440	90-0494445	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Texas Medical Center FoundationPO BOX 912 San Marcos, TX 78667	74-2259907	501(c)(3)	10,000				General Support
City of Altamonte Springs 225 Newburyport Ave Altamonte Springs, FL 32701	59-6000263	City of Altamonte Sp	25,000				Science Incubator

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Coalition to Protect America's Health CarePO Box 30211 Bethesda,MA 20824	52-2253225	501(c)(4)	152,000				AHA Advocacy and Public Awareness Campaign
Emory-Adventist Inc3949 S Cobb Drive Smyrna,GA 30080	58-2171011	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ETV Endowment of South Carolina Inc401 E Kennedy St B-1 Spartanburg, SC 28792	57-0657549	501(c)(3)	20,000				General Support
Fletcher Hospital Inc100 Hospital Drive Hendersonville, NC 28792	56-0543246	501(c)(3)	100,000				Creation Health-Community Service

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida Hospital Waterman Foundation Inc1500 Waterman Way Tavares,FL 32778	59-2330166	501(c)(3)	11,500				General Support
Florida Hospital Waterman Inc1000 Waterman Way Tavares,FL 32778	59-3140669	501(c)(3)	100,000				Creation Health-Wellness

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida Hospital Zephyrhills Inc7050 Gall Blvd Zephyrhills,FL 33541	59-2108057	501(c)(3)	100,000				Creation Health-Wellness
Forest Lake Academy500 Education Loop Apopka,FL 32703	59-0816443	501(c)(3)	121,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Foundation for Shawnee Mission Medical Center9100 W 74th Street Shawnee Mission, KS 66204	48-0868859	501(c)(3)	10,000				General Support
GlenOaks Hospital Foundation701 Winthrop Ave Glendale Heights,IL 60139	36-3926044	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Helen Ellis Memorial Hospital Foundation Inc1395 S Pinellas Ave Tarpon Springs,FL 34689	59-3690149	501(c)(3)	10,000				General Support
Hinsdale Hospital Foundation 120 N Oak St Hinsdale,IL 60521	52-1466387	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Junior Achievement of Central Florida2121 Camden Rd Orlando,FL 32803	59-0972112	501(c)(3)	13,524				General Support
LaGrange Memorial Hospital Foundation5101 S Willow Springs Rd La Grange,IL 60525	30-0247776	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lake Union Conference of Seventh-Day AdventistsPO Box C Berrien Springs, MI 49103	38-1474933	501(c)(3)	200,000				Annual General Support
Medicare Rights Center Inc 520 Eighth Ave North Wing 3rd Floor Floor New York, NY 10018	13-3505372	501(c)(3)	25,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Memorial Health Systems Foundation770 West Granada Blvd Ormond Beach,FL 32174	31-1771522	501(c)(3)	10,000				General Support
Memorial Hospital - West Volusia Inc701 W Plymouth Ave DeLand,FL 32720	59-3256803	501(c)(3)	99,828				Creation Health-Patient Care

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Memorial Hospital Inc210 Marie Langdon Drive Manchester, KY 40962	61-0594620	501(c)(3)	190,255				Creation Health-Patient Care
Mid-America Union Conference of Seventh-Day AdventistsPO Box 6128 Lincoln,NE 68506	47-6006806	501(c)(3)	200,000				Annual General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
North American Division of Seventh-Day Adventists 12501 Old Columbia Pike Silver Spring,MD 20902	20-3164300	501(c)(3)	45,000				General Support
Oakwood University7000 Adventist Blvd NW Huntsville,AL 35896	63-0366652	501(c)(3)	80,000				Annual General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rocky Mountain Adventist Healthcare Foundation7995 E Prentice Ave 204 Greenwood Village, CO 80111	84-0745018	501(c)(3)	40,000				General Support
Southern Union Conference of Seventh-Day Adventists PO Box 849 3978 Memorial Dr Decatur,GA 30031	58-6002274	501(c)(3)	202,000				Annual General Support/Healthcare Grant

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southwestern Union Conference of Seventh-Day AdventistsPO Box 4000 777 Burleson Blvd Burleson, TX 76097	75-0904016	501(c)(3)	208,000				Annual General Support
SunSystem Development Corporation900 Hope Way Altamonte Springs, FL 32714	59-2219301	501(c)(3)	100,100				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Takoma Regional Hospital Inc401 Takoma Ave Greeneville,TN 37743	51-0603966	501(c)(3)	100,000				Creation Health Education
Wellmont Foundation dba Takoma Regional Hospital Foundation401 Takoma Ave Greeneville, TN 37743	58-1594191	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas Health Harris Methodist Foundation612 E Lamar Blvd Arlington, TX 76011	75-2401033	501(c)(3)	2,000,000				Nursing Scholarship Endowment
US Dream Academy5950 Symphony Woods Rd Columbia, MD 21044	59-3514841	501(c)(3)	20,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University Community Hospital Inc3100 E Fletcher Ave Tampa,FL 33613	59-1113901	501(c)(3)	10,000				General Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Adventist Health System Sunbelt
Healthcare Corporation

Employer identification number

59-2170012

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the 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, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a		No
		4b	Yes	
		4c		No
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. 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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 5a or 5b, describe in Part III.	5a		No
		5b		No
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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," to line 6a or 6b, describe in Part III.	6a		No
		6b		No
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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 and Title		(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				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	<p>The filing organization is the top-tier parent of a system of healthcare organizations known as Adventist Health System (AHS) Members of the filing organization's executive management team that hold the position of Vice-President or above (including those who provide services at the filing organization and those who perform executive management services at AHS subsidiary organizations) are compensated by and on the payroll of the filing organization First-class or charter travel Pursuant to the AHS system-wide general policy regarding business travel, no reimbursement will be provided for any additional cost incurred with respect to first-class or charter air travel beyond the cost of a regular coach airfare As a means of providing additional business travel reimbursement for those members of the AHSSHC senior executive management team that travel frequently on behalf of AHS, a special annual travel allowance is provided for those executives As AHS operates 43 hospitals and a number of other health care facilities in 10 states, the senior leadership of AHSSHC travel extensively and often visit multiple hospital locations in different states as a part of a single business trip The special travel allowance can provide reimbursements to the executive for such items as the purchase of air travel upgrade coupons, to cover the cost differential between coach and first-class travel, or to cover the cost of a charter flight The special travel allowance benefit was originally authorized by and codified into a policy by the AHSSHC Board Strategy & Compensation Committee (the Committee), an independent body of the AHSSHC Board of Directors, who also approves the annual cap on the amount of the allowance The special travel allowance has an annual cap of \$24,000 for members of the AHS Corporate Management Committee (6 individual executives) and \$15,000 for AHS Corporate Office Senior Vice Presidents (10 individual executives) The CEO of AHS has been approved by the Committee to travel by charter for AHS business trips in an amount which may exceed the established annual cap Those executives who receive the special travel allowance are responsible for tracking the expenses reimbursable under the special travel allowance and must submit such expenses on their accountable plan expense report Any taxable reimbursements made to executives under the special travel allowance arrangement are treated as taxable compensation to the executive Travel for companions AHSSHC has a Corporate Executive Policy that provides a benefit to allow for a traveling AHSSHC executive to have his or her spouse accompany the executive on certain business trips each year Typically, reimbursement is only provided to Vice Presidents and above and is usually limited to one business trip per year beyond the annual AHS President's Council business meeting and other meetings where the spouse is specifically invited The AHSSHC Corporate Executive Spousal Travel Policy was originally approved and reviewed by the AHSSHC Board Strategy & Compensation Committee, an independent body of the AHSSHC Board of Directors All spousal travel costs reimbursed to the executive are considered taxable compensation to the executive Tax Indemnification and gross-up payments AHS has a system-wide policy addressing gross-up payments provided in connection with employer-provided benefits/other taxable items Under the policy, certain taxable business-related reimbursements (i e taxable business-related moving expenses, taxable items provided in connection with employment) provided to any employee may be grossed-up at a 25% rate upon approval of the filing organization's CEO and CFO Additionally, employees at the Director level and above are eligible for gross-up payments on gifts received for board of director services Discretionary spending account A nominal discretionary spending amount was provided in the current year to all eligible executives who attend the annual AHS President's Council business meeting (\$500 per executive) or the annual AHS CFO Conference business meeting (\$300 per executive) With respect to the AHS President's council meeting, eligible executives may include AHSSHC Vice Presidents and above and all AHSSHC subsidiary organization CEOs and Regional CFOs The payment provided to each executive was considered taxable compensation to the executive Housing allowance or residence for personal use AHSSHC has a Corporate Executive Policy that addresses assistance to executives who have been relocated by the company during the year Relocation assistance provided to executives may include relocation allowances to assist with duplicate housing expenses Relocation assistance is administered per AHSSHC policy by an external relocation company Any taxable reimbursements made to executives in connection with relocation assistance are treated as wages to the executive and are subject to all payroll withholding and reporting requirements Health or social club dues or initiation fees AHSSHC has a Corporate Executive Policy that addresses business development expenditures Under this policy, certain AHS eligible executives may be reimbursed for member dues and usage charges for a country club or other social club upon authorization Club memberships must be recommended by the CEO of the AHS hospital organization and approved by the Chairman of the Board of Directors of the organization In addition, the proposed membership must be approved annually by the AHSSHC Board Strategy & Compensation Committee, an independent committee of the Board of Directors of AHSSHC Eligible executives are limited to certain senior level executives (hospital organization CEOs, the CEO of the nursing home division of AHS, senior vice presidents at three large hospital organizations, regional CEOs and CFOs and the president and senior vice presidents of AHSSHC) In the current year, for this filing organization, one executive was eligible to receive reimbursement for club fees Each AHS executive who is approved for a club membership must submit an annual report to the AHSSHC Board Strategy & Compensation Committee that describes how the membership benefited their organization during the preceding year</p>
	Part I, Line 4b	<p>In recognition of the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan) The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (IRC) Section 457(f), to individually tailor a benefits program appropriate to each executive's needs The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits The pre-determined benefits allowance credit percentage is approved by the AHS Board Strategy & Compensation Committee, an independent committee of the Board of Directors of AHSSHC Any funds that remain after the cost of mandatory and elective benefits are subtracted from the annual pre-determined benefits allowance are contributed, at the employee's option, to either an IRC 457(f) deferred compensation account or to an IRC 457(b) eligible deferred compensation plan Upon attainment of age 65, all previous 457(f) deferred amounts are paid immediately to the participant and any future employer contributions are made quarterly from the Plan directly to the participant The Plan documents define an employee who is eligible to participate in the Plan to generally include the Chief Executive Officers of AHS entities and Vice Presidents of all AHS entities whose base salary is at least \$210,000 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 hospitals or health care institutions Participation in the plan is offered to AHS executives on a prorata schedule beginning with 20 years of service as an employee of AHS and/or another hospital or health care institution controlled by the Seventh-Day Adventist Church and who satisfy certain other qualifying criteria This supplemental executive retirement plan (SERP) was designed to provide eligible executives with the economic equivalent of an annual income beginning at normal retirement age equal to 60% of the average of the participant's three, five or seven 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 The number of years included in highest average compensation is determined by the individual's year of entry to the SERP and by the individual's year of entry to the AHS Executive FLEX Benefit Program Flex Plan Flex Plan/ SERP 457(b) CY CY Employer CY Contrib / Distributions Contrib Distributions* Payment ----- Robert Henderschedt \$115,094 \$ 98,208 \$ 113,969 \$ 0 Lars Houmann \$175,971 \$161,469 \$ 25,617 \$ 0 Donald Jernigan \$202,164 \$185,164 \$ 394,589 \$ 0 Sandra Johnson \$ 51,102 \$ 32,385 \$ 0 \$ 0 Monica Reed, MD \$ 64,397 \$ 55,128 \$ 0 \$ 0 Richard K Reiner \$182,872 \$167,651 \$ 255,540 \$ 0 Terry D Shaw \$175,971 \$171,709 \$ 0 \$ 0 Brent G Snyder \$111,184 \$ 72,235 \$ 45,489 \$ 0 Michael Schultz \$114,908 \$ 97,967 \$ 300,548 \$ 0 David Crane \$125,137 \$106,499 \$ 0 \$ 0 John Harding \$ 87,003 \$ 74,888 \$ 275,725 \$ 0 Janice Hagensicker \$ 47,501 \$ 27,513 \$ 489,559 \$ 0 J Brian Paradis \$115,232 \$ 89,831 \$ 0 \$ 0 * Including Investment Earnings</p>
Supplemental Information	Part III	<p>Part I, Question 3 As noted in our response to question 15 of Part VI of Form 990, the individual who serves as the CEO of the filing organization is compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) for that individual's role in serving as the system-wide CEO of AHS Compensation and benefits provided to this individual are determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958 AHSSHC uses all of the following to establish compensation of the CEO - Compensation committee, - Independent compensation consultant, - Compensation survey or study, and - Approval by the board or compensation committee</p>

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Henderschedt Robert R	(i) (ii)	604,278 0	191,405 0	297,804 0	111,692 0	27,696 0	1,232,875 0	90,510 0
Houmann Lars D	(i) (ii)	869,760 0	266,769 0	235,323 0	189,569 0	52,500 0	1,613,921 0	158,447 0
Jernigan PhD Donald L	(i) (ii)	947,487 0	288,129 0	740,746 0	13,599 0	92,521 0	2,082,482 0	0 0
Johnson Sandra K	(i) (ii)	390,514 0	120,945 0	79,026 0	47,701 0	52,254 0	690,440 0	29,763 0
Reed MD Monica P	(i) (ii)	429,416 0	123,822 0	95,418 0	77,996 0	36,433 0	763,085 0	55,086 0
Reiner Richard K	(i) (ii)	871,778 0	266,769 0	543,345 0	13,599 0	48,831 0	1,744,322 0	0 0
Shaw Terry D	(i) (ii)	869,760 0	266,769 0	207,241 0	189,569 0	45,078 0	1,578,417 0	158,447 0
Snyder Esq Brent G	(i) (ii)	588,847 0	188,145 0	187,466 0	107,782 0	19,026 0	1,091,266 0	73,410 0
Schultz Michael	(i) (ii)	642,188 0	195,183 0	468,562 0	128,507 0	40,596 0	1,475,036 0	91,255 0
Crane David	(i) (ii)	668,709 0	186,616 0	224,879 0	138,735 0	32,814 0	1,251,753 0	106,417 0
Harding John R	(i) (ii)	492,989 0	150,967 0	386,249 0	100,602 0	19,013 0	1,149,820 0	68,527 0
Hagensicker Janice K	(i) (ii)	336,777 0	96,874 0	574,001 0	44,100 0	23,005 0	1,074,757 0	27,496 0
Paradis John Brain	(i) (ii)	618,569 0	198,313 0	109,417 0	123,831 0	50,715 0	1,100,845 0	89,762 0

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization Adventist Health System Sunbelt Healthcare Corporation	Employer identification number 59-2170012
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Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Kevin Edgerton	Family of Board Member	211,411	Employee compensation		No
(2) Suzanne Keller	Family of Board Member	25,461	Employee compensation		No
(3) Tim Reiner	Family of Board Member	356,629	Employee compensation		No
(4) Heidi Reiner	Family of Board Member	55,004	Employee compensation		No
(5) Terry Owen	Family of Board Member	750,568	Employee compensation		No
(6) Cynthia Rodgers	Family of Board Member	26,586	Employee Compensation		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
Adventist Health System Sunbelt
Healthcare Corporation**Employer identification number**

59-2170012

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	The governing documents of the filing organization provide that the membership of the organization consists of those individuals who as of October 1, 2009 are duly elected members of at least one of the following Executive Committee of the Southern Union Conference of Seventh-day Adventists, Executive Committee of the Southwestern Union Conference of Seventh-day Adventists, Executive Committee of the Lake Union Conference of Seventh-day Adventists, Executive Committee of the Mid-America Union Conference of Seventh-day Adventists and the Board of Directors of the filing organization

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

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

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

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

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

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

Identifier	Return Reference	Explanation
	Part VII, Section A	Two members of the Board of Directors Lars Houmann and Monica Reed, MD, and the highest paid employees John Harding, Michael Schultz, Janice Hagensicker, J Brian Paradis, and David Crane, who devote less than full-time to the filing organization (based upon the average number of hours per week shown in column (B) on page 7 of the return) the compensation amounts shown in columns (D) and (F) on page 7 were provided in conjunction with that person's responsibilities and roles in serving in an executive leadership position for a subsidiary organization of the filing organization Lars Houmann, Monica Reed, MD, John Harding, Michael Schultz, Janice Hagensicker, J Brian Paradis, and David Crane devote approximately 50 hours per week in conjunction with serving in their respective executive leadership position for subsidiary hospital organizations Mardian Blair, a member of the Board, received compensation from a grandfathered paid time off plan ,

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Transfer from tax-exempt subs 34,400,000 Allocation of debt costs to tax-exempt subs 24,304 Transfer to tax-exempt affiliates -25,124

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Health System Sunbelt
Healthcare Corporation

Employer identification number
59-2170012

Part I

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

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

Part II

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

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

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) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V

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

Note. Complete line 1 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 Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a Yes

1b Yes

1c Yes

1d Yes

1e Yes

1f

1g

1h

1i

1j

1k

1l Yes

1m

1n

1o

1p Yes

1q Yes

1r

1s Yes

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2012

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

[illegible]

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

Part VII Supplemental Information

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Association	FL	N/A	C					No
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	N/A	C					No
Arapahoe Medical Building I Inc (7111- 12512) 2525 S Downing Street Denver, CO 80210 84-1574506	Real Estate Leasing	CO	N/A	C					No
Arapahoe Medical Building II Inc (7111- 12512) 2525 S Downing Street Denver, CO 80210 84-1574507	Real Estate Leasing	CO	N/A	C					No
CC MOB Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2616875	Real Estate Rental	TX	N/A	C					No
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX 78666 74-2729873	Physician Clinics	TX	N/A	C					No
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org	TX	N/A	C					No
Florida Hospital Flagler Medical Offices Association Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 26-2158309	Condo Association	FL	N/A	C					No
Florida Hospital Healthcare System Inc 602 Courtland Street Orlando, FL 32804 59-3215680	PHO/TPA	FL	N/A	C					No
Florida Hospital Wesley Chapel Inc (11-51512) 900 Hope Way Altamonte Springs, FL 32714 20-3965753	Inactive	FL	Adventist Hlth System Sunbelt Hlthcare Corp	C			100 000 %		No
Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	N/A	C					No
Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL 32174 59-3403558	Physician Hospital Org	FL	N/A	C					No
Harvard Park East Inc (7111-12512) 2525 S Downing Street Denver, CO 80210 84-1574365	Real Estate Leasing	CO	N/A	C					No
Helen Ellis Memorial Hospital Real Estate Corp (11-101912) 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3375731	Real Estate Rental	FL	N/A	C					No
Huguley Alliance Foundation 11801 South Freeway Fort Worth, TX 76115 75-2642209	Inactive	TX	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Huguley Medical Associates Inc (11- 43012) 11801 South Freeway Burleson, TX 76028 75-2547668	Physician Clinics	TX	N/A	C					No
Kissimmee Multispecialty Clinic Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Association	FL	N/A	C					No
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS 66204 48-0901551	Real Estate Rental	KS	N/A	C					No
Metroplex Adventist Hospital CRNA 2201 S Clear Creek Road Killeen, TX 76549 26-0760794	Support hospital - provide allied health professionals	TX	N/A	C					No
North American Health Services Inc & Subs 111 N Orlando Avenue Winter Park, FL 32789 62-1041820	Lessor/Holding Co	TN	Adventist Hlth System Sunbelt Hlthcare Corp	C	4,474,267	26,782,474	100 000 %	Yes	
Ormond Professional Condo Association (430 Year End) 770 W Granada Blvd Ste 101 Ormond Beach, FL 32174 59-2694434	Condo Association	FL	N/A	C					No
Park Ridge Property Owner's Association Inc 1 Park Place Naples Road Fletcher, NC 28732 03-0380531	Condo Association	NC	N/A	C					No
Porter Affiliated Hlth Services Inc dba Diversified Affiliated Hlth Svcs 2525 S Downing Street Denver, CO 80210 84-0956175	Healthcare Services	CO	N/A	C					No
Porter Medical Plaza Inc (7111-12512) 2525 S Downing Street Denver, CO 80210 84-1574369	Real Estate Leasing	CO	N/A	C					No
San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX 78666 77-0597968	Holding Company	TX	N/A	C					No
The Garden Retirement Community Inc 602 Courtland Street Ste 200 Orlando, FL 32804 59-3414055	Real Estate Rental	FL	N/A	C					No
University Community Health Insurance Company SPC Ltd C/O AON Insurance Managers PO Box Grand Cayman CJ	Captive Insurance	CJ	N/A	C					No
UCH Services Inc 3100 East Fletcher Ave Tampa, FL 33613 59-3508454	Management Company	FL	N/A	C					No
West Coast Medical Group Inc (11- 101912) 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3537305	Physician Clinics	FL	N/A	C					No
Winter Park Medical Office Building I Condo Assoc Inc 200 Lakemont Ave Winter Park, FL 32792 45-2228478	Physician Clinics	FL	N/A	C					No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Fletcher Hospital Inc	L	4,489,796	% of subsidiaries' operating exp
Jellico Community Hospital Inc	L	1,366,736	% of subsidiaries' operating exp
Memorial Hospital Inc	L	2,367,168	% of subsidiaries' operating exp
Adventist Hinsdale Hospital	L	12,646,682	% of subsidiaries' operating exp
Chippewa Valley Hospital & Oakview Care Center Inc	L	681,601	% of subsidiaries' operating exp
Adventist Bolingbrook Hospital	L	4,464,620	% of subsidiaries' operating exp
Adventist Health SystemSunbelt Inc	L	41,113,989	% of subsidiaries' operating exp
Adventist GlenOaks Hospital	L	3,768,276	% of subsidiaries' operating exp
Metroplex Adventist Hospital Inc	L	5,609,568	% of subsidiaries' operating exp
Emory-Adventist Inc	L	2,574,361	% of subsidiaries' operating exp
Adventist Health System Georgia Inc	L	3,295,028	% of subsidiaries' operating exp
Shawnee Mission Medical Center Inc	L	13,589,491	% of subsidiaries' operating exp
Florida Hospital Zephyrhills Inc	L	6,261,803	% of subsidiaries' operating exp
University Community Hospital Inc	L	20,422,027	% of subsidiaries' operating exp
Southwest Volusia Healthcare Corporation	L	5,396,741	% of subsidiaries' operating exp
Memorial Hospital - West Volusia Inc	L	5,227,034	% of subsidiaries' operating exp
Florida Hospital Waterman Inc	L	8,654,517	% of subsidiaries' operating exp
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	L	4,077,864	% of subsidiaries' operating exp
Memorial Health Systems Inc	L	9,702,190	% of subsidiaries' operating exp
Memorial Hospital - Flagler Inc	L	4,911,694	% of subsidiaries' operating exp
Sunbelt Health Care Centers Inc	L	540,322	% of subsidiaries' operating exp
PorterCare Adventist Health System	L	6,273,721	% of subsidiaries' operating exp
Pasco-Pinellas Hillsborough Community Health System Inc	L	546,718	% of subsidiaries' operating exp
Fletcher Hospital Inc	Q	6,312,788	Cost
Jellico Community Hospital Inc	Q	1,363,869	Cost

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Memorial Hospital Inc	Q	4,047,380	Cost
Adventist Hinsdale Hospital	Q	14,910,553	Cost
Adventist Health Partners Inc	Q	3,885,302	Cost
AHS Midwest Management Inc	Q	1,993,614	Cost
Adventist Health SystemTexas Inc	Q	1,488,863	Cost
Adventist Bolingbrook Hospital	Q	3,449,426	Cost
Chippewa Valley Hospital & Oakview Care Center Inc	Q	582,235	Cost
Adventist GlenOaks Hospital	Q	3,378,583	Cost
Adventist Health SystemSunbelt Inc	Q	136,207,664	Cost
Huguley Medical Associates Inc	Q	489,209	Cost
Speciality Physicians of Central Texas Inc	Q	255,953	Cost
Metroplex Adventist Hospital Inc	Q	5,489,110	Cost
Emory-Adventist Inc	Q	2,441,613	Cost
Cobb Medical Associates LLC	Q	410,118	Cost
Adventist Health System Georgia Inc	Q	4,514,444	Cost
PorterCare Adventist Health System	Q	3,117,588	Cost
Shawnee Mission Medical Center Inc	Q	11,037,480	Cost
Florida Hospital Medical Group	Q	13,489,051	Cost
Memorial Hospital - West Volusia Inc	Q	5,266,739	Cost
Southwest Volusia Healthcare Corporation	Q	5,061,464	Cost
Memorial Hospital - Flagler Inc	Q	6,275,319	Cost
Memorial Health Systems Inc	Q	9,932,668	Cost
Florida Hospital Waterman Inc	Q	6,744,547	Cost
Florida Hospital Zephyrhills Inc	Q	6,129,360	Cost
Sunbelt Health Care Centers Inc	Q	6,466,575	Cost

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
University Community Hospital Inc	Q	18,205,386	Cost
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	Q	3,256,454	Cost
Pasco-Pinellas Hillsborough Community Health System Inc	Q	1,008,382	Cost
Florida Hospital Healthcare System Inc	Q	603,936	Cost
Adventist Health SystemSunbelt Inc	P	1,027,545	Cost
Emory-Adventist Inc	A	37,818	FMV Interest Rate
Emory-Adventist Inc	S	269,532	Principal Payment
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	A	1,310,476	FMV Interest Rate
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	D	4,000,000	Increase of loan
Pasco-Pinellas Hillsborough Community Health System Inc	A	3,887,709	FMV Interest Rate
Pasco-Pinellas Hillsborough Community Health System Inc	S	122,000,000	Principal Payment
Pasco-Pinellas Hillsborough Community Health System Inc	D	76,000,000	Increase of loan
University Community Hospital Inc	C	1,854,465	Actual Amount Received
Fletcher Hospital Inc	C	481,658	Actual Amount Received
Memorial Hospital Inc	C	263,271	Actual Amount Received
Adventist Hinsdale Hospital	C	1,581,574	Actual Amount Received
Adventist Bolingbrook Hospital	C	210,484	Actual Amount Received
Chippewa Valley Hospital & Oakview Care Center Inc	C	58,308	Actual Amount Received
Adventist GlenOaks Hospital	C	248,871	Actual Amount Received
Adventist Health System Georgia Inc	C	738,038	Actual Amount Received
PorterCare Adventist Health System	C	5,218,067	Actual Amount Received
Shawnee Mission Medical Center Inc	C	2,304,069	Actual Amount Received
Florida Hospital Zephyrhills Inc	C	909,103	Actual Amount Received
Memorial Hospital - West Volusia Inc	C	584,987	Actual Amount Received
Southwest Volusia Healthcare Corporation	C	744,302	Actual Amount Received

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Memorial Hospital - Flagler Inc	C	1,279,872	Actual Amount Received
Memorial Health Systems Inc	C	1,220,464	Actual Amount Received
Florida Hospital Waterman Inc	C	1,630,272	Actual Amount Received
Adventist Health SystemSunbelt Inc	C	15,672,195	Actual Amount Received
Jellico Community Hospital Inc	B	600,000	Actual Amount Given
Adventist Health SystemSunbelt Inc	B	87,449	Actual Amount Given
Sunsystem Development Corporation	B	139,100	Actual Amount Given
Memorial Hospital - West Volusia Inc	B	99,828	Actual Amount Given
Florida Hospital Waterman Inc	B	100,000	Actual Amount Given
Florida Hospital Zephyrhills Inc	B	100,000	Actual Amount Given
Adventist Health System Georgia Inc	B	75,000	Actual Amount Given
Memorial Hospital Inc	B	190,255	Actual Amount Given
Fletcher Hospital Inc	B	100,000	Actual Amount Given
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	L	1,398,499	% of facility's EHR revenue

TY 2012 Category 3 filer statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

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

TY 2012 Category 3 filer statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

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

TY 2012 Category 3 filer statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

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

**TY 2012 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Gain	-433,065

**TY 2012 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Gain	3,842,690

TY 2012 Earnings and Profits Other Adjustments Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Amount
Net Change in unrealized losses	-897,714
Net contributions	-592,676

**TY 2012 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Loss/Gain	2,326,222

**TY 2012 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Loss/Gain	-17,501,274

**TY 2012 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Loss/Gain	-6,292,427

TY 2012 Itemized Other Current Liabilities Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Candlewood Structured Credit Harvest Fun		Contributions received in advance		500,000
		Management Fee Payable		66,715

TY 2012 Itemized Other Current Liabilities Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD		Redemptions Payable	1,995,498	0
		Accrued Expenses and other liabilities	10,165	12,000

TY 2012 Itemized Other Current Liabilities Schedule**Name:** Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Basix Capital Offshore Fund LTD		Securities Sold Short, at market	23,352,958	0
		Dividends Payable	15,090	0
		Redemptions Payable	2,767,839	30,089,039
		Accrued Expenses	47,960	85,957

TY 2012 Itemized Other Current Liabilities Schedule

Name: Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd co Kettle Hill Capital Management L	98-0606373	SECURITIES SOLD SHORT	7,436,202	9,490,575
		REDEMPTIONS PAYABLE	2,013,417	1,060,000
		ACCRUED EXPENSES	63,176	87,642
		DIVIDENDS PAYABLE	11,326	894

TY 2012 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
Basix Capital Offshore Fund LTD		Other Assets	19,706	0

TY 2012 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
CBAM Resolute Fund Ltd co Maples Corp		Investment in Master Fund	230,004,472	342,741,023
		Other Assets	25,452	0

TY 2012 Itemized Other Assets Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
CBAM Intrepid Fund Ltd co Maples Corp		Investment in Master Fund	75,023,257	53,135,466
		Other Assets	36,962	25,889

TY 2012 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
K2 Commodities Fund Ltd		Other Assets	59,897	39,931

TY 2012 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD		Other Assets	0	6,508

TY 2012 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
Candlewood Structured Credit Harvest Fun		Other Assets		42,242

TY 2012 Itemized Other Current Assets Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD		Due from Master Fund	2,013,417	0

TY 2012 Itemized Other Current Assets Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Basix Capital Offshore Fund LTD		Due from Broker	26,978,394	30,174,316
		Dividends and Interest Receivable	11,953	680

TY 2012 Itemized Other Current Assets Schedule**Name:** Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
AHS - K2 Alternatives Portfolio Ltd		Due from Investment Entities	1,405,783	51,043,675
		Other assets	35,397	22,591
		Investment made in Advance	2,000,000	6,000,000

TY 2012 Itemized Other Current Assets Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd co Kettle Hill Capital Management L	98-0606373	DUE FROM BROKER	34,202,824	59,145,903
		DIVIDENDS RECEIVABLE	2,716	48,805
		Prepaid Expenses		6,410

TY 2012 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fees		963,271
Professional Fees		228,520
Stock loan fees		157,881
Incentive allocation		1,335,675
Other Expenses		4,189

TY 2012 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fees		257,478
Professional Fees & Others		164,328

TY 2012 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Professional Fees		392,178
Management Fee		175,301
Other Expenses		5,582

TY 2012 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Other Expenses		7,431
Incentive allocation		1,174,410

TY 2012 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fee		2,610,759
Professional Fees		395,879

TY 2012 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fee		1,263,330
Professional Fees & Others		57,661

TY 2012 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fee		348,196
Professional Fees & Others		43,752

TY 2012 Itemized Other Investments Schedule

Name: Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD		Investment in Master Fund	39,673,784	85,986,108

TY 2012 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Basix Capital Offshore Fund LTD		Investments in Marketable Securities	35,605,219	0

TY 2012 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Candlewood Structured Credit Harvest Fun		Investments		98,210,891

TY 2012 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
AHS - K2 Alternatives Portfolio Ltd		Investments	249,945,910	205,764,703

TY 2012 Itemized Other Investments Schedule**Name:** Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
K2 Commodities Fund Ltd		Investment in Investment Entities	190,438,002	206,733,085
		Due from Investment Entities	28,957,225	37,128,208

TY 2012 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd co Kettle Hill Capital Management L	98-0606373	INVESTMENTS IN SECURITIES	15,903,922	38,718,853

TY 2012 Itemized Other Liabilities Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
CBAM Resolute Fund Ltd co Maples Corp		Management Fee Payable	72,655	107,320
		Accrued Expenses	44,137	10,299

TY 2012 Itemized Other Liabilities Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
CBAM Intrepid Fund Ltd co Maples Corp		Management Fee Payable	31,072	23,265
		Accrued Expenses	44,506	51,229

TY 2012 Itemized Other Liabilities Schedule

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

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
K2 Commodities Fund Ltd		Redemption payable		37,115,259

TY 2012 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Net realized gain on investments		7,380,863
Unrealized loss on investments		433,065

TY 2012 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Net realized gain on investments		2,293,171

TY 2012 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Net realized loss on investments		-119,303
Net unrealized loss on investments		17,501,274

TY 2012 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Unrealized gain/loss on investments		-2,326,222

TY 2012 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Unrealized gain/loss on investments		6,292,427

TY 2012 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Unrealized gain/loss on investments		2,360,580

TY 2012 Owns Foreign Partnership Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Name	EIN or SSN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
Kettle Hill Master Fund LTD	98-0606373	1065	Kettle Hill Capital LLC	2012-01-01	2012-12-31

TY 2012 Owns Foreign Partnership Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Name	EIN or SSN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
CBAM Resolute Master Fund Ltd	98-1008650	1065		2012-01-01	2012-12-31

TY 2012 Owns Foreign Partnership Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Name	EIN or SSN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
CBAM Intrepid Master Fund Ltd	98-1009378	1065		2012-01-01	2012-12-31

TY 2012 Owns Foreign Partnership Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Name	EIN or SSN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
Candlewood Structured Credit Harvest Fund	98-1060684	1065	Candlewood Structured Cre	2012-01-01	2012-12-31

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

TY 2012 Functional Currency and Exchange Rate QBU Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

QBU Id	Country of Operation	Functional Currency
US Dollar		0.00000

TY 2012 Itemized Deductions Not Charged Against Books Schedule

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

Description	Amount
Change in Accrued Dividends	46,089

TY 2012 Itemized Expenses
Recorded on Books Schedule

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

Description	Amount
US TAXES WITHHELD	90,965

TY 2012 Itemized Income Not Recorded on Books Schedule

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

Description	Amount
BOOK TAX DIFFERENCE ON GAIN	251,734

TY 2012 Itemized Income Not Recorded on Books Schedule

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

Description	Amount
Unrealized gain/loss	-423,014

TY 2012 Itemized Other Credits Schedule

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

Trade or Business Activity	Description	Amount	Category
	US Taxes Withheld	90,965	Other credits

TY 2012 Itemized Share of Other Income (Loss)

Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Amount
Ordinary loss securities trading	-1,176,095