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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Adventist Health SystemSunbelt Inc

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
Altamonte Springs, FL 32714

D Employer identification number
59-1479658

E Telephone number
(407) 357-2317

G Gross receipts $ 3,232,259,164

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

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 1071

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www adventisthealthsystem com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1973

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Operation of 12 acute-care hospitals & related healthcare services

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	25,798
6	Total number of volunteers (estimate if necessary)	**6**	4,113
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	10,648,196
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,390,027

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,143,760	6,676,943
9	Program service revenue (Part VIII, line 2g)	3,052,566,284	3,159,694,997
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,324,587	35,537,972
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,908,437	23,309,569
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,115,943,068	3,225,219,481
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	23,414,566	21,415,602
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,378,955,690	1,425,818,817
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,463,590,734	1,483,289,786
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,865,960,990	2,930,524,205
19	Revenue less expenses Subtract line 18 from line 12	249,982,078	294,695,276

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,299,999,146	7,038,810,789
21	Total liabilities (Part X, line 26)	4,064,813,224	4,522,366,478
22	Net assets or fund balances Subtract line 21 from line 20	2,235,185,922	2,516,444,311

Part II Signature Block

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

Sign Here

****** | 2014-11-17
Signature of officer | Date

Lynn C Addiscott Asst Secretary
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,680,841,623 including grants of $ 21,415,602) (Revenue $ 3,169,747,834)

Operation of 12 acute care hospitals with 157,184 patient admissions, 762,076 patient days and 1,255,545 outpatient visits in the current year In addition to hospital operations, the corporation provides medical care through a number of other activities such as urgent care centers, physician clinics, home health services, hospice services, sleep centers, wound centers, therapy and rehab

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 2,680,841,623

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, 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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, 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 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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**	Yes	
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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	2,010		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	25,798		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	24		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ 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 Shaw 900 Hope Way
Altamonte Springs, FL 32714 (407) 357-2463

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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

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

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

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

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

(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			

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

(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)** . . . . . ▶								4,277,472	16,317,386	2,068,154

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,104

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRASFIELD & GORRIE LLC 200 Colonial Ctr Pwy Ste 200 Lake Mary FL 32746	Construction Services	33,397,878
CERNER CORPORATION 2800 Rockcreek Parkway Kansas City MO 64117	Technology Support Solutions	23,149,641
ROBINS & MORTON 400 SHADES CREEK PARKWAY Ste 200 BIRMINGHAM AL 35209	Construction Services	12,025,514
KOOSHAREM CORPORATION 24223 Network Place Chicago IL 60673	Staffing	10,262,255
CC STAFFING INC 6551 Park of Commerce Bvd Boca Raton FL 33437	Staffing	5,683,674

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 ▶ 470

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	4,151,355			
	e	Government grants (contributions)	1e	2,436,862			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	88,726			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		6,676,943			
Program Service Revenue			Business Code				
	2a	Patient Revenue	900099	3,085,283,859	3,078,796,903	6,486,956	
	b	Cafeteria/Vending Rev	900099	17,921,477	17,374,236	547,241	
	c	Management Fee	900099	14,669,894	14,014,515	655,379	
	d	Rent from Exemp Affiliates	531120	9,399,558	9,399,558		
	e	Gift Shop	900099	7,436,410	7,362,667	73,743	
	f	All other program service revenue		24,983,799	23,079,307	1,904,492	
	g	**Total.** Add lines 2a–2f . . . . . ▶		3,159,694,997			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		16,667,039			16,667,039
	4	Income from investment of tax-exempt bond proceeds . . ▶		202,559			202,559
	5	Royalties . . . . . ▶		332,057			332,057
			(i) Real / (ii) Personal				
	6a	Gross rents	4,242,878 / 209,742				
	b	Less rental expenses	1,193,479 / 2,277				
	c	Rental income or (loss)	3,049,399 / 207,465				
	d	Net rental income or (loss) . . . . . ▶		3,256,864		980,385	2,276,479
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	13,868,003 / 10,644,298				
	b	Less cost or other basis and sales expenses	0 / 5,843,927				
	c	Gain or (loss)	13,868,003 / 4,800,371				
	d	Net gain or (loss) . . . . . ▶		18,668,374			18,668,374
Other Revenue	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	Equity earnings from related enti	900099	10,861,654	10,861,654		
	b	EHR Revenue	900099	8,898,128	8,898,128		
	c	Investment in Subs	900099	-39,134	-39,134		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		19,720,648			
	12	**Total revenue.** See Instructions . . . . . ▶		3,225,219,481	3,169,747,834	10,648,196	38,146,508

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 or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	21,092,831	21,092,831		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	322,771	322,771		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,645,470		11,645,470	
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	1,045,615,727	1,023,138,100	22,477,627	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,359,530	36,971,445	2,388,085	
9 Other employee benefits	250,674,843	241,665,949	9,008,894	
10 Payroll taxes	78,523,247	76,635,339	1,887,908	
11 Fees for services (non-employees)				
a Management				
b Legal	11,051,629		11,051,629	
c Accounting	598,302		598,302	
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)	295,876,111	228,444,330	67,431,781	
12 Advertising and promotion	17,365,365		17,365,365	
13 Office expenses	100,140,840	74,779,820	25,361,020	
14 Information technology	17,197,328	14,504,859	2,692,469	
15 Royalties . .				
16 Occupancy	60,209,302	60,091,131	118,171	
17 Travel	6,916,041	3,195,565	3,720,476	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,400,515	948,806	451,709	
20 Interest	62,015,874	62,015,874		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	158,464,070	158,464,070		
23 Insurance	28,439,787	28,086,506	353,281	
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 Medical Supplies	533,065,885	533,065,885		
b Repairs/Maintenance	70,035,765	70,035,765		
c Assessments	38,222,536	38,222,536		
d UBI Tax	11,784		11,784	
e All other expenses	82,278,652	9,160,041	73,118,611	
25 **Total functional expenses.** Add lines 1 through 24e	2,930,524,205	2,680,841,623	249,682,582	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		104,616	1	103,380
	2	Savings and temporary cash investments		1,559,001,735	2	2,022,267,786
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		421,785,860	4	444,928,441
	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		73,594,192	8	73,801,169
	9	Prepaid expenses and deferred charges		29,239,839	9	23,917,484
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,710,045,242			
	b	Less accumulated depreciation	10b 1,825,123,249	1,777,349,745	10c	1,884,921,993
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		278,044,188	12	277,802,883
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		34,901,310	14	33,144,645
	15	Other assets See Part IV, line 11		2,125,977,661	15	2,277,923,008
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,299,999,146	16	7,038,810,789
Liabilities	17	Accounts payable and accrued expenses		211,662,358	17	253,635,420
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		3,620,560,952	20	3,967,083,441
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		232,589,914	25	301,647,617
	26	**Total liabilities.** Add lines 17 through 25		4,064,813,224	26	4,522,366,478
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,233,704,874	27	2,514,344,365
	28	Temporarily restricted net assets		1,481,048	28	2,099,946
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,235,185,922	33	2,516,444,311
	34	Total liabilities and net assets/fund balances		6,299,999,146	34	7,038,810,789

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,225,219,481
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,930,524,205
3	Revenue less expenses Subtract line 2 from line 1	3	294,695,276
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,235,185,922
5	Net unrealized gains (losses) on investments	5	-111,057
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-166,017
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-13,159,813
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,516,444,311

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

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

Additional Data

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

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			
Carlson Ronald Director	1 00 3 00	X						0	950	0
Cauley DMin Michael F Director	1 00 3 00	X						0	950	0
Craig Carlos Director	1 00 3 00	X						0	950	0
Davidson James R Director	1 00 3 00	X						0	2,025	0
Griffith Jr Buford Director	1 00 3 00	X						0	2,025	0
Grove Rodney A Director (end 10/13)	1 00 3 00	X						0	425	0
Hagele Elaine M Director	1 00 3 00	X						0	2,025	0
Hayes Alta Sue Director	1 00 3 00	X						0	950	0
Houmann Lars D Director	35 00 15 00	X						0	1,670,927	240,916
Jernigan PhD Donald L Director/CEO	1 00 50 00	X		X				0	1,621,076	100,888
Johnson MD Mark Director	1 00 3 00	X						0	950	0
Knutson J Deryl Director	1 00 3 00	X						0	2,025	0
Lemon Thomas L Vice Chairman/Director	1 00 3 00	X						0	2,247	0
Livesay MDiv Donald E Chairman/Director	1 00 3 00	X						0	2,247	0
Moore MDiv Larry R Vice Chairman/Director	1 00 3 00	X						0	2,247	0
Morel Hubert J Director	1 00 3 00	X						0	950	0
Pichette Ray Director	1 00 3 00	X						0	950	0
Reiner Richard K Director	1 00 50 00	X						0	1,662,894	59,355
Robinson Randy Director	1 00 3 00	X						0	2,025	0
Scott Glynn CW Director	1 00 3 00	X						0	2,025	0
Shaw Terry D Director	1 00 50 00	X		X				0	1,692,632	243,317
Smith DMin PhD Ron C Vice Chair/Sec/Director	1 00 3 00	X						0	2,247	0
Thurber Gary Director (beg 11/13)	1 00 3 00	X						0	1,800	0
Webb Gil Director (beg 1/13)	1 00 3 00	X						0	1,075	0
Werner Thomas L Director	1 00 3 00	X						0	1,450	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			
Banks David P Senior VP - FH	50 00 0 00				X			0	719,499	130,106
Cummings Jr Desmond Exec VP - FH	50 00 0 00				X			0	459,922	35,899
Dodds Sheryl D Senior VP - FH	50 00 0 00				X			0	479,340	66,291
Fulbright Robert D Senior VP - FH	50 00 0 00				X			0	526,092	103,310
Goodman Todd A Senior VP - FH	50 00 0 00				X			0	474,756	70,747
Hilliard Douglas W Senior VP - FH	50 00 0 00				X			0	455,188	89,418
Hurst Jeffry D Senior VP - FH	50 00 0 00				X			0	439,125	63,338
Moorhead MD John David Senior VP - FH	50 00 0 00				X			0	848,448	38,980
Owen Terry R Senior VP - FH	50 00 0 00				X			0	674,300	89,304
Paradis J Brian Exec VP - FH	50 00 0 00				X			0	980,046	180,121
Reed MD Monica P Senior VP - FH	50 00 0 00				X			100	936,001	121,060
Soler Eddie CFO - FL Divison	50 00 0 00				X			0	1,607,117	145,119
Bittner MD Hartmuth Medical Director	56 00 0 00					X		1,126,611	0	24,210
Lee MD Kathy Physician	70 00 0 00					X		899,103	0	27,367
Eubanks Jr MDWilliam Stephen Executive Director of Academic Surgery	54 00 0 00					X		800,256	0	25,888
Jones MDPhillip E Physician	55 00 0 00					X		751,766	0	36,342
Torres MDRamon M Physician	60 00 0 00					X		699,636	0	37,738
Grim-Marcarelli Karen Former key employee	50 00 0 00						X	0	430,707	47,740
Hamilton Connie A Former key employee	0 00 0 00						X	0	288,005	25,976
Herrin Arlene K Former key employee	50 00 0 00						X	0	318,773	64,724

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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**	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	Employer identification number
Adventist Health SystemSunbelt Inc	59-1479658

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		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?	Yes		9,335
i	Other activities?	Yes		401,592
j	Total Add lines 1c through 1i			410,927
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).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	The corporation reimbursed traveling expenses and paid fees to retain the services of four consulting firms which performed lobbying activities on behalf of the corporation The four firms were William Filan, John Andrew Kane, Dick Batchelor, and Johnson & Blanton and were paid a total of $283,365 during the year Additionaly, dues were paid to the American Hospital Association, Florida Hospital Association, Illinois Hospital Association, Texas Hospital Association, Association of Organ Procurement and the Metropolitan Chicago Healthcare Council who use a portion of the dues to conduct lobbying activities
Part II-B 1(b)	During 2013 salary expense of $21,845 was incurred for paid staff engaged in lobbying activities

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
- ☐ Preservation of land for public use (e g , recreation or 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 ▶ $ _____

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

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

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

b If "Yes," explain the arrangement in Part 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	16,590,057	15,730,537	15,221,113	14,810,178	14,077,615
b	Contributions	79,461	79,402	121,143	30,263	57,189
c	Net investment earnings, gains, and losses	808,853	780,118	753,535	720,592	696,088
d	Grants or scholarships				339,920	117,114
e	Other expenditures for facilities and programs	355,621		365,254		
f	Administrative expenses					-96,400
g	End of year balance	17,122,750	16,590,057	15,730,537	15,221,113	14,810,178

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		203,979,362		203,979,362
b Buildings		1,307,372,501	559,940,643	747,431,858
c Leasehold improvements				
d Equipment		1,961,099,638	1,207,816,161	753,283,477
e Other		237,593,741	57,366,445	180,227,296
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,884,921,993

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,277,923,008

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Accounts Receivable - Credit Balances	9,071,974
Payable to Third Party	115,496,411
Due to Related-Affiliated Entities	21,888,546
Other Current Liabilities	6,503,240
Other Non-Current Liabilities	141,566,952
Notes and Loans Payable	174,174
Leases Payable	6,946,320
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	301,647,617

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Part II, Line 9	The filing organization has recorded the land conservation easement on its financial statements as a Property, Plant, and Equipment Asset The conservation easement generates no revenue and the filing organization did not incur any expense in 2013 related to the maintenance and monitoring of the conservation easement
Part V, Line 4	All endowment funds are held by related 501(c)(3) exempt foundations These endowment funds have been established for a variety of purposes in support of related tax-exempt hospitals All of the foundation's permanently restricted endowment funds are required to be retained permanently either by explicit donor stipulation or by the Florida Uniform Prudent Management of Institutional Funds Act
Part X, Line 2	The filing organization is a subsidiary organization within Adventist Health System (AHS) 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, 2013 and 2012, 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, 2013 and 2012, NAHS generated taxable income of approximately $500 and $2,100, 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, 2013, 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, 2013 and 2012 NAHS also has temporary deductible differences of approximately $65,000 and $64,800 at December 31, 2013 and 2012, respectively, primarily as a result of net operating loss carryforwards At December 31, 2013, NAHS had net operating loss carryforwards of approximately $64,200 of which $21,000 will expire in 2023, with the remaining $43,200 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 $24,700 and $24,600 at December 31, 2013 and 2012, respectively A full valuation allowance has been provided at December 31, 2013 and 2012, 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 There were no material uncertain tax positions as of December 31, 2013 and 2012

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description	**(b)** Book value
(1) Funds Held in Trust	187,813,714
(2) Other Current Receivables	13,713,472
(3) Due From Related Parties and Affiliates	51,172,975
(4) Donor Restricted Assets	12,874
(5) Deferred Charges and Costs	21,527,216
(6) Long-term Investments	76,701,365
(7) Other Non-Current Assets	9,802,145
(8) Receivable - Interco Alloc of Tax-Exempt Bond Proceeds	1,898,273,607
(9) Receivable from Third Party	18,741,273
(10) Assets Held for Sale	164,367

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other 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 its grants and other assistance 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			336,299
b Total from continuation sheets to Part I	0	0			575,120
c **Totals** (add lines 3a and 3b)	0	0			911,419

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)
(1) See Add'l Data								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 . . . . ▶ 7

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

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).

990 Schedule F, Supplemental Information

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

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmaking		167,169
Central America and the Caribbean	0	0	Meetings		8,116
Central America and the Caribbean	0	0	Program Services	Medical Care Mission Trips	14,040

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Grantmaking		31,258
East Asia and the Pacific	0	0	Meetings		7,331
East Asia and the Pacific	0	0	Program Service	Travel expenses related to grantmaking	31,058

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Meetings		18,396
Europe (including Iceland and Greenland)	0	0	Program Services	Surgical Care	58,931
Middle East and North Africa	0	0	Meetings		50,692

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	0	0	Program Services	Education/Learning	21,423
North America (which includes Canada and Mexico, but not the U S)	0	0	Meetings		14,729
North America (which includes Canada and Mexico, but not the U S)	0	0	Program Services	Surgical Care	59,543

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America (which includes Canada and Mexico, but not the U S)	0	0	Program Services	Speech Therapy	13,772
Russia and Neighboring States	0	0	Program Services	Medical supplies and equipment	400
South America	0	0	Grantmaking		16,207

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Meetings		2,767
South America	0	0	Program Services	Medical/dental clinics	48,766
South America	0	0	Program Services	Surgical Care	31,480

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Mission trips and Conferences Medical supplies and other donated supplies	85,241
South Asia	0	0	Meetings		600
Sub-Saharan Africa	0	0	Grantmaking		108,137

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Program Services	Mission trips	121,363

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		Central America and the Caribbean	Medical Supplies or Equipment	10,400	Check			Book
		Sub-Saharan Africa	General Support	108,137	Electronic Funds			Book
		Central America and the Caribbean	Medical Supplies or Equipment			7,590	Medical Equipment	Book
		Central America and the Caribbean	Medical Supplies or Equipment			112,738	Medical Equipment	Book

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)
		East Asia and the Pacific	Medical Supplies or Equipment			31,258	Medical Supplies	Book
		South America	Medical Supplies or Equipment			16,207	Medical Supplies	Book
		Central America and the Caribbean	General Support	36,441	Electronic Funds			Book

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			159,241,205		159,241,205	5 430 %
b Medicaid (from Worksheet 3, column a)			447,754,923	272,912,109	174,842,814	5 970 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			606,996,128	272,912,109	334,084,019	11 400 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			14,872,017	242,882	14,629,135	0 500 %
f Health professions education (from Worksheet 5)			44,214,551	10,872,205	33,342,346	1 140 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			3,592,650	2,313,507	1,279,143	0 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			14,318,590		14,318,590	0 490 %
j **Total.** Other Benefits			76,997,808	13,428,594	63,569,214	2 170 %
k **Total.** Add lines 7d and 7j			683,993,936	286,340,703	397,653,233	13 570 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			20,305,216	5,590,095	14,715,121	0 500 %
8 Workforce development			398,209	9,075	389,134	0 010 %
9 Other						
10 **Total**			20,703,425	5,599,170	15,104,255	0 510 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2 122,803,958		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3 6,129,440		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	682,661,267
6	Enter Medicare allowable costs of care relating to payments on line 5	6	773,834,903
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-91,173,636
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 San Marcos MRI LP	Imaging Center	55 000 %	0 %	45 000 %
2	2 Central Texas Ambulatory Endoscopy	Endoscopy Center	18 800 %	0 %	81 200 %
3	3 Surgical Center at Sun'N Lake LLC	Ambulatory Surgery	50 000 %	0 %	50 000 %
4	4 Surgery Management Associates of Kissimmee LLC	Management/Admin	30 000 %	0 %	70 000 %
5	5 Celebration Surgery Management LLC	Management/Admin	40 000 %	0 %	60 000 %
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
12

Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

GROUP A

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) _____			
b	☐ Other website (list url) _____			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☐ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

GROUP B

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) _____			
b	☐ Other website (list url) _____			
c	☑ Available upon request from the hospital facility			
d	☑ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☐ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☐ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☑ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **136**

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

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

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

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

Form and Line Reference	Explanation
Part I, Line 6a	The filing organization is a wholly owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) AHSSHC serves as a parent organization to 24 tax-exempt 501(c)(3) hospital organizations that operate 44 hospitals in ten states within the U S The system of organizations under the control and ownership of AHSSHC is known as "Adventist Health System" (AHS) All hospital organizations within AHS collect, calculate, and report the community benefits they provide to the communities they serve AHS organizations exist solely to improve and enhance the local communities they serve AHS has a system-wide community benefits accounting policy that provides guidelines for its health care provider organizations to capture and report the costs of services provided to the underprivileged and to the broader community On an annual basis, the community benefits of all AHS organizations are consolidated and reported in the AHS Annual Report document prepared by Adventist Health System Sunbelt Healthcare Corporation (EIN 59-2170012)
Part I, Line 7	The amounts of costs reported in the table in line 7 of Part I of Schedule H were determined by utilizing a cost-to-charge ratio derived from Worksheet 2, Ratio of Patient Care Cost-to-Charges, contained in the Schedule H instructions

Form and Line Reference	Explanation
Part II, Community Building Activities	The costs of community building activities reported on Part II of Schedule H primarily represent the costs associated with commercially sponsored research conducted by two of the organization's hospitals These two hospitals participate in clinical drug and device research that is performed on patients who have a condition or disease for which the eventual commercial use of a drug or device is intended This research is related to patient care and serves to expand scientific knowledge with respect to potential treatments and cures for various diseases and conditions The remainder of the costs incurred stem from the hospitals' involvement in and support of various other community agencies in its service area that work collaboratively to help those in need and to improve the health and safety of the residents of the community The organization's hospitals participate with a number of other community organizations to address the healthcare needs of the community Both cash and in-kind donations are made annually to various local charitable organizations
Part III, Line 2	The amount of bad debt expense, reported on line 2 of Section A of Part III is recorded in accordance with Healthcare Financial Management Association Statement No 15 Discounts and payments on patient accounts are recorded as adjustments to revenue, not bad debt expense

Form and Line Reference	Explanation
Part III, Line 3	Methodology for Determining the Estimated Amount of Bad Debt Expense that May Represent Patients who Could Have Qualified under the Filing Organization's Charity Care Policy Self-pay patients are required to complete a Patient Financial Assistance Application Short Form (PFAA) If the PFAA is not completed after reasonable attempts to obtain it are exhausted, patient information is processed through a Scorer product The Scorer product utilizes publicly available data, such as credit reports, to assess an individual patient's financial viability Patients who earn a certain score on the Scorer product are considered to qualify as non-state charity patients An amount up to $1,000 of such a patient's bill is written off as bad debt expense, while the remaining portion of the patient's bill is considered to be non-state charity The amount written off as bad debt expense for those patients who potentially qualify as non-state charity using the Scorer product is the amount shown on line 3 of Section A of Part III Rationale for Including Certain Bad Debts in Community Benefit The filing organization is dedicated to the view that medically necessary health care for emergency and non-elective patients should be accessible to all, regardless of age, gender, geographic location, cultural background, physician mobility, or ability to pay The filing organization treats emergency and non-elective patients regardless of their ability to pay or the availability of third-party coverage By providing health care to all who require emergency or non-elective care in a non-discriminatory manner, the filing organization is providing health care to the broad community it serves As a 501(c)(3) hospital organization, the filing organization maintains a 24/7 emergency room providing care to all whom present When a patient's arrival and/or admission to the facility begins within the Emergency Department, triage and medical screening are always completed prior to registration staff proceeding with the determination of a patient's source of payment If the patient requires admission and continued non-elective care, the filing organization provides the necessary care regardless of the patient's ability to pay The filing organization's operation of a 24/7 Emergency Department that accepts all individuals in need of care promotes the health of the community through the provision of care to all whom present Current Internal Revenue Service guidance that tax-exempt hospitals maintain such emergency rooms was established to ensure that emergency care would be provided to all without discrimination The treatment of all at the filing organization's Emergency Department is a community benefit Under the filing organization's Charity Care Policy, every effort is made to obtain a patient's necessary financial information to determine eligibility for charity care However, not all patients will cooperate with such efforts and a charity care eligibility determination can not be made In this case, a patient's portion of a bill that remains unpaid for a certain stipulated time period is wholly or partially classified as bad debt Bad debts associated with patients who have received care through the filing organization's Emergency Department should be considered to be community benefit as charitable hospitals exist to provide such care in pursuit of their purpose of meeting the need for emergency medical care services available to all in the community
Part III, Line 4	Financial Statement Footnote Related to Accounts Receivable and Allowance for Uncollectible Accounts The financial information of the filing organization is included in a consolidated audited financial statement for the current year The applicable footnote from the attached consolidated audited financial statements that addresses accounts receivable, the allowance for uncollectible accounts, and the provision for bad debts can be found on pages 7 and 8 Please note that dollar amounts on the attached consolidated audited financial statements are in thousands

Form and Line Reference	Explanation
Part III, Line 8	Costing Methodology Medicare allowable costs were calculated using a cost-to-charge ratio Rationale for Including a Medicare Shortfall as Community Benefit As a 501(c)(3) organization, the filing organization provides emergency and non-elective care to all regardless of ability to pay All hospital services are provided in a non-discriminatory manner to patients who are covered beneficiaries under the Medicare program As a public insurance program, Medicare provides a pre-established reimbursement rate/amount to health care providers for the services they provide to patients In some cases, the reimbursement amount provided to a hospital may exceed its costs of providing a particular service or services to a patient In other cases, the Medicare reimbursement amount may result in the hospital experiencing a shortfall of reimbursement received over costs incurred In those cases where an overall shortfall is generated for providing services to all Medicare patients, the shortfall amount should be considered as a benefit to the community Tax-exempt hospitals are required to accept all Medicare patients regardless of the profitability, or lack thereof, with respect to the services they provide to Medicare patients The population of individuals covered under the Medicare program is sufficiently large so that the provision of services to the population is a benefit to the community and relieves the burdens of government In those situations where the provision of services to the total Medicare patient population of a tax-exempt hospital during any year results in a shortfall of reimbursement received over the cost of providing care, the tax-exempt hospital has provided a benefit to a class of persons broad enough to be considered a benefit to the community Despite a financial shortfall, a tax-exempt hospital must and will continue to accept and care for Medicare patients Typically, tax-exempt hospitals provide health care services based upon an assessment of the health care needs of their community as opposed to their taxable counterparts where profitability often drives decisions about patient care services that are offered Patient care provided by tax-exempt hospitals that results in Medicare shortfalls should be considered as providing a benefit to the community and relieving the burdens of government
Part III, Line 9b	Collection Policies At the time of patient registration, non-elective self-pay patients are informed of the minimum discount available under the filing organization's self-pay discount policy Such patients are also informed of the filing organization's charity care policy and told that they will be required to submit necessary financial data in order to potentially receive any additional discounts Under the filing organization's financial assistance policy, percentage discounts are applied to a patient's account based upon amounts generally billed to individuals who have insurance covering such care Under the filing organization's policies, payment plans for partial charity accounts will be individually developed with the patient Partial charity accounts result when a financial assistance eligibility determination allows for a percentage reduction but leaves the patient with a self-pay balance If the patient complies with the agreed-upon payment plan, the filing organization does not pursue any collection action with respect to the patient However, if a patient does not make any payments for three consecutive months, the account may be referred for further collection activity The filing organization does not pursue collection of amounts from patients determined to qualify for a 100% reduction in charges under its charity care policy

Form and Line Reference	Explanation
Supplemental Schedule to Schedule H, Part III, Section B	Reconciliation of Schedule H Reported Medicare Surplus/(Shortfall) to Unreimbursed Medicare Costs Associated with the Provision of ServicesTo All Medicare Beneficiaries The Medicare revenue and allowable costs of care reported in Section B of Part III of Schedule H are based upon the amounts reported in the filing organization's Medicare cost report in accordance with the IRS instructions for Schedule H On an annual basis, the filing organization also determines its total unreimbursed costs associated with providing services to all Medicare patients Unreimbursed costs are reported as a community benefit to the elderly and are included in the consolidated Adventist Health System (AHS or the Company) Community Benefits Report contained in the AHS Annual Report document The primary reconciling items between the Medicare surplus/(shortfall) shown on line 7 of Section B of Part III of Schedule H and the filing organization's unreimbursed costs of services provided to Medicare patients as reported in the AHS Community Benefit Report are as follows - Medicare surplus/(shortfall) shown on line 7 of Section B of Schedule H $(91,173,636)- Difference in costing methodology 4,909,326- Unreimbursed costs incurred for services provided to Medicare patients that are not included in the organization's Medicare cost report (126,264,617) ----------Total Unreimbursed costs of serving all Medicare patients per the filing organization's community benefit reporting $(212,528,927)As indicated above, the primary differences between the Medicare surplus/(shortfall) reported on Schedule H, Part III, Section B, line 7 and the filing organization's portion of the Company's annual community benefit statement is due to a difference in the costing methodology and differences in the population of Medicare patients within the calculation The cost methodology utilized in calculating any Medicare surplus/(shortfall) for purposes of the annual community benefit reporting is based upon the cost-to-charge ratio outlined in Worksheet 2 of the Schedule H instructions The same cost-to-charge ratio is used to determine the costs associated with services provided to charity care patients and Medicaid patients as reported in Schedule H, Part I, line 7 In addition, the Medicare cost report excludes services provided to Medicare patients for physician services, services provided to patients enrolled in Medicare HMOs, and certain services provided by outpatient departments of the filing organization that are reimbursed on a fee schedule The Company's own community benefit statement captures the unreimbursed cost of providing services to all Medicare beneficiaries throughout the organization
Part VI, Line 2	As reported in Schedule H, Part V, Section B, Lines 1-8, the filing organization's hospital facilities conducted their initial community health needs assessments (CHNAs) during the current year The initial CHNAs were adopted by all hospital governing boards by December 31, 2013, the end of the filing organization's taxable year in which the CHNAs were conducted All of the filing organization's hospital facilities' initial CHNAs complied with the guidance set forth by the IRS in Proposed Regulation Section 1 501(r)-3 In addition to the CHNAs discussed above, a variety of practices and processes are in place to ensure that the filing organization is responsive to the health needs of all of its communities Such practices and processes involve the following 1 Hospitals' operating/community boards composed of individuals broadly representative of the community, community leaders, and those with specialized medical training and expertise,2 Post-discharge patient follow-up related to the on-going care and treatment of patients who suffer from chronic diseases, 3 Sponsorship and participation in community health and wellness activities that reach a broad spectrum of the filing organization's hospital communities, and 4 Collaboration with other local community groups to address the health care needs of the filing organization's hospital communities

Form and Line Reference	Explanation
Part VI, Line 3	The filing organization's hospitals have a process in place whereby patients are informed about the Hospital's Financial Assistance Policy Signage is posted in the Emergency Room indicating that financial assistance is available for those self-pay patients meeting eligibility requirements After EMTALA medical screening and stabilization requirements are met, registration personnel will secure financial information on as many self-pay patients as possible at the time of service For those who appear to qualify for Medicaid or under the Hospital's Financial Assistance Policy, the financial counselors will continue to work with those patients until final account resolution is achieved All other self-pay patients are covered under this process At any time during the process that data is provided showing that a patient qualifies for assistance under the Financial Assistance Policy the discounts extended under that policy will be applied As part of the billing process, the filing organization's Hospitals include the Application for Financial Assistance along with the initial patient bill The Hospitals' Financial Assistance Application is also available to patients on the Hospitals' web-site in both an English and Spanish version Additionally, the Hospitals' financial counselors are available to work with every patient during the first 120 days of the billing process to assist the patient with completing Financial Assistance Applications and investigating other potential sources of third-party assistance The determination of a patient's eligibility for financial assistance is made on a case-by-case basis Various factors are considered in that determination Each individual patient who is identified as potentially being eligible to receive financial assistance is seen by a financial counselor at the Hospital The financial counselor will work with the patient to make sure that other sources of assistance (public or otherwise) have been sought to the fullest extent possible When other forms of assistance are not available or have been exhausted, the Hospital will gather certain financial information from the patient to determine the patient's ability to pay based upon level of income
Part VI, Line 4	In 2013, the filing organization operated 5 separately licensed hospitals that together encompassed 12 separate campus locations The hospitals are located in Florida, Illinois and Texas A description of each of the hospital campuses is described below Adventist Health System/Sunbelt, Inc dba Central Texas Medical Center Central Texas Medical Center (CTMC) is a 178-bed acute-care hospital providing a wide range of healthcare services in San Marcos, Texas and the neighboring communities within Hays and Caldwell counties, Texas Special services offered at CTMC include a 24/7, Level 4 emergency and trauma center, state-of-the-art medical imaging and laboratory services, a new women's center featuring a Level 2 Neonatal Intensive Care Unit, newly renovated and expanded surgery suites, a Rehabilitation Institute, a center for advanced wound healing and hyperbaric medicine, and a cardiac catheterization lab As a health resource for their community, CTMC's Creation Health Institute also annually hosts the oldest and largest health screening and fair event in Hays County as well as a number of ongoing classes and workshops ranging in topics from diabetes prevention and management to heart disease, stroke, arthritis, self-help, nutrition and more CTMC received accreditation as a certified chest pain center from the Society of Chest Pain Centers in 2011 The accreditation enhances CTMC's ability to receive and treat patients suffering from chest pain and/or a possible heart attack The result is a focus on reduced time from symptom onset to diagnosis and treatment, getting patients treated more quickly during the critical window of time when the integrity of the heart muscle can be preserved, and monitoring of patients whose diagnosis is uncertain to ensure they are not sent home too quickly or admitted unnecessarily In 2010, 2011, 2012 and 2013, CTMC was named The Best Hospital in Hays County In 2012, CTMC became the first operating room along the IH-35 corridor between Austin and San Antonio to be equipped with a da Vinci robotic-assisted surgery suite San Marcos, Texas is located in Hays County, Texas and is in close proximity to Austin and San Antonio CTMC's primary market has a population of approximately 89,000, with an estimated 8,400 over the age of 65 The weighted average household income, based on population, in the primary market is approximately $39,000 High school graduates account for approximately 87% of Hays County, with an estimated 32% having a bachelor's degree or higher It is estimated that 18% of the individuals residing in Hays County live below the poverty level and the unemployment rate is about 8% Approximately 39% of CTMC's patients during 2013 were Medicare patients, about 12% were Medicaid patients, about 16% were self-pay patients and the remaining percentage were patients covered under commercial insurance In 2013, about 67% of CTMC's in-patients were admitted through the Emergency Department Adventist Health System/Sunbelt, Inc dba Florida Hospital Heartland Medical Center Florida Hospital Heartland Medical Center (FHHMC) is comprised of three separate hospital campuses with a total of 222 beds Two of the hospital campuses are located in Highlands County, Florida and operate under a single hospital license and the third separately licensed campus is located in Hardee County, Florida Highlands and Hardee counties are in the south central areas of Florida and are adjacent to each other *Florida Hospital Heartland Medical Center, Highlands County - The main 147-bed hospital facility is located in north Sebring The facility provides a wide range of healthcare services including Certified Stroke and Chest Pain Centers, the county's busiest emergency department, ACR-accredited imaging services, surgical services and Blessed Beginnings obstetrics Since 2012, the Heart & Vascular Center has added a third cath lab, expanded the emergency care department and renovated the lab services area *Florida Hospital Heartland Medical Center Lake Placid, Highlands County - This satellite facility houses 33 medical and surgical beds, the county's only 17-bed inpatient mental health unit, an outpatient counseling center, and a wide range of services that are highly sophisticated for a small community hospital This campus also specializes in inpatient geriatric psychiatric services and outpatient behavioral health counseling centers within Highlands and Hardee counties The need for behavioral health services is extreme in both counties since there is no other program closer than sixty miles Since 2012, this campus has added a Tele-ICU program and its imaging services are ACR-accreditated *Florida Hospital Wauchula, Hardee County - This campus is licensed for 25 beds and specializes in emergency and outpatient care, while offering excellent medical inpatient services The inpatient unit is mixed with both acutely ill patients and patients who need short-term rehabilitation (transitional care) This campus offers the only emergency care in Hardee County In 2000, Florida Hospital Wauchula became the first Critical Access Hospital in the state of Florida Since 2012, this campus has added the county's only mammography program, updated the lab services area and its imaging services are ACR-accreditated As noted above, Highlands and Hardee counties in Florida are located in the heart of the Florida Peninsula The Hospital's primary market has a population of approximately 133,000 with an estimated 35,000 over the age of 65 The weighted average household income, based on population, in the primary market is approximately $34,000 High school graduates account for approximately 77% of Highlands County, with an estimated 14% having a bachelor's degree or higher It is estimated that 16% of the individuals residing in Highlands County live below the poverty level and the unemployment rate is about 10% Approximately 65% of FHHMC's patients during 2013 were Medicare patients, about 13% were Medicaid patients, about 6% were self-pay patients and the remaining percentage were patients covered under commercial insurance In 2013, about 64% of FHHMC's in-patients were admitted through the Emergency Department Adventist Health System/Sunbelt, Inc dba Florida Hospital (FH) FH is a 2,409 bed medical complex in Central Florida with seven separate hospital campuses that operate under a single hospital license FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake County) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus health system is the largest healthcare provider in Central Florida with more than 1 7 million patient visits per year and is the nation's largest Medicare provider Florida Hospital is the second largest employer in the area The main campus of the FH system is located in Orlando, Florida (Orange County) near the downtown area The other 6 campuses are located in surrounding communities in the counties of Orange, Osceola, and Seminole In addition to operating the 7 hospitals, FH also operates 22 full-service urgent care clinics in convenient community settings A brief description of each of the 7 hospital campuses is described below *Florida Hospital Orlando (Orange County) - At the core of the FH system, FH Orlando is a 1,177 bed acute-care tertiary hospital FH Orlando is home to nationally recognized Centers of Excellence for cancer, cardiology, children's health, diabetes, neuroscience, orthopedics, transplant and global robotics Florida Hospital Orlando houses one of the largest Emergency Departments and cardiac catheterization labs in the country and is one of the busiest hospitals in the nation, providing service excellence to more than 55,000 inpatients and 175,000 outpatients each year The recent opening of a 15-story patient tower features 200 more beds and 500 new jobs The campus also includes a state-of-the-art Cardiac Diagnostic Center featuring 15 Cath and electro physiology (EPS) Labs The cardiology team currently treats 34,000+ individuals for chest pain and performs over 1,400 open heart surgeries each year making them first in the state for the number of surgeries performed *** see continuation of footnote

Form and Line Reference	Explanation
Part VI, Line 5	The provision of community benefit is central to the filing organization's mission of service and compassion Restoring and promoting the health and quality of life of those in the communities served by the filing organization is a function of "extending the healing ministry of Christ" and embodies the filing organization's commitment to its values and principles The filing organization commits substantial resources to provide a broad range of services to both the underprivileged as well as the broader community In addition to the community benefit information provided in Parts I, II and III of this Schedule H, the filing organization captures and reports the benefits provided to its community through faith-based care Examples of such benefits include the cost associated with chaplaincy care programs and mission peer reviews and mission conferences During the current year, the filing organization provided $6,894,574 of benefit with respect to the faith-based and spiritual needs of the communities it serves in conjunction with its operation of community hospitals The filing organization also provides benefits to its communities' infrastructure by investing in capital improvements to ensure that facilities and technology provide the best possible care During the current year, the filing organization expended $271,978,453 in new capital improvements As faith-based mission-driven community hospitals, the filing organization is continually involved in monitoring its communities, identifying unmet health care needs and developing solutions and programs to address those needs In accordance with its conservative approach to fiscal responsibility, surplus funds of the Hospitals are continually being invested in resources that improve the availability and quality of delivery of health care services and programs to its communities
Part VI, Line 6	The filing organization is a part of a faith-based healthcare system of organizations whose parent is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) The system is known as Adventist Health System (AHS) AHSSHC is an organization exempt from federal income tax under IRC Section 501(c)(3) AHSSHC and its subsidiary organizations operate 44 hospitals in 10 states throughout the U S , primarily in the Southeastern portion of the U S AHSSHC and its subsidiaries also operate 16 nursing home facilities and other ancillary health care provider facilities, such as ambulatory surgery centers and diagnostic imaging centers As the parent organization of the AHS system, AHSSHC provides executive leadership and other professional support services to its subsidiary organizations Professional support services include among others corporate compliance, legal, human resources, reimbursement, risk management, and tax as well as treasury functions The provision of these executive and support services on a centralized basis by AHSSHC provides an appropriate balance between providing each AHS subsidiary hospital organization with mission-driven consistent leadership and support while allowing the hospital organization to focus its resources on meeting the specific health care needs of the community it serves The reader of this Form 990 should keep in mind that this reporting entity may differ in certain areas from that of a stand-alone hospital organization due to its inclusion in a larger system of healthcare organizations As a part of a system of hospital and other health care organizations, the filing organization benefits from reduced costs due to system efficiencies, such as large group purchasing discounts, and the availability of internal resources such as internal legal counsel Each AHS subsidiary pays a management fee to AHSSHC for the internal services provided by AHSSHC As a result, management fee expense reported by a AHS subsidiary organization may appear greater in relation to management fee expense that may be reported by a single stand-alone hospital The single stand-alone hospital would likely report costs associated with management and other professional services on various expense line items in its statement of revenue and expense as opposed to reporting such costs in one overall management fee expense As the reporting of the Form 990 is done on an entity by entity basis, there is no single Form 990 that captures the programs and operations of AHS as a whole The reader is directed to visit the web-site of AHS at www adventisthealthsystem com to learn more about the mission and operations of AHS and to access AHS's annual report that contains financial data as well as community benefit reporting for the entire system

Form and Line Reference	Explanation
Part VI, Line 7	The annual community benefit report contained in the annual report prepared by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) on behalf of the entire AHS System of healthcare organization is not filed with any state agencies Certain hospitals within the filing organization file annual community benefit reports with the state in which they are located Specifically, Central Texas Medical Center files a community benefit report with the State of Texas and Adventist La Grange Memorial Hospital files a community benefit report with the State of Illinois
Part VI, Line 4 Continuation of Footnote	Description of Community Information - ContinuedAlso located on the Florida Hospital Orlando Campus is the Walt Disney Pavilion at Florida Hospital for Children The Walt Disney Pavilion is not a stand-alone facility but rather a 7-story, 174-bed tower located on Florida Hospital Orlando's campus It is a full-service facility served by more than 60 pediatric specialists and a highly trained pediatric team of more than 600 employees The Walt Disney Pavilion at Florida Hospital for Children delivers a complete range of pediatric health services for younger patients including advanced surgery, oncology, neurosurgery, cardiology and transplant services, full-service pediatrics, and an innovative health and obesity platform Orlando is located in Orange County, Florida The Hospital's primary market has a population of approximately 1,822,000 with an estimated 197,000 over the age of 65 The weighted average household income, based on population, in the primary market is approximately $52,000 High school graduates account for approximately 87% of Orange County, with an estimated 30% having a bachelor's degree or higher It is estimated that 13% of the individuals residing in Orange County live below the poverty level and the unemployment rate is about 8% Approximately 43% of the Hospital's patients during 2013 were Medicare patients, about 17% were Medicaid patients, about 7% were self-pay patients and the remaining percentage were patients covered under commercial insurance In 2013, about 71% of the hospital's in-patients were admitted through the hospital's Emergency Department *Florida Hospital Altamonte (Seminole County) - FH Altamonte is a 376-bed facility, which has recently doubled in size with a new patient tower to better serve a busy community FH Altamonte was the first "satellite" hospital, built in 1973 on what was then pastureland, miles from the nearest business district Located north of Orlando in fast-growing Seminole County, Florida Hospital Altamonte is the largest satellite campus within the Florida Hospital health care system In addition to maternity, pediatric, emergency, medical and surgical services, the hospital operates the Martin Andersen Cancer Center (along with the region's only Cancer Resource Library), a heart catheterization lab, and a comprehensive outpatient program which includes surgery, diagnostics, and medical treatment programs *Florida Hospital Apopka (Orange County) - In 1975, FH Apopka became the second satellite hospital For nearly three decades, Florida Hospital Apopka has set the standard in hometown health care by providing high-tech, quality care with a personalized touch They are situated just 12 miles northwest of Orlando, with a small, yet advanced, 50-bed campus that houses a certified Chest Pain Center and a multitude of inpatient and outpatient services *Florida Hospital Celebration Health (Osceola County) - FH Celebration Health is a cornerstone of Disney's planned community in Celebration, Florida Today, this 174-bed acute care hospital delivers a state-of-the-art healing environment to residents of Osceola, Orange, Polk and Lake Counties, as well as to visitors from across the United States and the world From its creation FH Celebration Health has been about promoting health and wellness as well as healing Inside the resort-style hospital there is a wellness center, complete with workout area, pool, and rehabilitation facility FH Celebration Health also houses the Global Robotics Institute, which provides patients with access to some of the most experienced robotic surgeons in the world The Nicholson Center for Surgical Advancement also is a location where surgeons from around the world travel to learn the latest robotic surgery techniques In 2011, the new 234,000 square-foot patient tower added 62 beds and will house the Interactive Patient Care Unit, the first of its kind in the nation In connection with the Institute for Interactive Patient Care, everything from new patient safety technology to changing ways to communicate with patients about their care could be studied as part of the unit *Florida Hospital East Orlando (Orange County) - FH East Orlando is now an innovative local leader that fills a vital need in a fast-growing area A recent 200,000 square-foot expansion project upgraded the hospital to 265 beds, with a spacious patient tower and 80 new private rooms designed to enhance the holistic care experience *Florida Hospital Kissimmee (Osceola County) - FH Kissimmee is an 83-bed community-focused hospital, conveniently located near Walt Disney World The team located at FH Kissimmee is dedicated to bringing mission-focused, faith-based care to residents and visitors of Osceola and Orange Counties This facility has recently expanded to include a new medical office building, patient tower, new main entrance and a parking garage *Florida Hospital Winter Park (Orange County) - FH Winter Park Memorial Hospital is a 320-bed facility that is a model of community health and wellness The facility boasts spacious patient care areas and a full spectrum of specialties and services, including the Dr P Phillips Baby Place (with Level II NICU), Florida Hospital Orthopedic Institute, and state-of-the-art surgery, recovery and rehabilitation at the Florida Hospital Cancer Institute Adventist Health System/Sunbelt, Inc dba Adventist La Grange Memorial Hospital Adventist La Grange Memorial Hospital (ALMH) is a 205-bed facility providing outpatient and inpatient primary care, trauma care and wellness services to residents of Chicago's western suburbs The hospital is a leader in offering comprehensive oncology services, orthopedic services, advanced cardiac care, women's health and maternity care, emergency, geriatric and many other specialties that cater to the communities it serves The communities served by ALMH contain a high senior population To address the unique needs of its service area, ALMH offers a broad spectrum of services designed to meet the diverse needs of aging adults La Grange, Illinois is located in Cook County The Hospital's primary market has a population of approximately 158,000, with an estimated 25,000 over the age of 65 The weighted average household income, based on population, in the primary market is approximately $68,000 High school graduates account for approximately 85% of Cook County, with an estimated 33% having a bachelor's degree or higher It is estimated that 15% of the individuals residing in Cook County live below the poverty level and the unemployment rate is about 9% Approximately 54% of the Hospital's patients during 2013 were Medicare patients, about 7% were Medicaid patients, about 3% were self-pay patients and the remaining percentage were patients covered under commercial insurance In 2013, about 75% of the hospital's in-patients were admitted through the hospital's Emergency Department

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
12

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Florida Hospital Orlando 601 E Rollins Street Orlando, FL 32803 www floridahospital com/orlando 4369	X	X	X	X		X	X		Therapy Center, EPS Cath Lab	A
2	Florida Hospital Celebration Health 400 Celebration Place Celebration, FL 34747 www floridahospital com/celebration-h 4369	X	X		X			X		Therapy Center	A
3	Florida Hospital Altamonte 601 E Altamonte Drive Altamonte Springs, FL 32701 www floridahospitalaltamonte com 4369	X	X		X			X		Cancer Center, therapy, non professional svces	A
4	Florida Hospital East Orlando 7727 Lake Underhill Road Orlando, FL 32822 www floridahospitaleast com 4369	X	X		X			X			A
5	Winter Park Memorial Hospital 200 N Lakemont Avenue Winter Park, FL 32822 www floridahospital com/winter-park-m 4369	X	X		X			X			A
6	Adventist La Grange Memorial Hospital 5101 S Willow Springs Road La Grange, IL 60525 www keepingyouwell com/almh/ 0005017	X	X		X		X	X			A
7	FH Heartland Medical Center 4200 Sun N Lake Blvd Sebring, FL 33872 fhheartland org 4171	X	X					X			A
8	Florida Hospital Kissimmee 2450 North Orange Blossom Trail Kissimmee, FL 34744 www floridahospital com/kissimmee 4369	X	X		X			X			A
9	Central Texas Medical Center 1301 Wonder World Dr San Marcos, TX 78666 ctmc org 000556	X	X					X			B
10	Florida Hospital Apopka 201 N Park Avenue Apopka, FL 32703 www floridahospitalapopka com 4369	X	X		X			X			A
11	FH Heartland Medical Center Lake Placid 1210 US 27 N Lake Placid, FL 33852 fhheartland org 4171	X	X					X		Senior Behavioral Unit	A
12	Florida Hospital Wauchula 533 W Carlton Street Wauchula, FL 33873 fhheartland org 4239	X	X			X		X		Skilled Nursing	B

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

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

How many non-hospital health care facilities did the organization operate during the tax year?

____

	Name and address	Type of Facility (describe)
1	Florida Hospital Cancer Institute 2501 N Orange Avenue Suites 139 181 Orlando, FL 32804	Cancer Center
2	Florida Hospital Orlando Pathology Lab 2855 N Orange Avenue Orlando, FL 32803	Cancer Center
3	Florida Hospital Rehabilitation and Spor 5165 Adanson Street Orlando, FL 32804	Cancer Center
4	Florida Hospital Cancer Institute - Kiss 1300 West Oak Street Kissimmee, FL 34741	Cancer Center
5	Florida Hospital Cancer Care Center 2100 Glenwood Drive Winter Park, FL 32792	Cancer Center
6	Family Health East Orlando Women's Pavil 7975 Lake Underhill Road Suite 100 Orlando, FL 32822	Cancer Center
7	Florida Hospital Kidney Stone Center 2501 N Orange Avenue Suite 121 Orlando, FL 32804	Cancer Center
8	Florida Hospital Altamonte Imaging Cente 661 E Altamonte Drive Suite 112 Altamonte Springs, FL 32701	Cancer Center
9	Florida Hospital Altamonte Ambulatory Su 661 E Altamonte Drive Suite 110 Altamonte Springs, FL 32701	Cancer Center
10	Florida Hospital Altamonte Medical Plaza 661 E Altamonte Drive Suite 110 112 Altamonte Springs, FL 32701	Cancer Center
11	Florida Hospital Medical Plaza 2501 N Orange Avenue Orlando, FL 32804	Cancer Center
12	Florida Hospital Center for Behavioral H 501 E King Street 1st Floor Orlando, FL 32803	Cancer Center
13	Florida Hospital Transplant Center 2415 N Orange Avenue Suite 700 Orlando, FL 32804	Cancer Center
14	FRi Princeton 235 E Princeton Street Suite 100 Orlando, FL 32804	Cancer Center
15	Florida Hospital Advanced Nuclear Imagin 328 Spruce Street Orlando, FL 32803	Cancer Center
16	Florida Hospital Surgery Center East Or 258 S Chickasaw Trail Suite 100 Orlando, FL 32825	Cancer Center
17	Florida Hospital Celebration Health Outp 410 Celebration Place Suite 408 Celebration, FL 34747	Cancer Center
18	Loch Haven OBGyn Group 235 E Princeton Street Suite 200 Orlando, FL 32804	Cancer Center
19	FHCC - Lake Buena Vista #2 12500 S Apopka Vineland Rd Orlando, FL 32836	Cancer Center
20	Florida Hospital Gamma Knife 2501 N Orange Ave Suite 101 S Orlando, FL 32804	Cancer Center
21	FRi Lake Mary 775 Primera Blvd Suite 1031 Lake Mary, FL 32746	Cancer Center
22	Adventist Paulson Rehab - Willowbrook 619 Plainfield Road Willowbrook, IL 60521	Cancer Center
23	Florida Hospital Altamonte Imaging Cente 894 E Altamonte Drive Suite 1100 Altamonte Springs, FL 32701	Cancer Center
24	FHHMC Cardiology Associates 4638 Sun n Lake Blvd Sebring, FL 33872	Cancer Center
25	Florida Hospital Rehabilitation & Sports 8701 Maitland Summit Blvd Orlando, FL 32810	Cancer Center
26	Surgical Center at Sun N' Lake LLC 4240 Sun n Lake Blvd Sebring, FL 33872	Cancer Center
27	Florida Hospital Altamonte Pain Medicine 711 East Altamonte Drive Suite 100 Altamonte Springs, FL 32701	Cancer Center
28	Florida Hospital Rehabilitation & Sports 7975 Lake Underhill Road Suite 345 Orlando, FL 32822	Cancer Center
29	Florida Hospital Center for Thrombosis 2566 Lee Road Winter Park, FL 32789	Cancer Center
30	Central Texas Ambulatory Endoscopy 1303 Wonder World Dr San Marcos, TX 78666	Cancer Center
31	FHCC - SANFORD 4451 West 1st Street Sanford, FL 32771	Cancer Center
32	FHCC - WATERFORD 250 N Alafaya Trail Suite 135 Orlando, FL 32825	Cancer Center
33	Winter Park Memorial Hospital Women's Ce 1925 Mizell Ave Suites 105 107 Winter Park, FL 32792	Cancer Center
34	FRi Oviedo 8000 Red Bug Lake Road Suite 120 Oviedo, FL 32765	Cancer Center
35	Florida Hospital Altamonte Mammography C 661 E Altamonte Drive Suite 130 Altamonte Springs, FL 32701	Cancer Center
36	FHCC - WINTER GARDEN 3005 Daniels Road Winter Garden, FL 34787	Cancer Center
37	FRi Waterford Lake 12301 Lake Underhill Rd Suite 113 Orlando, FL 32828	Cancer Center
38	FHCC - WINTER PARK 3099 Aloma Avenue Winter Park, FL 32792	Cancer Center
39	Family Health Center Winter Park 2950 Aloma Ave Suite 100 Winter Park, FL 32792	Cancer Center
40	FHHMC SeaScape Imaging & Laboratory OP C 2950 Alt US 27 S Sebring, FL 33870	Cancer Center
41	FHCC - ORANGE LAKE 8201 W Irlo Bronson Highway Kissimmee, FL 34747	Cancer Center
42	FHCC - ALTAMONTE 440 W Highway 436 Altamonte Springs, FL 32714	Cancer Center
43	CTMC Hospice 1315 IH 35 North San Marcos, TX 78666	Cancer Center
44	Florida Hospital Center for Sleep Disord 501 E King Street 2nd Floor Orlando, FL 32803	Cancer Center
45	FHCC - LEE ROAD 2540 Lee Road Winter Park, FL 32789	Cancer Center
46	Florida Hospital Rehabilitation & Sports 711 E Altamonte Drive Suite 200 Altamonte Springs, FL 32701	Cancer Center
47	Adventist La Grange Family Medical Cente 5201 S Willow Springs Road Suite 300 La Grange, IL 60525	Cancer Center
48	FHCC - DR PHILLIPS 8014 Conroy-Windermere Rd Suite 104 Orlando, FL 32835	Cancer Center
49	La Grange Cancer Treatment Pavilion 1325 Memorial Dr La Grange, IL 60525	Cancer Center
50	FHCC - COLONIAL TOWN 630 North Bumby Ave Orlando, FL 32803	Cancer Center
51	FHCC - MT DORA 9015 US Highway 441 Mount Dora, FL 32757	Cancer Center
52	FHHMC Center Priority Health Care 4200 Sun n Lake Blvd Sebring, FL 33872	Cancer Center
53	FH Wauchula Pioneer Medical Center 515 Carlton Street Wauchula, FL 33873	Cancer Center
54	FHCC - RDV 8701 Maitland Summit Blvd Maitland, FL 32810	Cancer Center
55	FHCC - HUNTERS CREEK 3293 Greenwald Way North Kissimmee, FL 34741	Cancer Center
56	FHCC - SAND LAKE 2301 Sand Lake Road Orlando, FL 32809	Cancer Center
57	FHCC - KISSIMMEE 4320 W Vine Street Kissimmee, FL 34746	Cancer Center
58	Florida Hospital Rehabilitation & Sports 8000 Red Bug Lake Road Suite 140 Oviedo, FL 32765	Cancer Center
59	FHCC - AZALEA PARK 509 S Semoran Blvd Orlando, FL 32807	Cancer Center
60	FHCC - OnsiteBusiness Health Services 901 N Lake Destiny Road Suite 400 Maitland, FL 32750	Cancer Center
61	FHCC - OVIEDO 8010 Red Bug Road Oviedo, FL 32765	Cancer Center
62	FHCC - CLERMONT 15701 State Road 50 Suite 101 Clermont, FL 34711	Cancer Center
63	Florida Hospital Rehab and Sport Medicin 2005 Mizell Ave Winter Park, FL 32792	Cancer Center
64	Medical Plaza - Florida Hospital Kissimm 2400 North Orange Blossom Trail Kissimmee, FL 34744	Cancer Center
65	FHCC - UNIVERSITY 11550 University Blvd Orlando, FL 32817	Cancer Center
66	Florida Hospital Rehab and Sports Medici 100 Waymont Court Suite 120 Lake Mary, FL 32746	Cancer Center
67	Florida Hospital Sleep Disorder Center - 1925 Mizell Avenue Suite 200 Winter Park, FL 32792	Cancer Center
68	FHCC - LONGWOOD 855 S US Highway 17-92 Longwood, FL 32750	Cancer Center
69	FHHMC Family Practice Center 1006 W Pleasant Street Avon Park, FL 33825	Cancer Center
70	Family Health Center East 7975 Lake Underhill Road Suite 200 Orlando, FL 32822	Cancer Center
71	Florida Hospital Rehabilitation & Sports 615 E Princeton St Suite 104 Orlando, FL 32803	Cancer Center
72	FHHMC Pulmonary and Critical Care Specia 4409 Sun n Lake Blvd Suite E Sebring, FL 33872	Cancer Center
73	Florida Hospital Urology Surgery Center 1812 N Mills Ave Orlando, FL 32803	Cancer Center
74	FHHMC Interventional Cardiology 6325 US 27 North Suite 202 Sebring, FL 33872	Cancer Center
75	FHHMC Heartland Women's Health 37 Ryant Blvd Sebring, FL 33870	Cancer Center
76	Florida Hospital Rehabilitation & Sports 201 Hilda Street Suite 12 Kissimmee, FL 34741	Cancer Center
77	San Marcos MRI LP 1330 Wonder World Dr San Marcos, TX 78666	Cancer Center
78	FHCC - CONWAY 5810 S Semoran Blvd Orlando, FL 32822	Cancer Center
79	Celebration Hand Therapy 410 Celebration Place Suite 300 Celebration, FL 34747	Cancer Center
80	FHHMC Therapy Center 6325 US Hwy 27 N Sebring, FL 33870	Cancer Center
81	Florida Hospital Rehabilitation & Sports 205 N Park Avenue Suite 110 Apopka, FL 32703	Cancer Center
82	Florida Hospital Diabetes Institute 2415 N Orange Ave Suite 501 Orlando, FL 32804	Cancer Center
83	Eden Spa 2501 N Orange Ave Suite 186 Orlando, FL 32804	Cancer Center
84	CTMC Rehab Services 1340 Wonder World Dr San Marcos, TX 78666	Cancer Center
85	FHHMC Wound Care 4143 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
86	Florida Hospital Rehabilitation & Sports 2520 N Orange Avenue Suite 100 Orlando, FL 32804	Cancer Center
87	FHHMC Women's Wellness Center Sebring 4240 Sun n Lake Blvd Sebring, FL 33872	Cancer Center
88	Florida Hospital Rehabilitation and Spor 1603 S Hiawassee Road Orlando, FL 32835	Cancer Center
89	FHHMC Highlands Surgical Associates 4301 Sun n Lake Blvd Suite 103 Sebring, FL 33872	Cancer Center
90	Florida Hospital Laboratory - Orlando 2501 N Orange Avenue Suite 370 Orlando, FL 32804	Cancer Center
91	FHHMC Family Medicine Specialist & OP La 2315 US Highway 27 North Avon Park, FL 33825	Cancer Center
92	CTMC Home Health 2007 Medical Parkway San Marcos, TX 78666	Cancer Center
93	FHHMC Sleep Lab 4301 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
94	FHHMC Center for Infectious Disease 4409 Sun n Lake Blvd Suite E Sebring, FL 33870	Cancer Center
95	FHHMC ENT Specialist 4325 Sun n Lake Blvd Suite 102 Sebring, FL 33872	Cancer Center
96	FHHMC Family Medicine Associates 5909 US Hway 27 N Ste 102 Sebring, FL 33870	Cancer Center
97	FHHMC Seascape Internal Medicine Sebring 2950 Alt US 27 South Suite B Sebring, FL 33870	Cancer Center
98	FHHMC Therapy Center Lake Placid 1210 US 27 N Lake Placid, FL 33852	Cancer Center
99	Darden Onsite 1000 Darden Center Drive Orlando, FL 32837	Cancer Center
100	FHHMC CareNow 4421 Sun n Lake Blvd Suite B Sebring, FL 33872	Cancer Center
101	FHHMC Psychiatric Services 4023 Sun n Lake Blvd Sebring, FL 33872	Cancer Center
102	Florida Hospital Sleep Disorder Center - 203 N Park Avenue Suite 106 Apopka, FL 32703	Cancer Center
103	FHHMC Urology Specialist 4215 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
104	FHHMC Priority Health Care 1210 US Highway 27 N Lake Placid, FL 33852	Cancer Center
105	FH Wauchula The Therapy Center 1330 Hwy 17 S Wauchula, FL 33873	Cancer Center
106	Florida Hospital Laboratory - Lucerne Te 1723 Lucerne Terrace Orlando, FL 32806	Cancer Center
107	FHHMC Internal Medicine Specialist 6801 US Hwy 27 North Suite B-2 Sebring, FL 33870	Cancer Center
108	FHHMC Highlands Surgical Associates Lake 1352 US 27 North Lake Placid, FL 33852	Cancer Center
109	FHCC - WESLEY CHAPEL 5504 Gateway Boulevard Wesley Chapel, FL 33544	Cancer Center
110	FHHMC Psychiatric Services 1346 US Highway 27 S Lake Placid, FL 33852	Cancer Center
111	FHHMC Family Care of Lake Placid 201 US Hway South Lake Placid, FL 33852	Cancer Center
112	Siemens Onsite 4400 N Alafaya Trail MC Q1-240 Orlando, FL 32826	Cancer Center
113	FHHMC Cardio-Pulmonary 4635 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
114	FH Wauchula Hardee Family Medicine 522 W Carlton Street Wauchula, FL 33873	Cancer Center
115	Florida Hospital Laboratory - Altamonte 661 East Altamonte Drive Suite 131 Altamonte Springs, FL 32701	Cancer Center
116	FHHMC Outpatient Laboratory 6801 US Hwy 27 N Suite C -1 Sebring, FL 33872	Cancer Center
117	Florida Hospital Laboratory - Palm Sprin 631 Palm Springs Drive Suite 113 Altamonte Springs, FL 32701	Cancer Center
118	Florida Hospital Hearing Center East Or 7975 Lake Underhill Road Suite 300 Orlando, FL 32822	Cancer Center
119	Wyndham Onsite 6277 Sea Harbor Dr Orlando, FL 32821	Cancer Center
120	Florida Hospital Laboratory - Winter Par 1925 Mizell Ave Suite 100 Winter Park, FL 32792	Cancer Center
121	FH Wauchula Sleep Lab & Wound Care 457 W Carlton St Wauchula, FL 33873	Cancer Center
122	FHHMC Gastroenterology & Women's Wellnes 1352 US 27 North Lake Placid, FL 33852	Cancer Center
123	FHHMC Gastroenterology Center Sebring 4421 Sun n Lake Blvd Suite B Sebring, FL 33872	Cancer Center
124	OCG Onsite 450 E South Street Orlando, FL 32802	Cancer Center
125	Center for Pediatric & Adolescent Medici 15502 Stoneybrook West Parkway Suite 2- Winter Garden, FL 34787	Cancer Center
126	CTMC OP Lab and Radiology 151 Kirkham Circle Kyle, TX 78640	Cancer Center
127	FHW Cardiology Associates 463 Carlton Street Wauchula, FL 33873	Cancer Center
128	Florida Hospital Laboratory - Tavares 1769 David Walker Drive Tavares, FL 32778	Cancer Center
129	Waterman Onsite 1000 Waterman Way Tavares, FL 32778	Cancer Center
130	FHHMC Diabetes Center 4023 Sun N Lake Sebring, FL 33872	Cancer Center
131	FH Wauchula Womens Wellness Center 526 W Carlton Street Wauchula, FL 33873	Cancer Center
132	FHHMC Family Medicine Center of Lake Pla 1352 US 27 North Lake Placid, FL 33852	Cancer Center
133	FHHMC Neurology 4421 Sun n Lake Blvd Suite B Sebring, FL 33872	Cancer Center
134	Florida Hospital Women's CenterLactatio 2520 N Orange Avenue Suite 103 Orlando, FL 32804	Cancer Center
135	Total Healthcare Management 1000 Universal Studios Plaza 3 Orlando, FL 32819	Cancer Center
136	FHHMC Lake Placid Wound Care 1352 US Hwy 27 N Lake Placid, FL 33852	Cancer Center

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493321112054

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 93

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 14

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADVENTIST CARE CENTERS - COURTLAND INC 730 COURTLAND ST ORLANDO,FL 32804	20-5774723	501(c)(3)	147,564				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
ALLIANCE OF THE SPACE COAST INC DBA Florida Abolitionist PO BOX 536832 ORLANDO,FL 32853	59-3178045	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
AMERICAN CANCER SOCIETY INC 601 W COLONIAL DR ORLANDO,FL 328047007	13-1788491	501(c)(3)	19,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 1101 NORTHCHASE PKWY SE STE 1 MARIETTA,GA 30067	13-5613797	501(c)(3)	111,661				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION OF SOUTHEAST INC 851 OUTER RD ORLANDO,FL 32814	59-0662271	501(c)(3)	17,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN NATIONAL RED CROSS PO BOX 905890 CHARLOTTE, NC 282905890	53-0196605	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
APOPKA HIGHLAND SEVENTH DAY ADVENTIST CHURCH 340 VOTAW RD APOPKA,FL 327034393	59-3166917	501(c)(3)	6,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEACON NETWORK INC PO BOX 2547 ORLANDO,FL 328022547	27-4894580	501(c)(3)	7,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CASA DE MEXICO DE LA FLORIDA CENTRAL INC 400 S ORANGE AVE 9TH FLOOR ORLANDO,FL 32801	59-3428138	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
CELEBRATION FOUNDATION INC 610 SYCAMORE ST CELEBRATION,FL 34747	59-3370753	501(c)(3)	51,000				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 FLORIDA CHAMBER for PERSONS WITH DISABILITIES LLC 3201 E COLONIAL DR UNIT A20 ORLANDO,FL 328035174	26-4201627	Other	28,000				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 FLORIDA FAMILY HEALTH CENTER INC 2400 STATE ROAD 415 SANFORD,FL 32771	59-1741286	501(c)(3)	45,000				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 FLORIDA PARTNERSHIP INC PO BOX 1234 ORLANDO, FL 32804	33-1202266	501(c)(6)	100,245				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 FLORIDA PEDIATRIC SOCIETY INC 1890 SEMORAN BLVD WINTER PARK, FL 32792	23-7422278	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 FLORIDA REGIONAL HEALTH INFORMATION ORGANIZATION INC 3208-C EAST COLONIAL DRIVE ORLANDO,FL 328035127	20-8145032	501(c)(3)	174,505				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 FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION 433 N MILLS AVENUE ORLANDO,FL 328035721	59-0624430	501(c)(3)	17,000				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 HEALTHCARE COLLABORATIVE 1301 WONDER WORLD DR SAN MARCOS,TX 78666	45-3739929	501(c)(3)	1,447,713				Provision of Indigent 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
CENTRAL TEXAS MEDICAL CENTER FOUNDATION 1301 WONDER WORLD DR SAN MARCOS,TX 78666	74-2259907	501(c)(3)		84,206	Book	Provision of general administrative support	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Champion for Children Foundation of Highlands County Inc 419 E Center Avenue Sebring,FL 33870	65-0444941	501(c)(3)	6,250				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S HOME SOCIETY OF FLORIDA 1485 S SEMORAN BLVD SUITE 1448 WINTER PARK, FL 327925533	59-0192430	501(c)(3)	7,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF ALTAMONTE SPRINGS 150 CRANES ROOST BLVD STE 2200 ALTAMONTE SPRINGS, FL 32701	59-6000263	GOVT	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF WINTER PARK 401 S PARK AVE WINTER PARK, FL 32789	59-6000454	GOVT	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
COMMUNITY BASED CARE OF CENTRAL FLORIDA INC 4001 PELEE ST ORLANDO,FL 328173100	01-0631375	501(c)(3)	29,672				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
COMMUNITY PRESBYTERIAN CHURCH IN CELEBRATION FL INC 511 CELEBRATION AVE CELEBRATION,FL 34747	91-1822890	501(c)(3)	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY VISION INC LEADERSHIP ASSOCIATION OF OSCEOLA 704 GENERATION PT APT 101 KISSIMMEE,FL 347445918	59-2896657	501(c)(3)	26,000				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
DOMINOUSA NATIONAL DOMINO FEDERATION USA PO BOX 526 SANFORD,FL 327720526	83-0465521	501(c)(3)	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOWNTOWN COLLEGE PARK PARTNERSHIP INC PO BOX 547744 ORLANDO,FL 32854	23-7250533	501(c)(3)	13,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EAST ORLANDO HEALTH & REHAB CENTER INC 250 SOUTH CHICKASAW TRAIL ORLANDO,FL 32825	20-5774748	501(c)(3)	1,440,600				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLNC INC 3355 E SEMORAN BLVD APOPKA,FL 32703	20-5774761	501(c)(3)	2,211,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA BAPTIST CHILDRENS HOMES INC 7748 SW 95TH TER MIAMI,FL 331567506	59-0657326	501(c)(3)	12,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA CHAMBER OF COMMERCE INC PO BOX 11309 136 SOUTH BRONOUGH STREET TALLAHASSEE,FL 32302	59-0248200	501(c)(6)	350,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Florida Conference Association of Seventh-Day Adventist dba Better Living C PO Box 3092 Lake Placid, FL 33862	59-6137501	501(c)(3)	6,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA CONFERENCE OF SEVENTH-DAY ADVENTISTS 351 S STATE ROAD 434 ALTAMONTE SPRINGS, FL 327143824	59-0806975	501(c)(3)	7,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Florida Hospital Waterman Inc 1000 Waterman Way Tavares, FL 32778	59-3140669	501(c)(3)	376,695				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA INTERFAITH INSTITUTE DBA INTERFAITH COUNCIL OF CENTRAL FLORIDA PO BOX 3310 WINTER PARK, FL 32790	45-5420165	501(c)(3)	30,000				General Support

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

(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 PRIDE LLC DBA USSSA PRIDE 611 LINE DR KISSIMMEE, FL 347444457	27-1302554	Other	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
FOREST LAKE ACADEMY 500 EDUCATION LOOP APOPKA,FL 327036176	59-0816443	501(c)(3)	12,000				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
FOREST LAKE EDUCATION CENTER 1275 LEARNING LOOP LONGWOOD,FL 32779	59-3143238	501(c)(3)	8,394				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOREST LAKE SDA CHURCH 515 HARLEY LESTER LANE APOPKA,FL 32703	59-2885433	501(c)(3)	15,250				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC 445 W AMELIA ST STE 901 ORLANDO,FL 328011153	59-2788435	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
FOUNDATION FOR SEMINOLE STATE COLLEGE OF FLORIDA INC 1055 AAA DRIVE STE 209 LAKE MARY,FL 327465072	23-7033822	501(c)(3)	83,333				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
GR8 TO DON8 INC 968 MOSS TREE PL LONGWOOD,FL 32750	27-1946207	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
GRACE MEDICAL HOME INC 51 PENNSYLVANIA STREET ORLANDO,FL 328062938	28-1817966	501(c)(3)	100,000				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
GREATER ORLANDO CHAMBER OF COMMERCE INC DBA ORLANDO REGIONAL CHAMBER OF COM PO BOX 1234 ORLANDO,FL 328021234	59-0272107	501(c)(6)	50,000				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
HABITAT FOR HUMANITY OF GREATER ORLANDO AREA INC 4116 SILVER STAR RD ORLANDO,FL 328084636	59-2789167	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
HARBOR HOUSE OF CENTRAL FLORIDA INC PO BOX 680748 ORLANDO,FL 32868	59-1712936	501(c)(3)	5,500				General Support

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

(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
HEALTH CARE CENTER FOR THE HOMELESS INC 232 N ORANGE BLOSSOM TRL ORLANDO,FL 32805	59-3185020	501(c)(3)	115,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTHY START COALITION OF ORANGE COUNTY INC 600 COURTLAND ST STE 565 ORLANDO,FL 32804	59-3125675	501(c)(3)	20,000				General Support

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

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEART OF FLORIDA UNITED WAY INC 1940 TRAYLOR BLVD ORLANDO,FL 32804	59-0808854	501(c)(3)	55,297				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
Heartland Triathlon of Highlands County Inc 1200 Highlands Drive Lake Placid, FL 33852	45-2232127	501(c)(3)	11,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEBNI NUTRITION CONSULTANTS INC 2009 WEST CENTRAL BLVD ORLANDO,FL 32805	59-3258397	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
Highlands County Health Department 7205 S George Boulevard Sebring, FL 33875	59-3502843	Gov't	60,750				Medical 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
HISPANIC BUSINESS INITIATIVE FUND OF FLORIDA INC 3201 E COLONIAL DR UNIT A20 ORLANDO,FL 32803	59-3341405	501(c)(3)	24,000				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
HISPANIC CHAMBER OF COMMERCE METRO ORLANDO INC 3201 E COLONIAL DRIVE ORLANDO,FL 32803	59-3103840	501(c)(6)	22,250				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOPE NOW INTERNATIONAL INC PO BOX 181173 CASSELBERRY,FL 327181173	27-4498303	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
HOSPICE OF THE COMFORTER FOUNDATION INC 496 W CENTRAL PKWY ALTAMONTE SPRINGS, FL 327142415	27-1858033	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
IDIGNITY INC DBA INDIGNITY 424 E CENTRAL BLVD 199 ORLANDO,FL 328011923	01-0921490	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
IVANHOE VILLAGE INC 1605 ALDEN RD ORLANDO,FL 328031861	26-1797406	501(c)(3)	7,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOBS PARTNERSHIP OF FLORIDA INC 4900 MILLENIA BLVD ORLANDO,FL 328396053	59-3612893	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 FLORIDA INC PO BOX 917197 ORLANDO,FL 32891	59-0972112	501(c)(3)	88,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIDS BEATING CANCER INC 615 E PRINCETON ST STE 400 ORLANDO,FL 32803	59-3136203	501(c)(3)	8,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIDS HOUSE OF SEMINOLE INC 5467 NORTH RONALD REGAN BLVD SANFORD,FL 32773	59-3415005	501(c)(3)	18,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
La Grange Memorial Hospital Foundation 5101 South Willow Springs Road La Grange, IL 60525	30-0247776	501(c)(3)		254,903	Book	Provision of general administrative support	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAKESIDE BEHAVIORAL HEALTHCARE INC 1800 MERCY DRIVE STE 302 ORLANDO,FL 32808	59-2301233	501(c)(3)	1,417,298				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
LIFEWORK LEADERSHIP 1220 E CONCORD ST Orlando,FL 328035453	37-1592618	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARCH OF DIMES FOUNDATION 341 N MAITLAND AVE STE 115 MAITLAND,FL 32751	13-1846366	501(c)(3)	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF CENTRAL FLORIDA INC 1525 E ROBINSON ST ORLANDO,FL 32801	59-0816432	501(c)(3)	14,153				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
MILLS FIFTY MAIN STREET CORPORATION 1200 WEBER ST ORLANDO,FL 328033334	80-0203856	501(c)(3)	6,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW IMAGE YOUTH CENTER INC 212 S PARRAMORE AVE ORLANDO,FL 32805	56-2482818	501(c)(3)	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NOMEL INCTHE BIG HOUSE 1544 LANE PARK CUTOFF TAVARES,FL 327786117	27-3982168	Other	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
OAKWOOD UNIVERSITY 7000 ADVENTIST BLVD NW HUNTSVILLE,AL 35896	63-0366652	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
ORANGE COUNTY BOARD OF COUNTY COMMISSIONERS dba HEALTH AND FAMILY SERVICES PO BOX 38 ORLANDO,FL 32802	59-6000773	GOVT	8,000				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
ORANGE COUNTY BRANCH NATIONAL ASSOCIATION FOR THE ADVANCEMENT OF COLORED PE PO BOX 618285 ORLANDO,FL 328618285	59-6196714	Other	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
ORLANDO JUNIOR ACADEMY 30 E EVANS STREET ORLANDO,FL 32804	26-2325009	501(c)(3)	456,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORLANDO SCIENCE CENTER INC 777 E PRINCETON STREET ORLANDO,FL 32803	59-0896343	501(c)(3)	1,007,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORLANDOORANGE COUNTY CONVENTION & VISITOR'S BUREAU INC VISITORS BUREAU INC6700 FORUM DRIVE SUITE 100 ORLANDO,FL 328218087	59-2395248	501(c)(6)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OSCEOLA COUNTY COUNCIL ON AGING INC 700 GENERATION POINT KISSIMMEE, FL 34744	59-1595398	501(c)(3)	48,622				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRIMARY CARE ACCESS NETWORK INC 101 S WESTMORELAND DR ORLANDO,FL 328052258	46-1817605	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
PTA FLORIDA CONGRESS EDGEWATER SR HIGH SCHOOL PTA 3100 EDGEWATER DR ORLANDO,FL 328043722	23-7106540	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
RACE TIME SPORTS INC 478 E ALTAMONTE DRIVE STE 108-716 ALTAMONTE SPRINGS, FL 327014628	26-2379573	Other	7,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RESCUE OUTREACH MISSION OF CENTRAL FLORIDA INC 1515 INTERNATIONAL PKWY STE 2031 LAKE MARY,FL 327467635	59-2876415	501(c)(3)	6,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL FLORIDA INC 1030 N ORANGE AV WINTER PARK, FL 327894709	59-3211250	501(c)(3)	11,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROTARY CLUB OF WINTER GARDEN PO BOX 770096 WINTER GARDEN, FL 347770096	59-6140005	501(c)(6)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RUNWAY TO HOPE INC 189 S ORANGE AVE ORLANDO,FL 328013261	27-3272616	501(c)(3)	6,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Samaritan Touch Care Center Inc 3015 Herring Avenue Sebring,FL 33870	02-0773338	501(c)(3)	270,833				Medical 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
SEMINOLE COUNTYLAKE MARY REGIONAL CHAMBER OF COMMERCE INC 1055 AAA DR STE 153 LAKE MARY,FL 32746	59-3646781	501(c)(6)	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHEPHERDS HOPE INC 4851 S APOPKA VINELAND RD ORLANDO,FL 328193128	59-3420727	501(c)(3)	116,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
South Florida State College 600 W College Drive Avon Park, FL 33825	59-1218159	Gov't	18,215				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SOUTHERN ADVENTIST UNIVERSITY PO BOX 370 COLLEGEDALE,TN 37315	62-0536733	501(c)(3)	118,000				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
STRENGTHEN ORLANDO INC 400 SOUTH ORANGE AVE 6TH FLOOR ORLANDO,FL 328013360	27-1964941	501(c)(3)	21,000				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
SUNBELT HEALTH & REHAB CENTER - APOPKA INC 305 EAST OAK ST APOPKA,FL 32703	20-5774856	501(c)(3)	473,040				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
Sunsystem Development Corporation 900 HOPE WAY ALTAMONTE SPRINGS, FL 32714	59-2219301	501(c)(3)	28,000	4,808,401	Book	Provision of general administrative support	General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION 1350 ORANGE AVE STE 260 WINTER PARK, FL 32789	75-2854957	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
THE FOUNDATION FOR SUCCESS INC DBA SOS (SUPPORT OUR SCHOLARS) PO BOX 1985 WINTER PARK, FL 327901985	26-0711355	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
The School Board of Highlands County 426 School Street Sebring,FL 33870	56-6000654	Gov't	10,800				Senior Eeucation

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
THE SCHOOL BOARD OF ORANGE COUNTY FLORIDA ORANGE COUNTY PUBLIC SCHOOLS 445 WEST AMELIA STREET ORLANDO,FL 32801	59-6000771	Gov't	7,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UCF ATHLETICS ASSOCIATION INC PO BOX 163555 ORLANDO,FL 328163555	56-2334448	501(c)(3)	5,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED GLOBAL OUTREACH INC 2301 N ORANGE AVE ORLANDO,FL 328045510	03-0511875	501(c)(3)	95,000				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
UNIVERSAL ORLANDO FOUNDATION INC 1000 UNIVERSAL STUDIOS PLAZA ORLANDO,FL 32819	59-3510383	501(c)(3)	15,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC 12424 RESEARCH PARKWAY STE 140 ORLANDO,FL 32826	59-6211832	501(c)(3)	165,000				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
US DREAM ACADEMY INC 5950 SYMPHONY WOODS RD COLUMBIA,MD 21044	59-3514841	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VALENCIA COLLEGE FOUNDATION INC 190 S ORANGE AVE ORLANDO,FL 328013204	23-7442785	501(c)(3)	214,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WALT DISNEY PARKS AND RESORTS US INC PO BOX 403337 ATLANTA,GA 30384	95-2412883	Other	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
WINTER GARDEN HERITAGE FOUNDATION INC PO BOX 770657 WINTER GARDEN,FL 347770657	59-3201766	501(c)(3)	7,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WINTER PARK CHAMBER OF COMMERCE PO BOX 280 WINTER PARK, FL 32790	59-0514615	501(c)(6)	15,100				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
WINTER PARK HEALTH FOUNDATION INC 220 EDINBURGH DR WINTER PARK, FL 32792	59-0669460	501(c)(3)	67,500				General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Questions Regarding Compensation

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

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

Return Reference	Explanation
Part I, Line 1a	The filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS) Members of the filing organization's executive management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of AHS AHSSHC is exempt from federal income tax under IRC Section 501(c)(3) The filing organization reimburses AHSSHC for the salary and benefit cost of those executives on the payroll of AHSSHC that provide services and are on the management team of the filing organization Travel for companions AHSSHC has a Corporate Executive Policy that provides a benefit to allow for a traveling AHSSHC executive to have his or her spouse accompany the executive on 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 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) Other discretionary spending accounts may be provided in connection with other AHS sponsored conferences but typically does not exceed $200 per participant 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 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 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 Compensation Committee that describes how the membership benefited their organization during the preceding year
Part I, Line 3	The individual who serves as the CEO of the filing organization is compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) for that individual's role in serving as the CEO of the entire system of AHSSHC Compensation and benefits provided to this individual are determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958 AHSSHC 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 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
Part I, Lines 4a-b	During the year ending December 31, 2013, Connie A Hamilton received severance payments in the amount of $288,425 Pursuant to the AHSSHC Corporate Executive Policy governing executive severance, severance agreements for executives operating at the Vice President level and above are entered into upon eligibility to facilitate the transition to subsequent employment following an involuntary separation from employment with AHS As discussed in Line 1a above, executives on the filing organization's management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of a healthcare system known as Adventist Health System (AHS) In recognition of the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan) The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (IRC) Section 457(f), to individually tailor a benefits program appropriate to each executive's needs The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits The pre-determined benefits allowance credit percentage is approved by the AHSSHC Board 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 $218,000 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 ---------- Houmann, Lars D $ 184,069 $ 186,831 $232,784 $ 0 Jernigan, Ph D , Donald L $ 210,224 $ 192,724 $ 0 $ 0 Reiner, Richard K $ 191,096 $ 173,596 $194,730 $ 0 Shaw, Terry D $ 184,069 $ 179,354 $268,802 $ 0 Banks, David P $ 78,276 $ 71,361 $ 0 $ 0 Cummings, Jr , Desmond $ 15,219 $ 15,219 $ 23,597 $ 0 Dodds, Sheryl D $ 49,760 $ 27,830 $ 0 $ 0 Fulbright, Robert D$ 45,916 $ 30,698 $ 0 $ 0 Goodman, Todd A $ 38,927 $ 36,173 $ 0 $ 0 Hilliard, Douglas W$ 36,163 $ 28,130 $ 0 $ 0 Hurst, Jeffry D $ 37,013 $ 15,499 $ 0 $ 0 Moorhead, MD, John David $ 88,282 $ 199,636 $ 0 $ 0 Owen, Terry R $ 60,262 $ 42,792 $ 75,619 $ 0 Paradis, J Brian $ 119,345 $ 104,458 $ 0 $ 0 Reed, MD, Monica P $ 69,461 $ 59,687 $276,818 $ 0 Soler, Eddie $ 97,645 $ 103,782 $745,939 $ 0 Grim-Marcarelli, Karen $ 24,690 $ 7,426 $ 94,824 $ 0 Herrin, Arlene K $ 28,759 $ 25,456 $ 0 $ 0 * Including Investment Earnings
Part I, Line 6	The filing organization's physician compensation formula is designed to result in total compensation that would be reasonable for each physician The filing organization utilizes national survey productivity, cost, and compensation data in formulating all aspects of the compensation plan Physician compensation contractual agreements include a ceiling or reasonable maximum on the amount a physician may earn The filing organization's employed physicians enter into a written agreement that requires the physicians to provide medical care to individuals who are referred by the filing organization The filing organization's compensation arrangement does not use a method of compensation that is based upon a percentage of the organization's net income Under the compensation arrangement, physician base salary, including any additional compensation based on a percentage of the practice/location net revenue, is documented as being within a range of Fair Market Value

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Houmann Lars D Director	(I) (II)	0 911,606	0 302,898	0 456,423	0 197,919	0 42,997	0 1,911,843	0 166,425
Jernigan PhD Donald L Director/CEO	(I) (II)	0 988,725	0 329,269	0 303,082	0 13,850	0 87,038	0 1,721,964	0 0
Reiner Richard K Director	(I) (II)	0 913,142	0 302,898	0 446,854	0 13,850	0 45,505	0 1,722,249	0 0
Shaw Terry D Director	(I) (II)	0 911,185	0 302,898	0 478,549	0 197,919	0 45,398	0 1,935,949	0 166,425
Banks David P Senior VP - FH	(I) (II)	0 491,217	0 143,179	0 85,103	0 92,125	0 37,981	0 849,605	0 71,324
Cummings Jr Desmond Exec VP - FH	(I) (II)	0 206,078	0 161,711	0 92,133	0 13,850	0 22,049	0 495,821	0 0
Dodds Sheryl D Senior VP - FH	(I) (II)	0 338,264	0 79,967	0 61,109	0 46,110	0 20,181	0 545,631	0 27,818
Fulbright Robert D Senior VP - FH	(I) (II)	0 390,500	0 92,530	0 43,062	0 59,765	0 43,545	0 629,402	0 30,682
Goodman Todd A Senior VP - FH	(I) (II)	0 334,119	0 76,600	0 64,037	0 35,277	0 35,470	0 545,503	0 30,690
Hilliard Douglas W Senior VP - FH	(I) (II)	0 337,130	0 77,415	0 40,643	0 50,012	0 39,406	0 544,606	0 28,115
Hurst Jeffry D Senior VP - FH	(I) (II)	0 314,445	0 74,749	0 49,931	0 33,362	0 29,976	0 502,463	0 12,709
Moorhead MD John David Senior VP - FH	(I) (II)	0 484,295	0 114,746	0 249,407	0 13,320	0 25,660	0 887,428	0 61,794
Owen Terry R Senior VP - FH	(I) (II)	0 405,673	0 114,238	0 154,389	0 56,611	0 32,693	0 763,604	0 35,827
Paradis J Brian Exec VP - FH	(I) (II)	0 640,946	0 215,324	0 123,776	0 133,188	0 46,933	0 1,160,167	0 104,404
Reed MD Monica P Senior VP - FH	(I) (II)	0 456,189	0 128,556	100 351,256	0 83,311	0 37,749	100 1,057,061	0 59,656
Soler Eddie CFO - FL Divison	(I) (II)	0 554,099	0 184,101	0 868,917	0 111,495	0 33,624	0 1,752,236	0 86,340
Bittner MD Hartmuth Medical Director	(I) (II)	1,119,067 0	56 0	7,488 0	8,750 0	15,460 0	1,150,821 0	0 0
Lee MD Kathy Physician	(I) (II)	394,009 0	466,056 0	39,038 0	13,850 0	13,517 0	926,470 0	0 0
Eubanks Jr MDWilliam Stephen Executive Director of Academic Surge	(I) (II)	622,162 0	140,077 0	38,017 0	8,599 0	17,289 0	826,144 0	0 0
Jones MDPhillip E Physician	(I) (II)	592,770 0	137,500 0	21,496 0	13,850 0	22,492 0	788,108 0	0 0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Torres MDRamon M	(I)	591,374	96,303	11,959	13,850	23,888	737,374	0
Physician	(II)	0	0	0	0	0	0	0
Grim-Marcarelli Karen	(I)	0	0	0	0	0	0	0
Former key employee	(II)	249,704	48,819	132,184	21,039	26,701	478,447	6,362
Hamilton Connie A	(I)	0	0	0	0	0	0	0
Former key employee	(II)	0	0	288,005	13,850	12,126	313,981	0
Herrin Arlene K Former	(I)	0	0	0	0	0	0	0
key employee	(II)	246,146	35,185	37,442	37,509	27,215	383,497	25,443

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569	431022FR8	10-18-2005	64,943,086	2005A, Refund FL 1993A&B, TN 1993 and Tarrant 1993 all issued 10/20/1993		X		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022GN6	10-18-2005	106,410,063	2005B, Refund Orange 2000, Tenn 2000, and Tarrant 2000 all issued 8/31/2000		X		X		X
C	Highlands County Health Facilities Authority	52-1313569	431022HG0	10-18-2005	63,434,535	2005C, Refund Colorado 2001 issued 3/28/2001		X		X		X
D	Highlands County Health Facilities Authority	52-1313569	431022HH8	10-18-2005	102,220,000	2005D, Expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	22,185,000	18,350,000	10,130,000	9,480,000
2	Amount of bonds legally defeased	1,510,000	16,155,000		12,255,000
3	Total proceeds of issue	64,943,086	106,410,063	63,434,535	102,220,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	926,709	1,532,450	928,933	1,500,000
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	100,720,000			100,720,000
11	Other spent proceeds	64,016,377	104,877,613	62,505,602	
12	Other unspent proceeds				
13	Year of substantial completion	1993	2000	2001	2005

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part III, Line 8c	Highlands County Health Facilities Authority 2012A, AR Program A sale of bond-financed assets in 2006 was identified in early 2013 The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 25, 2013
Part III, Line 8c	Highlands County Health Facilities Authority 2012B, AR Program A sale of bond-financed assets in 2006 was identified in early 2013 The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 25, 2013
Part III, Line 8c	Kansas Development Finance Authority 2012A A sale of bond-financed assets in 2003 was identified in July 2013 The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 15, 2014
Part III, Line 8c	Highlands County Health Facilities Authority 2012B-F A sale of bond-financed assets in 2003 was identified in July 2013 The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 15, 2014

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569	431022HUD	06-14-2006	205,156,000	2006C, Expand/refurbish facilities, purchase equipment		X		X		X
B	Colorado Health Facilities Authority	84-0752932	19648AAV7	11-15-2006	249,501,424	2006D&E, Refnd Highland, Tarrant 98 iss 12/17/98, Highland iss 03D 10/7/03		X		X		X
C	Colorado Health Facilities Authority	84-0752932	19648ACG8	11-15-2006	30,371,450	2006F, Refund 1995 Bonds issued 6/8/1995		X		X		X
D	Highlands County Health Facilities Authority	52-1313569	431022JZ6	12-20-2006	212,464,496	2006G, Refund Highlands 2002 issued 12/19/02 and Orange 2002 issued 7/10/02		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,355,000	19,765,000	3,075,000	21,910,000
2	Amount of bonds legally defeased	4,900,000	8,105,000	19,265,000	7,320,000
3	Total proceeds of issue	205,156,000	249,501,424	30,371,450	212,464,496
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,000,000	2,492,891	306,707	1,856,375
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	203,156,000			
11	Other spent proceeds	247,008,533	247,008,533	30,064,743	210,608,121
12	Other unspent proceeds				
13	Year of substantial completion	2006	2003	1995	2002

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 200 %		0 200 %				0 300 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 100 %						
6	Total of lines 4 and 5		0 100 %		0 200 %				0 300 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569	431022KK7	08-08-2007	366,445,000	2007A B C D, Expand/refurbish facilities, purchase equipment		X		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022QZ8	12-16-2008	68,000,000	2008A, Expand/refurbish facilities, purchase equipment		X		X		X
C	Kansas Development Finance Authority	48-1066589	48542ABX8	07-08-2009	325,394,417	2009C, Ref 96/05&97/05 iss 1/13/05, 03A 1/16/03, 08B 12/19/08, exp facility		X		X		X
D	Kansas Development Finance Authority	48-1066589	48542ACY5	10-01-2009	102,271,154	2009D, Refund Highlands 07C, 8/8/07 & expand/refurbish facilities/purc equip		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	259,800,000	26,000,000	21,820,000	9,055,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	366,445,000	68,000,000	325,394,417	102,271,154
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds	5,560,382			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	360,884,618	68,000,000	12,004,967	21,844,721
11	Other spent proceeds	313,389,450		313,389,450	80,426,433
12	Other unspent proceeds				
13	Year of substantial completion	2007	2008	2009	2009

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 200 %				0 100 %		
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 200 %				0 100 %		
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X	X		X		X	
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	15,145,000	125,000,000		2,000,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	190,752,502	178,936,632	57,000,000	25,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	1,696,632	1,696,632	57,000,000	25,000,000
11	Other spent proceeds	190,752,502	177,240,000		
12	Other unspent proceeds				
13	Year of substantial completion	2008	2005	2010	2010

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 100 %		0 900 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 100 %		0 900 %				
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	2,000,000	2,000,000	18,000,000	360,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,000,000	25,000,000	225,000,000	80,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	25,000,000	25,000,000	225,000,000	80,000,000
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010	2010	2010	2011

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569		03-21-2012	294,985,000	2012A, AR Program - Refund 2009 A-F AR Program		X		X		X
B	Highlands County Health Facilities Authority	52-1313569		07-25-2012	115,015,000	2012B, AR Program - Expand/refurbish facilities, purchase equipment		X		X		X
C	Kansas Development Finance Authority	48-1066589	48542ADG3	08-29-2012	310,952,245	2012A - Refund Or-1995, H-02,03C,05H,06B,07B,07D,08A, C-2004B, K-2004C		X		X		X
D	Highlands County Health Facilities Authority	52-1313569	431022TL6	08-29-2012	348,320,000	2012B-F - Refund Or-1995, H-02,03C,05H,06B,07B,07D,08A, C-2004B, K-2004C		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	400,000			24,830,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	294,985,000	115,015,000	310,952,245	348,320,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	115,015,000	115,015,000		
11	Other spent proceeds	294,985,000		310,952,245	348,320,000
12	Other unspent proceeds				
13	Year of substantial completion	2004	2012	2008	2008

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 500 %				0 500 %		0 500 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 500 %				0 500 %		0 500 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X		X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	0 080 %		0 080 %		0 370 %		0 370 %	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?	X		X		X		X	
c	No rebate due?		X		X		X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569		08-29-2012	125,000,000	2012G&H - Refund Highlands 2005I Conversion Bonds		X		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022TR3	11-08-2012	232,125,000	2012I - Refunded Volusia 1994-A, Highlands 2004A, 2005E, 2005F, 2005G		X		X		X
C	Highlands County Health Facilities Authority	52-1313569		09-18-2013	485,000,000	2013A B C, Expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,285,000	1,285,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	125,000,000	232,125,000	485,000,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	306,390,000		306,390,000	
11	Other spent proceeds	125,000,000	232,125,000		
12	Other unspent proceeds	178,610,000		178,610,000	
13	Year of substantial completion	2005	2005	2013	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 900 %		0 200 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 900 %		0 200 %				
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?	X		X			X		
c	No rebate due?		X		X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

1 (a) Name of disqualified person	(b) 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? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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) Jenola Bradwell	Family of board member	53,440	Employee Compensation		No
(2) Karen Tilstra	Family of key employee	117,006	Consulting		No
(3) Clifton Scott	Family of board member	69,385	Employee Compensation		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	The Bylaws of the filing organization were amended in 2013 as follows Clarification was added to the definition of the Member noting that the sole member, AHSSHC, may act through its Board of Directors, an Executive Board or committees A new provision has been added to the Bylaws to provide that a quorum shall be deemed to exist where the majority of the members of the Board of Directors, executive committee or other committee are present

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

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

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The filing organization's current year Form 990 was reviewed by the Chief Financial Executive subsequent to its filing with the IRS The review conducted by the Chief Financial Executive 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

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The filing organization's CEO, other officers and key employees are not compensated by the filing organization Such individuals are compensated by the related top-tier parent organization of the filing organization Please see the discussion concerning the process followed by the related top-tier parent organization in determining executive compensation in our response to Schedule J, Line 3

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

Return Reference	Explanation
Part VII, Section A	For those Board of Director members who devote less than full-time to the filing organization (based upon the average number of hours per week shown in column (B) on page 7 of the return) the compensation amounts shown in columns (E) and (F) on page 7 for Don Jernigan, Lars Houmann, Richard Reiner, and Terry Shaw, were provided in conjunction with that person's responsibilities and roles in serving in an executive leadership position within Adventist Health System (AHS) Don Jernigan, Richard Reiner,and Terry Shaw devote approximately 50 hours per week in conjunction with serving in their respective executive leadership position within AHS Lars Houmann devotes approximately 35 hours a week to the filing organization and the remainder of time is devoted to his leadership position within AHS

Return Reference	Explanation
Form 990, Part IX, line 11g	Payments to Healthcare Professionals Program service expenses 138,879,884 Management and general expenses 0 Fundraising expenses 0 Total expenses 138,879,884 Professional Fees Program service expenses 78,318,121 Management and general expenses 393,675 Fundraising expenses 0 Total expenses 78,711,796 Purchased Medical Services Program service expenses 4,839,493 Management and general expenses 0 Fundraising expenses 0 Total expenses 4,839,493 Environmental Services Program service expenses 1,500,936 Management and general expenses 0 Fundraising expenses 0 Total expenses 1,500,936 Transcription Services Program service expenses 227,732 Management and general expenses 0 Fundraising expenses 0 Total expenses 227,732 Recruiting Program service expenses 218,629 Management and general expenses 0 Fundraising expenses 0 Total expenses 218,629 Food Service Contracts Program service expenses 514,780 Management and general expenses 0 Fundraising expenses 0 Total expenses 514,780 Region Support Services Program service expenses 0 Management and general expenses 2,384,623 Fundraising expenses 0 Total expenses 2,384,623 Miscellaneous Purchased Services Program service expenses 3,944,755 Management and general expenses 3,312,023 Fundraising expenses 0 Total expenses 7,256,778 AHS Management Fees Program service expenses 0 Management and general expenses 54,443,434 Fundraising expenses 0 Total expenses 54,443,434 Billing & Collection Services Program service expenses 0 Management and general expenses 6,898,026 Fundraising expenses 0 Total expenses 6,898,026

Return Reference	Explanation
Form 990, Part XI, line 9	Transfer to tax-exempt affiliates -23,280,543 Transfer to tax-exempt parent -15,787,382 Donated Property 1,564,941 SWAP loss amortization 60,536 Allocations from Tax-exempt Parent with respect to Debt 6,706,068 Transfer for expenses -190,764 Gifts 16,443,053 Other -33,074 Interest in Foundation 1,357,351 Rounding 1

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

(a) Name, address, and EIN (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
(1) Florida Radiology Imaging at Lake Mary LLC (1113-22513) 875 Concourse Parkway 150 Maitland, FL 32751 55-0789387	Imaging & Testing	FL	3,050,215	0	Adventist Health SystemSunbelt Inc

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) Adventist Bolingbrook Hospital 500 Remington Blvd Bolingbrook, IL 60440 65-1219504	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(1) Adventist Care Centers - Courtland Inc 730 Courtland Street Orlando, FL 32804 20-5774723	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(2) Adventist GlenOaks Hospital 701 Winthrop Avenue Glendale Heights, IL 60139 36-3208390	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(3) Adventist Hinsdale Hospital 120 North Oak Street Hinsdale, IL 60521 36-2276984	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(4) Adventist Hlth Mid-America Inc 9100 W 74th Street Shawnee Mission, KS 66204 52-1347407	Hlthcare Related Services	KS	501(c)(3)	Line 11a, I	Adventist Hlth SystemSunbelt Inc	Yes	
(5) Adventist Hlth Partners Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 36-4138353	Operate out-patient physician clinics	IL	501(c)(3)	Line 3	AHS Midwest Management Inc		No
(6) Adventist Hlth System Affiliated Benefit Trust 900 Hope Way Altamonte Springs, FL 32714 26-6422966	Promotion of Hlthcare	FL	501(c)(3)	Line 11a, I	Adventist Hlth System Sunbelt Hlthcare Corp		No
(7) Adventist Hlth System Sunbelt Hlthcare Corp 900 Hope Way Altamonte Springs, FL 32714 59-2170012	Management Services	FL	501(c)(3)	Line 11a, I	N/A		No
(8) Adventist Hlth SystemGeorgia Inc 1035 Red Bud Road Calhoun, GA 30701 58-1425000	Operation of Hospital & Related Services	GA	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(9) Adventist Hlth SystemSunbelt Inc 900 Hope Way Altamonte Springs, FL 32714 59-1479658	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(10) Adventist Hlth SystemTexas Inc 602 Courtland Street Orlando, FL 32804 74-2578952	Leasing Personnel to Affiliated Hospital	TX	501(c)(3)	Line 11c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp		No
(11) Adventist University of Health Sciences Inc (630 Year End) 671 Lake Winyah Drive Orlando, FL 32803 59-3069793	Education/Operation of School	FL	501(c)(3)	Line 2	Adventist Hlth SystemSunbelt Inc	Yes	
(12) AHS Midwest Management Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 36-3354567	Operation of Physician Practice Mgmt	IL	501(c)(3)	Line 11a, I	Adventist Hlth SystemSunbelt Inc	Yes	
(13) AHSCentral Texas Inc 1301 Wonder World Drive San Marcos, TX 78666 74-2621825	Provide Office Space - Medical Professionals	TX	501(c)(3)	Line 11c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp		No
(14) Apopka Hlth Care Properties Inc 305 E Oak Street Apopka, FL 32703 51-0605694	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(15) Battle Creek Adventist Hospital 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 38-1359189	Inactive	MI	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(16) Bolingbrook Hospital Foundation 1000 Remington Blvd N Entrance 2nd Bolingbrook, IL 60440 90-0494445	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
(17) Bradford Heights Hlth & Rehab Center Inc 950 Highpoint Drive Hopkinsville, KY 42240 20-5782342	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(18) Burleson Nursing & Rehab Center Inc 301 Huguley Blvd Burleson, TX 76028 20-5782243	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(19) Caldwell Hlth Care Properties Inc 1333 West Main Princeton, KY 42445 51-0605680	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(21) Cedar Crag Terrace Inc (630 Year End) (11-72213) Rt 5 Box 900 Manchester, KY 40962 61-1120442	Operation of Home for the elderly-disabled	KY	501(c)(3)	Line 7	Memorial Hospital Inc		No
(1) Central Texas Hlthcare Collaborative 1301 Wonder World Drive San Marcos, TX 78666 45-3739929	Support Operation of Hospital	TX	501(c)(3)	Line 11a, I	Adventist Hlth SystemSunbelt Inc	Yes	
(2) Central Texas Medical Center Foundation 1301 Wonder World Drive San Marcos, TX 78666 74-2259907	Fund-raising for Tax-exempt hospital	TX	501(c)(3)	Line 7	Adventist Hlth SystemSunbelt Inc	Yes	
(3) Chickasaw Hlth Care Properties Inc 250 S Chickasaw Trail Orlando, FL 32825 51-0605681	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(4) Chippewa Valley Hospital & Oakview Care Center Inc 1220 Third Avenue West Durand, WI 54736 39-1365168	Operation of Hospital & Related Services	WI	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(5) Cobb Medical Associates LLC 3949 South Cobb Drive SE Smyrna, GA 30080 58-2617089	Operation of Physician Practices & Medical Services	GA	501(c)(3)	Line 3	Emory-Adventist Inc		No
(6) Courtland Hlth Care Properties Inc 730 Courtland Street Orlando, FL 32804 51-0605682	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(7) Creekwood Place Nursing & Rehab Center Inc 683 E Third Street Russellville, KY 42276 20-5782260	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(8) Dairy Road Hlth Care Properties Inc 7350 Dairy Road Zephyrhills, FL 33540 51-0605684	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(9) East Orlando Hlth & Rehab Center Inc 250 S Chickasaw Trail Orlando, FL 32825 20-5774748	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(10) Emory-Adventist Inc 3949 South Cobb Drive Smyrna, GA 30080 58-2171011	Operation of Hospital & Related Svcs	GA	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(11) Fletcher Hospital Inc 100 Hospital Drive Hendersonville, NC 28792 56-0543246	Operation of Hospital & Related Svcs	NC	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(12) FLNC Inc 3355 E Semoran Blvd Apopka, FL 32703 20-5774761	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(13) Florida Hospital Healthcare Partners Inc (130-123113) 301 Memorial Medical Parkway Daytona Beach, FL 32117 46-2354804	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(14) Florida Hospital Medical Group Inc 900 Winderley Place Maitland, FL 32751 59-3214635	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(15) Florida Hospital Physician Group Inc (21-123113) 14055 Riveredge Drive Ste 250 Tampa, FL 33637 46-2021581	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(16) Florida Hospital Waterman Inc 1000 Waterman Way Tavares, FL 32778 59-3140669	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(17) Florida Hospital Zephyrhills Inc 7050 Gall Blvd Zephyrhills, FL 33541 59-2108057	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(18) Foundation for Shawnee Mission Medical Center Inc 9100 W 74th Street Shawnee Mission, KS 66204 48-0868859	Fund-raising for Tax-exempt hospital	KS	501(c)(3)	Line 11a, I	Shawnee Mission Medical Center Inc		No
(19) GlenOaks Hospital Foundation 701 Winthrop Avenue Glendale Heights, IL 60139 36-3926044	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(41) Helen Ellis Memorial Hospital Auxiliary Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-2106043	Fund-raising for Tax-exempt hospital/foundation	FL	501(c)(3)	Line 11c, III-FI	Tarpon Springs Hospital Foundation Inc		No
(1) Helen Ellis Memorial Hospital Foundation Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3690149	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 11c, III-FI	Tarpon Springs Hospital Foundation Inc		No
(2) Hinsdale Hospital Foundation 7 Salt Creek Lane Suite 203 Hinsdale, IL 60521 52-1466387	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
(3) In-Motion Rehab Inc 602 Courtland Street Ste 200 Orlando, FL 32804 20-8023411	Therapy services to tax exempt nursing homes	KS	501(c)(3)	Line 11b, II	Sunbelt Hlth Care Centers Inc		No
(4) Jellico Community Hospital Inc 188 Hospital Lane Jellico, TN 37762 62-0924706	Operation of Hospital & Related Services	TN	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(5) Johnson County Community Care Corporation (11-5613) 11801 South Freeway Burleson, TX 76028 45-2793120	Support Operation of Hospital	TX	501(c)(3)	Line 11a, I	Adventist Hlth SystemSunbelt Inc	Yes	
(6) La Grange Memorial Hospital Foundation 5101 S Willow Springs Rd La Grange, IL 60525 30-0247776	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
(7) Memorial Hlth Systems Foundation Inc 770 West Granada Blvd Ormond Beach, FL 32174 31-1771522	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 7	Memorial Hlth Systems Inc		No
(8) Memorial Hlth Systems Inc 301 Memorial Medical Parkway Daytona Beach, FL 32117 59-0973502	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(9) Memorial Hospital - West Volusia Inc 701 West Plymouth Avenue Deland, FL 32720 59-3256803	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Memorial Hlth Systems Inc		No
(10) Memorial Hospital Flagler Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 59-2951990	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Memorial Hlth Systems Inc		No
(11) Memorial Hospital Inc 210 Marie Langdon Drive Manchester, KY 40962 61-0594620	Operation of Hospital & Related Services	KY	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(12) Merriam Hlth Care Properties Inc 9700 West 62nd Street Merriam, KS 66203 36-4595806	Lease to Related Organization	KS	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(13) Metroplex Adventist Hospital Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2225672	Operation of Hospital & Related Services	TX	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(14) Metroplex Clinic Physicians Inc 2201 S Clear Creek Road Killeen, TX 76549 11-3762050	Physician Hlthcare services to the community	TX	501(c)(3)	Line 3	Metroplex Adventist Hospital Inc		No
(15) Metroplex Hospital Inc 900 Hope Way Altamonte Springs, FL 32714 46-1256516	Future Operation of Hospital & Related Svcs	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(16) Midwest Hlth Foundation 120 North Oak Street Hinsdale, IL 60521 35-2230515	Support of subsidiary Foundations	IL	501(c)(3)	Line 11b, II	N/A		No
(17) Mills Hlth & Rehab Center Inc 500 Beck Lane Mayfield, KY 42066 20-5782320	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(18) Mission Strategies of Georgia Inc 3949 S Cobb Drive Smyrna, GA 30080 90-0866024	Provision of support to the nursing home division	GA	501(c)(3)	Line 11b, II	Sunbelt Hlth Care Centers Inc		No
(19) Mission Strategies Inc 602 Courtland Street Ste 200 Orlando, FL 32804 20-5982365	Provision of support to the nursing home division	KS	501(c)(3)	Line 11b, II	Sunbelt Hlth Care Centers Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(61) Missouri Adventist Hlth Inc 9100 W 74th Street Shawnee Mission, KS 66204 43-1224729	Support Hlth Care Services	MO	501(c)(3)	Line 11d, III-O	Adventist Hlth Mid-America Inc		No
(1) North Regional EMS Inc 188 Hospital Lane Jellico, TN 37762 26-2653616	EMS Services	TN	501(c)(3)	Line 9	Jellico Community Hospital Inc		No
(2) Ormond Beach Memorial Hospital Auxiliary Inc 301 Memorial Medical Parkway Daytona Beach, FL 32117 59-1721962	Volunteer support services	FL	501(c)(3)	Line 11c, III-FI	Memorial Hlth Systems Inc		No
(3) Overland Park Nursing & Rehab Center Inc 6501 West 75th Street Overland Park, KS 66204 20-5774821	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(4) Paragon Hlth Care Properties Inc 950 Highpoint Drive Hopkinsville, KY 42240 51-0605686	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(5) Pasco-Pinellas Hillsborough Community Hlth System Inc 2400 Bedford Road Orlando, FL 32803 20-8488713	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(6) Portercare Adventist Hlth System (630 Year End) 2525 S Downing Street Denver, CO 80210 84-0438224	Operation of Hospital & Related Services	CO	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(7) Portland Nursing & Rehab Center Inc (11-6513) 215 Highland Circle Drive Portland, TN 37148 20-5774842	Operation of Home for the Aged/Hlthcare Delivery	TN	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(8) Princeton Hlth & Rehab Center Inc 1333 West Main Princeton, KY 42445 20-5782272	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(9) Princeton Professional Services Inc 601 E Rollins Street Orlando, FL 32803 59-1191045	Provision of Hlthcare Services	FL	501(c)(3)	Line 9	Adventist Hlth System Sunbelt Hlthcare Corp		No
(10) Quality Circle for Hlthcare Inc 900 Hope Way Altamonte Springs, FL 32714 26-3789368	Hlthcare Quality Services	FL	501(c)(3)	Line 11a, I	Adventist Hlth System Sunbelt Hlthcare Corp		No
(11) Resource Personnel Inc 602 Courtland Street Ste 200 Orlando, FL 32804 20-8040875	Provide administrative support to tax exempt nursing homes	FL	501(c)(3)	Line 11b, II	Sunbelt Hlth Care Centers Inc		No
(12) Rocky Mountain Adventist Hlthcare Foundation (630 Year End) 2525 South Downing Street Denver, CO 80210 84-0745018	Fund-raising for Tax-exempt hospital	CO	501(c)(3)	Line 7	PorterCare Adventist Hlth System		No
(13) Rollins Brook Community Care Corp 2201 S Clear Creek Road Killeen, TX 76549 46-1656773	Inactive	TX	501(c)(3)	Line 11a, I	Adventist Hlth SystemSunbelt Inc	Yes	
(14) Russellville Hlth Care Properties Inc 683 East Third Street Russellville, KY 42276 51-0605691	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(15) San Marcos Hlth Care Properties Inc 1900 Medical Parkway San Marcos, TX 78666 51-0605693	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(16) San Marcos Nursing & Rehab Center Inc 1900 Medical Parkway San Marcos, TX 78666 20-5782224	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(17) Shawnee Mission Hlth Care Inc 6501 West 75th Street Overland Park, KS 66204 48-0952508	Lease to Related Organization	KS	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(18) Shawnee Mission Medical Center Inc 9100 W 74th Street Shawnee Mission, KS 66204 48-0637331	Operation of Hospital & Related Services	KS	501(c)(3)	Line 3	Adventist Hlth Mid-America Inc		No
(19) South Central Nursing Homes Properties Inc 900 Hope Way Altamonte Springs, FL 32714 59-3686109	Management Support	GA	501(c)(3)	Line 11d, III-O	South Central Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(81) South Central Nursing Homes Inc 602 Courtland Street Orlando, FL 32804 61-1242373	Management Support	KY	501(c)(3)	Line 11d, III-O	South Central Inc		No
(1) South Central Properties III Inc 900 Hope Way Altamonte Springs, FL 32714 59-3692860	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc		No
(2) South Central Properties IV Inc 900 Hope Way Altamonte Springs, FL 32714 59-3692862	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc		No
(3) South Central Properties VI Inc 900 Hope Way Altamonte Springs, FL 32714 59-3692857	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc		No
(4) South Central Properties Inc 900 Hope Way Altamonte Springs, FL 32714 59-3651692	Real Estate	GA	501(c)(2)		South Central Nursing Homes Properties Inc		No
(5) South Central Inc 602 Courtland Street Orlando, FL 32804 59-3689740	Management Support	GA	501(c)(3)	Line 11c, III-FI	N/A		No
(6) South Pasco Hlth Care Properties Inc 38250 A Avenue Zephyrhills, FL 33542 51-0605679	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(7) Southwest Volusia Hlth Services Inc 1055 Saxon Blvd Orange City, FL 32763 59-3281591	Medical Office Building for Hospital	FL	501(c)(3)	Line 11a, I	Southwest Volusia Hlthcare Corp		No
(8) Southwest Volusia Hlthcare Corp 1055 Saxon Blvd Orange City, FL 32763 59-3149293	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(9) Specialty Physicians of Central Texas Inc 1301 Wonder World Drive San Marcos, TX 78666 20-8814408	Physician Hlthcare services to the community	TX	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(10) Spring View Hlth & Rehab Center Inc 718 Goodwin Lane Leitchfield, KY 42754 20-5782288	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(11) Sunbelt Hlth & Rehab Center - Apopka Inc 305 East Oak Street Apopka, FL 32703 20-5774856	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(12) Sunbelt Hlth Care Centers Inc 602 Courtland Street Ste 200 Orlando, FL 32804 58-1473135	Management Services	TN	501(c)(3)	Line 11b, II	Adventist Hlth System Sunbelt Hlthcare Corp		No
(13) SunSystem Development Corp 900 Hope Way Altamonte Springs, FL 32714 59-2219301	Fund Raising for Affiliated Tax-Exempt Hospitals	FL	501(c)(3)	Line 7	Adventist Hlth System Sunbelt Hlthcare Corp		No
(14) Tarpon Springs Hospital Foundation Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-0898901	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	University Community Hospital Inc		No
(15) Tarrant County Hlth Care Properties Inc 301 Huguley Blvd Burleson, TX 76028 51-0605677	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(16) Taylor Creek Hlth Care Properties Inc 718 Goodwin Lane Leitchfield, KY 42754 51-0605678	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(17) The Volunteer Auxiliary of Florida Hospital - Flagler Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 59-2486582	Volunteer support services	FL	501(c)(3)	Line 11c, III-FI	Memorial Hospital Flagler Inc		No
(18) Trinity Nursing & Rehab Center Inc 9700 West 62nd Street Merriam, KS 66203 20-5774890	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(19) University Community Hospital Foundation Inc 3100 E Fletcher Ave Tampa, FL 33613 59-2554889	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 11a, I	University Community Hospital Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(101) University Community Hospital Specialty Care Inc 3100 E Fletcher Ave Tampa, FL 33613 59-3231322	Inactive	FL	501(c)(3)	Line 11a, I	University Community Hospital Inc		No
(1) University Community Hospital Inc 3100 E Fletcher Ave Tampa, FL 33613 59-1113901	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp		No
(2) West Kentucky Hlth Care Properties Inc 500 Beck Lane Mayfield, KY 42066 51-0605676	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc		No
(3) Zephyr Haven Hlth & Rehab Center Inc 38250 A Avenue Zephyrhills, FL 33542 20-5774930	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No
(4) Zephyrhills Hlth & Rehab Center Inc 7350 Dairy Road Zephyrhills, FL 33540 20-5774967	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Appalachian Therapy Services LLC 100 Hospital Drive Hendersonville, NC 28792 20-2463851	Therapy Staffing	NC	N/A									
Clear Creek MOB Ltd 2201 S Clear Creek Rd Killeen, TX 76549 74-2609195	Real Estate	TX	N/A									
Endoscopy Center at Porter LLC 1001 South Park Drive Littleton, CO 80120 20-5855038	Medical Services	CO	N/A									
Florida Hospital DMERT LLC 2450 Maitland Center Pkwy Ste 200 Maitland, FL 32751 20-2392253	Medical Equipment	FL	N/A									
Florida Hospital Home Infusion 2450 Maitland Center Pkwy Ste 200 Maitland, FL 32751 59-3142824	Home Infusion Services	FL	N/A									
KCCCSMMC Cancer Center LLC (11-4813) 9100 W 74th Street Shawnee Mission, KS 66204 27-0909763	Equipment Rental	KS	N/A									
PAHSUSP Surgery Centers LLC 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75010 26-3057950	Medical Services	CO	N/A									
San Marcos MRI LP 1330 Wonder World Dr Ste 202 San Marcos, TX 78666 77-0597972	Imaging & Testing	TX	Adventist Hlth SystemSunbelt Inc	Related	59,067	257,475		No			No	55 000 %
Shawnee Mission Open MRI LLC 9100 W 74th Street Box 2923 Shawnee Mission, KS 66201 27-0011796	Imaging & Testing	KS	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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	Adventist Hlth SystemSunbelt Inc	C	122,842	36,925	58 000 %	Yes	
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	27,868	17,851	89 000 %	Yes	
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	Adventist Hlth SystemSunbelt Inc	C			100 000 %	Yes	
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org	TX	Adventist Hlth SystemSunbelt Inc	C	1,949	41,671	100 000 %	Yes	
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	Adventist Hlth SystemSunbelt Inc	C	144,583,515	49,147,811	100 000 %	Yes	
Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	771,033	207,096	78 000 %	Yes	
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
Huguley Alliance Foundation 11801 South Freeway Fort Worth, TX 76115 75-2642209	Inactive	TX	Adventist Hlth SystemSunbelt Inc	C		136,191	100 000 %	Yes	
Kissimmee Multispecialty Clinic Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	51,521		54 400 %	Yes	
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 (11-111113) 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	N/A	C					No
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

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
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
San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX 78666 77-0597968	Holding Company	TX	Adventist Hlth SystemSunbelt Inc	C	1,595	11,464	100 000 %	Yes	
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 (11-32813) C/O AON Insurance Managers PO Box Grand Cayman CJ	Captive Insurance	CJ	N/A	C					No
UCH Services Inc (11-61213) 3100 East Fletcher Ave Tampa, FL 33613 59-3508454	Management Company	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	Adventist Hlth SystemSunbelt Inc	C	161,654	8,367	52 000 %	Yes	

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
Adventist Health System Sunbelt Healthcare Corporation	B	15,787,382	Actual Amount Given
Adventist Health System Sunbelt Healthcare Corporation	C	76,232	Actual Amount Received
Adventist Health System Sunbelt Healthcare Corporation	M	54,275,946	% of Facility's Operating Exp
Adventist Health System Sunbelt Healthcare Corporation	P	149,124,649	Cost
Adventist Health System Sunbelt Healthcare Corporation	Q	10,499,736	Cost
Adventist Health System Sunbelt Healthcare Corporation dba AHSIS	M	15,153,303	% of Facility's Operating Exp
Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	J	86,640	Cost
Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	P	289,426	Cost
Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	Q	726,450	Cost
Adventist Bolingbrook Hospital	L	619,738	Cost
Adventist Bolingbrook Hospital	P	111,607	Cost
Adventist Bolingbrook Hospital	Q	76,240	Cost
Adventist Care Centers Courtland Inc	B	147,564	Actual Amount Given
Adventist GlenOaks Hospital	L	572,921	Cost
Adventist GlenOaks Hospital	P	55,151	Cost
Adventist GlenOaks Hospital	Q	117,470	Cost
Adventist Health Partners Inc	J	377,252	FMV Rental Rate
Adventist Health Partners Inc	L	501,748	Cost
Adventist Health Partners Inc	P	2,970,511	Cost
Adventist Health System Affiliate Benefit Trust	C	14,000,000	Actual Amount Received
Adventist Health System Georgia Inc	L	537,022	Cost
Adventist Hinsdale Hospital	L	4,181,245	Cost
Adventist Hinsdale Hospital	P	18,073,769	Cost
Adventist Hinsdale Hospital	Q	3,190,735	Cost
Adventist University of Health Sciences	J	2,199,732	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
Adventist University of Health Sciences	P	318,932	Cost
Adventist University of Health Sciences	Q	17,673,173	Cost
Adventist University of Health Sciences	R	4,671,209	Cost
AHS Midwest Management Inc	P	867,704	Cost
AHSCentral Texas Inc	K	138,947	Cost
Central Texas Healthcare Collaborative	B	1,447,713	Actual Amount Given
Central Texas Medical Center Foundation	B	84,206	Actual Amount Given
Central Texas Medical Center Foundation	C	257,104	Actual Amount Received
Central Texas Providers Network	Q	54,316	Cost
East Orlando Health & Rehab Center Inc	B	1,440,600	Actual Amount Given
Emory-Adventist Inc	A	277,153	FMV Interest Rate
Emory-Adventist Inc	S	950,400	Principal Loan Amount
Fletcher Hospital Inc	L	571,032	Cost
Fletcher Hospital Inc	R	478,831	Cost
FLNC Inc	B	2,211,000	Actual Amount Given
Florida Hospital Healthcare System Inc	A	243,257	FMV Rental Rate
Florida Hospital Healthcare System Inc	M	114,093,082	Claims Reimb Plus FMV Fee
Florida Hospital Healthcare System Inc	Q	13,081,033	Cost
Florida Hospital Medical Group Inc	B	24,565,644	Actual Amount Given
Florida Hospital Medical Group Inc	A	6,415,163	FMV Rental Rate
Florida Hospital Medical Group Inc	K	320,974	Cost
Florida Hospital Medical Group Inc	L	3,055,586	Cost
Florida Hospital Medical Group Inc	M	55,193,272	Cost Plus Appropriate %
Florida Hospital Medical Group Inc	P	4,576,634	Cost
Florida Hospital Medical Group Inc	Q	4,465,593	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
Florida Hospital Medical Group Inc	R	6,890,424	Cost
Florida Hospital Waterman Inc	B	376,695	Actual Amount Given
Florida Hospital Waterman Inc	L	1,241,823	Cost
Florida Hospital Waterman Inc	P	106,153	Cost
Florida Hospital Waterman Inc	Q	171,794	Cost
Florida Hospital Zephyrhills Inc	L	1,180,761	Cost
Florida Hospital Zephyrhills Inc	Q	81,590	Cost
Jellico Community Hospital Inc	L	800,096	Cost
La Grange Memorial Hospital Foundation	B	254,903	Actual Amount Given
La Grange Memorial Hospital Foundation	C	1,094,432	Actual Amount Received
Memorial Health Systems Inc	L	1,798,465	Cost
Memorial Hospital - Flagler Inc	L	1,346,517	Cost
Memorial Hospital - West Volusia Inc	L	1,159,050	Cost
Memorial Hospital - West Volusia Inc	P	67,695	Cost
Memorial Hospital Inc	L	630,533	Cost
North American Health Services Inc dba Elm Creek Property Management	P	76,564	Cost
Pasco-Pinellas Hillsborough Community Health System Inc	C	141,216	Actual Amount Received
Pasco-Pinellas Hillsborough Community Health System Inc	L	312,783	Cost
Princeton Professional Services Inc	J	232,698	Cost Plus Appropriate Margin
Shawnee Mission Medical Center Inc	L	1,298,393	Cost
Southwest Volusia Healthcare Corporation	L	1,140,469	Cost
Southwest Volusia Healthcare Corporation	P	84,785	Cost
Southwest Volusia Healthcare Corporation	Q	279,501	Cost
Specialty Physicians of Central Texas Inc	B	4,000,000	Actual Amount Given
Specialty Physicians of Central Texas Inc	Q	414,160	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
Sunbelt Health & Rehab Center Apopka Inc	B	473,040	Actual Amount Given
Sunbelt Health Care Centers Inc	J	318,757	Cost
Sunsystem Development Corporation	B	4,836,401	Actual Amount Given
Sunsystem Development Corporation	C	19,205,554	Actual Amount Received
Sunsystem Development Corporation	Q	3,672,066	Cost
Sunsystem Development Corporation	R	5,186,508	Cost
Tarpon Springs Hospital Foundation	L	155,027	Cost
University Community Hospital Inc	B	2,000,000	Actual Amount Given
University Community Hospital Inc	L	2,960,650	Cost
University Community Hospital Inc	Q	128,462	Cost

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TY 2013 Consideration Computation Statement

Name: Adventist Health SystemSunbelt Inc

EIN: 59-1479658

Statement: In addition to acquiring the assets listed in Part II, the filing organization and physician-owner of the seller entered into an employment agreement. Base compensation is guaranteed at $240,000 in the first year of employment. Subsequent to the guarantee period, compensation will be based on production. Total compensation is capped at the MGMA 90th percentile. The filing organization also entered into two lease agreements with the physician-owner of the seller whereby the filing organization will be leasing two buildings from the physician-owner of the seller. Both leases had an initial one-year term, the rental rate was $36,230 per year for the first building and $24,350 per year for the second building. Both leases were determined to be representative of fair market value.

Adventist Health System

Audited Consolidated Financial Statements

December 31, 2013

Table of Contents

Consolidated Balance Sheets

December 31, 2013 and 2012

(dollars in thousands)	2013	2012
ASSETS		
Current Assets		
Cash and cash equivalents	$ 966,141	$ 654,893
Investments (including investments pledged under securities lending program of $20,154 in 2013 and $3,000 in 2012)	3,514,606	3,285,606
Current portion of assets whose use is limited	240,087	216,767
Collateral held under securities lending program	20,619	3,060
Patient accounts receivable, less allowance for uncollectible accounts of $264,870 in 2013 and $217,832 in 2012	345,133	311,406
Estimated settlements from third parties	39,349	35,640
Other receivables	349,098	332,116
Inventories	157,657	153,614
Prepaid expenses and other current assets	78,744	73,257
	5,711,434	5,066,359
Property and Equipment	4,872,811	4,661,206
Assets Whose Use is Limited, net of current portion	605,611	419,908
Other Assets	518,438	497,622
	$ 11,708,294	$ 10,645,095
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable and accrued liabilities	$ 771,260	$ 701,427
Estimated settlements to third parties	229,487	177,917
Payable under securities lending program	20,619	3,060
Other current liabilities	219,304	169,880
Short-term financings	108,324	136,945
Current maturities of long-term debt	75,882	88,089
	1,424,876	1,277,318
Long-Term Debt, net of current maturities	3,400,199	3,050,405
Other Noncurrent Liabilities	562,811	561,465
	5,387,886	4,889,188
Net Assets		
Unrestricted		
Controlling interest	6,105,853	5,549,868
Noncontrolling interests	39,841	39,761
	6,145,694	5,589,629
Temporarily restricted – controlling interest	174,714	166,278
	6,320,408	5,755,907
Commitments and Contingencies		
	$ 11,708,294	$ 10,645,095

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

Consolidated Statements of Operations and Changes in Net Assets

For the years ended December 31, 2013 and 2012

(dollars in thousands)	2013	2012
Revenue		
Patient service revenue	$ 7,666,256	$ 7,345,338
Provision for bad debts	(426,710)	(330,877)
Net patient service revenue	7,239,546	7,014,461
EHR incentive payments	38,944	57,982
Other	319,309	274,154
Total operating revenue	7,597,799	7,346,597
Expenses		
Employee compensation	3,678,015	3,524,445
Supplies	1,334,264	1,311,364
Professional fees	481,061	442,094
Purchased services	487,934	471,778
Other	550,272	522,269
Interest	132,154	146,524
Depreciation and amortization	433,720	415,653
Total operating expenses	7,097,420	6,834,127
Income from Operations	500,379	512,470
Nonoperating Gains (Losses)		
Investment income	79,781	77,213
Change in fair value of interest rate swaps	–	289
Loss from early extinguishment of debt	(1,919)	(82,186)
Total nonoperating gains (losses)	77,862	(4,684)
Excess of revenue and gains over expenses and losses	578,241	507,786
Less: Deficiency (excess) of revenue and gains over expenses and losses attributable to noncontrolling interests	577	(2,828)
Excess of Revenue and Gains over Expenses and Losses Attributable to Controlling Interest	578,818	504,958

Continued on following page

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

For the years ended December 31, 2013 and 2012

(dollars in thousands)	2013	2012
CONTROLLING INTEREST		
Unrestricted Net Assets		
Excess of revenue and gains over expenses and losses	$ 578.818	$ 504.958
Change in unrealized gains and losses on investments	(91.423)	22.631
Change in fair value of cash flow hedges	–	(1.544)
Accumulated derivative losses related to terminated cash flow hedges reclassified into loss on extinguishment of debt	1.613	73.544
Accumulated derivative losses reclassified into excess of revenue and gains over expenses and losses	11.352	10.028
Net assets released from restrictions for purchase of property and equipment	22.322	15.287
Pension-related changes other than net periodic pension cost	24.137	(27.397)
Other	9.166	932
Increase in unrestricted net assets	555.985	598.439
Temporarily Restricted Net Assets		
Investment income	2.447	2.909
Gifts and grants	36.411	31.081
Net assets released from restrictions for purchase of property and equipment or use in operations	(38.107)	(28.032)
Other	7.685	3.404
Increase in temporarily restricted net assets	8.436	9.362
NONCONTROLLING INTERESTS		
Unrestricted Net Assets		
(Deficiency) excess of revenue and gains over expenses and losses	(577)	2.828
Distributions	(1.613)	(1.240)
Other	2.270	360
Increase in noncontrolling interests	80	1.948
Increase in Net Assets	564.501	609.749
Net assets, beginning of year	5.755.907	5.146.158
Net assets, end of year	$ 6.320.408	$ 5.755.907

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

Consolidated Statements of Cash Flows

For the years ended December 31, 2013 and 2012

(dollars in thousands)	2013	2012
Operating Activities	$ 1,153,648	$ 978,176
Investing Activities		
Purchases of property and equipment, net	(652,363)	(657,310)
Sales and maturities of investments	18,618,004	13,558,555
Purchases of investments	(18,931,976)	(14,283,195)
Sales and maturities of assets whose use is limited	407,222	527,351
Purchases of assets whose use is limited	(444,696)	(566,461)
Additional purchases of assets whose use is limited from borrowings	(178,000)	–
(Increase) decrease in collateral held under securities lending program	(17,559)	8,432
Net proceeds from sale of controlling interest in a subsidiary	–	9,794
Increase in other assets	(11,147)	(27,154)
	(1,210,515)	(1,429,988)
Financing Activities		
Repayments of long-term borrowings	(152,552)	(1,092,639)
Additional long-term borrowings	494,676	1,019,465
Repayments of short-term borrowings	(30,700)	(54,031)
Additional short-term borrowings	2,079	20,000
Payment of deferred financing costs	(1,805)	(6,593)
Increase (decrease) in payable under securities lending program	17,559	(8,432)
Restricted gifts and grants and investment income	38,858	33,990
	368,115	(88,240)
Increase (Decrease) in Cash and Cash Equivalents	311,248	(540,052)
Cash and cash equivalents at beginning of year	654,893	1,194,945
Cash and Cash Equivalents at End of Year	$ 966,141	$ 654,893
Operating Activities		
Increase in net assets	$ 564,501	$ 609,749
Provision for bad debts	426,710	330,877
Depreciation	429,346	412,004
Amortization of intangible assets	4,374	3,649
Amortization of deferred financing costs and original issue discounts and premiums	(2,103)	(1,217)
Loss on extinguishment of debt, excluding reclassification of accumulated derivative loss	306	8,642
Change in unrealized gains and losses on investments	91,423	(22,631)
Change in fair value of interest rate swaps	–	1,255
Restricted gifts and grants and investment income	(38,858)	(33,990)
Income from unconsolidated entities	(28,960)	(24,790)
Distributions from unconsolidated entities	14,178	14,649
Pension-related changes other than net periodic pension cost	(24,137)	27,397
Changes in operating assets and liabilities		
Patient accounts receivable	(460,437)	(289,036)
Other receivables	(16,982)	(19,513)
Other current assets	1,882	(35,434)
Accounts payable and accrued liabilities	69,637	44,075
Estimated settlements to third parties	47,861	7,720
Other current liabilities	49,424	22,249
Other noncurrent liabilities	25,483	(77,479)
	$ 1,153,648	$ 978,176

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

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

1. Significant Accounting Policies

Reporting Entity

Adventist Health System Sunbelt Healthcare Corporation d/b/a Adventist Health System (Healthcare Corporation) is a not-for-profit healthcare corporation that operates and controls hospitals, nursing homes and philanthropic foundations (referred to herein collectively as the System) The affiliated hospitals, nursing homes and philanthropic foundations are operated or controlled through their by-laws, governing board appointments or operating agreements by Healthcare Corporation The System's 43 hospitals, 16 nursing homes and philanthropic foundations operate in 10 states – Colorado, Florida, Georgia, Illinois, Kansas, Kentucky, North Carolina, Tennessee, Texas and Wisconsin

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

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

Mission

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

Specifically, the System provides

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

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

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

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

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

Principles of Consolidation

The accompanying consolidated financial statements include the accounts of Adventist Health System/Sunbelt, Inc (Sunbelt), the Foundation and other affiliated organizations that are controlled by Healthcare Corporation Any subsidiary or other

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

operations owned and controlled by divisions or controlled affiliates of Healthcare Corporation are included in these consolidated financial statements. Investments in entities where Healthcare Corporation does not have operating control are recorded under the equity or cost method of accounting. Income from unconsolidated entities is included in other operating revenue in the accompanying consolidated statements of operations and changes in net assets. All significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates

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

Recent Accounting Pronouncements

In December 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-11, *Disclosures about Offsetting Assets and Liabilities* (ASU 2011-11), an amendment to the accounting guidance for disclosure of offsetting assets and liabilities. In January 2013, the FASB issued ASU No. 2013-01, *Clarifying the Scope of Disclosures about Offsetting Assets and Liabilities* (ASU 2013-01). These ASUs expand the disclosure requirements in that entities will be required to disclose both gross and net information about instruments and transactions eligible for offset in the balance sheet. This new guidance was effective for annual reporting periods beginning on or after January 1, 2013. The adoption of this standard did not have an impact on the System's consolidated financial statements.

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

The System's patient acceptance policy is based on its mission statement and its charitable purposes. Accordingly, the System accepts patients in immediate need of care, regardless of their ability to pay. Patient service revenue is reported at estimated net realizable amounts for services rendered. The System recognizes patient service revenue associated with patients who have third-party payor coverage on the basis of contractual rates for the services rendered. For uninsured patients that do not qualify for charity care, revenue is recognized on the basis of discounted rates in accordance with the System's policy.

Patient service revenue is reduced by the provision for bad debts and accounts receivable are reduced by an allowance for uncollectible accounts. These amounts are based on management's assessment of historical and expected net collections for each major payor source, considering business and economic conditions, trends in healthcare coverage and other collection indicators. Management regularly reviews collections data by major payor sources in evaluating the sufficiency of the allowance for uncollectible accounts. On the basis of historical experience, a significant portion of the System's self-pay patients will be unable or unwilling to pay for the services provided. Thus, the System records a significant provision for bad debts in the period services are provided related to self-pay patients. The System's allowance for uncollectible accounts for self-pay patients was 97% of self-pay accounts receivable as of December 31, 2013 and 2012. For receivables associated with patients who have third-party coverage, the System analyzes contractually due amounts and provides an allowance for uncollectible accounts and a provision for bad debts, if

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

necessary. Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies.

For all patients other than charity patients, patient service revenue, net of contractual allowances and self-pay discounts and before the provision for bad debts, recognized from major payor sources is as follows:

	Year Ended December 31	
	2013	2012
Third-party payors, net of contractual allowances	$7,240,083	$6,977,094
Self-pay patients, net of discounts	426,173	368,244
	$7,666,256	$7,345,338

The System has not experienced significant changes in write-off trends and has not changed its self-pay discount or charity care policy for the years ended December 31, 2013 or 2012.

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

Third-Party Reimbursement Arrangements

Revenue from the Medicare and Medicaid programs represents approximately 31% and 33% of the System's patient service revenue for the years ended December 31, 2013 and 2012, respectively. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Other than the accounts receivable related to the Medicare and Medicaid programs, there are no significant concentrations of accounts receivable due from an individual payor at December 31, 2013 and 2012.

The System was a party to a settlement agreement dated April 5, 2012 with the United States Department of Health and Human Services (HHS), the Secretary of HHS and the Centers for Medicare and Medicaid Services (CMS). The System, along with a group of other Medicare providers, had challenged CMS' implementation of the rural floor budget neutrality provision of the Balance Budget Act of 1997, which effectively understated the standard amount paid through the inpatient prospective payment system for a number of years. Under the settlement agreement, the System received $52,769 during the year ended December 31, 2012 and recognized this amount as patient service revenue in the accompanying consolidated statements of operations and changes in net assets. Related professional fees of $5,277 are included in operating expenses for the year ended December 31, 2012 in the accompanying consolidated statements of operations and changes in net assets.

The System is subject to retroactive revenue adjustments due to future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered, and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews and investigations. Adjustments to revenue related to prior periods, excluding amounts received from the 2012 CMS settlement discussed above, increased patient service revenue by approximately $10,600 and $49,500 for the years ended December 31, 2013 and 2012, respectively.

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

Charity Care

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

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

	Year Ended December 31	
	2013	2012
Cost of providing charity care	$ 293,770	$ 301,591
Funds paid into trusts (included in other expenses)	$ (128,717)	$ (117,480)
Funds received to offset or subsidize charity services (included in patient service revenue)	89,481	75,744
	$ (39,236)	$ (41,736)

EHR Incentive Payments

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

The System accounts for EHR incentive payments as a gain contingency. Income from Medicare incentive payments is recognized as revenue after the System has demonstrated that it complied with the meaningful use criteria over the entire applicable compliance period and the cost report period that will be used to determine the final incentive payment has ended. The System recognized revenue from Medicaid incentive payments after it adopted certified EHR technology in its first year of participation and demonstrated compliance with the meaningful use criteria over the remaining compliance periods. Incentive payments totaling $38,944 and $57,982 for the years ended December 31, 2013 and 2012, respectively, are included in total operating revenue in the accompanying consolidated statements of operations and changes in net assets. Income from incentive payments is subject to retrospective adjustment as the incentive payments are calculated using Medicare cost report data.

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

that is subject to audit Additionally, the System's compliance with the meaningful use criteria is subject to audit by the federal government

Excess of Revenue and Gains over Expenses and Losses

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

Contributed Resources

Resources restricted by donors for specific operating purposes or a specified time period are held as temporarily restricted net assets until expended for the intended purpose or until the specified time restrictions are met, at which time they are reported as other revenue Resources restricted by donors for additions to property and equipment are held as temporarily restricted net assets until the assets are placed in service, at which time they are reported as transfers to unrestricted net assets Gifts, grants and bequests not restricted by donors are reported as other revenue At December 31, 2013 and 2012, respectively, the System had $174,414 and $166,278 of temporarily restricted net assets that will become available for various programs and capital expenditures at the System's hospitals when time or purpose restrictions are met

Cash Equivalents

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

Functional Expenses

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

Investments

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

Management has designated all fixed-income securities as other-than-trading securities and, accordingly, changes in unrealized gains and losses are included in unrestricted net assets The System also has an equity investment portfolio, which includes domestic and foreign investments that are based on various market indices

and include securities such as futures contracts, exchange traded funds and puts Management has designated the securities in this portfolio as trading securities and, accordingly, changes in unrealized gains and losses are included in the excess of revenue and gains over expenses and losses Certain other equity investments, primarily held by the System's foundations, are designated as other than trading and related changes in unrealized gains and losses are included in unrestricted net assets

Alternative Investments – Equity Method
As part of its investment strategy, the System invests in alternative investments (primarily hedge funds) through partnership investment trusts The partnership investment trusts generally contract with managers who have full discretionary authority over the investment decisions The System accounts for its ownership interest in these alternative investments under the equity method Accordingly, the System's share of the hedge funds' income or loss, both realized and unrealized, is recognized as investment income or loss, which is a component of excess of revenue and gains over expenses and losses Alternative investments accounted for using the equity method totaled $447,327 and $602,114 at December 31, 2013 and 2012, respectively, and were classified as investments and assets whose use is limited in the accompanying consolidated balance sheets

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

The strategies of the underlying funds held by the Fund, as of December 31, 2013 and 2012, are described below

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

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

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

Insurance The underlying funds invest across instruments, the value of which is driven by insurance related events primarily related to property and life insurance Risk is managed by diversifying over geography, insurance type and sensitivity to insured losses among other factors The strategy is a tool to reduce overall investment risk as underlying insurance risk factors are less sensitive to general market factors

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

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

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

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

Structured Credit The underlying funds invest across structured credit markets including agency and non-agency residential mortgage-backed securities, commercial mortgage-backed securities and asset-backed securities

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

The Fund follows the Fair Value Measurement Topic of the ASC (ASC 820) for estimating the fair value of the underlying funds that have calculated a net asset value (NAV) per share in accordance with ASC 946 Accordingly, the Fund uses NAV as reported by the managers as a practical expedient to determine the fair value of those underlying funds that do not have a readily determinable fair value and either have the attributes of an investment company or prepare their financial statements consistent with the measurement principles of an investment company As of December 31, 2013 and 2012, the fair value of all underlying funds has been determined using the NAV of the underlying funds

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

Alternative investments accounted for at fair value totaled $248,569 and $211,164 as of December 31, 2013 and 2012, respectively, and were classified as investments and assets whose use is limited in the accompanying consolidated balance sheets

Lock-up Provisions At December 31, 2013, certain funds cannot currently be redeemed because the funds include restrictions that do not allow for redemption in the first 12 months after investment These restrictions are referred to as lock-ups At December 31, 2013, underlying funds with lock-up provisions expiring by January 31, 2014 totaled $1,095 Certain other underlying funds may charge a withdrawal fee ranging from 2% to 5% if the Fund liquidates its investment prior to the expiration of the lock-up periods At December 31, 2013, these underlying funds totaling $35,807 have lock-up provisions that expire through July 31, 2014 The remaining funds totaling $211,667 have no such restrictions

Redemption Terms Upon the expiration of lock-up provisions, the Fund has the ability to liquidate its investments periodically in accordance with the provisions of

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

the respective agreements with the underlying funds. The underlying funds have either monthly, quarterly or annual redemption terms. Certain funds with quarterly redemption terms allow redemptions of up to 25% of the investment each quarter and as such, a period of 12 months would be required to fully redeem these investments.

Certain agreements may also allow the underlying fund to temporarily suspend redemptions or place other temporary restrictions, such as gate provisions or side pockets. Investments that cannot be fully redeemed within 90 days or less due to lock-up provisions and redemption terms totaled $65,033 and $70,299 as of December 31, 2013 and 2012, respectively.

Assets Whose Use is Limited

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

Securities Lending Program

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

Derivative Financial Instruments

The System accounts for its derivative financial instruments as required by the Derivative and Hedging Topic of the ASC (ASC 815) and the Health Care Entities Derivative and Hedging Topic of the ASC (ASC 954-815), which requires that not-for-profit healthcare entities apply the provisions of ASC 815 in the same manner as for-profit enterprises.

Sale of Patient Accounts Receivable

The System and certain of its member affiliates maintain a program (Program) for the continuous sale of certain patient accounts receivable to the Highlands County, Florida, Health Facilities Authority (Highlands) on a nonrecourse basis. Highlands has partially financed the purchase of the patient accounts receivable through the issuance of tax-exempt, variable-rate bonds (Bonds). During 2012, Highlands refinanced the Bonds through a private placement of variable-rate bonds with a mandatory tender in February 2017 and a final maturity in November 2027. As of December 31, 2013 and 2012, Highlands had $409,600 and $410,000, respectively, of Bonds outstanding.

As of December 31, 2013 and 2012, the estimated net realizable value, as defined in the underlying agreements, of patient accounts receivable sold by the System and removed from the accompanying consolidated balance sheets was $700,128 and $675,966, respectively. The patient accounts receivable sold consist primarily of amounts due from government programs and commercial insurers. The proceeds received from Highlands consist of cash from the Bonds, a note on a subordinated

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

basis with the Bonds and a note on a parity basis with the Bonds. The note on a subordinated basis with the Bonds is in an amount to provide the required over-collateralization of the Bonds and was $115,528 and $115,641 at December 31, 2013 and 2012, respectively. The note on a parity basis with the Bonds is the excess of eligible accounts receivable sold over the sum of cash received and the subordinated note and was $175,000 and $150,325 at December 31, 2013 and 2012, respectively. These notes are included in other receivables (current) in the accompanying consolidated balance sheets. Due to the nature of the patient accounts receivable sold, collectability of the subordinated and parity notes is not significantly impacted by credit risk.

Inventories

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

Property and Equipment

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

Goodwill

Goodwill represents the excess of the purchase price and related costs over the value assigned to the net tangible and identifiable intangible assets of the businesses acquired. These amounts are included in other assets (noncurrent) in the accompanying consolidated balance sheets and are evaluated annually for impairment or when there is an indicator of impairment. Based on a quantitative assessment of each reporting unit, there was no impairment to goodwill recorded during the year ended December 31, 2013.

Deferred Financing Costs

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

Interest in the Net Assets of Unconsolidated Foundations

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

Impairment of Long-Lived Assets

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

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

Bond Discounts and Premiums

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

Income Taxes

Healthcare Corporation and its affiliated organizations, other than North American Health Services, Inc and its subsidiaries (NAHS), are exempt from state and federal income taxes Accordingly, Healthcare Corporation and its tax-exempt affiliates are not subject to federal, state, or local income taxes except for any net unrelated business taxable income For the years ended December 31, 2013 and 2012, 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, 2013 and 2012, NAHS generated taxable income of approximately $500 and $2,100, 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, 2013, 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, 2013 and 2012

NAHS also has temporary deductible differences of approximately $65,000 and $64,800 at December 31, 2013 and 2012, respectively, primarily as a result of net operating loss carryforwards At December 31, 2013, NAHS had net operating loss carryforwards of approximately $64,200, of which $21,000 will expire in 2023, with the remaining $43,200 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 $24,700 and $24,600 at December 31, 2013 and 2012, respectively A full valuation allowance has been provided at December 31, 2013 and 2012, 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 There were no material uncertain tax positions as of December 31, 2013 and 2012

Reclassifications

Certain reclassifications were made to the 2012 consolidated financial statements to conform to the classifications used in 2013 These reclassifications had no impact on the consolidated excess of revenue and gains over expenses and losses and changes in net assets previously reported

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

2. Sale of Controlling Interest in a Subsidiary

Effective May 1, 2012 (transaction date), the System sold a 51% membership interest in its Fort Worth, Texas hospital (Hospital) to an unrelated health system located in the North Texas market. The transaction was accounted for as a deconsolidation under ASC 810, as the System ceased holding a controlling interest in the Hospital as of the transaction date. The System continues to manage the Hospital and accounts for its remaining ownership as an equity method investment. Consideration received for the sale consisted of cash and certain intangible assets.

During the period in which the Hospital was consolidated, total operating revenue included in the accompanying consolidated statements of operations and changes in net assets was $56,880 for the year ended December 31, 2012.

3. Investments and Assets Whose Use is Limited

Investments

Investments are comprised of the following:

	December 31	
	2013	2012
Other than trading portfolio		
Fixed-income instruments		
U.S. government agencies and sponsored entities	$ 2,343,340	$ 2,247,645
Corporate bonds	198,017	115,719
Residential mortgage-backed	62,962	69,832
Commercial mortgage-backed	174,758	75,165
Collateralized debt obligations	60,541	24,177
Student loan asset-backed	13,738	16,552
Accrued interest	13,761	11,100
	2,867,117	2,560,190
Equity instruments		
Domestic	5,019	4,892
Foreign	948	964
	5,967	5,856
Trading portfolio		
Domestic equity index securities	37,492	–
	37,492	–
Alternative investments – fair value		
Commodity	7,844	–
Event driven	24,619	14,933
Global macro	16,649	16,083
Insurance	17,359	21,306
Long/short	73,303	46,688
Relative value	9,865	9,669
Specialist credit	9,951	12,441
Structured credit	22,851	32,022
	182,441	153,142
Alternative investments – equity method	421,589	566,418
	$ 3,514,606	$ 3,285,606

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

Assets Whose Use is Limited

Assets whose use is limited is comprised of the following

	December 31 2013	2012
Other than trading portfolio		
Fixed-income instruments		
U S government agencies and sponsored entities	$ 360,528	$ 396,035
Corporate bonds	15,459	12,309
Residential mortgage-backed	2,686	2,289
Commercial mortgage-backed	5,311	3,498
Collateralized debt obligations	1,475	1,041
Student loan asset-backed	661	1,793
Accrued interest	1,756	1,770
	387,876	418,735
Equity instruments		
Domestic	7,128	13,086
Foreign	862	3,674
	7,990	16,760
Trading portfolio		
Domestic equity index securities	11,292	–
Foreign equity index securities	1,343	–
	12,635	–
Alternative investments – fair value		
Commodity	2,843	–
Event driven	8,923	5,658
Global macro	6,035	6,094
Insurance	6,292	8,072
Long/short	26,569	17,689
Relative value	3,576	3,663
Specialist credit	3,607	4,714
Structured credit	8,283	12,132
	66,128	58,022
Alternative investments – equity method	25,738	35,696
Cash and cash equivalents	345,331	107,462
	$ 845,698	$ 636,675

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

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

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

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

	December 31 2013	2012
Investments held by bond trustees		
Construction funds	$ 178,876	$ –
Required bond funds	8,938	9,893
	187,814	9,893
Malpractice trust funds	403,716	356,130
Employee benefits funds	161,847	159,649
Board designated funds for capital expenditures	18,408	54,853
Other	73,913	56,150
	845,698	636,675
Less amounts to pay current liabilities	(240,087)	(216,767)
	$ 605,611	$ 419,908

Investment Income and Unrealized Gains and Losses

Investment income from cash and cash equivalents, investments and assets whose use is limited amounted to $79,781 and $77,213 for the years ended December 31, 2013 and 2012, respectively, and consisted of the following

	Year Ended December 31 2013	2012
Interest and dividend income	$ 43,663	$ 33,285
Net realized and unrealized gains/losses	26,834	17,783
The System's share of income from alternative investments – equity method	9,284	26,145
	$ 79,781	$ 77,213

Changes in unrealized gains and losses that are included as a (reduction of) increase to unrestricted net assets in the accompanying consolidated statements of operations and changes in net assets totaled $(91,423) and $22,631 for 2013 and 2012, respectively

At December 31, 2013 and 2012, the total fair value of investments and assets whose use is limited, excluding alternative investments, amounted to $3,648,891 and $3,096,133, respectively The net unrealized losses associated with these holdings were $68,744 at December 31, 2013, which is comprised of gross unrealized gains of $20,663 and gross unrealized losses of $89,407 The net unrealized gains associated with these holdings were $22,679 at December 31, 2012, which is comprised of gross unrealized gains of $32,886 and gross unrealized losses of $10,207

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

The following tables summarize the unrealized losses on investments and assets whose use is limited

	December 31, 2013			
	Unrealized Losses			
	Greater than 12 Months	Less than 12 Months	Total	Fair Value of Loss Holdings
Fixed-income instruments				
U S government agencies and sponsored entities	$ 17,788	$ 64,235	$ 82,023	$1,870,118
Corporate bonds	404	1,349	1,753	106,118
Residential mortgage-backed	625	917	1,542	46,074
Commercial mortgage-backed	848	3,023	3,871	134,486
Collateralized debt obligations	–	4	4	5,245
Student loan asset-backed	–	25	25	3,943
	19,665	69,553	89,218	2,165,984
Equity instruments				
Domestic	138	47	185	2,275
Foreign	3	1	4	80
	141	48	189	2,355
	$ 19,806	$ 69,601	$ 89,407	$2,168,339

	December 31, 2012			
	Unrealized Losses			
	Greater than 12 Months	Less than 12 Months	Total	Fair Value of Loss Holdings
Fixed-income instruments				
U S government agencies and sponsored entities	$ 4,389	$ 4,664	$ 9,053	$ 680,916
Corporate bonds	2	35	37	11,971
Residential mortgage-backed	685	2	687	6,641
Commercial mortgage-backed	173	124	297	24,134
	5,249	4,825	10,074	723,662
Equity instruments				
Domestic	96	23	119	1,494
Foreign	14	–	14	231
	110	23	133	1,725
	$ 5,359	$ 4,848	$ 10,207	$ 725,387

Management has evaluated the investments with unrealized losses and has concluded that none of the above losses should be considered other-than-temporary as of December 31, 2013 and 2012. Management does not intend to sell

For the years ended December 31, 2013 and 2012 (dollars in thousands)

the investments and it is not more likely than not that the System will be required to sell the investments before recovery of their amortized cost. Factors considered in this evaluation included credit rating information, discussions with external advisors and duration of the investments.

4. Unrestricted Cash and Investments

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

	December 31	
	2013	2012
Cash and cash equivalents	$ 966,141	$ 654,893
Investments	3,514,606	3,285,606
Board designated funds for capital expenditures	18,408	54,853
	$ 4,499,155	$3,995,352
Days cash and investments on hand	245	226

Days cash and investments on hand is calculated as unrestricted cash and cash equivalents, investments and certain board designated funds divided by daily operating expenses (excluding depreciation and amortization). The annualized operating expenses of newly constructed facilities are included in the calculations.

5. Property and Equipment

Property and equipment consists of the following:

	December 31	
	2013	2012
Land and improvements	$ 654,033	$ 625,126
Buildings and improvements	4,196,324	3,921,494
Equipment	3,619,591	3,364,202
	8,469,948	7,910,822
Less allowances for depreciation	(3,897,246)	(3,554,431)
	4,572,702	4,356,391
Construction in progress	300,109	304,815
	$ 4,872,811	$ 4,661,206

Certain hospitals have entered into construction contracts or other commitments for which costs have been incurred and included in construction in progress. These and other committed projects will be financed through operations, board designated funds and existing construction funds held by trustees (note 3). The estimated costs to complete these projects approximated $108,900 at December 31, 2013.

During periods of construction, interest costs are capitalized to the respective property accounts. Interest capitalized approximated $6,700 and $7,700 for the years ended December 31, 2013 and 2012, respectively.

For the years ended December 31, 2013 and 2012 (dollars in thousands)

The System capitalizes the cost of acquired software for internal use. Any internal costs incurred in the process of developing and implementing software are expensed or capitalized depending primarily on whether they are incurred in the preliminary project stage, application development stage or post-implementation stage. Capitalized software costs and estimated amortization expense in the tables below exclude software in progress of approximately $43,000 and $16,000 at December 31, 2013 and 2012, respectively.

	December 31	
	2013	2012
Capitalized software costs	$ 178,035	$ 164,869
Less accumulated amortization	(109,087)	(97,258)
Capitalized software costs, net	$ 68,948	$ 67,611

Estimated amortization expense related to capitalized software costs for the next five years and thereafter is as follows:

2014	$ 10,710
2015	9,226
2016	6,943
2017	5,359
2018	4,375
Thereafter	32,335

6. Other Assets

Other assets consists of the following:

	December 31	
	2013	2012
Goodwill	$ 171,078	$ 169,592
Deferred financing costs	21,620	22,359
Notes and loans receivable	69,802	64,380
Interests in net assets of unconsolidated foundations	63,429	56,539
Investments in unconsolidated entities	129,282	113,100
Other noncurrent assets	63,227	71,652
	$ 518,438	$ 497,622

The System's ownership interest and carrying amounts of investments in unconsolidated entities consists of the following:

	Ownership Interest	December 31	
		2013	2012
Texas Health Huguley, Inc (note 2)	49%	$ 49,290	$ 37,739
Centura Health Corporation	30	37,867	34,061
Takoma Regional Hospital, Inc	40	7,167	7,857
Other	4% – 50%	34,958	33,443
		$ 129,282	$ 113,100

Income from unconsolidated entities of $28,960 and $24,790 for 2013 and 2012, respectively, is included in other operating revenue in the accompanying consolidated statements of operations and changes in net assets.

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

7. Long-Term Debt

Long-term debt consists of the following

	December 31	
	2013	2012
Fixed-rate hospital revenue bonds, interest rates from 1 06% to 7 25%, payable through 2039	$ 3,095,305	$ 2,728,110
Variable-rate hospital revenue bonds, payable through 2035	300,410	326,231
Capitalized leases payable	34,317	33,321
Other indebtedness	1,361	1,607
Unamortized original issue premium, net	44,688	49,225
	3,476,081	3,138,494
Less current maturities	(75,882)	(88,089)
	$ 3,400,199	$ 3,050,405

Master Trust Indenture

Long-term debt has been issued primarily on a tax-exempt basis Substantially all bonds are secured under a Master Trust Indenture (MTI), which provides for, among other things, the deposit of revenue with the master trustee in the event of certain defaults, pledges of accounts receivable, pledges not to encumber property and limitations on additional borrowings In addition, the MTI requires certain covenants and reporting requirements to be met by the System

Variable-Rate Bonds

Certain variable-rate bonds may be put to the System at the option of the bondholder The variable-rate bond indentures generally provide the System the option to remarket the obligations at the then prevailing market rates for periods ranging from one day to the maturity dates The obligations have been primarily marketed for seven-day periods during 2013, with annual interest rates ranging from 0 02% to 0 40% Additionally, the System paid fees, such as remarketing fees, on variable-rate bonds during 2013 The System has various sources of liquidity in the event any variable-rate bonds are put and not remarketed, including a revolving credit agreement (Revolving Note) In the event variable-rate bonds are put and not remarketed and the Revolving Note were used for liquidity, the System's obligation to the banks would be payable in accordance with the variable-rate bond's original maturities with the remaining amounts due upon expiration of the Revolving Note

The System's Revolving Note is with a syndicate of banks (Syndicate) in the aggregate amount of $1,000,000 for letters of credit, liquidity facilities and general corporate needs, including working capital, capital expenditures and acquisitions The Revolving Note, which expires in November 2015, has certain prime rate and LIBOR-based pricing options At December 31, 2012, $30,000 was outstanding under the Revolving Note, which was classified as short-term financings in the accompanying consolidated balance sheet No amounts were outstanding under the Revolving Note as of December 31, 2013

2013 Debt Transactions

During 2013, the System issued fixed-rate bonds with par amounts totaling $485,000 and maturity dates ranging from 2025 to 2032 The interest rates range from 2 36% to 3 72% through 2029 Beginning in 2030, the interest rate for the remaining balance of $73,350 increases to 7 25% through the maturity date in

For the years ended December 31, 2013 and 2012 (dollars in thousands)

2032 With the proceeds, the System financed or refinanced certain costs of the acquisition, construction, renovations and equipping of certain facilities

2012 Debt Transactions

During 2012, the System completed a debt refinancing plan, whereby a significant portion of its variable-rate bonds were replaced with fixed-rate bonds (Phase I) and its remaining variable-rate bonds supported by letters of credit were replaced with self-liquidity, variable-rate bonds (Phase II) Phase I included the issuance by the System of fixed-rate bonds at a premium with par amounts totaling $500,900, interest rates ranging from 1 06% to 5 00% and maturity dates ranging from 2015 to 2037 Additionally, the System issued fixed-rate bonds with par amounts totaling $249,385 with interest rates ranging from 2 02% to 2 45% through mandatory tender dates from 2021 to 2023 The interest rate on these bonds may be reset at the mandatory tender dates to either a fixed-rate or variable-rate mode The proceeds from these bonds along with other available funds were used to extinguish short-term financings with par amounts totaling $48,200, variable-rate debt obligations with par amounts totaling $546,810 and fixed-rate debt obligations with par amounts totaling $204,660, interest rates ranging from 3 35% to 5 85% and maturity dates ranging from 2015 to 2035 Phase II of the debt refinancing plan was completed during November 2012 with the issuance of variable-rate bonds with par amounts totaling $232,125 with maturity dates through 2035 The proceeds from these bonds along with other available funds were used to extinguish variable-rate debt obligations with par amounts totaling $235,025

In connection with this debt refinancing plan, the System recorded a loss from early extinguishment of debt of $82,186 in the accompanying consolidated statements of operations and changes in net assets for the year ended December 31, 2012 Approximately $73,544 of the loss resulted from the reclassification of accumulated loss related to terminated cash flow hedges (note 8)

Debt Maturities

The following represents the maturities of long-term debt for the next five years and the years thereafter

2014	$ 75,882
2015	82,700
2016	97,598
2017	109,112
2018	123,904
Thereafter	2,942,197

8. Derivative Financial Instruments

Derivatives Designated as Hedging Instruments

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

For the years ended December 31, 2013 and 2012 (dollars in thousands)

During 2012, in connection with an overall debt restructuring plan, the System terminated and cash settled all of its interest rate swap agreements, including its forward-starting interest rate swaps. As such, none of the System's outstanding variable-rate debt had its interest payments designated as a hedged forecasted transaction at December 31, 2013 or 2012.

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

	Year Ended December 31	
	2013	2012
Accumulated net derivative loss included in unrestricted net assets at beginning of year	$ (52,957)	$ (134,985)
Net change associated with current period hedging transactions	–	(1,544)
Net reclassifications into excess of revenue and gains over expenses and losses	12,965	83,572
Accumulated net derivative loss included in unrestricted net assets at end of year	$ (39,992)	$ (52,957)

The accumulated net derivative loss included in unrestricted net assets will be reclassified into earnings in the same periods during which the hedged transaction affects excess of revenue and gains over expenses and losses or in the event it is determined that the original forecasted transactions are not probable of occurring by the end of the originally specified period or within the additional period of time allowed in ASC 815. In connection with the early extinguishment of certain variable-rate bonds (note 7), accumulated losses related to terminated cash flow hedges reclassified into excess of revenue and gains over expenses and losses were $73,544 for the year ended December 31, 2012. The System expects that the amount of net loss existing in unrestricted net assets to be reclassified into excess of revenue and gains over expenses and losses within the next 12 months will be approximately $11,000.

9. Retirement Plans

Defined Contribution Plans

The System participates with other Seventh-day Adventist healthcare entities in a defined contribution retirement plan (Plan) that covers substantially all full-time employees who are at least 18 years of age. The Plan is exempt from the Employee Retirement Income Security Act of 1974 (ERISA). The Plan provides, among other things, that the employer contribute 2.6% of wages, plus additional amounts for very highly paid employees. Additionally, the Plan provides that the employer match 50% of the employee's contributions up to 4% of the contributing employee's wages, resulting in a maximum available match of 2% of the contributing employee's wages each year.

Contributions for the Plan are included in employee compensation in the accompanying consolidated statements of operations and changes in net assets in the amount of $89,503 and $90,098 for the years ended December 31, 2013 and 2012, respectively.

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

Defined Benefit Plan – Multiemployer Plan

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

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If an entity chooses to stop participating in the multiemployer plan, it may be required to pay the plan an amount based on the underfunded status of the plan, referred to as withdrawal liability.

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

The plan assets and benefit obligation data for the Old Plan as of December 31, 2012 is as follows:

Total plan assets	$ 837,236
Actuarial present value of accumulated plan benefits	949,943
Funded status	88.1%

The System did not make contributions to the Old Plan for the years ended December 31, 2013 or 2012.

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

Defined Benefit Plan – Frozen Pension Plans

Certain of the System's entities sponsored noncontributory defined benefit pension plans (Pension Plans). The System froze the Pension Plans in December 2010, such that no new benefits will accrue in the future.

The following table sets forth the remaining combined projected and accumulated benefit obligations and the assets of the Pension Plans at December 31, 2013 and 2012, the components of net periodic benefit costs for the year then ended and a reconciliation of the amounts recognized in the accompanying consolidated financial statements:

	Year Ended December 31	
	2013	2012
Accumulated benefit obligation, end of year	$ 176,979	$ 199,672
Change in projected benefit obligation		
Projected benefit obligation, beginning of year	$ 199,672	$ 171,238
Interest cost	8,183	8,653
Benefits paid	(6,105)	(5,344)
Actuarial (gains) losses	(24,771)	25,125
Projected benefit obligation, end of year	176,979	199,672
Change in plan assets		
Fair value of plan assets, beginning of year	150,164	149,689
Actual return on plan assets	7,406	5,819
Employer contributions	3,500	–
Benefits paid	(6,105)	(5,344)
Fair value of plan assets, end of year	154,965	150,164
Deficiency of fair value of plan assets over projected benefit obligation, included in other noncurrent liabilities	$ (22,014)	$ (49,508)

No plan assets are expected to be returned to the System during the fiscal year ending December 31, 2014.

Included in unrestricted net assets at December 31, 2013 and 2012, are unrecognized actuarial (gains) losses of $(2,739) and $21,398, respectively, which have not yet been recognized in net periodic pension expense. None of the actuarial gains included in unrestricted net assets are expected to be recognized in net periodic pension cost during the year ending December 31, 2014.

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

	Year Ended December 31	
	2013	2012
Net actuarial (gains) losses	$ (24,081)	$ 27,397
Amortization of net actuarial losses	(56)	–
Total (increase) decrease recognized in unrestricted net assets	$ (24,137)	$ 27,397

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

The components of net periodic pension cost were as follows

	Year Ended December 31	
	2013	2012
Interest cost	$ 8,183	$ 8,653
Expected return on plan assets	(8,096)	(8,091)
Recognized net actuarial losses	56	–
Net periodic pension cost	$ 143	$ 562

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

	Year Ended December 31	
	2013	2012
Used to determine projected benefit obligation		
Weighted-average discount rate	5 06%	4 16%
Used to determine pension cost		
Weighted-average discount rate	4 16%	5 13%
Weighted-average expected long-term rate of return on plan assets	5 50%	5 50%

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

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

The target investment allocation for the Pension Plans is 50% fixed-income and 50% equity securities This allocation is partially achieved through investments in alternative investments that have fixed-income or equity strategies The System maintained this target investment allocation throughout 2013

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

The following table presents the Pension Plans' financial instruments as of December 31, 2013, measured at fair value on a recurring basis by the valuation hierarchy defined in note 12

	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	$ 7,612	$ 7,612	$ –	$ –
Debt securities				
U S government agencies and sponsored entities	19,938	1,919	18,019	–
Corporate bonds	45,165	–	45,165	–
Commercial mortgage-backed	2,772	–	2,772	–
Collateralized debt obligations	11,120	–	11,120	–
Equity securities				
Domestic equities	7,605	7,605	–	–
Foreign equities	4,308	4,308	–	–
Alternative investments				
Commodity	1,523	–	1,523	–
Event driven	4,780	–	3,658	1,122
Global macro	3,232	–	1,558	1,674
Insurance	3,371	–	1,596	1,775
Long short	35,255	–	33,226	2,029
Relative value	1,915	–	1,915	–
Specialist credit	1,933	–	1,926	7
Structured credit	4,436	–	1,775	2,661
Total plan assets	$ 154,965	$ 21,444	$ 124,253	$ 9,268

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

The following table presents the Pension Plans' financial instruments as of December 31, 2012, measured at fair value on a recurring basis by the valuation hierarchy defined in note 12

	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	$ 4,956	$ 4,956	$ –	$ –
Debt securities				
U S government agencies and sponsored entities	29,890	4,230	25,660	–
Corporate bonds	39,755	–	39,755	–
Commercial mortgage-backed	862	–	862	–
Collateralized debt obligations	14,019	–	14,019	–
Equity securities				
Domestic equities	7,170	7,170	–	–
Foreign equities	3,436	3,436	–	–
Alternative investments				
Event driven	3,101	–	1,840	1,261
Global macro	3,340	–	2,707	633
Insurance	4,425	–	1,708	2,717
Long short	27,968	–	26,087	1,881
Relative value	2,008	–	2,008	–
Specialist credit	2,584	–	2,011	573
Structured credit	6,650	–	3,127	3,523
Total plan assets	$ 150,164	$ 19,792	$ 119,784	$ 10,588

Fair value methodologies for Levels 1, 2 and 3 are consistent with the inputs described in note 12

The changes in financial assets classified as Level 3 during the year ended December 31, 2013 were as follows

	Alternative Investments					
	Beginning Balance	Gross Purchases	Gross Sales	Realized Gains (Losses)	Unrealized Gains (Losses)	Ending Balance
Event driven	$ 1,261	$ 200	$ (400)	$ 29	$ 32	$ 1,122
Global macro	633	1,140	–	–	(99)	1,674
Insurance	2,717	–	(750)	(103)	(89)	1,775
Long short	1,881	–	–	–	148	2,029
Specialist credit	573	–	(500)	49	(115)	7
Structured credit	3,523	100	(945)	35	(52)	2,661
	$ 10,588	$ 1,440	$ (2,595)	$ 10	$ (175)	$ 9,268

For the years ended December 31, 2013 and 2012 (dollars in thousands)

The changes in financial assets classified as Level 3 during the year ended December 31, 2012 were as follows

	Alternative Investments					
	Beginning Balance	Purchases (Sales)	Transfers	Realized Gains (Losses)	Unrealized Gains	Ending Balance
Event driven	$ 1,481	$ (624)	$ –	$ 94	$ 310	$ 1,261
Global macro	–	603	–	–	30	633
Insurance	–	339	2,128	–	250	2,717
Long short	–	1,657	–	–	224	1,881
Multi-strategy	1,001	(1,027)	–	(17)	43	–
Specialist credit	1,853	(1,664)	–	268	116	573
Structured credit	–	3,059	–	(191)	655	3,523
	$ 4,335	$ 2,343	$ 2,128	$ 154	$ 1,628	$10,588

The following represents the expected benefit plan payments for the next five years and the five years thereafter

Year ending December 31	
2014	$ 6,654
2015	6,998
2016	7,381
2017	7,903
2018	8,580
2019-2023	52,353

10. Medical Malpractice

The System established a self-insured revocable trust (Trust) that covers the System's subsidiaries and their respective employees for claims within a specified level (Self-Insured Retention) Claims above the Self-Insured Retention are insured by claims-made coverage that is placed with Adhealth Limited, a Bermuda company (Adhealth) Adhealth has purchased reinsurance through commercial insurers for the excess limits of coverage A Self-Insured Retention of $2,000 was established for the year ended December 31, 2001 The Self-Insured Retention was increased to $7,500 and $15,000 effective January 1, 2002 and 2003, respectively, and has remained at $15,000 through December 31, 2013

The Trust funds are recorded in the accompanying consolidated balance sheets as assets whose use is limited in the amount of $403,716 and $356,130 at December 31, 2013 and 2012, respectively The related accrued malpractice claims are recorded in the accompanying consolidated balance sheets as other current liabilities in the amount of $83,125 and $75,742 and as other noncurrent liabilities in the amount of $292,540 and $295,765 at December 31, 2013 and 2012, respectively The related estimated insurance recoveries are recorded as other assets in the amount of $11,251 and $13,875 in the accompanying consolidated balance sheets at December 31, 2013 and 2012, respectively

Management, with the assistance of consulting actuaries, estimated claim liabilities at the present value of future claim payments using a discount rate of 3 75% and 4 25% at December 31, 2013 and 2012, respectively

For the years ended December 31, 2013 and 2012 (dollars in thousands)

11. Commitments and Contingencies

Operating Leases

The System leases certain property and equipment under operating leases. Lease and rental expense was approximately $97,600 and $100,900 for the years ended December 31, 2013 and 2012, respectively, and is included in other expenses in the accompanying consolidated statements of operations and changes in net assets.

The following represents the net future minimum lease payments under noncancelable operating leases for the next five years and the years thereafter:

Year ending December 31	
2014	$ 38,333
2015	36,543
2016	30,822
2017	21,671
2018	11,590
Thereafter	20,079

Compliance with Laws and Regulations

Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Compliance with such laws and regulations can be subject to future review and interpretation as well as regulatory actions unknown or unasserted at this time. Management assesses the probable outcome of unresolved litigation and investigations and records contingent liabilities reflecting estimated liability exposure.

As a part of its compliance activities, the System determined that relationships with certain physicians were not in full technical compliance with the Stark Law and elected to make voluntary self-disclosures to the federal government in 2013. The System is engaged in discussions and is fully cooperating with the Department of Justice on this matter. Based on information available to date, management believes that the System has adequately provided for the most likely outcome of the self-disclosure. However, as more information becomes known, it is possible that the estimate could change. As such, assurance cannot be given that the resolution of these matters will not affect the financial condition or operations of the System, taken as a whole.

In addition, certain of the System's affiliated organizations are involved in litigation and other regulatory investigations arising in the ordinary course of business. In the opinion of management, after consultation with legal counsel, these matters will be resolved without material adverse effect to the System's consolidated financial statements, taken as a whole.

12. Fair Value Measurements

The System categorizes, for disclosure purposes, assets and liabilities measured at fair value into a three-tier fair value hierarchy. Fair value is an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement, which should be determined based on assumptions

that would be made by market participants The three-tier hierarchy prioritizes the inputs used to measure fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurement)

Certain of the System's financial assets and liabilities are measured at fair value on a recurring basis, including money market, fixed-income and equity instruments and collateral under the securities lending program The three levels of the fair value hierarchy and a description of the valuation methodologies used for instruments measured at fair value are as follows

Level 1 – Financial assets and liabilities whose values are based on unadjusted quoted prices for identical assets or liabilities in an active market that the System has the ability to access

Level 2 – Financial assets and liabilities whose values are based on pricing inputs that are either directly observable or that can be derived or supported from observable data as of the reporting date Level 2 inputs may include quoted prices for similar assets or liabilities in nonactive markets or pricing models whose inputs are observable for substantially the full term of the asset or liability

Level 3 – Financial assets and liabilities whose values are based on prices or valuation techniques that require inputs that are both significant to the fair value of the financial asset or liability and are generally less observable from objective sources These inputs may be used with internally developed methodologies that result in management's best estimate of fair value

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

Recurring Fair Value Measurements

The fair value of financial assets measured at fair value on a recurring basis at December 31, 2013, was as follows

	Total	Level 1	Level 2	Level 3
ASSETS				
CASH AND CASH EQUIVALENTS	$ 935,335	$ 935,335	$ –	$ –
INVESTMENTS				
Debt securities				
U.S. government agencies and sponsored entities	2,343,340	–	2,343,340	–
Corporate bonds	198,017	–	198,017	–
Residential mortgage-backed	62,962	–	62,962	–
Commercial mortgage-backed	174,758	–	174,758	–
Collateralized debt obligations	60,541	–	60,541	–
Student loan asset-backed	13,738	–	13,738	–
Equity securities				
Domestic equities	5,019	5,019	–	–
Foreign equities	948	948	–	–
Domestic equity index securities	37,492	37,492	–	–
Alternative investments				
Commodity	7,844	–	7,844	–
Event driven	24,619	–	18,838	5,781
Global macro	16,649	–	8,026	8,623
Insurance	17,359	–	8,219	9,140
Long short	73,303	–	62,855	10,448
Relative value	9,865	–	9,865	–
Specialist credit	9,951	–	9,921	30
Structured credit	22,851	–	9,141	13,710
Total investments	3,079,256	43,459	2,988,065	47,732

For the years ended December 31, 2013 and 2012 (dollars in thousands)

	As of December 31, 2013 (cont.)			
	Total	Level 1	Level 2	Level 3
ASSETS WHOSE USE IS LIMITED				
Cash and cash equivalents	345,331	345,331	–	–
Debt securities				
U.S. government agencies and sponsored entities	360,528	10,645	349,883	–
Corporate bonds	15,459	–	15,459	–
Residential mortgage-backed	2,686	–	2,686	–
Commercial mortgage-backed	5,311	–	5,311	–
Collateralized debt obligations	1,475	–	1,475	–
Student loan asset-backed	661	–	661	–
Equity securities				
Domestic equities	7,128	7,128	–	–
Foreign equities	862	862	–	–
Domestic equity index securities	11,292	11,292	–	–
Foreign equity index securities	1,343	1,343	–	–
Alternative investments				
Commodity	2,843	–	2,843	–
Event driven	8,923	–	6,828	2,095
Global macro	6,035	–	2,909	3,126
Insurance	6,292	–	2,979	3,313
Long short	26,569	–	22,782	3,787
Relative value	3,576	–	3,576	–
Specialist credit	3,607	–	3,596	11
Structured credit	8,283	–	3,314	4,969
Total assets whose use is limited	818,204	376,601	424,302	17,301
Collateral held under securities lending program	20,619	–	20,619	–
	$ 4,853,414	$ 1,355,395	$ 3,432,986	$ 65,033

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

The fair value of financial assets measured at fair value on a recurring basis at December 31, 2012, was as follows

	Total	Level 1	Level 2	Level 3
ASSETS				
CASH AND CASH EQUIVALENTS	$ 654,893	$ 654,893	$ –	$ –
INVESTMENTS				
Debt securities				
U.S. government agencies and sponsored entities	2,247,645	39,999	2,207,646	–
Corporate bonds	115,719	181	115,538	–
Residential mortgage-backed	69,832	–	69,832	–
Commercial mortgage-backed	75,165	–	75,165	–
Collateralized debt obligations	24,177	–	24,177	–
Student loan asset-backed	16,552	–	16,552	–
Equity securities				
Domestic equities	4,892	4,892	–	–
Foreign equities	964	964	–	–
Alternative investments				
Event driven	14,933	–	8,860	6,073
Global macro	16,083	–	13,036	3,047
Insurance	21,306	–	8,225	13,081
Long short	46,688	–	37,631	9,057
Relative value	9,669	–	9,669	–
Specialist credit	12,441	–	9,683	2,758
Structured credit	32,022	–	15,055	16,967
Total investments	2,708,088	46,036	2,611,069	50,983

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

	As of December 31, 2012 (cont.)			
	Total	Level 1	Level 2	Level 3
ASSETS WHOSE USE IS LIMITED				
Cash and cash equivalents	107,462	107,462	–	–
Debt securities				
U.S. government agencies and sponsored entities	396,035	9,421	386,614	–
Corporate bonds	12,309	–	12,309	–
Residential mortgage-backed	2,289	–	2,289	–
Commercial mortgage-backed	3,498	–	3,498	–
Collateralized debt obligations	1,041	–	1,041	–
Student loan asset-backed	1,793	–	1,793	–
Equity securities				
Domestic equities	13,086	13,086	–	–
Foreign equities	3,674	3,674	–	–
Alternative investments				
Event driven	5,658	–	3,357	2,301
Global macro	6,094	–	4,939	1,155
Insurance	8,072	–	3,116	4,956
Long short	17,689	–	14,258	3,431
Relative value	3,663	–	3,663	–
Specialist credit	4,714	–	3,669	1,045
Structured credit	12,132	–	5,704	6,428
Total assets whose use is limited	599,209	133,643	446,250	19,316
Collateral held under securities lending program	3,060	–	3,060	–
	$ 3,965,250	$ 834,572	$ 3,060,379	$ 70,299

The changes in financial assets classified as Level 3 during the year ended December 31, 2013 were as follows:

	Alternative Investments					
	Beginning Balance	Gross Purchases	Gross Sales	Realized Gains (Losses)	Unrealized Gains (Losses)	Ending Balance
Event driven	$ 8,374	$ 1,500	$ (2,830)	$ 200	$ 632	$ 7,876
Global macro	4,202	8,000	–	–	(453)	11,749
Insurance	18,037	–	(5,000)	(374)	(210)	12,453
Long short	12,488	–	–	–	1,747	14,235
Specialist credit	3,803	–	(3,591)	(26)	(145)	41
Structured credit	23,395	1,000	(6,984)	596	672	18,679
	$ 70,299	$10,500	$(18,405)	$ 396	$ 2,243	$65,033

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

The changes in financial assets classified as Level 3 during the year ended December 31, 2012 were as follows

	Alternative Investments					
	Beginning Balance	Gross Purchases (Sales)	Transfers	Realized Gains (Losses)	Unrealized Gains	Ending Balance
Event driven	$ 8,413	$ (2,720)	$ –	$ 622	$ 2,059	$ 8,374
Global macro	–	4,000	–	–	202	4,202
Insurance	–	2,250	14,130	–	1,657	18,037
Long short	–	11,000	–	–	1,488	12,488
Multi-strategy	5,682	(5,852)	–	(116)	286	–
Specialist credit	10,524	(9,269)	–	1,778	770	3,803
Structured credit	–	20,317	–	(1,270)	4,348	23,395
	$ 24,619	$19,726	$14,130	$ 1,014	$ 10,810	$70,299

Transfers between levels are determined as of the beginning of the period, which assumes the investment would be transferred at fair value at the beginning of the reporting period. Transfers from Level 2 to Level 3 occurred as a result of changes in the liquidity terms of an underlying fund. The revised liquidity terms of the underlying fund now include quarterly redemption terms with a 25% maximum redemption, which does not allow the System the ability to redeem the investment within the near term. Generally, the System defines near term as redemption of the entire investment within 90 days or less.

Financial assets are reflected in the accompanying consolidated balance sheets as follows

	December 31	
	2013	2012
Cash and cash equivalents measured at fair value	$ 935,335	$ 654,893
Certificates of deposit	30,806	–
Total cash and cash equivalents	$ 966,141	$ 654,893
Investments measured at fair value	$ 3,079,256	$ 2,708,088
Alternative investments accounted for under the equity method	421,589	566,418
Accrued interest	13,761	11,100
Total investments	$ 3,514,606	$ 3,285,606
Assets whose use is limited measured at fair value	$ 818,204	$ 599,209
Alternative investments accounted for under the equity method	25,738	35,696
Accrued interest	1,756	1,770
Total assets whose use is limited	$ 845,698	$ 636,675

The fair values of the securities included in Level 1 were determined through quoted market prices. The fair values of Levels 2 and 3 financial assets were determined as follows:

Cash equivalents, U.S. government agencies and sponsored entities, corporate bonds, residential mortgage-backed, commercial mortgage-backed, collateralized debt obligations and student loan asset-backed – These Level 2 securities were valued through the use of third-party pricing services that use evaluated bid prices adjusted for specific bond characteristics and market sentiment.

Alternative investments – These underlying funds are valued using the NAV as a practical expedient to determine fair value. Several factors are considered in appropriately classifying the underlying funds in the fair value hierarchy. An underlying fund is generally classified as Level 2 if the System has the ability to withdraw its investment with the underlying fund at NAV at the measurement date or within the near term. An underlying fund is generally classified as Level 3 if the System does not have the ability to redeem its investment with the underlying fund at NAV within the near term. Those alternative investments classified as Level 3 as of December 31, 2013 and 2012, were classified as such because they could not be redeemed in the near term.

Collateral held under securities lending program – The System participates in securities lending transactions with the custodian of its investments (program), whereby a portion of its investments is loaned to certain brokerage firms in return for cash or similar debt securities from the brokers as collateral for the investments loaned. Any cash collateral is invested by the System in a securities lending quality trust (SLQT). The fair value of the System's interest in the SLQT is determined by considering its NAV and actual issuances and redemptions of interests in the SLQT. Currently, interests in the SLQT are purchased and redeemed at a constant NAV of $1.00 per unit for daily operational liquidity purposes, although redemptions for certain other purposes, such as termination of the System's participation in the program, may be in-kind. Any collateral in the form of debt securities is valued through the use of third-party pricing services that use evaluated bid prices adjusted for specific bond characteristics and market sentiment.

Other Fair Value Disclosures

The carrying values of accounts receivable, accounts payable, accrued liabilities and payable under the securities lending program are reasonable estimates of their fair values due to the short-term nature of these financial instruments.

The fair values of the System's fixed-rate bonds are estimated using Level 2 inputs based on quoted market prices for those or similar instruments. The estimated fair value of the fixed-rate bonds were approximately $3,219,000 and $2,987,000 as of December 31, 2013 and 2012, respectively. The carrying value of the fixed-rate bonds were approximately $3,095,000 and $2,728,000 as of December 31, 2013 and 2012, respectively. The carrying amount approximates fair value for all other long-term debt (note 7).

Notes to Consolidated Financial Statements

For the years ended December 31, 2013 and 2012 (dollars in thousands)

13. Subsequent Events

The System evaluated events and transactions occurring subsequent to December 31, 2013 through March 11, 2014, the date the accompanying consolidated financial statements were issued. During this period, there were no subsequent events that required recognition in the accompanying consolidated financial statements. Additionally, there were no nonrecognized subsequent events that required disclosure.

14. Fourth Quarter Results of Operations (Unaudited)

The System's operating results for the three months ended December 31, 2013 are presented below:

Revenue	
Patient service revenue	$ 1,961,557
Provision for bad debts	(129,216)
Net patient service revenue	1,832,341
EHR incentive payments	30,135
Other	85,680
Total operating revenue	1,948,156
Expenses	
Employee compensation	928,633
Supplies	351,487
Professional fees	125,672
Purchased services	129,015
Other	121,571
Interest	34,934
Depreciation and amortization	112,248
Total operating expenses	1,803,560
Income from Operations	144,596
Nonoperating Gains	
Investment income	28,915
Gain on early extinguishment of debt	25
Total nonoperating gains	28,940
Excess of revenue and gains over expenses	173,536
Less: Deficiency of revenue and gains over expenses attributable to noncontrolling interests	609
Excess of Revenue and Gains over Expenses Attributable to Controlling Interests	174,145
Other changes in unrestricted net assets, net	36,874
Decrease in temporarily restricted net assets, net	(3,686)
Increase in Net Assets	$ 207,333

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Report of Independent Certified Public Accountants

The Board of Directors
Adventist Health System Sunbelt Healthcare Corporation
d/b/a Adventist Health System

We have audited the accompanying consolidated financial statements of Adventist Health System Sunbelt Healthcare Corporation and Subsidiaries (the System), which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of the System at December 31, 2013 and 2012, and the consolidated results of its operations and its cash flows for the years then ended in conformity with U S generally accepted accounting principles

Ernst + Young LLP

Orlando, Florida
March 11, 2014