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

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.

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

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.






















During 2013, the Corporation provided hospital management services to 24 wholly or partially owned tax-exempt hospital and nursing home corporations. These 24 corporations operate 44 acute-care hospitals, and provide management services to 16 nursing home facilities.

[illegible][illegible]

4e	Total program service expenses	423,378,238
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Part IV

Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 <input type="checkbox"/>				
		Yes	No	
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,469		
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	1,709		
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			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 Yes	
b If "Yes," enter the name of the foreign country BD See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			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? <i>If "No," provide an explanation in Schedule O</i>			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		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	8a	Yes
8b	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
10b	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
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	b Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	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 filedIL
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization Terry D Shaw 900 Hope Way Altamonte Springs, FL 32714 (407) 357-2463

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

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** 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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	16,939,148	100	1,925,917

477

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Cerner Corporation PO Box 412702 Kansas City MO 64141	IT Serv/Support Fees	19,625,233
Deloitte Consulting PO Box 7247-6447 Philadelphia PA 19170	Consulting Services	18,654,739
Executive Health Resources PO BOX 822688 Philadelphia PA 19182	Medical Compliance Consulting	6,862,877
Premier Inc 5882 Collections Center Dr Chicago IL 60693	Professional Fees	3,172,162
Sungard Availability Service 91233 Collection Center Dr Chicago IL 60693	Data Recovery Services	2,154,844

\$100,000 of compensation from the organization ►133

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				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	37,880			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		37,880			
Program Service Revenue	2a	Management Fees	Business Code 541610	150,553,999	150,175,991	378,008	
	b	Reimbursed Salaries & Wages from	561000	142,223,783	142,223,783		
	c	Reimbursed Pharmaceutical Costs f	446110	42,407,591	42,407,591		
	d	Centralized Services Purchased by	900099	24,926,018	24,926,018		
	e	Reimbursed Expenses	900099	23,795,921	23,795,921		
	f	All other program service revenue		21,226,018	20,802,044	423,974	
	g	Total. Add lines 2a-2f		405,133,330			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		104,797,558		104,797,558
4		Income from investment of tax-exempt bond proceeds					
5		Royalties		132,297		132,297	
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)		20,505,806		20,505,806
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions		530,606,871	404,331,348	801,982	125,435,661	

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.	787,548	787,548		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	24,414	24,414		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	113,000	113,000		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	10,804,667		10,804,667	
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.	148,511,046	146,936,602	1,574,444	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	13,675,486	12,587,196	1,088,290	
9	Other employee benefits.	40,074,059	31,007,648	9,066,411	
10	Payroll taxes.	10,183,379	9,517,447	665,932	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,128,736		1,128,736	
c	Accounting.	1,354,068		1,354,068	
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).	19,030,464	18,363,427	667,037	
12	Advertising and promotion.	200		200	
13	Office expenses.	35,405,816	33,644,571	1,761,245	
14	Information technology.	26,987,262	26,987,262		
15	Royalties.				
16	Occupancy.	6,019,380	6,019,380		
17	Travel.	4,182,090	3,844,602	337,488	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	231,536	33,059	198,477	
20	Interest.	87,713,508	87,713,508		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	19,608,259	19,608,259		
23	Insurance.	414,525		414,525	
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	Maintenance/Repairs.	13,490,526	13,490,526		
b	Premier Rebate to facil.	11,900,887	11,900,887		
c	Special Events.	2,188,289		2,188,289	
d	Taxes - UBI.	96,865		96,865	
e	All other expenses.	3,166,035	798,902	2,367,133	
25	Total functional expenses. Add lines 1 through 24e.	457,092,045	423,378,238	33,713,807	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		2,449	1	2,450
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,447,886	4	5,488,851
	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		1,026,514	8	1,201,246
	9	Prepaid expenses and deferred charges		19,375,518	9	17,712,394
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a429,307,634			
	b	Less: accumulated depreciation	10b193,190,126	195,074,553	10c	236,117,508
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11.		4,002,478,399	12	4,586,266,014
	13	Investments—program-related. See Part IV, line 11.		1,770,156	13	3,157,374
	14	Intangible assets		20,646,000	14	19,314,000
	15	Other assets. See Part IV, line 11.		614,034,365	15	626,020,969
	16	Total assets. Add lines 1 through 15 (must equal line 34).		4,857,855,840	16	5,495,280,806
Liabilities	17	Accounts payable and accrued expenses		142,917,025	17	142,285,137
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		186,086	21	225,743
	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		8,939,854	23	6,474,876
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D.		4,428,994,867	25	5,119,938,269
	26	Total liabilities. Add lines 17 through 25.		4,581,037,832	26	5,268,924,025
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		276,818,008	27	226,356,781
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		276,818,008	33	226,356,781
	34	Total liabilities and net assets/fund balances		4,857,855,840	34	5,495,280,806

Part XI Reconciliation 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	530,606,871
2	Total expenses (must equal Part IX, column (A), line 25)	2	457,092,045
3	Revenue less expenses Subtract line 2 from line 1	3	73,514,826
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	276,818,008
5	Net unrealized gains (losses) on investments	5	-92,453,742
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-31,522,311
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	226,356,781

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Allen PhD Karen A	1 00									
Director	0 00	X						750	0	0
Anderson PhD Eric	1 00									
Director	0 00	X						950	0	0
Andreasen PhD Niels-Erik	1 00									
Director	0 00	X						950	0	0
Barnett D Edward	1 00									
Director	0 00	X						950	0	0
Bietz DMin Gordon	1 00									
Director	0 00	X						950	0	0
Biloff Niel L	1 00									
Director	0 00	X						950	0	0
Blair Mardian J	1 00									
Director (end 9/13)	0 00	X						14,252	0	0
Carlson Ronald	1 00									
Director	3 00	X						950	0	0
Cauley DMin Michael F	1 00									
Director	3 00	X						950	0	0
Cazeau Esq RoseMarie E	1 00									
Director	0 00	X						950	0	0
Coridan Dean	1 00									
Director	0 00	X						950	0	0
Cotton Sabrina	1 00									
Director	0 00	X						950	0	0
Craig Carlos	1 00									
Director	3 00	X						950	0	0
Davidson James R	1 00									
Director	3 00	X						2,025	0	0
Davis Jerome L	1 00									
Director	0 00	X						950	0	0
Edge Mike	1 00									
Director	0 00	X						750	0	0
Edmond Dana C	1 00									
Director	0 00	X						950	0	0
Eisele Melvin K	1 00									
Director	0 00	X						950	0	0
Gallimore Jay	1 00									
Director	0 00	X						950	0	0
Green Samuel L	1 00									
Director	0 00	X						950	0	0
Griffith Jr Buford	1 00									
Director	3 00	X						2,025	0	0
Grove Rodney A	1 00									
Director (end 10/13)	3 00	X						425	0	0
Hagele Elaine M	1 00									
Director	3 00	X						2,025	0	0
Haley Steve	1 00									
Director	0 00	X						950	0	0
Hawkins Esq Judith W	1 00									
Director	0 00	X						950	0	0

2013

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

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.

Department of the Treasury

Internal Revenue Service

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

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

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

- 1

☐

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 33¹/₃% 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 33¹/₃% 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?

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

Additional Data

Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt
Healthcare Corporation

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

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

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

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

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **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 Adventist Health System Sunbelt Healthcare Corporation	Employer identification number 59-2170012
---	--

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

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

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

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

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

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

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

Part II-A

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
a	Volunteers?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No		
c	Media advertisements?		No		
d	Mailings to members, legislators, or the public?		No		
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?	Yes		792,498	
j	Total. Add lines 1c through 1i.			792,498	
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 paid fees to retain the services of one consulting and one law firm and a public affairs company which performed lobbying activities on behalf of the corporation. The legislative consulting firm Forscey PLLC was paid \$652,348 and the law firm, Trauger & Tuke were paid a total of \$65,000 (plus a \$150 State of Tennessee fee associated with lobbying) during the year and the remaining \$75,000 was paid to the Academy Advisor.

[illegible]

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

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

Part I

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

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

Part II

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a

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

☒ Yes

☐ No
- b

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

☒

Part V

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

- | | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|----|--|---------------|---------------------|---------------------|--------------------|
| 1a | Beginning of year balance | | | | |
| b | Contributions | | | | |
| c | Net investment earnings, gains, and losses | | | | |
| d | Grants or scholarships | | | | |
| e | Other expenditures for facilities and programs | | | | |
| f | Administrative expenses | | | | |
| g | End of year balance | | | | |
- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No
- 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		16,239,517		16,239,517
b Buildings		104,290,230	4,386,793	99,903,437
c Leasehold improvements				
d Equipment		247,937,897	188,432,412	59,505,485
e Other		60,839,990	370,921	60,469,069
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				236,117,508

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	7,676,238,765
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	7,255,311,711
e	Add lines 2a through 2d	2e	7,255,311,711
3	Subtract line 2e from line 1	3	420,927,054
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	109,679,817
c	Add lines 4a and 4b	4c	109,679,817
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	530,606,871

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	7,097,419,942
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	6,750,007,715
e	Add lines 2a through 2d	2e	6,750,007,715
3	Subtract line 2e from line 1	3	347,412,227
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	109,679,818
c	Add lines 4a and 4b	4c	109,679,818
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	457,092,045

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 IV, Line 2b	A division of the filing organization conducts third-party administration type claims processing services on behalf of certain organizations. One of the programs for which claims processing is conducted is the Orange County Indigent Plan Program. Funding to assist in payment of claims under this program is partially funded by an unrelated 501(c)(3) hospital system located in the Greater Orlando area. The filing organization has established an escrow account to hold funds collected from the unrelated hospital system that will be used to pay for medical care for indigent patients under this program.
Part X, Line 2	The consolidated financial statements of AHS contain the following FIN 48 footnote: Please note that dollar amounts are in thousands. Healthcare Corporation and its affiliated organizations, other than North American Health Services, Inc. and its subsidiaries (NAHS), are exempt from state and federal income taxes. Accordingly, Healthcare Corporation and its tax-exempt affiliates are not subject to federal, state, or local income taxes except for any net unrelated business taxable income. For the years ended December 31, 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 XI, Line 2d - Other Adjustments	Revenue of Affiliated Organizations Included in Audited Financial Statements 7,255,311,711
Part XI, Line 4b - Other Adjustments	Reclass Expense 97,778,931 Premier Distribution Allocated to Subs 11,900,887 Rounding -1
Part XII, Line 2d - Other Adjustments	Expense of Affiliated Organizations Included in Audited Financial Statements 6,748,607,715 Unrealized Gain 1,400,000
Part XII, Line 4b - Other Adjustments	Reclass Expenses 97,778,931 Premier Distribution Allocated to Subs 11,900,887

[illegible]

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 System Sunbelt
Healthcare Corporation

Employer identification number
59-2170012

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of 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 Activities 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			12,535,908
b Total from continuation sheets to Part I	0	0			624,864,195
c Totals (add lines 3a and 3b)	0	0			637,400,103

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)		Sub-Saharan Africa - Angola,	Ethiopia Mission Trip	35,000	check			
(2)		Central America and the Caribbean -	Guatemala Mission Trip	43,000	check			
(3)		Sub-Saharan Africa - Angola,	Hospital in Chad	35,000	check			
(4)								

2

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

3

3

Enter total number of other organizations or entities ▶

0

Part III

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

(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 made to organizations within the U.S. to assist with funding for mission related trips whose purpose is to provide health care services in foreign locations and/or construct and build health care facilities in foreign locations. The U.S. organizations sponsoring the health-related mission trips are often related organizations that are exempt from Federal Income Tax under 501(c)(3) or other 501(c)(3) organizations that are a part of the group exemption ruling issued to the General Conference of Seventh-Day Adventists. Accordingly, the filing organization has not established specific procedures for monitoring the use of grant funds outside the United States as the filing organization does not have a grant making program that would necessitate such procedures and is generally making an indirect foreign grant through another U.S. charitable organization.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, line 3	All expenses relate to travel costs, funding of general liability risk program, or cash grants to U S charities for foreign mission trips

Additional Data

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

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			Meetings		65,992
Europe			Program Services	SHARE Training	2,052
East Asia			Program Services	SHARE Training	29,480

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
North America			Meetings		13,452
Europe			Progam Services	Insurance Premiums	4,660,667
Europe			Program Services	Captive Insurance Company	176,721

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			Passive Investments		613,845
North America			Passive Investments		6,973,699
Central America and the Caribbean -			Passive Investments		624,751,195

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 - Angola,			Grantmaking		70,000
Central America & Caribbean			Grantmaking		43,000

Schedule I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Health System Sunbelt
Healthcare Corporation

Employer identification number
59-2170012

Part I

General Information on 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 ▶ 31

3 Enter total number of other organizations listed in the line 1 table ▶ 0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Medical School Scholarships	10	10,000			
(2) SHARE Families	4	14,414			

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 only to related organizations that are exempt from federal income tax under IRC Section 501(c)(3), or to other local charitable community organizations, or to other 501(c)(3) organizations that are a part of the group exemption ruling issued to the General Conference of Seventh-Day Adventists. Accordingly, the filing organization has not established specific procedures for monitoring the use of grant funds in the United States as the filing organization does not have a grant making program that would necessitate such procedures.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adventist Health System Sunbelt Inc 900 Hope Way Altamonte Springs, FL 32714	59-1479658	501(c)(3)	93,223				Creation Health-Wellness and Heartland Gala

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Adventist Health SystemWest 2100 Douglas Blvd Roseville, CA 95661	95-3484589	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
Adventist Hinsdale Hospital 120 N Oak St Hinsdale,IL 60521	36-2276984	501(c)(3)	189,000				Creation Health-Education and Disease Management

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bolingbrook Hospital Foundation 500 Remington Blvd Bolingbrook, IL 60440	90-0494445	501(c)(3)	10,000				General Support

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 PO BOX 912 San Marcos, TX 78667	74-2259907	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Florida Hospital Waterman Foundation Inc 1500 Waterman Way Tavares,FL 32778	59-2330166	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
Foundation for Shawnee Mission Medical Center 9100 W 74th Street Shawnee Mission, KS 66204	48-0868859	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GlenOaks Hospital Foundation 701 Winthrop Ave Glendale Heights, IL 60139	36-3926044	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Grace Medical Home Inc 51 Pennsylvania St Orlando,FL 32806	26-1817966	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Helen Ellis Memorial Hospital Foundation Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689	59-3690149	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
Jellico Community Hospital Inc 188 Hospital Lane Jellico, TN 37762	62-0924706	501(c)(3)	100,000				Creation Health - Patient Transport

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 2121 Camden Rd Orlando,FL 32803	59-0972112	501(c)(3)	18,525				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LaGrange Memorial Hospital Foundation 5101 S Willow Springs Rd La Grange, IL 60525	30-0247776	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lake Union Conference of Seventh-Day Adventists PO Box C Berrien Springs, MI 49103	38-1474933	501(c)(3)	200,000				Annual General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Medicare Rights Center Inc 520 Eighth Ave North Wing 3rd Floor New York, NY 10018	13-3505372	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
Memorial Health Systems Foundation 770 West Granada Blvd Ormond Beach, FL 32174	31-1771522	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mid-America Union Conference of Seventh-Day Adventists PO Box 6128 Lincoln, NE 68506	47-6006806	501(c)(3)	200,000				Annual General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mt Sinai - Seventh-Day Adventist Church 2600 Orange Center Blvd Orlando, FL 32805	59-2284791	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
Oakwood University 7000 Adventist Blvd NW Huntsville, AL 35896	63-0366652	501(c)(3)	85,000				Annual General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PorterCare Adventist Health System 109 Inverness Dr E Ste J Englewood, CO 80112	84-0438224	501(c)(3)	325,000				Creation Health

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rocky Mountain Adventist Healthcare Foundation 7995 E Prentice Ave 204 Greenwood Village, CO 80111	84-0745018	501(c)(3)	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
Shawnee Mission Medical Center Inc 9400 W 74th Street Shawnee Mission, KS 66204	48-0637331	501(c)(3)	111,175				Creation Health Care/Patient Care

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southern Adventist University PO Box 370 Collegedale, TN 37315	62-0536733	501(c)(3)	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
Southern Union Conference of Seventh-Day Adventists PO Box 849 3978 Memorial Dr Decatur,GA 30031	58-6002274	501(c)(3)	202,500				Annual General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southwestern Union Conference of Seventh-Day Adventists PO Box 4000 777 Burleson Blvd Burleson, TX 76097	75-0904016	501(c)(3)	200,000				Annual General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SunSystem Development Corporation 900 Hope Way Altamonte Springs, FL 32714	59-2219301	501(c)(3)	84,750				General Support

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Takoma Regional Hospital Inc 401 Takoma Ave Greeneville, TN 37743	51-0603966	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
Tarpon Springs Hospital Foundation Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689	59-0898901	501(c)(3)	70,000				Creation Health - Congestive Heart Failure Clinic

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas Health Huguley Inc 11801 South Freeway Burleson, TX 76028	45-2694620	501(c)(3)	100,000				Creation Health - Diabetes Education and Health Management Program

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 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
University Community Hospital Inc 3100 E Fletcher Ave Tampa,FL 33613	59-1113901	501(c)(3)	130,340				Creation Health - Community Collaborative and General Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, 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 System Sunbelt
Healthcare Corporation

Employer identification number

59-2170012

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input checked="" type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input checked="" type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input checked="" type="checkbox"/>	Tax idemnification and gross-up payments	<input checked="" type="checkbox"/>	Health or social club dues or initiation fees
<input checked="" type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	Personal services (e g , maid, chauffeur, chef)
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all 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		
<input checked="" type="checkbox"/>	Compensation committee	<input type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	Approval by the board or compensation committee
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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	<p>The filing organization is the top-tier parent of a system of healthcare organizations known as Adventist Health System (AHS) Members of the filing organization's executive management team that hold the position of Vice-President or above (including those who provide services at the filing organization and those who perform executive management services at AHS subsidiary organizations) are compensated by and on the payroll of the filing organization First-class or charter travel Pursuant to the AHS system-wide general policy regarding business travel, no reimbursement will be provided for any additional cost incurred with respect to first-class or charter air travel beyond the cost of a regular coach airfare As a means of providing additional business travel reimbursement for those members of the AHSSHC senior executive management team that travel frequently on behalf of AHS a special annual travel allowance is provided for those executives As AHS operates 44 hospitals and a number of other health care facilities in 10 states, the senior leadership of AHSSHC travel extensively and often visit multiple hospital locations in different states as a part of a single business trip The special travel allowance can provide reimbursements to the executive for such items as the purchase of air travel upgrade coupons, to cover the cost differential between coach and first-class travel, or to cover the cost of a charter flight The special travel allowance benefit was originally authorized by and codified into a policy by the AHSSHC Board Compensation Committee (the Committee), an independent body of the AHSSHC Board of Directors, who also approves the annual cap on the amount of the allowance The special travel allowance has an annual cap of \$24,000 for members of the AHS Corporate Management Committee (6 individual executives) and \$15,000 for AHS Corporate Office Senior Vice Presidents (10 individual executives) The CEO of AHS has been approved by the Committee to travel by charter for AHS business trips in an amount which may exceed the established annual cap Those executives who receive the special travel allowance are responsible for tracking the expenses reimbursable under the special travel allowance and must submit such expenses on their accountable plan expense report Any taxable reimbursements made to executives under the special travel allowance arrangement are treated as taxable compensation to the executive Travel for companions AHSSHC has a Corporate Executive Policy that provides a benefit to allow for a traveling AHSSHC executive to have his or her spouse accompany the executive on certain business trips each year Typically, reimbursement is only provided to Vice Presidents and above and is usually limited to one business trip per year beyond the annual AHS President's Council business meeting and other meetings where the spouse is specifically invited The AHSSHC Corporate Executive Spousal Travel Policy was originally approved and reviewed by the AHSSHC Board 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 do 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</p>
Part I, Line 3	<p>Please see the discussion concerning the process followed by the filing organization in determining executive compensation in our response to Part VI, Section B, Line 15a and b</p>
Part I, Line 4b	<p>In recognition of the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan) The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (IRC) Section 457(f), to individually tailor a benefits program appropriate to each executive's needs The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits The pre-determined benefits allowance credit percentage is approved by the 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 ----- ----- Robert Henderschedt \$120,509 \$104,830 \$ 201,948 \$ 0 Lars Houmann \$184,069 \$186,831 \$ 232,784 \$ 0 Donald Jernigan \$210,224 \$192,724 \$ 0 \$ 0 Sandra Johnson \$ 53,230 \$ 34,629 \$ 94,186 \$ 0 Monica Reed, MD \$ 69,461 \$ 59,687 \$ 276,818 \$ 0 Richard K Reiner \$191,096 \$173,596 \$ 194,730 \$ 0 Terry D Shaw \$184,069 \$179,354 \$ 268,802 \$ 0 Brent G Snyder \$117,213 \$ 91,300 \$ 192,483 \$ 0 Eddie Soler \$ 97,645 \$103,782 \$ 745,939 \$ 0 Michael Schultz \$117,859 \$124,294 \$ 397,783 \$ 0 John Brownlow \$ 65,787 \$ 50,937 \$ 569,400 \$ 0 David Crane \$127,976 \$117,991 \$ 0 \$ 0 J Brian Paradis \$119,345 \$104,458 \$ 0 \$ 0 * Including Investment Earnings</p>

Additional Data

Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt Healthcare Corporation

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Henderschedt Robert R Director/Exec VP	(i)	632,650	210,247	342,878	134,358	29,938	1,350,071	92,554
	(ii)	0	0	0	0	0	0	0
Houmann Lars D Director/Exec VP	(i)	911,606	302,898	456,423	197,919	42,997	1,911,843	166,425
	(ii)	0	0	0	0	0	0	0
Jernigan PhD Donald L Director/CEO/President	(i)	988,725	329,269	303,082	13,850	87,038	1,721,964	0
	(ii)	0	0	0	0	0	0	0
Johnson Sandra K Director/Sr VP	(i)	405,653	117,349	162,558	49,580	42,138	777,278	31,179
	(ii)	0	0	0	0	0	0	0
Reed MD Monica P Director	(i)	456,189	128,556	351,256	83,311	37,749	1,057,061	59,656
	(ii)	0	0	100	0	0	100	0
Reiner Richard K Director/Exec VP	(i)	913,142	302,898	446,854	13,850	45,505	1,722,249	0
	(ii)	0	0	0	0	0	0	0
Shaw Terry D Director/Exec VP/CFO/COO	(i)	911,185	302,898	478,549	197,919	45,398	1,935,949	166,425
	(ii)	0	0	0	0	0	0	0
Snyder Esq Brent G Director/Exec VP/CIO	(i)	619,556	204,902	342,542	113,563	28,560	1,309,123	88,340
	(ii)	0	0	0	0	0	0	0
Soler Eddie 5 highest paid	(i)	554,099	184,101	868,917	111,495	33,624	1,752,236	86,340
	(ii)	0	0	0	0	0	0	0
Schultz Michael 5 highest paid	(i)	662,144	193,658	574,914	114,208	42,901	1,587,825	107,872
	(ii)	0	0	0	0	0	0	0
Brownlow John 5 highest paid	(i)	441,588	127,430	655,500	62,136	36,469	1,323,123	41,001
	(ii)	0	0	0	0	0	0	0
Crane David 5 highest paid	(i)	688,283	99,558	210,855	141,826	39,464	1,179,986	117,929
	(ii)	0	0	0	0	0	0	0
Paradis John Brain 5 highest paid	(i)	640,946	215,324	123,776	133,188	46,933	1,160,167	104,404
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► 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.

Name of the organization
Adventist Health System Sunbelt
Healthcare Corporation

Employer identification number

59-2170012

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

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

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

2

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

► \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Kevin Edgerton	Family of Board Member	234,378	Employee compensation		No
(2) Suzanne Keller	Family of Board Member	25,257	Employee compensation		No
(3) Tim Reiner	Family of Board Member	351,304	Employee compensation		No
(4) Terry Owen	Family of Board Member	674,300	Employee compensation		No
(5) Cynthia Rodgers	Family of Board Member	22,258	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.**

2013

**Open to Public
Inspection**

Name of the organization
Adventist Health System Sunbelt
Healthcare Corporation

Employer identification number

59-2170012

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

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

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

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

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

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

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

Return Reference	Explanation
Form 990, Part XI, line 9	Transfer from tax-exempt subs 35,000,000 Allocation of debt costs to tax-exempt subs 29,071 Transfer to tax-exempt affiliates -66,551,381 Rounding -1

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 System Sunbelt
Healthcare Corporation

Employer identification number

59-2170012

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" 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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

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			

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 59-2170012

Name: Adventist Health System Sunbelt
Healthcare Corporation

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

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

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						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	Yes	
(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	Yes	
(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	Yes	
(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	Yes	
(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		No
(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

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						Yes	No
(81) South Central Nursing Homes Inc 602 Courtland Street Orlando, FL 32804 61-1242373	Management Support	KY	501(c)(3)	Line 11 d, 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 11 c, 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 11 c, 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 11 a, 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		No
(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		No
(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 11 b, II	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(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	Yes	
(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 11 c, 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 11 c, 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 11 c, 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 11 a, I	University Community Hospital Inc		No

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						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	Yes	
(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 IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Association	FL	N/A	C					No
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	N/A	C					No
CC MOB Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2616875	Real Estate Rental	TX	N/A	C					No
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX 78666 74-2729873	Physician Clinics	TX	N/A	C					No
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org	TX	N/A	C					No
Florida Hospital Flagler Medical Offices Association Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 26-2158309	Condo Association	FL	N/A	C					No
Florida Hospital Healthcare System Inc 602 Courtland Street Orlando, FL 32804 59-3215680	PHO/TPA	FL	N/A	C					No
Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	N/A	C					No
Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL 32174 59-3403558	Physician Hospital Org	FL	N/A	C					No
Huguley Alliance Foundation 11801 South Freeway Fort Worth, TX 76115 75-2642209	Inactive	TX	N/A	C					No
Kissimmee Multispecialty Clinic Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Association	FL	N/A	C					No
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS 66204 48-0901551	Real Estate Rental	KS	N/A	C					No
Metroplex Adventist Hospital CRNA (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 900 Hope Way Altamonte Springs, FL 32714 62-1041820	Lessor/Holding Co	TN	Adventist Hlth System Sunbelt Hlthcare Corp	C	3,075,394	27,250,921	100 000 %	Yes	
Ormond Professional Condo Association (430 Year End) 770 W Granada Blvd Ste 101 Ormond Beach, FL 32174 59-2694434	Condo Association	FL	N/A	C					No

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	N/A	C					No
The Garden Retirement Community Inc 602 Courtland Street Ste 200 Orlando, FL 32804 59-3414055	Real Estate Rental	FL	N/A	C					No
University Community Health Insurance Company SPC Ltd (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	N/A	C					No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Fletcher Hospital Inc	L	5,189,223	% of subsidiaries' operating exp
Jellico Community Hospital Inc	L	1,373,434	% of subsidiaries' operating exp
Memorial Hospital Inc	L	2,394,437	% of subsidiaries' operating exp
Adventist Hinsdale Hospital	L	13,025,781	% of subsidiaries' operating exp
Chippewa Valley Hospital & Oakview Care Center Inc	L	694,482	% of subsidiaries' operating exp
Adventist Bolingbrook Hospital	L	4,368,707	% of subsidiaries' operating exp
Adventist Health SystemSunbelt Inc	L	101,832,098	% of subsidiaries' operating exp
Adventist GlenOaks Hospital	L	3,859,395	% of subsidiaries' operating exp
Metroplex Adventist Hospital Inc	L	5,250,269	% of subsidiaries' operating exp
Emory-Adventist Inc	L	2,726,121	% of subsidiaries' operating exp
Adventist Health System Georgia Inc	L	3,400,564	% of subsidiaries' operating exp
Shawnee Mission Medical Center Inc	L	13,812,752	% of subsidiaries' operating exp
Florida Hospital Zephyrhills Inc	L	5,947,337	% of subsidiaries' operating exp
University Community Hospital Inc	L	21,403,279	% of subsidiaries' operating exp
Southwest Volusia Healthcare Corporation	L	5,505,788	% of subsidiaries' operating exp
Memorial Hospital - West Volusia Inc	L	5,265,272	% of subsidiaries' operating exp
Florida Hospital Waterman Inc	L	8,419,334	% of subsidiaries' operating exp
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	L	4,145,822	% of subsidiaries' operating exp
Memorial Health Systems Inc	L	10,074,295	% of subsidiaries' operating exp
Memorial Hospital - Flagler Inc	L	5,128,969	% of subsidiaries' operating exp
Sunbelt Health Care Centers Inc	L	530,104	% of subsidiaries' operating exp
PorterCare Adventist Health System	L	6,668,352	% of subsidiaries' operating exp
Pasco-Pinellas Hillsborough Community Health System Inc	L	3,241,699	% of subsidiaries' operating exp
Fletcher Hospital Inc	Q	7,030,153	Cost
Jellico Community Hospital Inc	Q	1,136,673	Cost

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Memorial Hospital Inc	Q	3,947,263	Cost
Adventist Hinsdale Hospital	Q	14,083,572	Cost
Adventist Health Partners Inc	Q	4,380,325	Cost
AHS Midwest Management Inc	Q	2,482,300	Cost
Adventist Health SystemTexas Inc	Q	2,126,973	Cost
Adventist Bolingbrook Hospital	Q	3,793,758	Cost
Chippewa Valley Hospital & Oakview Care Center Inc	Q	605,666	Cost
Adventist GlenOaks Hospital	Q	3,121,104	Cost
Adventist Health SystemSunbelt Inc	Q	149,877,339	Cost
Speciality Physicians of Central Texas Inc	Q	516,467	Cost
Metroplex Adventist Hospital Inc	Q	4,528,668	Cost
Emory-Adventist Inc	Q	2,511,138	Cost
Cobb Medical Associates LLC	Q	365,969	Cost
Adventist Health System Georgia Inc	Q	4,665,522	Cost
PorterCare Adventist Health System	Q	3,451,029	Cost
Shawnee Mission Medical Center Inc	Q	11,138,767	Cost
Florida Hospital Medical Group	Q	14,504,781	Cost
Memorial Hospital - West Volusia Inc	Q	4,920,095	Cost
Southwest Volusia Healthcare Corporation	Q	4,830,335	Cost
Memorial Hospital - Flagler Inc	Q	6,184,052	Cost
Memorial Health Systems Inc	Q	9,962,961	Cost
Florida Hospital Waterman Inc	Q	6,795,421	Cost
Florida Hospital Zephyrhills Inc	Q	5,138,623	Cost
Sunbelt Health Care Centers Inc	Q	5,947,334	Cost
University Community Hospital Inc	Q	18,221,452	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
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	Q	3,453,990	Cost
Pasco-Pinellas Hillsborough Community Health System Inc	Q	2,765,715	Cost
Florida Hospital Healthcare System Inc	Q	789,890	Cost
Metroplex Clinic Physicians Inc	Q	91,506	Cost
Emory-Adventist Inc	A	30,317	FMV Interest Rate
Emory-Adventist Inc	S	183,947	Principal Payment
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	A	562,500	FMV Interest Rate
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	S	30,000,000	Principal Payment
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	B	1,500,000	Actual Amount Given
Fletcher Hospital Inc	C	507,476	Actual Amount Received
Memorial Hospital Inc	C	215,961	Actual Amount Received
Adventist Hinsdale Hospital	C	1,612,204	Actual Amount Received
Adventist Bolingbrook Hospital	C	211,830	Actual Amount Received
Chippewa Valley Hospital & Oakview Care Center Inc	C	56,653	Actual Amount Received
Adventist GlenOaks Hospital	C	209,403	Actual Amount Received
Adventist Health System Georgia Inc	C	721,726	Actual Amount Received
PorterCare Adventist Health System	C	4,995,200	Actual Amount Received
Shawnee Mission Medical Center Inc	C	2,160,693	Actual Amount Received
University Community Hospital Inc	C	1,988,350	Actual Amount Received
Florida Hospital Zephyrhills Inc	C	857,774	Actual Amount Received
Pasco-Pinellas Hillsborough Community Health System Inc	C	235,611	Actual Amount Received
Memorial Hospital - West Volusia Inc	C	590,993	Actual Amount Received
Southwest Volusia Healthcare Corporation	C	748,683	Actual Amount Received
Memorial Hospital - Flagler Inc	C	1,319,028	Actual Amount Received
Memorial Health Systems Inc	C	1,245,983	Actual Amount Received

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Florida Hospital Waterman Inc	C	1,535,051	Actual Amount Received
Adventist Health SystemSunbelt Inc	C	15,787,382	Actual Amount Received
Jellico Community Hospital Inc	B	100,000	Actual Amount Given
Adventist Health SystemSunbelt Inc	B	76,232	Actual Amount Given
Shawnee Mission Medical Center Inc	B	111,175	Actual Amount Given
Adventist Hinsdale Hospital	B	189,000	Actual Amount Given
University Community Hospital Inc	B	100,340	Actual Amount Given
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	B	70,000	Actual Amount Given
PorterCare Adventist Health System	B	325,000	Actual Amount Given
Tarpon Springs Hospital Foundation Inc dba Florida Hosp North Pinellas	L	652,873	% of facility's EHR revenue
Adventist Health SystemSunbelt Inc	P	11,226,186	Cost
Adventist Health SystemSunbelt Inc dba Florida Hospital	P	309,085	Cost
Adventist Health SystemSunbelt Inc	K	86,640	FMV Lease Rate

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

TY 2013 Category 3 filer statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

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

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

TY 2013 Category 3 filer statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

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

**TY 2013 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Gain	-4,796,302

**TY 2013 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Net Change in unrealized losses	543,897
Net contributions	-340,127

**TY 2013 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Loss/Gain	-29,287,893

**TY 2013 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Loss/Gain	-5,462,879

**TY 2013 Earnings and Profits Other
Adjustments Statement**

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

Description	Amount
Unrealized Loss/Gain	-1,383,368

TY 2013 Itemized Other Current Liabilities Schedule

Name: Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd co Kettle Hill Capital Management L	98-0606373	SECURITIES SOLD SHORT	9,490,575	16,236,890
		REDEMPTIONS PAYABLE	1,060,000	50,700,751
		ACCRUED EXPENSES	87,642	56,921
		DIVIDENDS PAYABLE	894	14,664

TY 2013 Itemized Other Current Liabilities Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD	000000000	Redemptions Payable	0	49,560,762
Kettle Hill Offshore LTD	000000000	Accrued Expenses and other liabilities	12,000	33,000

TY 2013 Itemized Other Current Liabilities Schedule**Name:** Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Description	Beginning Amount	Ending Amount
Jennison Global Healthcare Offshore Fund	000000000	Management Fee Payable	65,279	39,891
Jennison Global Healthcare Offshore Fund	000000000	Accrued Expenses	12,600	22,080
Jennison Global Healthcare Offshore Fund	000000000	Incentive Fee Payable	8,740	10,407,266
Jennison Global Healthcare Offshore Fund	000000000	Advance Investment	23,900,261	2,500,000

TY 2013 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD	000000000	Other Assets	6,508	6,783

TY 2013 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
CBAM Resolute Fund Ltd co Maples Corp	000000000	Investment in Master Fund	342,741,023	32,755,675

TY 2013 Itemized Other Assets Schedule

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

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
Jennison Global Healthcare Offshore Fund	000000000	Prepaid Expenses	7,254	821
Jennison Global Healthcare Offshore Fund	000000000	Advance Investment		2,500,000

TY 2013 Itemized Other Current Assets Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd co Kettle Hill Capital Management L	98-0606373	DUE FROM BROKER	59,145,903	78,893,901
		DIVIDENDS RECEIVABLE	48,805	11,850
		Other Assets	6,410	6,155

TY 2013 Itemized Other Current Assets Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD	000000000	Due from Master Fund	0	49,560,762

TY 2013 Itemized Other Current Assets Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
AHS - K2 Alternatives Portfolio Ltd	000000000	Due from Investment Entities	51,043,675	18,142,883
AHS - K2 Alternatives Portfolio Ltd	000000000	Other assets	22,591	16,059
AHS - K2 Alternatives Portfolio Ltd	000000000	Investment made in Advance	6,000,000	3,000,000

TY 2013 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fees		1,310,831
Professional Fees		239,288
Stock loan fees		284,514
Incentive allocation		1,642,057
Other Expenses		4,578

TY 2013 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fee		2,537,844
Professional Fees		61,053
Administration Fees		222,390
Other Expenses		143,754

TY 2013 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Management Fee		977,882
Professional Fees & Others		65,614

TY 2013 Other Deductions Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
Incentive allocation		11,143,527
Management Fee		3,072,484
Professional Fees		26,888
Other Expenses		7,254
Expense Allocation		1,633,982

TY 2013 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Kettle Hill Master Fund Ltd co Kettle Hill Capital Management L	98-0606373	INVESTMENTS IN SECURITIES	38,718,853	32,572,217

TY 2013 Itemized Other Investments Schedule

Name: Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Kettle Hill Offshore LTD	000000000	Investment in Master Fund	85,986,108	42,628,754

TY 2013 Itemized Other Investments Schedule

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

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
AHS - K2 Alternatives Portfolio Ltd	000000000	Investments	205,764,703	267,985,929

TY 2013 Itemized Other Investments Schedule

Name: Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
Jennison Global Healthcare Offshore Fund	000000000	Investment in Master Fund	62,664,906	267,670,290

TY 2013 Itemized Other Liabilities Schedule

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

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
CBAM Resolute Fund Ltd co Maples Corp	000000000	Management Fee Payable	107,320	14,751
CBAM Resolute Fund Ltd co Maples Corp	000000000	Accrued Expenses	10,299	31,689

TY 2013 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Net realized gain on investments		5,048,899
Unrealized loss on investments		4,796,302
Other income		21,460

TY 2013 Other Income Statement**Name:** Adventist Health System Sunbelt

Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Net realized gain on investments		3,735,609
Net unrealized gain on investments		29,287,893

TY 2013 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Unrealized gain/loss on investments		5,462,879

TY 2013 Other Income Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Description	Foreign Amount	Amount
Net unrealized gain on investments		48,039,096
Realized gain on investments		12,925,103

TY 2013 Owns Foreign Partnership Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Name	EIN or SSN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
Kettle Hill Master Fund LTD	98-0606373	1065	Kettle Hill Capital LLC	2013-01-01	2013-12-31

TY 2013 Owns Foreign Partnership Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Name	EIN or SSN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
CBAM Resolute Master Fund Ltd	98-1008650	1065		2013-01-01	2013-12-31

TY 2013 Owns Foreign Partnership Statement

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Name	EIN or SSN	Other Forms Filed	Name of Tax Matters Partner	Foreign Partnership Tax Year	
				Beginning Date	Ending Date
CBAM Intrepid Master Fund Ltd	98-1009378	1065		2013-01-01	2013-12-31

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

TY 2013 Functional Currency and Exchange Rate QBU Statement

Name:

Adventist Health System Sunbelt
Healthcare Corporation

EIN:

59-2170012

QBU Id	Country of Operation	Functional Currency
US Dollar		0.00000

TY 2013 Itemized Deductions Not Charged Against Books Schedule

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

Description	Amount
Change in Disposition of assets	441

TY 2013 Itemized Expenses
Recorded on Books Schedule

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

Description	Amount
US TAXES WITHHELD	62,118

TY 2013 Itemized Income Not Recorded on Books Schedule

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

Description	Amount
BOOK TAX DIFFERENCE ON GAIN	504,808

TY 2013 Itemized Income Not Recorded on Books Schedule

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

Description	Amount
Unrealized gain/loss	-4,868,270

TY 2013 Itemized Income Not Recorded on Books Schedule

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

Description	Amount
Change in Accrued Dividends	36,955

TY 2013 Itemized Other Credits Schedule

Name: Adventist Health System Sunbelt
Healthcare Corporation

EIN: 59-2170012

Trade or Business Activity	Description	Amount	Category
	US Taxes Withheld	62,118	Other credits

TY 2013 Itemized Share of Other Income (Loss)

Schedule

Name:

Adventist Health System Sunbelt
Healthcare Corporation

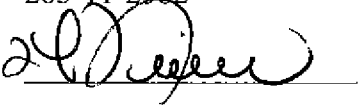
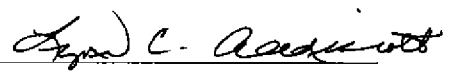
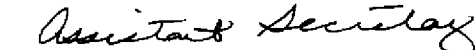
EIN:

59-2170012

Description	Amount
Ordinary loss securities trading	-1,492,888
Net section 988 loss	-441

Agreement to Treat Split Dollar Load Arrangement as Noncontingent

The parties indicated below have a split-dollar life insurance arrangement that is treated as a split dollar loan for Federal Income tax purposes. The payments under the arrangement are non-recourse to the borrower and are therefore deemed contingent under Treas. Reg. § 1.7872-15(d)(1). As provided under Treas. Reg. § 1.7872-15(d)(2), the parties have agreed to treat the split-dollar loan arrangement as noncontingent since it is their expectation that all payments under the loan arrangement will be made, and the parties hereby represent that a reasonable person would expect that all payments under the loan would be made.

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

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

**Statement of Imputed Interest Under I.R.C § 7872
For the taxable year ended December 31, 2013**

Taxpayer: Tamara Trimble
Address: 1634 Cherry Lake Way
Lake Mary, FL 3746
TIN: 265-11-2382

This statement relates to an amount includible in income under section 7872 for the taxable year ended 1/31/2013 as a result of a split-dollar life insurance arrangement between the taxpayer and the taxpayer's employer. The taxpayer elected to treat the split dollar arrangement as a loan for Federal Income tax purposes, and the amount that has been included as income is the imputed interest for the year as outlined below.

The amount of \$39.72 has been included as imputed interest income and reported by the employer on a Form W-2 (or Form 1099) as compensation income.

The imputed interest has been calculated by applying the blended annual short term AFR for 2013 (equal to .22%) to the loan balance (cumulative premiums paid by the lender employer) as of January 1, 2013 plus the lender employer's share of the annual premium due June 1, 2013, if any. Interest was calculated for 365 days for the cumulative loan balance as of January 1, 2013 and 214 days for the premium due June 1, 2013, if any.

This statement of imputed interest is intended to satisfy the requirement of Treas. Reg. Section 1.78872-11(g).