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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Adventist Health SystemSunbelt Inc

Doing business as

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

Room/suite

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

D Employer identification number
59-1479658

E Telephone number
(407) 357-2317

G Gross receipts $ 3,557,749,677

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

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

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

H(c) Group exemption number ▶ 1071

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

J Website: ▶ www adventisthealthsystem com

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

L Year of formation 1973

M State of legal domicile FL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	19
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	26,969
6	Total number of volunteers (estimate if necessary)	**6**	3,272
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	10,194,656
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,171,818

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	6,676,943	19,963,442
9	Program service revenue (Part VIII, line 2g)	3,159,694,997	3,495,776,766
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,537,972	19,148,820
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,309,569	19,398,813
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,225,219,481	3,554,287,841
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	21,415,602	30,961,993
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,425,818,817	1,505,976,027
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,483,289,786	1,717,937,247
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,930,524,205	3,254,875,267
19	Revenue less expenses Subtract line 18 from line 12	294,695,276	299,412,574
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	7,038,810,789	7,381,553,307
21	Total liabilities (Part X, line 26)	4,522,366,478	4,595,334,574
22	Net assets or fund balances Subtract line 21 from line 20	2,516,444,311	2,786,218,733

Part II Signature Block

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

Sign Here

****** 2015-11-16
Signature of officer Date

Lynn C Addiscott Asst Secretary
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 2,937,633,891 including grants of $ 30,961,993) (Revenue $ 3,502,660,332)

Operation of 12 acute care hospitals with 159,333 patient admissions, 789,725 patient days and 1,310,198 outpatient visits in the current year In addition to hospital operations, the corporation provides medical care through a number of other activities such as urgent care centers, physician clinics, home health services, hospice services, sleep centers, wound centers, therapy and rehab

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

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

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 2,937,633,891

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**	Yes	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,902		
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	26,969		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	24		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			**2**	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .			**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .			**5**		No
6	Did the organization have members or stockholders?			**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
a	The governing body?			**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?			**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*			**9**		No

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

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

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Terry Shaw

900 Hope Way
Altamonte Springs, FL 32714 (407) 357-2463

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								4,159,539	14,921,061	2,360,280

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,300

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BRASFIELD & GORRIE LLC 941 W MORSE BLVD STE 200 WINTER PARK, FL 32789	Construction Services	52,068,036
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	Patient Records & Billing	21,084,914
BARTON MALOW COMPANY 5337 MILLENIA LAKES BLVD STE 235 ORLANDO, FL 32839	Construction Services	17,732,061
ROBINS & MORTON 423 S KELLER RD STE 200 ORLANDO, FL 32810	Construction Services	14,056,483
KOOSHAREM CORPORATION SELECT STAFFING 24223 NETWORK PL CHICAGO, IL 60673	Staffing	13,065,689

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 488

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	17,627,354			
	e	Government grants (contributions)	1e	2,178,763			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	157,325			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		19,963,442			
Program Service Revenue			Business Code				
	2a	Patient Revenue	900099	3,425,838,202	3,419,003,116	6,835,086	
	b	Cafeteria/Vending Rev	900099	19,188,949	18,609,501	579,448	
	c	Rent from Exemp Affiliates	531120	10,935,161	10,935,161		
	d	Management Fee	900099	8,781,438	8,097,374	684,064	
	e	Education	900099	7,782,500	7,782,500		
	f	All other program service revenue		23,250,516	22,021,193	1,229,323	
	g	**Total.** Add lines 2a–2f		3,495,776,766			
	3	Investment income (including dividends, interest, and other similar amounts)		15,423,921			15,423,921
	4	Income from investment of tax-exempt bond proceeds		246,846			246,846
	5	Royalties		393,972			393,972
			(i) Real / (ii) Personal				
	6a	Gross rents	4,361,984 / 252,232				
	b	Less rental expenses	1,776,942 / 43,920				
	c	Rental income or (loss)	2,585,042 / 208,312				
	d	Net rental income or (loss)		2,793,354		866,735	1,926,619
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	4,065,875 / 1,053,152				
	b	Less cost or other basis and sales expenses	0 / 1,640,974				
	c	Gain or (loss)	4,065,875 / -587,822				
	d	Net gain or (loss)		3,478,053			3,478,053
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Equity earnings from related enti	900099	11,491,076	11,491,076		
	b	EHR Revenue	900099	4,665,670	4,665,670		
	c	Investment in Subs	900099	54,741	54,741		
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		16,211,487			
	12	**Total revenue.** See Instructions		3,554,287,841	3,502,660,332	10,194,656	21,469,411

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 domestic organizations and domestic governments See Part IV, line 21	30,796,924	30,796,924		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	165,069	165,069		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,383,801		11,383,801	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,119,663,246	1,094,500,746	25,162,500	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,321,926	39,405,693	916,233	
9 Other employee benefits	251,672,377	245,883,020	5,789,357	
10 Payroll taxes	82,934,677	81,025,351	1,909,326	
11 Fees for services (non-employees)				
a Management				
b Legal	5,723,340		5,723,340	
c Accounting	622,588		622,588	
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)	310,123,596	250,742,480	59,381,116	
12 Advertising and promotion	20,442,799		20,442,799	
13 Office expenses	106,553,911	79,241,002	27,312,909	
14 Information technology	17,407,138	15,206,394	2,200,744	
15 Royalties				
16 Occupancy	65,586,365	65,459,087	127,278	
17 Travel	6,896,294	3,371,635	3,524,659	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,345,978	854,758	491,220	
20 Interest	70,673,894	70,673,894		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	166,131,353	166,131,353		
23 Insurance	26,490,711	26,167,348	323,363	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	619,012,147	619,012,147		
b Settlements	105,433,065		105,433,065	
c UBI Tax	353,812		353,812	
d Repairs/Maintenance	85,501,003	85,501,003		
e All other expenses	109,639,253	63,495,987	46,143,266	
25 **Total functional expenses.** Add lines 1 through 24e	3,254,875,267	2,937,633,891	317,241,376	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		103,380	1	107,874
	2	Savings and temporary cash investments		2,022,267,786	2	2,096,739,949
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		444,928,441	4	499,819,933
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		73,801,169	8	80,835,798
	9	Prepaid expenses and deferred charges		23,917,484	9	17,555,966
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,946,744,952			
	b	Less accumulated depreciation	10b 1,928,764,345	1,884,921,993	10c	2,017,980,607
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		277,802,883	12	277,373,392
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		33,144,645	14	32,589,757
	15	Other assets See Part IV, line 11		2,277,923,008	15	2,358,550,031
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,038,810,789	16	7,381,553,307
Liabilities	17	Accounts payable and accrued expenses		253,635,420	17	351,124,411
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		3,967,083,441	20	3,788,766,732
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		301,647,617	25	455,443,431
	26	**Total liabilities.** Add lines 17 through 25		4,522,366,478	26	4,595,334,574
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,514,344,365	27	2,784,339,068
	28	Temporarily restricted net assets		2,099,946	28	1,879,665
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,516,444,311	33	2,786,218,733
	34	Total liabilities and net assets/fund balances		7,038,810,789	34	7,381,553,307

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,554,287,841
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,254,875,267
3	Revenue less expenses Subtract line 2 from line 1	3	299,412,574
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,516,444,311
5	Net unrealized gains (losses) on investments	5	-11,367
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	17,585
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-29,644,370
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,786,218,733

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Carlson Ronald Director	1 00 3 00	X						0	1,093	0
(1) Cauley DMin Michael F Director	1 00 3 00	X						4,950	950	0
(2) Craig Carlos Director	1 00 3 00	X						0	950	0
(3) Davidson James R Director	1 00 3 00	X						613	1,200	0
(4) Griffith Jr Buford Director	1 00 3 00	X						0	1,950	0
(5) Hagele Elaine M Director	1 00 3 00	X						0	2,447	0
(6) Hayes Alta Sue Director	1 00 3 00	X						0	950	0
(7) Houmann Lars D Director	15 00 35 00	X						0	1,539,933	235,399
(8) Jernigan PhD Donald L Director/CEO	1 00 50 00	X		X				0	1,649,011	404,602
(9) Johnson MD Mark Director	1 00 3 00	X						0	950	0
(10) Knutson J Deryl Director	1 00 3 00	X						0	1,950	0
(11) Lemon Thomas L Chairman/Director	1 00 3 00	X						0	1,950	0
(12) Livesay MDiv Donald E Vice Chairman/Director	1 00 3 00	X						0	1,950	0
(13) Moore MDiv Larry R Vice Chairman/Director	1 00 3 00	X						0	1,950	0
(14) Morel Hubert J Director	1 00 3 00	X						3,755	950	0
(15) Pichette Ray Director	1 00 3 00	X						0	950	0
(16) Reiner Richard K Director/Exec VP	1 00 50 00	X						0	1,629,916	134,368
(17) Robinson Randy Director	1 00 3 00	X						613	1,950	0
(18) Scott Glynn CW Director	1 00 3 00	X						0	1,950	0
(19) Shaw Terry D Director/Exec VP/CFO/COO	1 00 50 00	X		X				0	1,506,315	257,610
(20) Smith DMin PhD Ron C Vice Chairman/Sec/Dir	1 00 3 00	X						613	1,950	0
(21) Thurber Gary F Director	1 00 3 00	X						0	1,950	0
(22) Webb Gil Director	1 00 3 00	X						0	1,950	0
(23) Werner Thomas L Director	1 00 3 00	X						0	1,450	0
(24) Banks David P Exec VP - FH	50 00 0 00				X			0	778,474	132,420

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			
(26) Dodds Sheryl D Senior VP - FH	50 00 0 00				X			0	495,939	71,042
(1) Fulbright Robert D Exec VP - FH	50 00 0 00				X			0	623,696	127,257
(2) Goodman Todd A Senior VP - FH	50 00 0 00				X			0	497,444	76,026
(3) Hilliard Douglas W Senior VP - FH	50 00 0 00				X			0	482,800	97,859
(4) Hurst Jeffery D Senior VP - FH	50 00 0 00				X			0	461,801	68,989
(5) Moorhead MD John David Senior VP - FH	50 00 0 00				X			0	733,583	62,332
(6) Owen Terry R Senior VP - FH	50 00 0 00				X			0	626,776	92,592
(7) Paradis J Brian CEO Division - FH	50 00 0 00				X			0	1,947,125	164,307
(8) Reed MD Monica P Senior VP - FH	50 00 0 00				X			0	800,790	133,411
(9) Soler Eddie CFO Divison - FH	50 00 0 00				X			0	970,057	153,205
(10) Bittner MDHartmuth Medical Director	40 00 0 00					X		1,155,619	0	26,922
(11) Lee MDKathy Physician	50 00 0 00					X		785,246	0	28,675
(12) Jones MDPhillip E Physician	50 00 0 00					X		764,324	0	36,697
(13) Eubanks Jr MDWilliam Stephen Executive Director of Academic Surgery	40 00 0 00					X		753,377	0	19,077
(14) Wittum MDRoger L Physician	50 00 0 00					X		690,429	0	29,561
(15) Hamilton Connie A Former key employee	0 00 0 00						X	0	146,011	7,929

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	Employer identification number
Adventist Health SystemSunbelt Inc	59-1479658

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		464,988
j	Total Add lines 1c through 1i			464,988
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	The corporation reimbursed traveling expenses and paid fees to retain the services of six consulting firms which performed lobbying activities on behalf of the corporation The six firms were William Filan, John Andrew Kane, Dick Batchelor, Johnson & Blanton, McKinnon Associates, Inc , and Richard Crotty Consulting Group LLC and were paid a total of $329,518 during the year Additionaly, dues were paid to the American Hospital Association, Florida Hospital Association, Illinois Hospital Association, Texas Hospital Association, and Association of Organ Procurement who use a portion of the dues to conduct lobbying activities
Part II-B 1(b)	During 2014 salary expense of $22,512 was incurred for paid staff engaged in lobbying activities

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	17,122,750	16,590,057	15,730,537	15,221,113	14,810,178
b	Contributions		79,461	79,402	121,143	30,263
c	Net investment earnings, gains, and losses	976,037	808,853	780,118	753,535	720,592
d	Grants or scholarships					339,920
e	Other expenditures for facilities and programs	344,211	355,621		365,254	
f	Administrative expenses					
g	End of year balance	17,754,576	17,122,750	16,590,057	15,730,537	15,221,113

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

- a Board designated or quasi-endowment ▶ 81 070 %
- b Permanent endowment ▶ 18 930 %
- 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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		208,903,455		208,903,455
b Buildings		1,374,448,717	602,367,295	772,081,422
c Leasehold improvements				
d Equipment		2,091,881,855	1,265,609,466	826,272,389
e Other		271,510,925	60,787,584	210,723,341
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,017,980,607

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

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

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

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

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

(a) Description	(b) Book value
See Additional Data Table	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,358,550,031

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Accounts Receivable - Credit Balances	15,512,899
Payable to Third Party	100,140,273
Due to Related-Affiliated Entities	9,767,848
Other Current Liabilities	22,895,794
Other Non-Current Liabilities	302,792,153
Notes and Loans Payable	171,468
Leases Payable	4,162,996
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	455,443,431

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Part II, Line 9	The filing organization has recorded the land conservation easement on its financial statements as a Property, Plant, and Equipment Asset The conservation easement generates no revenue and the filing organization did not incur any expense in 2014 related to the maintenance and monitoring of the conservation easement
Part V, Line 4	All endowment funds are held by related 501(c)(3) exempt foundations These endowment funds have been established for a variety of purposes in support of related tax-exempt hospitals All of the foundation's permanently restricted endowment funds are required to be retained permanently either by explicit donor stipulation or by the Florida Uniform Prudent Management of Institutional Funds Act
Part X, Line 2	The filing organization is a subsidiary organization within Adventist Health System (AHS) The consolidated financial statements of AHS contain the following FIN 48 footnote Please note that dollar amounts are in thousands Healthcare Corporation and its affiliated organizations, other than North American Health Services, Inc and its subsidiary (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 NAHS is a wholly owned, for-profit subsidiary of Healthcare Corporation NAHS and its subsidiary are subject to federal and state income taxes NAHS files a consolidated federal income tax return and, where appropriate, consolidated state income tax returns All taxable income was fully offset by net operating loss carryforwards for federal income tax purposes, as such, there is no provision for current federal or state income tax for the years ended December 31, 2014 and 2013 NAHS also has temporary deductible differences of approximately $63,600 and $65,000 at December 31, 2014 and 2013, respectively, primarily as a result of net operating loss carryforwards At December 31, 2014, NAHS had net operating loss carryforwards of approximately $63,400, expiring beginning in 2020 through 2026 Deferred taxes have been provided for these amounts, resulting in a net deferred tax asset of approximately $24,200 and $24,700 at December 31, 2014 and 2013, respectively A full valuation allowance has been provided at December 31, 2014 and 2013 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, 2014 and 2013

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description	**(b)** Book value
(1) Funds Held in Trust	242,484,918
(2) Other Current Receivables	3,971,057
(3) Due From Related Parties and Affiliates	124,587,239
(4) Donor Restricted Assets	12,874
(5) Deferred Charges and Costs	19,722,030
(6) Long-term Investments	100,586,052
(7) Other Non-Current Assets	11,542,549
(8) Receivable - Interco Alloc of Tax-Exempt Bond Proceeds	1,837,871,325
(9) Receivable from Third Party	17,588,999
(10) Assets Held for Sale	164,367
(11) Board Designated Funds	18,621

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			520,994
b Total from continuation sheets to Part I	0	0			391,123
c **Totals** (add lines 3a and 3b)	0	0			912,117

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 6

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; do not file with Form 990)*	☐ 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; do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

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

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmaking		68,528
Central America and the Caribbean	0	0	Meetings		8,773
Central America and the Caribbean	0	0	Program Services	Mission Trip	279,382

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Grantmaking		26,104
East Asia and the Pacific	0	0	Meetings		63,844
East Asia and the Pacific	0	0	Program Services	Disaster Assistance, Mission Trip	12,669

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (including Iceland and Greenland)	0	0	Meetings		54,365
Europe (including Iceland and Greenland)	0	0	Speakers		7,329
Middle East and North Africa	0	0	Grantmaking		1,780

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa	0	0	Program Services	Mission Trip	4,710
North America (which includes Canada and Mexico, but not the U S)	0	0	Meetings		13,179
North America (which includes Canada and Mexico, but not the U S)	0	0	Program Services	Mission Trip-Foundation	23,927

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
Russia and Neighboring States	0	0	Grantmaking		300
South America	0	0	Grantmaking		20,345
South America	0	0	Meetings		15,809

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Medical/Dental Clinics, Mission Trip	73,122
South Asia	0	0	Grantmaking		10,000
South Asia	0	0	Meetings		4,333

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Grantmaking		60,300
Sub-Saharan Africa	0	0	Program Services	Mission Trip	163,318

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Medical Supplies or Equipment	8,181	Check			Book
		Central America and the Caribbean	Medical Supplies or Equipment			60,490	Medical Supplies	Book
		Central America and the Caribbean	Medical Supplies or Equipment			5,500	Medical Supplies	Book
		South America	Medical Supplies or Equipment			5,898	Medical Supplies	Book

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Disaster Assistance	25,000	Check			Book
		Sub-Saharan Africa	General Support	60,000	Electronic Funds			Book

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			161,772,446		161,772,446	4 970 %
b Medicaid (from Worksheet 3, column a)			474,803,252	318,233,171	156,570,081	4 810 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			636,575,698	318,233,171	318,342,527	9 780 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			14,033,861	292,920	13,740,941	0 420 %
f Health professions education (from Worksheet 5)			37,180,417	10,806,342	26,374,075	0 810 %
g Subsidized health services (from Worksheet 6)			6,859,175	6,158,465	700,710	0 020 %
h Research (from Worksheet 7)			2,871,677	1,961,696	909,981	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			23,821,324		23,821,324	0 730 %
j **Total.** Other Benefits			84,766,454	19,219,423	65,547,031	2 010 %
k **Total.** Add lines 7d and 7j			721,342,152	337,452,594	383,889,558	11 790 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			26,502,911	5,192,374	21,310,537	0 650 %
8	Workforce development			415,206	8,881	406,325	0 010 %
9	Other						
10	**Total**			26,918,117	5,201,255	21,716,862	0 660 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	183,557,294		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	5,289,012		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	715,845,768		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	843,835,187		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-127,989,419		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 San Marcos MRI LP	Imaging Center	55 000 %	0 %	45 000 %
2	2 Central Texas Ambulatory Endoscopy	Endoscopy Center	18 800 %	0 %	81 200 %
3	3 Surgical Center at Sun'N Lake LLC	Ambulatory Surgery	50 000 %	0 %	50 000 %
4	4 Surgery Management Associates of Kissimmee LLC	Management/Admin	30 000 %	0 %	70 000 %
5	5 Celebration Surgery Management LLC	Management/Admin	38 000 %	0 %	62 000 %
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

GROUP A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See statement			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) See statement			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

GROUP A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of __%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) _____			
b	☑ The FAP application form was widely available on a website (list url) _____			
c	☑ A plain language summary of the FAP was widely available on a website (list url) _____			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

GROUP A

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

GROUP B

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See statement			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) See statement			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

GROUP B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of __%			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) _____			
b ☑ The FAP application form was widely available on a website (list url) _____			
c ☑ A plain language summary of the FAP was widely available on a website (list url) _____			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

GROUP B

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

GROUP C

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) See statement			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☑ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) See statement			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

GROUP C

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Financial Assistance Policy (FAP)			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	**13**	Yes	
If "Yes," indicate the eligibility criteria explained in the FAP			
a ☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of __%			
b ☐ Income level other than FPG (describe in Section C)			
c ☑ Asset level			
d ☑ Medical indigency			
e ☑ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	**14**	Yes	
15 Explained the method for applying for financial assistance?	**15**	Yes	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a ☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ Other (describe in Section C)			
16 Included measures to publicize the policy within the community served by the hospital facility?	**16**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The FAP was widely available on a website (list url) _____			
b ☑ The FAP application form was widely available on a website (list url) _____			
c ☑ A plain language summary of the FAP was widely available on a website (list url) _____			
d ☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e ☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f ☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g ☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h ☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☐ Other (describe in Section C)			
Billing and Collections			
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	**17**	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Actions that require a legal or judicial process			
d ☐ Other similar actions (describe in Section C)			
e ☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

GROUP C

Name of hospital facility or letter of facility reporting group _____

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **142**

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Part I, Line 7	The amounts of costs reported in the table in line 7 of Part I of Schedule H were determined by utilizing a cost-to-charge ratio derived from Worksheet 2, Ratio of Patient Care Cost-to-Charges, contained in the Schedule H instructions

Form and Line Reference	Explanation
Part II, Community Building Activities	The costs of community building activities reported on Part II of Schedule H primarily represent the costs associated with commercially sponsored research conducted by two of the organization's hospitals These two hospitals participate in clinical drug and device research that is performed on patients who have a condition or disease for which the eventual commercial use of a drug or device is intended This research is related to patient care and serves to expand scientific knowledge with respect to potential treatments and cures for various diseases and conditions The remainder of the costs incurred stem from the hospitals' involvement in and support of various other community agencies in its service area that work collaboratively to help those in need and to improve the health and safety of the residents of the community The organization's hospitals participate with a number of other community organizations to address the healthcare needs of the community Both cash and in-kind donations are made annually to various local charitable organizations

Form and Line Reference	Explanation
Part III, Line 2	The amount of bad debt expense, reported on line 2 of Section A of Part III is recorded in accordance with Healthcare Financial Management Association Statement No 15 Discounts and payments on patient accounts are recorded as adjustments to revenue, not bad debt expense

Form and Line Reference	Explanation
Part III, Line 3	Methodology for Determining the Estimated Amount of Bad Debt Expense that May Represent Patients who Could Have Qualified under the Filing Organization's Financial Assistance Policy Self-pay patients may apply for financial assistance by completing a Financial Assistance Application Form (FAA Form) If an individual does not submit a complete FAA Form within 240 days after the first billing statement is sent to the individual, an individual may be considered for presumptive eligibility based upon a scoring tool that is designed to classify patients into groups of varying economic means The scoring tool uses algorithms that incorporate data from credit bureaus, demographic databases, and hospital specific data to infer and classify patients into respective economic means categories Individuals who earn a certain score on the scoring tool are considered to qualify as non-state charity patients An amount up to $1,000 of such a patient's bill is written off as bad debt expense, while the remaining portion of the patient's bill is considered to be non-state charity The amount written off as bad debt expense for those patients who potentially qualify as non-state charity using the scoring tool is the amount shown on line 3 of Section A of Part III Rationale for Including Certain Bad Debts in Community Benefit The filing organization is dedicated to the view that medically necessary health care for emergency and non-elective patients should be accessible to all, regardless of age, gender, geographic location, cultural background, physician mobility, or ability to pay The filing organization treats emergency and non-elective patients regardless of their ability to pay or the availability of third-party coverage By providing health care to all who require emergency or non-elective care in a non-discriminatory manner, the filing organization is providing health care to the broad community it serves As a 501(c)(3) hospital organization, the filing organization maintains a 24/7 emergency room providing care to all whom present When a patient's arrival and/or admission to the facility begins within the Emergency Department, triage and medical screening are always completed prior to registration staff proceeding with the determination of a patient's source of payment If the patient requires admission and continued non-elective care, the filing organization provides the necessary care regardless of the patient's ability to pay The filing organization's operation of a 24/7 Emergency Department that accepts all individuals in need of care promotes the health of the community through the provision of care to all whom present Current Internal Revenue Service guidance that tax-exempt hospitals maintain such emergency rooms was established to ensure that emergency care would be provided to all without discrimination The treatment of all at the filing organization's Emergency Department is a community benefit Under the filing organization's Financial Assistance Policy, every effort is made to obtain a patient's necessary financial information to determine eligibility for financial assistance However, not all patients will cooperate with such efforts and a financial assistance eligibility determination cannot be made based upon information supplied by the individual In this case, a patient's portion of a bill that remains unpaid for a certain stipulated time period is wholly or partially classified as bad debt Bad debts associated with patients who have received care through the filing organization's Emergency Department should be considered to be community benefit as charitable hospitals exist to provide such care in pursuit of their purpose of meeting the need for emergency medical care services available to all in the community

Form and Line Reference	Explanation
Part III, Line 4	Financial Statement Footnote Related to Accounts Receivable and Allowance for Uncollectible Accounts The financial information of the filing organization is included in a consolidated audited financial statement for the current year The applicable footnote from the attached consolidated audited financial statements that addresses accounts receivable, the allowance for uncollectible accounts, and the provision for bad debts can be found on pages 6 and 7 Please note that dollar amounts on the attached consolidated audited financial statements are in thousands

Form and Line Reference	Explanation
Part III, Line 8	Costing Methodology Medicare allowable costs were calculated using a cost-to-charge ratio Rationale for Including a Medicare Shortfall as Community Benefit As a 501(c)(3) organization, the filing organization provides emergency and non-elective care to all regardless of ability to pay All hospital services are provided in a non-discriminatory manner to patients who are covered beneficiaries under the Medicare program As a public insurance program, Medicare provides a pre-established reimbursement rate/amount to health care providers for the services they provide to patients In some cases, the reimbursement amount provided to a hospital may exceed its costs of providing a particular service or services to a patient In other cases, the Medicare reimbursement amount may result in the hospital experiencing a shortfall of reimbursement received over costs incurred In those cases where an overall shortfall is generated for providing services to all Medicare patients, the shortfall amount should be considered as a benefit to the community Tax-exempt hospitals are required to accept all Medicare patients regardless of the profitability, or lack thereof, with respect to the services they provide to Medicare patients The population of individuals covered under the Medicare program is sufficiently large so that the provision of services to the population is a benefit to the community and relieves the burdens of government In those situations where the provision of services to the total Medicare patient population of a tax-exempt hospital during any year results in a shortfall of reimbursement received over the cost of providing care, the tax-exempt hospital has provided a benefit to a class of persons broad enough to be considered a benefit to the community Despite a financial shortfall, a tax-exempt hospital must and will continue to accept and care for Medicare patients Typically, tax-exempt hospitals provide health care services based upon an assessment of the health care needs of their community as opposed to their taxable counterparts where profitability often drives decisions about patient care services that are offered Patient care provided by tax-exempt hospitals that results in Medicare shortfalls should be considered as providing a benefit to the community and relieving the burdens of government

Form and Line Reference	Explanation
Part III, Line 9b	Collection Policies The hospital filing organization's collection practices are in conformity with the requirements set forth in the 2012 Proposed Regulations regarding the requirements of Internal Revenue Code Section 501(r)(4) - (r)(6) No extraordinary collection actions (ECA's) are initiated by the hospital filing organization in the 120-day period following the date after the first billing statement is sent to the individual (or, if later, the specified deadline given in a written notice of actions that may be taken, as described below) Individuals are provided with at least one written notice (notice of actions that may be taken) that informs the individual that the hospital filing organization may take actions to report adverse information to credit reporting agencies/bureaus if the individual does not submit a Financial Assistance Application Form (FAA Form) or pay the amount due by a specified deadline The specified deadline is not earlier that 120 days after the first billing statement is sent to the individual and is at least 30 days after the notice is provided If an individual submits an incomplete FAA Form during the 240-day period following the date on which the first billing statement was sent to the individual, the hospital filing organization suspends any reporting to consumer credit reporting agencies/bureaus and provides a written notice to the individual describing what additional information or documentation is needed to compete the FAA Form This written notice includes a copy of the hospital filing organization's Plain Language Summary of the Financial Assistance Policy (PLS) and informs the individual that the hospital filing organization may engage in adverse reporting to consumer credit reporting agencies/bureaus if the FAA Form is not completed by a specified deadline which is no earlier than the 240-day period following the date on which the first billing statement was sent to the individual or, if later, 30 days after the written notice is provided If an individual submits a compete FAA Form within the 240-day period after the first billing statement is sent, the hospital filing organization will suspend any adverse reporting to consumer credit reporting agencies/bureaus until a financial assistance policy eligibility determination can be made

Form and Line Reference	Explanation
Supplemental Schedule to Schedule H, Part III, Section B	Reconciliation of Schedule H Reported Medicare Surplus/(Shortfall) to Unreimbursed Medicare Costs Associated with the Provision of ServicesTo All Medicare Beneficiaries The Medicare revenue and allowable costs of care reported in Section B of Part III of Schedule H are based upon the amounts reported in the filing organization's Medicare cost report in accordance with the IRS instructions for Schedule H On an annual basis, the filing organization also determines its total unreimbursed costs associated with providing services to all Medicare patients Unreimbursed costs are reported as a community benefit to the elderly and are included in the consolidated Adventist Health System (AHS or the Company) Community Benefits Report contained in the AHS Annual Report document The primary reconciling items between the Medicare surplus/(shortfall) shown on line 7 of Section B of Part III of Schedule H and the filing organization's unreimbursed costs of services provided to Medicare patients as reported in the AHS Community Benefit Report are as follows - Medicare surplus/(shortfall) shown on line 7 of Section B of Schedule H $(127,989,419)- Difference in costing methodology (4,501,583)- Unreimbursed costs incurred for services provided to Medicare patients that are not included in the organization's Medicare cost report (98,040,169) ----------Total Unreimbursed costs of serving all Medicare patients per the filing organization's community benefit reporting $(230,531,171) As indicated above, the primary differences between the Medicare surplus/(shortfall) reported on Schedule H, Part III, Section B, line 7 and the filing organization's portion of the Company's annual community benefit statement is due to a difference in the costing methodology and differences in the population of Medicare patients within the calculation The cost methodology utilized in calculating any Medicare surplus/(shortfall) for purposes of the annual community benefit reporting is based upon the cost-to-charge ratio outlined in Worksheet 2 of the Schedule H instructions The same cost-to-charge ratio is used to determine the costs associated with services provided to charity care patients and Medicaid patients as reported in Schedule H, Part I, line 7 In addition, the Medicare cost report excludes services provided to Medicare patients for physician services, services provided to patients enrolled in Medicare HMOs, and certain services provided by outpatient departments of the filing organization that are reimbursed on a fee schedule The Company's own community benefit statement captures the unreimbursed cost of providing services to all Medicare beneficiaries throughout the organization

Form and Line Reference	Explanation
Part VI, Line 2	As reported in Schedule H, Part V, Section B, the filing organization's hospital facilities conducted their initial community health needs assessments (CHNAs) in 2013 The initial CHNAs were adopted by all hospital governing boards by December 31, 2013, the end of the filing organization's taxable year in which the CHNAs were conducted All of the filing organization's hospital facilities' initial CHNAs complied with the guidance set forth by the IRS in Proposed Regulation Section 1 501(r)-3 In addition to the CHNAs discussed above, a variety of practices and processes are in place to ensure that the filing organization is responsive to the health needs of all of its communities Such practices and processes involve the following 1 Hospitals' operating/community boards composed of individuals broadly representative of the community, community leaders, and those with specialized medical training and expertise,2 Post-discharge patient follow-up related to the on-going care and treatment of patients who suffer from chronic diseases, 3 Sponsorship and participation in community health and wellness activities that reach a broad spectrum of the filing organization's hospital communities, and 4 Collaboration with other local community groups to address the health care needs of the filing organization's hospital communities

Form and Line Reference	Explanation
Part VI, Line 3	The Financial Assistance Policy (FAP) of the filing organization's hospital facilities is transparent and available to all individuals served at any point in the care continuum The FAP, the Financial Assistance Application Form (FAA Form), the Plain Language Summary of the Financial Assistance Policy (PLS), and contact information for each of the hospital facility's financial counselors are prominently and conspicuously posted on each of the filing organization's hospital facility's website Signage is displayed in each of the filing organization's hospital facilies at all points of admission and registration, including the Emergency Department The signage contains the specific hospital facility's website address where the FAP and the FAA Form can be accessed and the telephone number and physical location that individuals can call or visit with any questions about the FAP or the application process Paper copies of each of the hospital facility's FAP, FAA Form and PLS are available upon request and without charge, both in public locations in the hospital facility and by mail Each of the filing organization's hospital facilities' financial counselors seek to provide personal financial counseling to all individuals admitted to the hospital facility who are classified as self-pay during the course of their hospital stay or at time of discharge to explain the FAP and FAA Form and to provide information concerning other sources of assistance that may be available, such as Medicaid A copy of each of the hospital facility's PLS and FAA Form is distributed to every individual before discharge from the hospital facility Additionally, a copy of the PLS is included with at least three billing statements that are sent to the individual during the 120-day period after the first billing statement is sent Individuals are informed about each of the hospital facility's FAP in all oral communications regarding the amount due for the individual's care

Form and Line Reference	Explanation
Part VI, Line 4	In 2014, the filing organization operated 5 separately licensed hospitals that together en compassed 12 separate campus locations The hospitals are located in Florida, Illinois and Texas A description of each of the hospital campuses is described below Adventist Health System/Sunbelt, Inc dba Central Texas Medical Center Central Texas Medical Center (CTMC) is a 170-bed acute-care hospital providing a wide range of healthcare services in San Mar cos, Texas and the neighboring communities within Hays and Caldwell counties, Texas Speci al services offered at CTMC include a 24/7, Level 4 emergency and trauma center, state-of- the-art medical imaging and laboratory services, a new women's center featuring a Level 2 Neonatal Intensive Care Unit, newly renovated and expanded surgery suites, a Rehabilitatio n Institute, a center for advanced wound healing and hyperbaric medicine, and a cardiac ca theterization lab As a health resource for their community, CTMC's Creation Health Instit ute also annually hosts the oldest and largest health screening and fair event in Hays Cou nty as well as a number of ongoing classes and workshops ranging in topics from diabetes p revention and management to heart disease, stroke, arthritis, self-help, nutrition and mor e CTMC received accreditation as a certified chest pain center from the Society of Chest Pain Centers in 2011 The accreditation enhances CTMC's ability to receive and treat patie nts suffering from chest pain and/or a possible heart attack The result is a focus on red uced time from symptom onset to diagnosis and treatment, getting patients treated more qui ckly during the critical window of time when the integrity of the heart muscle can be pres erved, and monitoring of patients whose diagnosis is uncertain to ensure they are not sent home too quickly or admitted unnecessarily From 2010 through 2013, CTMC was named The Be st Hospital in Hays County In 2012, CTMC became the first operating room along the IH-35 corridor between Austin and San Antonio to be equipped with a da Vinci robotic-assisted su rgery suite In 2014, CTMC received awards and recognitions from the American Heart Associ ation, American Stroke Association, The Joint Commission, Premiere, Inc and Healogics, In c related to the quality of care given to its patients San Marcos, Texas is located in H ays County, Texas and is in close proximity to Austin and San Antonio CTMC's primary mark et has a population of approximately 89,000, with an estimated 8,400 over the age of 65 T he weighted average household income, based on population, in the primary market is approx imately $39,000 High school graduates account for approximately 87% of Hays County, with an estimated 32% having a bachelor's degree or higher It is estimated that 18% of the ind ividuals residing in Hays County live below the poverty level and the unemployment rate is about 8% Approximately 41% of CTMC's patients during 2014 were Medicare patients, about 11% were Medicaid patients, about 14% were self-pay patients and the remaining percentage were patients covered under commercial insurance In 2014, about 65% of CTMC's in-patients were admitted through the Emergency Department Adventist Health System/Sunbelt, Inc dba Florida Hospital Heartland Medical Center Florida Hospital Heartland Medical Center (FHHMC) is comprised of three separate hospital campuses with a total of 222 beds Two of the ho spital campuses are located in Highlands County, Florida and operate under a single hospit al license and the third separately licensed campus is located in Hardee County, Florida Highlands and Hardee counties are in the south central areas of Florida and are adjacent t o each other *Florida Hospital Heartland Medical Center, Highlands County - The main 147- bed hospital facility is located in north Sebring The facility provides a wide range of h ealthcare services including Certified Stroke and Chest Pain Centers, the county's busiest emergency department, ACR-accredited imaging services, surgical services, Blessed Beginni ngs obstetrics, outpatient psychiatric and Tele ICU Since 2012, the Heart & Vascular Cent er has added a third cath lab, expanded the emergency care department and renovated the la b services area *Florida Hospital Heartland Medical Center Lake Placid, Highlands County - This satellite facility houses 33 medical and surgical beds, the county's only 17-bed in patient mental health unit and a wide range of services that are highly sophisticated for a small community hospital This campus also specializes in inpatient geriatric psychiatri c services within Highlands and Hardee counties The need for behavioral health services i s extreme in both counties since there is no other program closer than sixty miles Since 2012, this campus has added a Tele-ICU program and its imaging services are ACR-accredited *Florida Hospital Wauchula, Hardee County - This campus is licensed for 25 beds and spec ializes in emergency and outpatient care, while of

Form and Line Reference	Explanation
Part VI, Line 4	fering excellent medical inpatient services The inpatient unit is mixed with both acutely ill patients and patients who need short-term rehabilitation (transitional care) This ca mpus offers the only emergency care in Hardee County In 2000, Florida Hospital Wauchula b ecame the first Critical Access Hospital in the state of Florida Since 2012, this campus has added the county's only mammography program, updated the lab services area and its ima ging services are ACR-accredited As noted above, Highlands and Hardee counties in Florida are located in the heart of the Florida Peninsula The Hospital's primary market has a po pulation of approximately 133,000 with an estimated 35,000 over the age of 65 The weighte d average household income, based on population, in the primary market is approximately $3 4,000 High school graduates account for approximately 77% of Highlands County, with an es timated 14% having a bachelor's degree or higher It is estimated that 16% of the individu als residing in Highlands County live below the poverty level and the unemployment rate is about 10% Approximately 66% of FHHMC's patients during 2014 were Medicare patients, abou t 13% were Medicaid patients, about 5% were self-pay patients and the remaining percentage were patients covered under commercial insurance In 2014, about 60% of FHHMC's in-patien ts were admitted through the Emergency Department Adventist Health System/Sunbelt, Inc db a Florida Hospital (FH) FH is a 2,500 bed medical complex in Central Florida with seven se parate hospital campuses that operate under a single hospital license FH serves the resid ents of Central Florida (primarily serving the residents of O range, Osceola, Seminole and Lake County) but also draws patients from other parts of the Southeastern United States, t he Caribbean and South America The 7-campus health system is the largest healthcare provi der in Central Florida with more than 1 9 million patient visits per year and is the natio n's largest Medicare provider Florida Hospital is the second largest employer in the area *** see continuation of footnote

Form and Line Reference	Explanation
Part VI, Line 5	The provision of community benefit is central to the filing organization's mission of service and compassion Restoring and promoting the health and quality of life of those in the communities served by the filing organization is a function of "extending the healing ministry of Christ" and embodies the filing organization's commitment to its values and principles The filing organization commits substantial resources to provide a broad range of services to both the underprivileged as well as the broader community In addition to the community benefit information provided in Parts I, II and III of this Schedule H, the filing organization captures and reports the benefits provided to its community through faith-based care Examples of such benefits include the cost associated with chaplaincy care programs and mission peer reviews and mission conferences During the current year, the filing organization provided $7,551,338 of benefit with respect to the faith-based and spiritual needs of the communities it serves in conjunction with its operation of community hospitals The filing organization also provides benefits to its communities' infrastructure by investing in capital improvements to ensure that facilities and technology provide the best possible care During the current year, the filing organization expended $296,401,647 in new capital improvements As faith-based mission-driven community hospitals, the filing organization is continually involved in monitoring its communities, identifying unmet health care needs and developing solutions and programs to address those needs In accordance with its conservative approach to fiscal responsibility, surplus funds of the Hospitals are continually being invested in resources that improve the availability and quality of delivery of health care services and programs to its communities

Form and Line Reference	Explanation
Part VI, Line 6	The filing organization is a part of a faith-based healthcare system of organizations whose parent is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) The system is known as Adventist Health System (AHS) AHSSHC is an organization exempt from federal income tax under IRC Section 501(c)(3) AHSSHC and its subsidiary organizations operate 44 hospitals in 10 states throughout the U S , primarily in the Southeastern portion of the U S AHSSHC and its subsidiaries also operate 16 nursing home facilities and other ancillary health care provider facilities, such as ambulatory surgery centers and diagnostic imaging centers As the parent organization of the AHS system, AHSSHC provides executive leadership and other professional support services to its subsidiary organizations Professional support services include among others corporate compliance, legal, human resources, reimbursement, risk management, and tax as well as treasury functions The provision of these executive and support services on a centralized basis by AHSSHC provides an appropriate balance between providing each AHS subsidiary hospital organization with mission-driven consistent leadership and support while allowing the hospital organization to focus its resources on meeting the specific health care needs of the community it serves The reader of this Form 990 should keep in mind that this reporting entity may differ in certain areas from that of a stand-alone hospital organization due to its inclusion in a larger system of healthcare organizations As a part of a system of hospital and other health care organizations, the filing organization benefits from reduced costs due to system efficiencies, such as large group purchasing discounts, and the availability of internal resources such as internal legal counsel Each AHS subsidiary pays a management fee to AHSSHC for the internal services provided by AHSSHC As a result, management fee expense reported by a AHS subsidiary organization may appear greater in relation to management fee expense that may be reported by a single stand-alone hospital The single stand-alone hospital would likely report costs associated with management and other professional services on various expense line items in its statement of revenue and expense as opposed to reporting such costs in one overall management fee expense As the reporting of the Form 990 is done on an entity by entity basis, there is no single Form 990 that captures the programs and operations of AHS as a whole The reader is directed to visit the web-site of AHS at www adventisthealthsystem com to learn more about the mission and operations of AHS and to access AHS's annual report that contains financial data as well as community benefit reporting for the entire system

Form and Line Reference	Explanation
Part VI, Line 7	The annual community benefit report contained in the annual report prepared by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) on behalf of the entire AHS System of healthcare organization is not filed with any state agencies Certain hospitals within the filing organization file annual community benefit reports with the state in which they are located Specifically, Central Texas Medical Center files a community benefit report with the State of Texas and Adventist La Grange Memorial Hospital files a community benefit report with the State of Illinois

Form and Line Reference	Explanation
Part VI, Line 4 Continuation of Footnote	Description of Community Information - ContinuedThe main campus of the FH system is locate d in Orlando, Florida (Orange County) near the downtown area The other 6 campuses are loc ated in surrounding communities in the counties of Orange, Osceola, and Seminole In addit ion to operating the 7 hospitals, FH also operates 25 full-service urgent care clinics in convenient community settings A brief description of each of the 7 hospital campuses is d escribed below *Florida Hospital Orlando (Orange County) - At the core of the FH system, F H Orlando is a 1,217 bed acute-care tertiary hospital FH Orlando is home to nationally re cognized Centers of Excellence for cancer, cardiology, children's health, diabetes, neuros cience, orthopedics, transplant and global robotics Florida Hospital Orlando houses one o f the largest Emergency Departments and cardiac catheterization labs in the country and is one of the busiest hospitals in the nation, providing service excellence to more than 53, 000 inpatients and 173,000 outpatients each year The recent opening of a 15-story patient tower features 200 more beds and 500 new jobs The campus also includes a state-of-the-ar t Cardiac Diagnostic Center featuring 15 Cath and electro physiology (EPS) Labs The cardi ology team currently treats 34,000+ individuals for chest pain and performs over 1,500 ope n heart surgeries each year making them first in the state for the number of surgeries per formed Also located on the Florida Hospital Orlando Campus is the Walt Disney Pavilion at Florida Hospital for Children The Walt Disney Pavilion is not a stand-alone facility but rather a 7-story, 181-bed tower located on Florida Hospital Orlando's campus It is a full -service facility served by more than 60 pediatric specialists and a highly trained pediat ric team of more than 600 employees The Walt Disney Pavilion at Florida Hospital for Chil dren delivers a complete range of pediatric health services for younger patients including advanced surgery, oncology, neurosurgery, cardiology and transplant services, full-servic e pediatrics, and an innovative health and obesity platform Orlando is located in Orange C ounty, Florida The Hospital's primary market has a population of approximately 1,822,000 with an estimated 197,000 over the age of 65 The weighted average household income, based on population, in the primary market is approximately $52,000 High school graduates acco unt for approximately 87% of Orange County, with an estimated 30% having a bachelor's degr ee or higher It is estimated that 13% of the individuals residing in Orange County live b elow the poverty level and the unemployment rate is about 8% Approximately 43% of the Hos pital's patients during 2014 were Medicare patients, about 16% were Medicaid patients, abo ut 7% were self-pay patients and the remaining percentage were patients covered under comm ercial insurance In 2014, about 72% of the hospital's in-patients were admitted through t he hospital's Emergency Department *Florida Hospital Altamonte (Seminole County) - FH Alt amonte is a 362-bed facility, which has recently doubled in size with a new patient tower to better serve a busy community FH Altamonte was the first "satellite" hospital, built i n 1973 on what was then pastureland, miles from the nearest business district Located nor th of Orlando in fast-growing Seminole County, Florida Hospital Altamonte is the largest s atellite campus within the Florida Hospital health care system In addition to maternity, pediatric, emergency, medical and surgical services, the hospital operates the Martin Ande rsen Cancer Center (along with the region's only Cancer Resource Library), a heart cathete rization lab, and a comprehensive outpatient program which includes surgery, diagnostics, and medical treatment programs In 2014, the Mother Baby Unit was expanded to provide a 15 bed CDU, ten new LDR rooms, six triage rooms, a new C-section operating room and a new re covery unit *Florida Hospital Apopka (Orange County) - In 1975, FH Apopka became the secon d satellite hospital For nearly three decades, Florida Hospital Apopka has set the standa rd in hometown health care by providing high-tech, quality care with a personalized touch They are situated just 12 miles northwest of Orlando, with a small, yet advanced, 50-bed campus that houses a certified Chest Pain Center and a multitude of inpatient and outpatie nt services *Florida Hospital Celebration Health (Osceola County) - FH Celebration Health is a cornerstone of Disney's planned community in Celebration, Florida Today, this 203-be d acute care hospital delivers a state-of-the-art healing environment to residents of Osce ola, Orange, Polk and Lake Counties, as well as to visitors from across the United States and the world From its creation FH Celebration Health has been about promoting health and wellness as well as healing Inside the resort-style hospital there is a wellness center, complete with workout area, pool, and rehabilitat

Form and Line Reference	Explanation
Part VI, Line 4 Continuation of Footnote	ion facility FH Celebration Health also houses the Global Robotics Institute, which provi des patients with access to some of the most experienced robotic surgeons in the world Th e Nicholson Center for Surgical Advancement also is a location where surgeons from around the world travel to learn the latest robotic surgery techniques In 2011, the new 234,000 square-foot patient tower added 62 beds and will house the Interactive Patient Care Unit, the first of its kind in the nation In connection with the Institute for Interactive Pati ent Care, everything from new patient safety technology to changing ways to communicate wi th patients about their care could be studied as part of the unit In 2013, a four story m edical office building was added in which the Women's Institute is situated In 2014, a ne w 5th floor inpatient 32 bed state-of-the art medical/surgical unit was added *Florida Hos pital East Orlando (Orange County) - FH East Orlando is now an innovative local leader tha t fills a vital need in a fast-growing area A recent 200,000 square-foot expansion projec t upgraded the hospital to 265 beds, with a spacious patient tower and 80 new private room s designed to enhance the holistic care experience In 2014, a new expanded ED provided 60 new treatment rooms *Florida Hospital Kissimmee (Osceola County) - FH Kissimmee is an 83- bed community-focused hospital, conveniently located near Walt Disney World The team loca ted at FH Kissimmee is dedicated to bringing mission-focused, faith-based care to resident s and visitors of Osceola and Orange Counties This facility has recently expanded to incl ude a new medical office building, patient tower, new main entrance, expanded Emergency De partment and a parking garage *Florida Hospital Winter Park (Orange County) - FH Winter Pa rk Memorial Hospital is a 320-bed facility that is a model of community health and wellnes s The facility boasts spacious patient care areas and a full spectrum of specialties and services, including the Dr P Phillips Baby Place (with Level II NICU), Florida Hospital Orthopedic Institute, and state-of-the-art surgery, recovery and rehabilitation at the Flo rida Hospital Cancer Institute Adventist Health System/Sunbelt, Inc dba Adventist La Gran ge Memorial Hospital Adventist La Grange Memorial Hospital (ALMH) is a 204-bed facility pr oviding outpatient and inpatient primary care, trauma care and wellness services to reside nts of Chicago's western suburbs The hospital is a leader in offering comprehensive oncol ogy services, orthopedic services, advanced cardiac care, women's health and maternity car e, emergency, geriatric and many other specialties that cater to the communities it serves The communities served by ALMH contain a high senior population To address the unique n eeds of its service area, ALMH offers a broad spectrum of services designed to meet the di verse needs of aging adults La Grange, Illinois is located in Cook County The Hospital's primary market has a population of approximately 158,000, with an estimated 25,000 over th e age of 65 The weighted average household income, based on population, in the primary ma rket is approximately $68,000 High school graduates account for approximately 85% of Cook County, with an estimated 33% having a bachelor's degree or higher It is estimated that 15% of the individuals residing in Cook County live below the poverty level and the unempl oyment rate is about 9% Approximately 54% of the Hospital's patients during 2014 were Medi care patients, about 8% were Medicaid patients, about 2% were self-pay patients and the re maining percentage were patients covered under commercial insurance In 2014, about 74% of the hospital's in-patients were admitted through the hospital's Emergency Department

Additional Data

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

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

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1	Florida Hospital Orlando 601 E Rollins Street Orlando, FL 32803 www floridahospital com/orlando 4369	X	X	X	X		X	X		Therapy Center, EPS Cath Lab	A
2	Florida Hospital Altamonte 601 E Altamonte Drive Altamonte Springs, FL 32701 www floridahospital com/altamonte 4369	X	X		X			X		Cancer Center, therapy	A
3	Florida Hospital Celebration Health 400 Celebration Place Celebration, FL 34747 www floridahospital com/celebration-h 4369	X	X		X			X		Therapy Center	A
4	Florida Hospital East Orlando 7727 Lake Underhill Road Orlando, FL 32822 www floridahospital com/east-orlando 4369	X	X		X			X			A
5	Winter Park Memorial Hospital 200 N Lakemont Avenue Winter Park, FL 32822 www floridahospital com/winter-park-m 4369	X	X		X			X			A
6	Florida Hospital Kissimmee 2450 North Orange Blossom Trail Kissimmee, FL 34744 www floridahospital com/kissimmee 4369	X	X		X			X			A
7	Adventist La Grange Memorial Hospital 5101 S Willow Springs Road La Grange, IL 60525 www keepingyouwell com/almh/ 0005017	X	X		X		X	X			C
8	FH Heartland Medical Center 4200 Sun N Lake Blvd Sebring, FL 33872 www floridahospital com/heartland 4171	X	X					X			A
9	Florida Hospital Apopka 201 N Park Avenue Apopka, FL 32703 www floridahospital com/apopka 4369	X	X		X			X			A
10	Central Texas Medical Center 1301 Wonder World Dr San Marcos, TX 78666 ctmc org 000556	X	X					X			B

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

Section A. Hospital Facilities

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

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
11	FH Heartland Medical Center Lake Placid 1210 US 27 N Lake Placid, FL 33852 www floridahospital com/heartland 4171	X	X					X		Senior Behavioral Unit	A
12	Florida Hospital Wauchula 533 W Carlton Street Wauchula, FL 33873 www floridahospital com/heartland 4239	X	X			X		X		Skilled Nursing	B

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 Florida Hospital Orlando, - Facility 3 Florida Hospital Celebration Health, - Facility 2 Florida Hospital Altamonte, - Facility 4 Florida Hospital East Orlando, - Facility 5 Winter Park Memorial Hospital, - Facility 6 Florida Hospital Kissimmee, - Facility 8 FH Heartland Medical Center, - Facility 9 Florida Hospital Apopka, - Facility 11 FH Heartland Medical Center Lake Placid

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
GROUP A Part V, Section B, line 16a website	See statement

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
GROUP A Part V, Section B, line 16b website	See statement

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
GROUP A Part V, Section B, line 16c website	See statement

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 1 -- Florida Hospital Orlando Part V, Section B, line 5	Florida Hospital (FH) is a 2,500 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license Florida Hospital Orlando (FHO) is a 1,217 acute-care bed hospital and medical center founded in 1908 It is Florida Hospital's flagship hospital and is the largest campus in the Florida Hospital system FHO has 1,067 acute care beds, 59 adult psychiatric beds, 10 comprehensive medical rehabilitation beds, 28 Level II Neonatal Intensive Care Unit beds, and 53 Level III Neonatal Intensive Care Unit beds Special services include an adult and pediatric bone marrow transplant program, adult open-heart surgery, as well as organ programs for adult and pediatric kidney transplants and adult liver and pancreas transplants This campus also serves as a Baker Act receiving center and offers specialty care in the areas of digestive health, hyperbaric medicine and wound care, fetal diagnostics, pain medicine, pediatric hematology/oncology, respiratory care, women's services, and surgical oncology FHO is also home to institutes for cancer, diabetes, translational research, cardiology, orthopedics, and neuroscience Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 1 -- Florida Hospital Orlando Part V, Section B, line 6a	The filing organization collaborated with two other not-for-profit hospitals, namely Orlando Health and Lakeside Behavioral Health, to create a Community Health Needs Assessment for Orange, Osceola, and Seminole Counties The Community Health Needs Assessment describes the health of Central Floridians for the purpose of planning interventions relevant to the community

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 1 -- Florida Hospital Orlando Part V, Section B, line 6b	The filing collaborated with the Florida Department of Health in Orange County and other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 1 -- Florida Hospital Orlando Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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

Form and Line Reference	Explanation
Group A-Facility 1 - - Florida Hospital Orlando Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital Orlando Florida Hospital Orlando chose four areas of focus for its 2013-16 Community Health Plan Obesity, Heart Disease, Mental Health, and Access to Care The Obesity area addresses the prevention and management of C hronic Diseases such as Heart Disease A Obesity Obesity increases the risk for developing health conditions such as heart disease, stroke, diabetes and cancer - and the comorbidit ies that often accompany these diseases Additionally, being overweight or obese increases the risk of adverse health outcomes and has significant economic impacts on individuals a nd the community These impacts can include a rise in health care spending over time as we ll as lost earnings and productivity due to illness Several factors influence the likelih ood of obesity including individual behavior, the social and built environment, and geneti c heritability As a result, being overweight or obese is a complex health issue to addres s Good nutrition, physical activity, and maintaining a healthy body weight can help manag e/prevent obesity and promote overall health and well-being Florida Hospital Orlando's ob esity interventions target both adults and children - Deploy a Mobile Farmers Market to p rovide fresh fruits and vegetables along with nutritional educational opportunities, in pa rtnership with both public and private entities - Support (public and private) school-base d gardens in the Orlando metro area- CREATION Health lifestyle seminars and expanded progr ams are offered at all Florida Hospital locations and in community settings CREATION Heal th is a faith-based wellness plan that focuses on eight principles Choice, Rest, Environm ent, Activity, Trust, Interpersonal Relationships, Outlook and Nutrition - CREATION Kids i s a child-friendly wellness program that stresses healthy eating and exercise in church an d school settings - Increase opportunities for leisure time physical activity via funding of, and involvement in, 5K races B Heart DiseaseHeart Disease is a leading cause of death in Central Florida and across the nation Risk factors for heart disease include obesity, lack of exercise and smoking The Florida Heart Institute at Florida Hospital Orlando tre ats more heart and vascular patients than any other hospital in the U S , and is a major c ardiac referral center for Central, East and West Florida It offers heart transplantation , surgical and interventional cardiology programs, and a full range of pre- and post-treat ment services Florida Flight 1 is the hospital's Emergency Air-Medical Transport Service that helicopters critically ill cardiac patients from outlying hospitals to the Heart Inst itute Heart disease interventions include - Funding and operations for the Congestive Hea rt Failure (CHF) clinic serving uninsured patients at the Orlando County Medical Clinic - National and international research studies and clinical trials for new techniques, techno logies and procedures- Free and minimal charge screenings/community lectures on disease pr evention and recognizing the warning signs of heart disease - Board membership and financi al support for research and education programs offered by the American Heart Association - Free online Heart Disease Risk Assessment - Free Quit Smoking Now Smoking Cessation Class es C Mental HealthFlorida Hospital Orlando has prioritized mental health as a focus area in its community health programming While there are strong mental health and substance a buse entities in the community, funding for these services is very limited (as is the case throughout Florida) Mental health and substance abuse providers in Orange County include Aspire Behavioral Health (in- and outpatient mental health and substance abuse services), the Orlando Health Behavioral Group, the Outlook Clinic for Depression & Anxiety, and a l arge federal SAMHSA grant to coordinate wrap-around services for children in Orange County Additionally, the Florida Hospital Community Health Impact Council (a grant-making entit y) has funded model behavioral health programs for adults and children Florida Hospital O rlando interventions include - Outlook Clinic for Depression & Anxiety free comprehensive behavioral evaluation, treatment and case management for uninsured residents of Orange Co unty - Maturing Minds Clinic ongoing assessments of patients with dementia to ensure care coordination and to connect patients and families to community resources- Baker Act Recei ving Center emergency psychiatric care for people who are a danger to themselves or other s - Major funding for the Aspire Behavioral Health inpatient and outpatient psychiatric ce nters - Funding for the Central Receiving Center, an alternative (to jail) short-term trea tment setting for alcohol or drug-impaired arrestees in cooperation with law enforcement a nd Aspire Behavioral Health Partners - Financial support for the Mental Health Association of Central Florida - Involvement in the Orange Co

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

Form and Line Reference	Explanation
Group A-Facility 1 -- Florida Hospital Orlando Part V, Section B, line 11	unty Government SAMHSA Wrap-Around effort to coordinate preventive mental health services for children D Access to careOver 24% of people in Central Florida do not have health in surance, and the State of Florida has not accepted federal Medicaid expansion dollars A n umber of Florida Hospital Orlando initiatives educate and link uninsured and underserved c ommunity members with free or affordable health care - Financially support and provide le adership for the Primary Care Access Network (PCAN) of Orange County that cares for 92,000 uninsured patients in 13 FQHC medical homes and 10,000 secondary care patients at the Ora nge County Medical Clinic- Financially support Shepherd's Hope free clinics - Financially support the Health Care Center for the Homeless - Financially support Grace Medical Home f or uninsured people with chronic conditions - Support True Health FQHC and the Orange Coun ty Health Department in their efforts to provide primary care to Evans High School student s and families - Support Edgewater High School's school health clinic- Financially support the professional development and education of medical and nursing students from Valencia College, Seminole State College, Adventist University, the University of Central Florida (UCF), and the UCF School of Medicine - Increase the availability of free and low-cost mamm ograms via the mobile mammogram unit - Provide a funding match for the Healthy Start Coali tion of Orange County (maternal/infant)- Work with United Global Outreach's Bithlo Transfo rmation Effort to support access to free or low-cost medical, dental, vision and behaviora l health care to the community of Bithlo- Participate in LIFT Orlando to enhance the healt h and wellness of the primarily lower income, African- American residents of the Parramore community ** see continuation of footnote

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 1 -- Florida Hospital Orlando Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 3 -- Florida Hospital Celebration Health Part V, Section B, line 5	Florida Hospital (FH) is a 2,500 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license The Florida Hospital Celebration Health (FHCH) campus is a 203-bed, state-of-the-art hospital that serves as a showcase of innovation and excellence in healthcare Established in 1997, Florida Hospital Celebration Health was designed to serve as a cornerstone of health in the Disney-planned community of Celebration, Florida Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 3 -- Florida Hospital Celebration Health Part V, Section B, line 6a	The filing organization collaborated with two other not-for-profit hospitals, namely Orlando Health and Lakeside Behavioral Health, to create a Community Health Needs Assessment for Orange, Osceola, and Seminole Counties The Community Health Needs Assessment describes the health of Central Floridians for the purpose of planning interventions relevant to the community

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 3 -- Florida Hospital Celebration Health Part V, Section B, line 6b	The filing collaborated with the Florida Department of Health in Orange County and other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 3 -- Florida Hospital Celebration Health Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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

Form and Line Reference	Explanation
Group A-Facility 3 -- Florida Hospital Celebration Health Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital Celebration Health A Obesity/Diabetes Obesity increases the risk for developing health conditions such as heart disease, stroke, diabetes, and cancer - and the comorbidities that often accompany these diseases Additio nally, being overweight or obese increases the risk of adverse health outcomes and has sig nificant economic impacts on individuals and the community These impacts can include a ri se in health care spending over time as well as lost earnings and productivity due to illn ess Several factors influence the likelihood of obesity including individual behavior, th e social and built environment, and genetic heritability As a result, being overweight or obese is a complex health issue to address Good nutrition, physical activity, and mainta ining a healthy body weight can help manage/prevent obesity and promote overall health and well-being Florida Hospital Celebration Health's obesity/chronic disease interventions t arget both adults and children - Partner with local organizations to deliver weekend food to children who qualify for free or reduced lunch - Host and facilitate an annual event t o package food items for children and families- Support nutritional education initiatives around the 5-2-1-0 campaign in partner schools- Support the Town of Celebration Marathon a nd half marathon events the proceeds of which contribute to a scholarship fund for O sceola County High School seniors- Provide education to increase the knowledge of positive behav iors towards healthy eating and exercise through the Mission FIT possible Program- Increas e opportunities for leisure time physical activity in social settings through the Annual H ealthy 100 sponsored community Run- Support efforts to reduce heart-related conditions thr ough the funding of research and programs through board membership and financial support t o the American Heart Association- Provide financial support for operations and case manage ment to the Hope Clinic and Osceola Council on Aging that provide access to primary and se condary care for uninsured and underinsured residents of Osceola County- Increase the like lihood of medication adherence among uninsured patients through enrollment in compassionat e drug programs - Increase the availability of free or low cost mammograms through the hos pital's mobile mammography unit - Support broad community health planning through Communit y Vision, Inc - Support the education and training of medical practitioners in the tri-cou nty region through support of the UCF Medical School and Valencia College Nursing Program - Support the education and training of CNAs in Osceola County - Continue leadership role with the Osceola Health Leadership Council that develops and supports community health ini tiatives - Offer the CREATION Health faith-based wellness plan that focuses on eight princ iples Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook an d Nutrition CREATION Health lifestyle seminars and expanded programs are offered at all F lorida Hospital locations and in community settings B Maternal and Child HealthA number of Florida Hospital Celebration Health initiatives educate and link community members to r esources that address maternal and child health Programming specific to this priority wor ks to - Reduce cesarean births due to failure to progress through early intervention effo rts - Continue to support maternal and child health initiatives in Osceola County by suppo rting the Healthy Start Coalition- Increase the number of women who are breastfeeding excl usively by the time of discharge via health education and support - Work with the Fetal In fant Mortality Review Committee on the Closing the Gap grant administered by the Florida D epartment of Health in Osceola County Community Needs Not Chosen by Florida Hospital Celeb ration HealthIn developing its Community Health Needs Assessments, Florida Hospital used d efined criteria to determine the priority areas to be addressed The criteria were a) Acui ty of the health issue (how serious is it?)b) Capacity of the hospital to address the issu e (does the hospital have the services or other ability to address the issue?)c) Are commu nity partners already addressing this issue? Would the hospital be duplicating those effor ts? d) If the hospital were to address the issue, would there be opportunities for collabo ration and shared impact?A Chronic Disease Cancer & Stroke Cancer and stroke are the mos t common chronic conditions in the United States They have many risk factors in common an d are frequently related to health behaviors such as obesity and smoking Florida Hospital Celebration and its community partners - the Department of Health, the Area Health Educat ion Council (AHEC), the American Heart Association, the American Cancer Society, the Ameri can Lung Association, etc - already provide health education and disease management progr ams As noted above, the hospital's Obesity interv

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

Form and Line Reference	Explanation
Group A-Facility 3 -- Florida Hospital Celebration Health Part V, Section B, line 11	entions focus on health education, exercise, nutrition, stress management, and personal ac countability - factors vital to the control of cancer and stroke and the comorbidities tha t often accompany these diseases Therefore, Florida Hospital Celebration is addressing th e risk factors for these chronic diseases by specifically addressing Obesity B AsthmaFlor ida Hospital Celebration Health does not have Asthma-specific services, but the hospital a ctively supports the American Lung Association and provides health education and disease m anagement programs throughout the county C DiabetesDiabetes can lead to the development of serious and disabling complications if not properly treated Complications include hear t disease and stroke, high blood pressure, blindness, kidney disease, and limb amputation According to the American Diabetes Association, it is possible to prevent or delay diabet ic complications through a healthy diet, physical activity, and maintaining a healthy weig ht and glucose levels Florida Hospital Celebration's diabetes educators help inpatients m anage their diabetes, and provide referrals to the Florida Hospital Diabetes Institute at the main campus The Institute has a number of community outreach programs D Heart Disea seHeart disease, hypertension and Congestive Heart Failure are among the most common chron ic conditions in the United States Risk factors include health behaviors such as obesity and smoking Efforts to decease heart disease are included in the Obesity initiatives note d above E Mental Health and Substance AbuseFlorida Hospital Celebration Health does not offer substance abuse or behavioral/mental health services Hospital inpatients with behav ioral health co-morbidities are transferred to the Med-Psych unit at the Florida Hospital main campus or to the nonprofit Park Place Behavioral Health in Osceola County Additional ly, the Florida Hospital Community Health Impact Council identifies and funds innovative a nd best practice programs centered on addressing mental health and substance abuse in the tri-county area, including Osceola County F Dental CareFlorida Hospital Celebration Healt h does not provide dental care but supports the Osceola free clinics and FQHCs that provid e free and sliding fee scale dental care services to un- and underinsured people G Housin g Affordability and HomelessnessHousing affordability is a health determinant rather than a core competency of hospitals and other health care providers While Florida Hospital Cel ebration Health is not leading out on this issue, Florida Hospital has made a significant financial donation (that garnered community matches) to establish and expand permanent sup portive housing efforts in Orange, Osceola and Seminole Counties (The Osceola efforts are led by Community Vision, Inc) Florida Hospital also provides leadership to two regional commissions focused on housing issues specific to vulnerable families and individuals, an d is active in Habitat for Humanity ** see continuation of footnote

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 3 -- Florida Hospital Celebration Health Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

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Form and Line Reference	Explanation
Group A-Facility 2 -- Florida Hospital Altamonte Part V, Section B, line 5	Florida Hospital (FH) is a 2,500 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license The Florida Hospital Altamonte (FHA) campus is a 362-bed, acute-care community hospital located in Altamonte Springs, Florida It was established in 1973 as the first satellite campus of Florida Hospital Since its establishment, Florida Hospital Altamonte has been providing state-of-the-art healthcare to its community, a 15-zip code area surrounding Altamonte Springs, and remains the largest satellite campus in the Florida Hospital system FHA cares for more than 168,000 patients a year, including 67,000 emergency patients and 20,000 inpatients, with 2,000 baby deliveries and performs approximately 10,000 surgical cases and 79,000 outpatient procedures making it the largest and most comprehensive hospital in Seminole County Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 2 -- Florida Hospital Altamonte Part V, Section B, line 6a	The filing organization collaborated with two other not-for-profit hospitals, namely Orlando Health and Lakeside Behavioral Health, to create a Community Health Needs Assessment for Orange, Osceola, and Seminole Counties The Community Health Needs Assessment describes the health of Central Floridians for the purpose of planning interventions relevant to the community

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Form and Line Reference	Explanation
Group A-Facility 2 -- Florida Hospital Altamonte Part V, Section B, line 6b	The filing collaborated with the Florida Department of Health in Orange County and other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 2 -- Florida Hospital Altamonte Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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

Form and Line Reference	Explanation
Group A-Facility 2 -- Florida Hospital Altamonte Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital Altamonte Florida Hospital Altamonte c hose two areas of focus for their 2013-16 Community Health Plan Obesity and Access to Car e The Obesity area addresses the prevention and management of Chronic Diseases A Obesity & Chronic Disease Obesity negatively affects people's quality of life and increases the r isk for developing health conditions such as heart disease, stroke, diabetes, and cancer - and the comorbidities that often accompany these diseases Additionally, being overweight or obese increases the risk of adverse health outcomes and has significant economic impac ts on individuals and the community These impacts can include a rise in health care spend ing over time as well as lost earnings and productivity due to illness Several factors in fluence the likelihood of obesity including individual behavior, the social and built envi ronment, and genetic heritability As a result, being overweight or obese is a complex hea lth issue to address Good nutrition, physical activity, and maintaining a healthy body we ight can help manage/prevent obesity and promote overall health and well-being Florida Ho spital Altamonte's obesity/chronic disease interventions target both adults and children - Fund and staff 5k Races to increase opportunities for leisure time physical activity - P rovide financial assistance to community walkable areas that facilitate physical activity (e g , Cranes Roost Park)- Facilitate leisure-time walking programs that increase physical activity in the communities of Eatonville, Maitland and Winter Park - Offer educational p rogramming aimed at increasing quality of life Focus on nutrition, stress management and exercise CREATION Health seminars, Project Fit Kids and the Employee Families Performance series - Implement and support positive nutritional and exercise instruction through the Mission FIT Possible program - Provide education and clinical care to families with childr en who are overweight or obese through the Fit Kids Intensive Medical Program - Create col laborative health education programming with the Department of Children & Families for you th in the foster care system The goal is to assist these at-risk youth gain knowledge abo ut their health status and ways to integrate healthy behaviors into their daily lives - P rovide free state park admissions to Seminole County residents to increase opportunities f or leisure time physical activity - Support efforts to reduce chronic conditions though fi nancial support and board membership of the American Heart Association, American Diabetes Association, and the like- Provide leadership and expertise to the Healthy Seminole Collab oration, a collaboration of community organizations working to reduce obesity in the count y - Free 'Quit Smoking Now' smoking cessation classes B Access to careA number of Florida Hospital Altamonte initiatives educate and link underserved community members to free or affordable health resources - O perate a number of clinics for underserved populations th e Community After Hours Clinic, the Congestive Health Failure Clinic, the Lung Clinic and the Outlook Clinic for Depression & Anxiety - Provide free and low-cost mammograms through the Florida Hospital Mobile Mammography unit - Provide financial support to the Health Ca re Center for the Homeless (FQHC) medical and dental facility at Harvest Time Ministries i n Sanford- Provide financial support to the HOPE Team that provides behavioral health serv ices to homeless people living in camps in the woods- Provide financial support (for opera tions) to the Shepherd's Hope (free) Clinic in Longwood, their Fracture Clinic, and new el ectronic medical records system - Use hospital staff to recruit volunteer physicians, nurs es and ancillary staff, and other employees to donate clinical expertise and diagnostic se rvices to Shepherd's Hope - Provide prescription medications at little to no cost to unins ured or underinsured patients through Discharge Planning and pharmaceutical assistance pro grams - Provide leadership (via board membership) and financial support to the Kids' House of Seminole and Children's Advocacy Center that provide services to victims of child abus e and their families, as well as prevention programs- Financially support the education of medical and nursing students at Valencia College, Seminole State College, the University of Central Florida, Florida State University, the University of Central Florida, and the A dventist University of Health Sciences- Financially support IDignity, a nonprofit agency t hat helps homeless people without identification get IDs to help them access necessary ser vices - Provide financial support to the Healthy Start Coalition of Seminole County- Launc h a new care coordination system in the Florida Hospital Altamonte emergency department D evelop Community Care Network teams, and establish case management nursing and social work teams to enhance care coordination and community

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

Form and Line Reference	Explanation
Group A-Facility 2 -- Florida Hospital Altamonte Part V, Section B, line 11	referrals Community Needs Not Chosen by Florida Hospital Altamonte In developing its Commu nity Health Needs Assessments, Florida Hospital used defined criteria to determine the pri ority areas to be addressed The criteria were 1 Acuity of the health issue (how serious is it?)2 Capacity of the hospital to address the issue (does the hospital have the servic es or other ability to address the issue?)3 Are community partners already addressing thi s issue? Would the hospital be duplicating those efforts? 4 If the hospital were to addre ss the issue, would there be opportunities for collaboration and shared impact?A Diabetes , Cancer, Heart Disease, Stroke & AsthmaDiabetes, cancer, heart disease and stroke are the most common chronic conditions in the United States They have many risk factors in commo n and are frequently related to health behaviors such as obesity and smoking Florida Hosp ital Altamonte and its community partners - the Department of Health, the Area Health Educ ation Council (AHEC), the American Heart Association, the American Cancer Society, the Ame rican Lung Association, etc - already provide any number of health education and disease management programs As noted above, the Hospital's Obesity interventions focus on health education, exercise, nutrition, stress management, and personal accountability - factors v ital to the control of diabetes, cancer, heart disease, stroke, asthma and the comorbiditi es that often accompany these diseases Therefore, Florida Hospital Altamonte is addressin g the risk factors for these chronic diseases by specifically addressing Obesity B Marijuana Use Among Youth, Mental Health & Substance AbuseFlorida Hospital Altamonte does not pr ovide substance abuse or behavioral/mental health services There are strong mental health and substance abuse assets in Seminole County including Aspire Behavioral Health (in- and outpatient mental health and substance abuse services) and the Orlando Health Behavioral Group, an 80-bed psychiatric hospital at South Seminole Hospital Additionally, the Florid a Hospital Community Health Impact Council (a grant-making entity) funds model behavioral programs for adults and children C Maternal and Child Health Florida Hospital Altamonte provides obstetrics services and a variety of pre- and postnatal programs and car seats fo r parents and children The Florida Women's Center provides comprehensive and individualiz ed women's medical care from puberty, to family planning and midwifery, to menopause manag ement, to minimally invasive and robotic surgical options Women and children may qualify for our Financial Assistance Program that includes charity care and/or steep discounts for low-income patients As noted in the Access to Care section above, Florida Hospital Altam onte also provides financial and board member support to maternal and child health initiat ives in Seminole County including the Healthy Start Coalition of Seminole County and Kids' House (the county's sexual abuse treatment center for children) D Motor Vehicle Collisio ns The community issue of motor vehicle collisions is a health determinant rather than a c ore competency of most hospitals including Florida Hospital Altamonte but, as a means of e nsuring motor vehicle safety, Florida Hospital provides car seats to new mothers who do no t have safety-rated car seats Additionally, through its partnership with Healthy Central Florida, the Hospital funds and provides leadership for programs that facilitate and encou rage safe pedestrianism so that communities can be both healthier and safer ** see continu ation of footnote

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Form and Line Reference	Explanation
Group A-Facility 2 -- Florida Hospital Altamonte Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

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Form and Line Reference	Explanation
Group A-Facility 4 -- Florida Hospital East Orlando Part V, Section B, line 5	Florida Hospital (FH) is a 2,500 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license The Florida Hospital East Orlando (FHEO) campus is a 265-bed full-service community hospital and has been serving East Orange County residents since it was acquired in 1990 Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 4 -- Florida Hospital East Orlando Part V, Section B, line 6a	The filing organization collaborated with two other not-for-profit hospitals, namely Orlando Health and Lakeside Behavioral Health, to create a Community Health Needs Assessment for Orange, Osceola, and Seminole Counties The Community Health Needs Assessment describes the health of Central Floridians for the purpose of planning interventions relevant to the community

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 4 -- Florida Hospital East Orlando Part V, Section B, line 6b	The filing collaborated with the Florida Department of Health in Orange County and other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 4 -- Florida Hospital East Orlando Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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

Form and Line Reference	Explanation
Group A- Facility 4 - - Florida Hospital East Orlando Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital East Orlando Florida Hospital East Orl ando chose five areas of focus for their 2013-2016 Community Health Plan Obesity, Access to Care, Mental Health, Diabetes, Violent Crime, and Social Determinants of Health/Health Disparities A ObesityObesity negatively affects people's quality of life and increases th e risk for developing health conditions such as heart disease, stroke, diabetes, and cance r - and the comorbidities that often accompany these diseases Additionally, being overwei ght or obese increases the risk of adverse health outcomes and has significant economic im pacts on individuals and the community These impacts can include a rise in health care sp ending over time as well as lost earnings and productivity due to illness Several factors influence the likelihood of obesity including individual behavior, the social and built e nvironment, and genetic heritability As a result, being overweight or obese is a complex health issue to address Good nutrition, physical activity, and maintaining a healthy body weight can help manage/prevent obesity and promote overall health and well-being Florida Hospital East Orlando's obesity interventions target both adults and children The interv entions that fall within Florida Hospital East Orlando's programming include - Increasing opportunities for leisure time physical activity in a social setting for the residents of our Orange County PSA through funding and staffing an Annual 5k known as the Run for Resc ue's ASPCA 5k- Offering educational programming aimed at increasing quality of life that f ocused on nutrition, stress management, and exercise through the Employee Families Perform ance Workshop Series offered by the Hospital- Implementing and supporting positive nutriti onal and exercise instruction to within the PSA through our Mission FIT Possible program w ithin the area- Facilitating walking programs that aid in increasing leisure time within t argeted communities of the PSA- Increasing the availability of fruits to children and thro ugh support of a mobile farmers market that actively travels to regions identified as food deserts - Funding efforts to reduce heart related conditions though the funding of resear ch and programs via financial support and board membership of the American Heart Associati on- Providing leadership and expertise to a collaborative body composed of Orange County's community organizations aimed at reducing obesity throughout the county via the Healthy O range Collaboration- Creation Health faith based wellness plan that focuses on eight princ iples Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, O utlook an d Nutrition CREATION Health lifestyle seminars and expanded programs are offered at all F lorida Hospital locations and in community settings B DiabetesDiabetes can lead to the d evelopment of serious and disabling complications if not properly treated Complications i nclude heart disease and stroke, high blood pressure, blindness, kidney disease, and limb amputation According to the American Diabetes Association, it is possible to prevent or d elay diabetic complications through a healthy diet, physical activity, and maintaining a h ealthy weight and glucose levels Florida Hospital East Orlando's diabetes engagement incl udes - Continue to offer the Cuidate program based on the Stanford chronic disease self-m anagement program Because the East Orlando community is nearly 50% Hispanic, the CDC-reco mmended classes are offered in both Spanish and English - Continue the Bridge Program inte nsive case management model that helps uninsured, high-user patients with chronic conditio ns The Bridge team helps patients enroll in affordable FQHC Medical Homes, compassionate drug programs, and community resources that improve health, disease management skills, and quality of life C Access to CareA number of Florida Hospital East Orlando initiatives ed ucate and link underserved community members to free or affordable health resources - Ope rate the Community After Hours Clinic (at Florida hospital) that provide cares to uninsure d and underinsured people - Financially support and lead the Primary Care Access Network (PCAN) integrated system of health care for un- and underinsured people in Orange County P CAN has 92,000 primary care patients in 13 FQHC medical homes, and 10,000 secondary care p atients - Encourage medical home enrollment by making appointments or referring un- and u nderinsured emergency department and inpatients to PCAN FQHCs - Provide financial support to Shepherd's Hope free clinics - Provide financial support for the Health Care Center for the Homeless- Provide financial support for Grace Medical Home, a chronic care medical ho me for uninsured people- Increase the availability of free or low-cost mammograms for un- and underinsured women via the mobile mammogram unit and Florida Hospital diagnostics cent ers - Support the education and training of medica

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Form and Line Reference	Explanation
Group A-Facility 4 -- Florida Hospital East Orlando Part V, Section B, line 11	l practitioners through the FH Residency programs and Adventist University, and through pa rtnerships with the UCF and FSU Medical Schools D Mental Health and Substance AbuseFlorid a Hospital has identified mental health as being essential to personal well-being, family and interpersonal relationships, and the ability to contribute to society Issues of menta l health such as depression and anxiety affect people's ability to participate in health-p romoting behaviors Research has shown that mental health and physical health are closely connected because mental health plays a major role in people's ability to maintain good ph ysical health Currently, there are strong mental health and substance abuse assets in Ora nge County including Aspire Behavioral Health (in- and outpatient mental health/substance abuse services) Still, such services in Orange County can be hard to access because of fu nding and capacity issues Florida Hospital works with local providers to help expand capa city Specifically, the Hospital - Provides major funding to Aspire Behavioral Health Cent er (county mental health) for in- and outpatient mental health and substance abuse service s - Offers comprehensive evaluation, treatment, and case management for uninsured resident s of Orange County through the Outlook Clinic for Depression & Anxiety Florida Hospital f unds the clinic in partnership with the Mental Health Association, the Orange County Medic al Clinic, the UCF School of Social Work, the Primary Care Access Network (PCAN) and Walgr eens - Fund enhanced behavioral health services at FQHCs in East Orlando- Support efforts to provide behavioral health services in low-income, underserved areas such as Bithlo Part ners including Aspire Health Partners, United Way and the Harbor House Domestic Violence C enter - Additionally, the Florida Hospital Community Health Impact Council (a grant-making entity) funds some community-based, model behavioral programs for adults and children E Violent CrimeHospitals lack the ability to directly address violent crimes, but Florida Ho spital provides funding to several organizations that address the effects of violent crime We view our active involvement in issues of awareness and prevention as especially cruci al since Orange County's rates of violent crime exceed the national average Interventions include - Funding to Harbor House Domestic Violence Centers- Office and treatment space f or the Orange County Victims' Services Center- Trained hospital staff to screen patients f or domestic violence issues- Donated space for the Sexual Assault Treatment Center of Oran ge County F Health DisparitiesHealth disparities adversely affect people who have systema tically experienced greater obstacles to health based on their racial or ethnic group, re ligion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other character istics historically linked to discrimination or exclusion Within Orange County, black/Afr ican-American, Hispanic/Latino families, and the elderly are more than three times more li kely to live in poverty than their white neighbors Further, the Florida Hospital East Orl ando community is more than 50% Hispanic and the east part of the county includes the comm unity of Bithlo, one of the poorest communities in Florida Florida Hospital currently has as a strong internal Diversity program The hospital has also created a new Committee to better address the disparities in our community, membership includes national health equit y scholars In addition, Hospital staff serve on the board of the Central Florida Partners hip on Health Disparities, a 501(c)(3) entity initially founded by Florida Hospital ** se e continuation of footnote

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 4 -- Florida Hospital East Orlando Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

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Form and Line Reference	Explanation
Group A-Facility 5 -- Winter Park Memorial Hospital Part V, Section B, line 5	Florida Hospital (FH) is a 2,500 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license The Winter Park Memorial Hospital (WPMH) campus is a 320-bed acute-care facility that primarily serves the residents of northeastern Orange and southeastern Seminole Counties WPMH began caring for patients in February 1995 when it first opened its doors to the public In 2000, Florida Hospital Winter Park Memorial was fully acquired by the Florida Hospital system Services provided by Winter Park Memorial include 24-Hour emergency department with Express Care and the area's only senior emergency room, The Baby Place Central Florida's only boutique hospital for women and babies, cancer institute, cardiology, critical care, diagnostic imaging, diabetes education, educational classes and support groups, endoscopy, Longevity Medicine Institute, in and outpatient surgery including minimally invasive and robotic surgery, laboratory, orthopedic institute, pediatrics, rehabilitation & sports medicine, sleep disorders center, and women's health Every year, WPMH treats more than 150,000 patients Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

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Form and Line Reference	Explanation
Group A-Facility 5 -- Winter Park Memorial Hospital Part V, Section B, line 6a	The filing organization collaborated with two other not-for-profit hospitals, namely Orlando Health and Lakeside Behavioral Health, to create a Community Health Needs Assessment for Orange, Osceola, and Seminole Counties The Community Health Needs Assessment describes the health of Central Floridians for the purpose of planning interventions relevant to the community

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Form and Line Reference	Explanation
Group A-Facility 5 -- Winter Park Memorial Hospital Part V, Section B, line 6b	The filing collaborated with the Florida Department of Health in Orange County and other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis

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Form and Line Reference	Explanation
Group A-Facility 5 -- Winter Park Memorial Hospital Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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Form and Line Reference	Explanation
Group A-Facility 5 -- Winter Park Memorial Hospital Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital Winter Park Florida Hospital Winter Pa rk chose three areas of focus for their 2013-16 Community Health Plan Diabetes, Obesity/C hronic Disease and Access to Care The Obesity area addresses the prevention and managemen t of Chronic Diseases A Obesity & Chronic Disease Obesity negatively affects people's qua lity of life and increases the risk for developing chronic and acute health conditions suc h as heart disease, stroke, diabetes, and cancer - and the comorbidities that can accompan y them Being overweight or obese also increases the risk of adverse health outcomes and h as significant economic impacts on individuals and the community These impacts can includ e a rise in health care spending over time as well as lost earnings and productivity due t o illness Several factors influence the likelihood of obesity including individual behavi or, the social and built environment, and genetic heritability As a result, being overwei ght or obese is a complex health issue to address Good nutrition, physical activity, and maintaining a healthy body weight can help manage/prevent obesity and promote overall heal th and well-being Florida Hospital Winter Park's obesity/chronic disease interventions ta rget both adults and children - Partner with Winter Park Health Foundation on the Healthy Central Florida (HCF) initiative that focuses on the Hospital's defined community Winter Park, Maitland and Eatonville HCF is a community-based partnership whose goal is to trans form our community into the healthiest in the nation Components include physical activity , healthy eating, personal support systems and the reduction/elimination of smoking - Cre ate awareness for international Walk to School Day and national Bike to School Day Suppor t "walking school bus" programs with Healthy Central Florida - Facilitate walking program s that aid in increasing physical activity during leisure time- Provide opportunities for leisure time physical activity via annual 5k and 10k races- Provide funding to the America n Cancer Society and the American Lung Association- CREATION Health lifestyle seminars and expanded programs are offered at all Florida Hospital locations and in community settings CREATION Health faith based wellness plan that focuses on eight principles Choice, Rest , Environment, Activity, Trust, Interpersonal Relationships, Outlook and Nutrition Free ' Quit Smoking Now' smoking cessation classes- Additionally, Florida Hospital Winter Park an d its community partners - the Department of Health, the Area Health Education Council (AH EC), the American Heart Association, the American Cancer Society, the American Lung Associ ation, etc - already provide many health education and disease management programs B Ac cess to CareTwenty-four percent of people in Orange County are uninsured Limited access t o health care affects people's ability to reach their full potential and also drives up he alth costs Because a lack of insurance coverage is one of the biggest barriers to accessi ng health care, we fund or staff facilities that focus on providing high quality care to t he underinsured and uninsured within the Winter Park community - Financially support and provide leadership for the Primary Care Access Network (PCAN) of Orange County that cares for 92,000 uninsured patients in 13 FQHC medical homes and 10,000 secondary care patients at the Orange County Medical Clinic Winter Park residents have easy access to three FQHCs , a Shepherd's Hope free clinic and Grace Medical Home (for chronic conditions) - Financia lly support Shepherd's Hope free clinics - Financially support the Health Care Center for the Homeless - Financially support the professional development and education of medical a nd nursing students from Valencia College, Seminole State College, Adventist University, t he University of Central Florida and the UCF School of Medicine - Increase the availabilit y of free and low-cost mammograms via the mobile mammogram unit - Provide a funding match for the Healthy Start Coalition of Orange County (maternal/infant) C DiabetesWinter Park Memorial Hospital's 2013 Needs Assessment showed that Diabetes is the leading cause of dea th in Orange County and that rates were 40% below Healthy People 2020 targets Diabetes ca n lead to the development of serious and disabling complications if not properly treated Complications include heart disease and stroke, high blood pressure, blindness, kidney dis ease and limb amputation In order to address diabetes prevalence, the Hospital has funded and supported extensive health education programs with a focus on nutrition for both chil dren and adults The Obesity/Chronic Disease focus noted above includes efforts to minimiz e diabetes in our community The Florida Hospital Diabetes Institute has implemented a tar geted Diabetes program and study in the primarily African-American community of Eatonville (part of the Winter Park service area), which has

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Form and Line Reference	Explanation
Group A-Facility 5 -- Winter Park Memorial Hospital Part V, Section B, line 11	a 24% rate of adult diabetes The program offers screenings, diabetic health risk assessm ents and treatment to help Eatonville residents better control their diabetes The Hospita l also supports the American Diabetes Association Annual 5k and other walks that provide o pportunities for leisure time activity Community Needs Not Chosen by Florida Hospital Wint er Park In developing its Community Health Needs Assessments, Florida Hospital used define d criteria to determine the priority areas to be addressed The criteria were - Acuity of the health issue (how serious is it?)- Capacity of the hospital to address the issue (does the hospital have the services or other ability to address the issue?)- Are community par tners already addressing this issue? Would the hospital be duplicating those efforts? - If the hospital were to address the issue, would there be opportunities for collaboration an d shared impact?A Heart Disease Heart disease, Hypertension and Congestive Heart Failure - with Diabetes - are the most common chronic conditions in the United States Risk factor s include health behaviors such as obesity and smoking Winter Park Memorial Hospital is l ess than eight miles from Florida Hospital Orlando, which is addressing the area of Heart Disease Winter Park residents have access to the free Stanford Chronic Disease Self-Manag ement Program offered in Spanish and English B CancerCancer is a major cause of death in Central Florida and the U S as a whole Florida Hospital Winter Park is not focusing on c ancer and cancer prevention as a priority because of the many Florida Hospital and communi ty resources already available The Florida Hospital Cancer Institute provides patient car e, education and research at the Orlando campus In addition, Orlando Health (hospital) offers a full range of cancer services, and groups like the American Cancer and Leukemia Soc ieties provide outreach and education throughout the community - and in partnership with t he hospitals The Hospital receives Susan G Komen dollars for free mammograms for low-inc ome women, and uses its mobile mammogram unit to reach out to this audience C Sexually T ransmitted Diseases Florida Hospital Winter Park provides inpatient care but does not prov ide wrap-around services for HIV/AIDS or STD patients The Orange County Health Department has STD and HIV/AIDS Clinics, and the Center for Multicultural Wellness and Prevention pr ovides programs that screen for and treat sexually transmitted diseases In addition, Oran ge County Government Health Services operates the Ryan White HIV/AIDS Program that provide s services to people without sufficient health coverage or financial resources to cope wit h HIV/AIDS D Maternal and Child HealthFlorida Hospital Winter Park provides obstetrics se rvices and the accompanying parent education programs The nearby Florida Hospital Women's Hospital will open in 2015 The Walt Disney Pavilion at Florida Children's Hospital accep ts referrals from other Florida Hospital campuses and from the Hospital's 25 CentraCare Wa lk-In Urgent Care Centers Additionally, Florida Hospital Winter Park supports Orange Coun ty's Healthy Start Coalition ** see continuation of footnote

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Form and Line Reference	Explanation
Group A-Facility 5 -- Winter Park Memorial Hospital Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

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Form and Line Reference	Explanation
Group A-Facility 6 -- Florida Hospital Kissimmee Part V, Section B, line 5	Florida Hospital (FH) is a 2,500 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license Florida Hospital Kissimmee (FHK) is a not-for-profit hospital with 83 acute care beds and an emergency department and has been part of the Florida Hospital system since 1993 FHK offers comprehensive inpatient and outpatient services including emergency care, cancer treatment including radiation therapy, imaging services including PET, MRI, CT, nuclear, mammography, and ultrasound, a designated primary stroke center, digestive health, and surgical specialties to Osceola County residents FHK provides holistic care - body, mind and spirit - and is committed to providing a personalized patient experience for all patients Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 6 -- Florida Hospital Kissimmee Part V, Section B, line 6a	The filing organization collaborated with two other not-for-profit hospitals, namely Orlando Health and Lakeside Behavioral Health, to create a Community Health Needs Assessment for Orange, Osceola, and Seminole Counties The Community Health Needs Assessment describes the health of Central Floridians for the purpose of planning interventions relevant to the community

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Form and Line Reference	Explanation
Group A-Facility 6 -- Florida Hospital Kissimmee Part V, Section B, line 6b	The filing collaborated with the Florida Department of Health in Orange County and other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 6 -- Florida Hospital Kissimmee Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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

Form and Line Reference	Explanation
Group A-Facility 6 -- Florida Hospital Kissimmee Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital Kissimmee Florida Hospital Kissimmee c hose three areas of focus for its 2013-16 Community Health Plan Obesity/Heart Disease/Dia betes, Access to Care, and Violent Crime A Chronic Disease Obesity, and DiabetesOverall, Osceola County's health rankings are among the worst in Florida In particular, Florida H ospital's Community Health Needs Assessment showed that 21 9% of Osceola County residents are obese compared to 27 9% in Orange County and 26 4% in Seminole County Rates of heart disease and stroke are also far higher than the rest of Central Florida Obesity increases the risk for chronic health conditions such as heart disease, stroke, diabetes and cancer - and the comorbidities that often accompany these diseases Additionally, being overweig ht or obese increases the risk of adverse health outcomes and has significant economic imp acts on individuals and the community These impacts can include a rise in health care spe nding over time as well as lost earnings and productivity due to illness Several factors influence the likelihood of obesity including individual behavior, the social and built en vironment, and genetic heritability As a result, overweight/obesity is a complex health i ssue to address Good nutrition, physical activity, and maintaining a healthy body weight can help manage/prevent obesity and promote overall health and well-being Florida Hospita l Kissimmee's obesity/chronic disease interventions target both adults and children - Incr ease opportunities for leisure time physical activity in a social setting through funding and staffing 5K runs including the Annual Healthy 100 Run-Support the Town of Celebration Marathon and half-marathon events, the proceeds of which contribute to a scholarship fund for Osceola County High School seniors- Offer educational programming focused on nutritio n, stress management and exercise through the Employee Families Performance Workshop Serie s - Implement and support positive nutrition and exercise instruction through the Mission FIT Possible program - Offer CREATION Health lifestyle seminars and expanded programs CRE ATION Health is a faith-based wellness plan that focuses on eight principles Choice, Rest , Environment, Activity, Trust, Interpersonal Relationships, Outlook and Nutrition - Offe r CREATION Kids, a child-friendly wellness program that stresses healthy eating and exerci se in church and school settings- Partner with local organizations to deliver weekend food to children who qualify for free or reduced lunch per school district- Host and facilitat e an annual event to package food items for children and families- Support education initi atives around the 5-2-1-0 campaign in partner schools-Support efforts to reduce heart-rel ated conditions through board membership and financial support to the American Heart Assoc iation- Offer free 'Quit Smoking' Smoking Cessation Classes B Heart DiseaseHeart disease, hypertension and Congestive Heart Failure - with diabetes - are the most common chronic c onditions in the United States Risk factors include health behaviors such as obesity and smoking Florida Hospital Kissimmee supports chronic disease management programs at the Os ceola Council on Aging, Chronic Care Clinic and the Hope Clinic In addition, the Obesity interventions noted above address many of the risk factors for heart disease C Access to CareAccess to comprehensive, quality health care is important for increasing the quality o f life Osceola County has the highest rate of un-insurance in Central Florida - over 30% The County is 50% Hispanic and across the nation, Hispanics have much higher rates of un- insurance Florida Hospital Kissimmee actively supports a number of free/affordable health care resources to County residents - Provide financial support for the Council on Aging chronic care clinic for uninsured residents - Provide financial support for diabetes progr am at the Council on Aging Clinic - Provide financial support for the Hope Center Clinic o perated by the Health Care Center for the Homeless (FQHC) - Provide financial support for a secondary care referral system for the Hope Clinic and the Council on Aging chronic care clinic- Provide referrals and enrollment assistance for uninsured and underinsured patien ts to FQHC medical homes in St Cloud, Kissimmee, Poinciana, and Intercession City- Provid e prescription medications at little to no cost to patients though compassionate drug prog rams- Support the education and training of medical practitioners at UCF Medical School, T ECO nursing and other health professions programs, and the Valencia College Nursing progra m - Provide financial support for the Osceola County Certified Nurse Assistance training p rogram targeted at low-income residents - Continue leadership role with the Osceola Health Leadership Council- Provide financial support for broad community health planning through the hospital's Community Vision, Inc health endo

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Form and Line Reference	Explanation
Group A-Facility 6 -- Florida Hospital Kissimmee Part V, Section B, line 11	wment D Violent CrimeAccording to the Florida Department of Law Enforcement, Osceola Cou nty's rate of violent crime exceeds the national average While hospitals lack the ability to directly address violent crimes, Florida Hospital Kissimmee is engaged with organizati ons that address the effects of violent crime Initiatives include - Providing clinical sp ace for Sexual Assault Nurse Examiners who work directly with victims of sexual assault- F unding domestic violence awareness initiatives including the Harbor House Door Hanger Even t Community Needs Not Chosen by Florida Hospital Kissimmee In developing its Community He alth Needs Assessments, Florida Hospital used defined criteria to determine the priority a reas to be addressed The criteria were A Acuity of the health issue (how serious is it?) B Capacity of the hospital to address the issue (does the hospital have the services or o ther ability to address the issue?)C Are community partners already addressing this issue ? Would the hospital be duplicating those efforts? D If the hospital were to address the issue, would there be opportunities for collaboration and shared impact?A Mental Health a nd Substance AbuseFlorida Hospital Kissimmee does not offer substance abuse or behavioral/ mental health services Hospital inpatients with behavioral health co-morbidities are tran sferred to the Med-Psych unit at the Florida Hospital main campus or to the nonprofit Park Place Behavioral Health Additionally, the Florida Hospital Community Health Impact Counc il board identifies and funds innovative and best practice programs centered on addressing mental health, substance abuse within the tri county area B Dental CareFlorida Hospital Kissimmee does not offer dental care but partners with the county's five FQHCs and the Den tal Care Access Foundation that provide free and/or sliding fee scale dentistry to people who are uninsured or underinsured C Maternal and Child HealthFlorida Hospital Kissimmee d oes not have Maternal and Child health services, but supports the Healthy Start Coalition of Osceola County financially and through board service Other Florida Hospital facilities (Winter Park, Orlando and Celebration) provide obstetrics services, and the new Florida W omen's Hospital will open in 2015 D Cancer Florida Hospital Kissimmee does not provide c ancer treatment services Patients in the Kissimmee community are referred to the Cancer I nstitute at the main Florida Hospital campus or at the Celebration Health Facility In add ition, Florida Hospital Kissimmee supports the Area Health Education Council (AHEC) and pr ovides funding to the American Cancer Society E AsthmaFlorida Hospital Kissimmee does no t have Asthma-specific community programming but actively supports the American Lung Assoc iation and provides health education and disease management programs throughout the county ** see continuation of footnote

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Form and Line Reference	Explanation
Group A-Facility 6 -- Florida Hospital Kissimmee Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

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Form and Line Reference	Explanation
Group A-Facility 8 -- FH Heartland Medical Center Part V, Section B, line 5	Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid (the FHH Hospitals), located in Highlands County, Florida, operate under a single hospital license Collectively, these two hospitals serve the residents of Highlands County, which includes the cities of Sebring, Lake Placid and Avon Park Highlands County has an estimated population of 102,000 permanent residents, with an approximate increase of an additional 35,000 seasonal residents during the winter months Highlands County's residents comprised the fifth-oldest population in the US in 2012 Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid conducted a joint Community Health Needs Assessment (CHNA) in 2013 The CHNA was conducted through a collaborative community health needs assessment process that included the Highlands County Health Department, the Community Health Improvement Planning Committee (CHIP) of Highlands County, Samaritan's Touch free clinics in Sebring, the Highlands County Rural Health Network, Highlands Regional Medical Center, and Central Florida Health Care (a federally qualified health center) The CHNA process included the collection of both primary and secondary data Primary data consisted of community surveys and direct stakeholder input, particularly with respect to representatives from the CHIC Committee With respect to the process of gathering and analyzing both primary and secondary health needs assessment data, the collaborative team relied significantly on the CHIP Committee due to its broad representation of the communities served by the FHH Hospitals The CHIPS Committee is composed of a number of representatives from organizations that serve the medically underserved, low-income populations and those with chronic disease needs Among others, the following organizations were represented on the CHIC Committee Highlands County Department of Health,Tri-County Human Services,Salvation Army,Florida Department of Health,Healthy Start Coalition,Children's Services Council, andHeartland Rural Health Network The CHIP members represent public health, the broad community and people who are low-income, minorities or otherwise undeserved Their mission is to improve the health of communities through education and the promotion of healthy lifestyles, build partnerships to maximize resources, and provide access to quality health care to all of the people in Highlands County regardless of ability to pay The FHH Hospitals also established a Community Health Needs Assessment Committee (CHNAC) to analyze the health data collected and prioritize key issues for the FHH Hospitals to address

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Form and Line Reference	Explanation
Group A-Facility 8 -- FH Heartland Medical Center Part V, Section B, line 6a	Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid conducted a joint Community Health Needs Assessment (CHNA) in 2013 The CHNA was conducted through a collaborative community needs assessment process with the hospitals, Highlands County Health Department, the Community Health Improvement Planning Committee (CHIP) of Highlands County, Samaritan's Touch free clinics in Sebring, the Highlands County Rural Health Network, Highlands Regional Medical Center, and Central Florida Health Care (a federally qualified health center)

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Form and Line Reference	Explanation
Group A-Facility 8 -- FH Heartland Medical Center Part V, Section B, line 6b	Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid conducted a joint Community Health Needs Assessment (CHNA) in 2013 The CHNA was conducted through a collaborative community needs assessment process with the hospitals, Highlands County Health Department, the Community Health Improvement Planning Committee (CHIP) of Highlands County, Samaritan's Touch free clinics in Sebring, the Highlands County Rural Health Network, Highlands Regional Medical Center, and Central Florida Health Care (a federally qualified health center)

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Form and Line Reference	Explanation
Group A-Facility 8 -- FH Heartland Medical Center Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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Form and Line Reference	Explanation
Group A-Facility 8 -- FH Heartland Medical Center Part V, Section B, line 11	Priority 1 Cancer Cancer is the second leading cause of death in the Heartland community Efforts to promote the importance for early detection are key in reducing the number of c ases of Cervical Cancer, Breast Cancer and Prostrate Cancer Individuals from underserved populations are more likely to be diagnosed with late-stage cancers that might have been t reated or cured if diagnosed earlier Interventions include - Smoking cessation classes fo r at least 230 people including underserved populations- Pink Army education efforts re ea rly detection of breast cancer for at least 670 people- Education seminars on the importan ce of regular checkups with primary care physicians Priority 2 Heart Disease and StrokeH eart Disease and Stroke are the leading cause of death in the Heartland community High ch olesterol, health attacks, angina, heart disease, and hypertension rates are above the sta te average for all adults and adult women Poor eating habits and economic pressures are a ttributed to these outcomes As with cancer, heart disease and its risk factors are not be ing picked up early in people who do not have routine checkups with a primary care physici an Interventions include - Healthy Heart classes on nutrition, eating habits and stress m anagement - Biometric Indexes for those who attend the Hearty Heart sessions - Health Fair s and cardiac screenings for at least 800 people - Chronic disease self-management program s including efforts on CHF that can reduce readmissions by 1% or more- Stroke education se minars - Cardiac rehabilitation classes - Education seminars on the importance of regular checkups with primary care (as noted in Priority 1) Priority 3 DiabetesThere is a higher- than-state average on hospitalizations and hospitalizations from amputations in the Florid a Hospital Heartland service area Diabetes self-management education is also below the st ate average, so it is important to educate our community on the importance of managing Dia betes An individual's socioeconomic status and race or ethnicity plays a major role in th eir access to education on diabetes, and on the risk factors involved in not being treated Interventions include - Community diabetes education program for at least 100 people * P hysical activity for at least 50% of the participants * O verall 5% weight loss in overweig ht or obese patients * Improvement in participant ratings of their quality of life * Instr uction on personal foot exams (3x per week at home) * Improvement in medication compliance in 88% pf participants * Adherence to nutritional goals in 60% of participants * Medical nutrition therapy for at least 40 people * Reduce A1c levels in uninsured people through c lasses and screenings - Gestational diabetes programs - Diabetes self-management training for at least 100 people Priority 4 Access to Health CareAccess to health care issues can be attributed to the lack of education or understanding of health care systems and the way s treatments and overall care are communicated Providing community education on how to ac cess health care and improving decision-making skills is important, as are adequate resour ces for screening and intervention programs through health fairs and screening programs th roughout the community Access to care is effected by socio-economic status, health risk b ehaviors and limited job opportunities Interventions include - Enlist volunteers to educat e people on community health care resources- Provide up to $2 5 million in vouchers for la b and imaging services for uninsured patients at the local free clinic- Conduct eight heal th fairs for insured and uninsured people - Refer patients to the local Federally Q ualifie d Health Center Priority 5 Chronic Disease Management - Implement free Stanford Chronic Disease Self-Management program that has proven health improvement results for its graduat es - See Heart Disease and Diabetes efforts listed in Priorities 2 and 3 above Priorities Considered but Not Selected Medical Home Shortage The community's total number of licens ed family physicians is below average with a ratio of 1 primary care physician to 270 peop le This issue was not chosen because it is encompassed in the access to health care prior ity Motor Vehicle Deaths The community's rate of motor vehicle accidents is higher that t he state average, many are related to alcohol Motor vehicle deaths that do not involve al cohol are seen as unintentional deaths and may be related to the rural nature of the commu nity This is not a core competency of the hospital, and there are numerous organizations working to stop drinking and driving Chronic Lower Respiratory Disease Hospitalizations for respiratory diseases exceed the state rate Smoking is the main cause of chronic lower respiratory disease Florida Hospital offers smoking cessation classes and a Better Breat hers Club, and other organizations such as the American Lung Association focus on this dis ease Need for Health Promotion Lifestyle and pers

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

Form and Line Reference	Explanation
Group A-Facility 8 -- FH Heartland Medical Center Part V, Section B, line 11	onal health habits are growing concerns The community's obesity rate is higher than the e xpected level for students in middle and high school, as well as in adults We are address ing this issue in our diabetes, heart disease and chronic disease self-management efforts In addition, there is a program called ACCESS Florida offered by the Florida Department o f Children and Families, which helps families purchase nutritional foods needed to maintai n a healthy lifestyle HIV/AIDS HIV/AIDS deaths exceed the state average An alarming 29% of married persons still believe you get HIV from mosquitoes This is an issue of educatio n, which many groups are focusing on The local Health Department cares for HIV/AIDS patie nts The Highlands County Rural Health Network offers Making a Difference!, aa initiative that empowers adolescents to change their behaviors and reduce their risks of pregnancy, H IV and other sexual transmitted diseases Maternal-Infant Pregnancy, Parental Care and New born Care fall in as the tenth issue Even though teen birth rates have decreased from 201 0, the area's rates are still above the average A 15-20 year old has a 57% chance of givi ng birth, and 30% of mothers began their prenatal care after the first trimester Florida Hospital Heartland has a Birthing Center that serves women of all incomes and ethnicities Several community groups are working diligently on teen pregnancy prevention Healthy Cho ices Education/Teen Pregnancy Prevention are current initiatives by Highlands County Rural Health Network, their focus is helping reduce STDs and teen pregnancy within the communit y Pediatrics Pediatric Services are limited in this community, due in part to a limited d emand driven by the large aging population Florida Hospital Heartland has a pediatric uni t and a one pediatric hospitalist, but no specialists Families with acute needs travel ou t of the community - to Tampa, Orlando or Lakeland - for specialty pediatric services Hea rtland has a referral agreement with the Florida Hospital for Children in Orlando that pro vides access to 30 sub-specialties Due to the limited demand for pediatrics in the commun ity, Florida Hospital Heartland has no current plans to expand the existing pediatric unit Mental Health/Substance Abuse There is a local shortage of mental health providers in th e community, meaning that the ability to provide effective care is challenging In the Cou nty, the provider-to-patient ratio is four times the state average Substance abuse is als o a growing issue, especially in middle and high school aged population Marijuana use is above the state average Florida Hospital Heartland does not provide mental health or subs tance abuse services BALANCE Lives in Transition is an organization formed to improve tre atment and quality of life for residents Drug Free Highlands works with the Highlands Cou nty School Board and Sheriff's Office to promote a drug-free community

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Form and Line Reference	Explanation
Group A-Facility 8 -- FH Heartland Medical Center Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

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Form and Line Reference	Explanation
Group A-Facility 9 -- Florida Hospital Apopka Part V, Section B, line 5	Florida Hospital (FH) is a 2,500 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license The Florida Hospital Apopka (FHAP) campus is a 50-bed acute-care community hospital located in Apopka, Florida Services offered by Florida Hospital Apopka include but are not limited to rehabilitation services, intensive and progressive care units, 50 acute care beds, a 24-hour emergency department, imaging services, a women's diagnostic center, home health services, cardiac diagnosis services, and a sleep lab Services not provided at Florida Hospital Apopka are provided at other campuses and ground and air transportation are available to ensure all patients can access the appropriate level of care Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group A-Facility 9 -- Florida Hospital Apopka Part V, Section B, line 6a	The filing organization collaborated with two other not-for-profit hospitals, namely Orlando Health and Lakeside Behavioral Health, to create a Community Health Needs Assessment for Orange, Osceola, and Seminole Counties The Community Health Needs Assessment describes the health of Central Floridians for the purpose of planning interventions relevant to the community

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Form and Line Reference	Explanation
Group A-Facility 9 -- Florida Hospital Apopka Part V, Section B, line 6b	The filing collaborated with the Florida Department of Health in Orange County and other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis

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Form and Line Reference	Explanation
Group A-Facility 9 -- Florida Hospital Apopka Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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

Form and Line Reference	Explanation
Group A-Facility 9 - - Florida Hospital Apopka Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital Apopka Florida Hospital Apopka chose t wo areas of focus for its 2013-16 Community Health Plan Obesity/Chronic Disease and Acces s to Care A Obesity/Chronic DiseaseObesity increases the risk for developing health cond itions such as heart disease, stroke, diabetes, and cancer - and the comorbidities that of ten accompany these diseases Additionally, being overweight or obese increases the risk o f adverse health outcomes and has significant economic impacts on individuals and the comm unity These impacts can include a rise in health care spending over time as well as lost earnings and productivity due to illness Several factors influence the likelihood of obes ity including individual behavior, the social and built environment, and genetic heritabil ity As a result, being overweight or obese is a complex health issue to address Good nut rition, physical activity, and maintaining a healthy body weight can help manage/prevent o besity and promote overall health and well-being Florida Hospital Apopka's obesity/chroni c disease interventions target both adults and children - Provide funding to increase opp ortunities for health education via community garden curriculum implemented through Head S tart- Increase opportunities for leisure time physical activity in a social setting via an nual 5k runs- Provide education to increase knowledge of positive behaviors towards health y eating and exercise via Mission Fit Possible program for Children- Provide education and clinical care to increase knowledge of and positive behaviors toward healthy eating and e xercise- Increase the availability of fruits to the diets of the population age 2 and olde r via the mobile farmers market- Provide education and clinical care to increase knowledge of and positive attitudes towards healthy foods- Promote nature prescription pad pilot to FHMG physicians so that they may "prescribe" exercise via free admissions for up to 8 per sons to a state park- Provide support and board membership to the American Heart Associati on and encourage employee participation in the annual Heart Walk Additional Chronic diseas e interventions include - Heart of Apopka, which uses the Stanford chronic disease self-ma nagement program for patients with chronic conditions (free) - Free care for uninsured COP D and asthma patients at the Apopka Lung Clinic operated by the Hospital's Respiratory Car e Department - Increase the access to medication and pulmonary care through the Hospital's Pulmonary Rehab center - CREATION Health faith-based wellness plan that focuses on eight principles Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlo ok and Nutrition CREATION Health lifestyle seminars and expanded programs are offered at all Florida Hospital locations and in community settings - Free 'Quit Smoking Now' smokin g cessation classes B Access to Care A number of Florida Hospital Apopka initiatives educ ate and link underserved community members to free or affordable health resources - Opera te the Community After Hours Clinic (at Florida Hospital) that provide cares to uninsured and underinsured people - Financially support and lead the Primary Care Access Network (PC AN) integrated system of health care for un- and underinsured people in O range County PCA N has 92,000 primary care patients in 13 FQHC medical homes, and 10,000 secondary care pat ients - Encourage medical home enrollment by making appointments or referring un- and und erinsured emergency department and inpatients to PCAN FQHCs - Provide financial support to Shepherd's Hope free clinics - Provide financial for the Health Care Center for the Homel ess- Provide financial support for Grace Medical Home, a chronic care medical home for uni nsured people- Operate the Apopka Lung Clinic for uninsured people with chronic respirator y conditions including COPD and asthma- Increase the availability of free or low-cost mamm ograms for un- and underinsured women via the mobile mammogram unit and Florida Hospital d iagnostics centers - Support the education and training of medical practitioners through t he FH Residency programs and Adventist University, and through partnerships with the UCF a nd FSU Medical Schools Community Needs Not Chosen by Florida Hospital Apopka In developing its Community Health Needs Assessments, Florida Hospital used defined criteria to determi ne the priority areas to be addressed The criteria were 1 Acuity of the health issue (ho w serious is it?)2 Capacity of the hospital to address the issue (does the hospital have the services or other ability to address the issue?)3 Are community partners already addr essing this issue? Would the hospital be duplicating those efforts? 4 If the hospital wer e to address the issue, would there be opportunities for collaboration and shared impact?A Stroke Stroke is among the most common chronic conditions in the United States and is fr equently related to health behaviors such as obesi

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Form and Line Reference	Explanation
Group A-Facility 9 -- Florida Hospital Apopka Part V, Section B, line 11	ty and smoking Florida Hospital Apopka and its community partners - the Department of Hea lth, the Area Health Education Council (AHEC), the American Heart Association, the America n Cancer Society, the American Lung Association, etc - already provide health education a nd disease management programs As noted above, the hospital's Obesity interventions focus on health education, exercise, nutrition, stress management, and personal accountability - factors vital to the control of diabetes, cancer, heart disease, stroke, asthma and the comorbidities that often accompany these diseases Therefore, Florida Hospital Apopka is a ddressing the risk factors for these chronic diseases by specifically addressing Obesity B DiabetesDiabetes can lead to the development of serious and disabling complications if n ot properly treated Complications include heart disease and stroke, high blood pressure, blindness, kidney disease, and limb amputation According to the American Diabetes Associa tion, it is possible to prevent or delay diabetic complications through a healthy diet, ph ysical activity, and maintaining a healthy weight and glucose levels Florida Hospital Apo pka does not offer specific diabetes services (other than routine inpatient care), but its diabetes engagement includes the Heart of Apopka program that uses the Stanford chronic d isease self-management program that includes diabetes management Because the Apopka commu nity is nearly 50% Hispanic, the free, CDC-recommended classes are offered in both Spanish and English C CancerFlorida Hospital Apopka does not provide cancer treatment services Patients in the Apopka community are treated at the Cancer Institute at the main Florida H ospital campus In addition, Florida Hospital Apopka supports the Area Health Education Co uncil (AHEC) and provides funding to the American Cancer Society and the American Lung Ass ociation, these partners provide health education and disease management programs througho ut the county D Heart DiseaseHeart disease, hypertension and Congestive Heart Failure - w ith Diabetes - are the most common chronic conditions in the United States Risk factors i nclude health behaviors such as obesity and smoking The Heart of Apopka program noted abo ve provides education and support for people with or at risk for heart disease through the free Stanford Chronic Disease Self-Management Program offered in Spanish and English Apo pka residents can access the free Florida Hospital congestive heart failure clinic at the Orange County Medical Clinic The hospital supports efforts to reduce heart related condit ions through the funding of research and programs via board membership to the American Hea rt Association E Sexually Transmitted DiseasesFlorida Hospital Apopka provides inpatient care but does not provide wrap-around services for HIV/AIDS or STD patients The Health De partment has STD and HIV/AIDS Clinics, and the Center for Multicultural Wellness and Preve ntion provides programs that screen for and treat sexually transmitted diseases In additi on, Orange County Government Health Services operates the Ryan White HIV/AIDS Program that provides services to people without sufficient health coverage or financial resources to cope with HIV ** see continuation of footnote

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Form and Line Reference	Explanation
Group A-Facility 9 -- Florida Hospital Apopka Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

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Form and Line Reference	Explanation
Group A-Facility 11 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 5	Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid (the FHH Hospitals), located in Highlands County, Florida, operate under a single hospital license Collectively, these two hospitals serve the residents of Highlands County, which includes the cities of Sebring, Lake Placid and Avon Park Highlands County has an estimated population of 102,000 permanent residents, with an approximate increase of an additional 35,000 seasonal residents during the winter months Highlands County's residents comprised the fifth-oldest population in the US in 2012 Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid conducted a joint Community Health Needs Assessment (CHNA) in 2013 The CHNA was conducted through a collaborative community health needs assessment process that included the Highlands County Health Department, the Community Health Improvement Planning Committee (CHIP) of Highlands County, Samaritan's Touch free clinics in Sebring, the Highlands County Rural Health Network, Highlands Regional Medical Center, and Central Florida Health Care (a federally qualified health center) The CHNA process included the collection of both primary and secondary data Primary data consisted of community surveys and direct stakeholder input, particularly with respect to representatives from the CHIC Committee With respect to the process of gathering and analyzing both primary and secondary health needs assessment data, the collaborative team relied significantly on the CHIP Committee due to its broad representation of the communities served by the FHH Hospitals The CHIPS Committee is composed of a number of representatives from organizations that serve the medically underserved, low-income populations and those with chronic disease needs Among others, the following organizations were represented on the CHIC Committee Highlands County Department of Health,Tri-County Human Services,Salvation Army,Florida Department of Health,Healthy Start Coalition,Children's Services Council, andHeartland Rural Health Network The CHIP members represent public health, the broad community and people who are low-income, minorities or otherwise undeserved Their mission is to improve the health of communities through education and the promotion of healthy lifestyles, build partnerships to maximize resources, and provide access to quality health care to all of the people in Highlands County regardless of ability to pay The FHH Hospitals also established a Community Health Needs Assessment Committee (CHNAC) to analyze the health data collected and prioritize key issues for the FHH Hospitals to address

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Form and Line Reference	Explanation
Group A-Facility 11 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 6a	Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid conducted a joint Community Health Needs Assessment (CHNA) in 2013 The CHNA was conducted through a collaborative community needs assessment process with the hospitals, Highlands County Health Department, the Community Health Improvement Planning Committee (CHIP) of Highlands County, Samaritan's Touch free clinics in Sebring, the Highlands County Rural Health Network, Highlands Regional Medical Center, and Central Florida Health Care (a federally qualified health center)

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Form and Line Reference	Explanation
Group A-Facility 11 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 6b	Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid conducted a joint Community Health Needs Assessment (CHNA) in 2013 The CHNA was conducted through a collaborative community needs assessment process with the hospitals, Highlands County Health Department, the Community Health Improvement Planning Committee (CHIP) of Highlands County, Samaritan's Touch free clinics in Sebring, the Highlands County Rural Health Network, Highlands Regional Medical Center, and Central Florida Health Care (a federally qualified health center)

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Form and Line Reference	Explanation
Group A-Facility 11 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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Form and Line Reference	Explanation
Group A-Facility 11 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 11	Because Florida Hospital Lake Placid and Florida Hospital Heartland are both located in Hi ghlands County, and have the same service area, the Community Health Needs Assessment was a joint effort Priority 1 Cancer Cancer is the second leading cause of death in the Lake Placid community Efforts to promote the importance for early detection are key in reducin g the number of cases of Cervical Cancer, Breast Cancer and Prostrate Cancer Individuals from underserved populations are more likely to be diagnosed with late-stage cancers that might have been treated or cured if diagnosed earlier Interventions include - Smoking ces sation classes for at least 230 people including underserved populations- Pink Army educat ion efforts re early detection of breast cancer for at least 670 people- Education seminar s on the importance of regular checkups with primary care physicians Priority 2 Heart Dis ease and StrokeHeart Disease and Stroke are the leading cause of death in the Lake Placid community High cholesterol, health attacks, angina, heart disease, and hypertension rates are above the state average for all adults and adult women Poor eating habits and econom ic pressures are attributed to these outcomes As with cancer, heart disease and its risk factors are not being picked up early in people who do not have routine checkups with a pr imary care physician Interventions include - Healthy Heart classes on nutrition, eating h abits and stress management - Biometric Indexes for those who attend the Hearty Heart sess ions - Health Fairs and cardiac screenings for at least 800 people - Chronic disease self- management programs including efforts on CHF that can reduce readmissions by 1% or more- S troke education seminars - Cardiac rehabilitation classes - Education seminars on the impo rtance of regular checkups with primary care (as noted in Priority 1)Priority 3 DiabetesT here is a higher-than-state average on hospitalizations and hospitalizations from amputati ons in the Florida Hospital Heartland service area Diabetes self-management education is also below the state average, so it is important to educate our community on the importanc e of managing Diabetes An individual's socioeconomic status and race or ethnicity plays a major role in their access to education on diabetes, and on the risk factors involved in not being treated Interventions include - Community diabetes education program for at lea st 100 people * Physical activity for at least 50% of the participants * O verall 5% weight loss in overweight or obese patients * Improvement in participant ratings of their qualit y of life * Instruction on personal foot exams (3x per week at home) * Improvement in medi cation compliance in 88% pf participants * Adherence to nutritional goals in 60% of partic ipants - Medical nutrition therapy for at least 40 people - Reduce A1c levels in uninsured people through classes and screenings - Gestational diabetes programs - Diabetes self-man agement training for at least 100 people Priority 4 Access to Health CareAccess to health care issues can be attributed to the lack of education or understanding of health care sy stems and the ways treatments and overall care are communicated Providing community educa tion on how to access health care and improving decision-making skills is important, as ar e adequate resources for screening and intervention programs through health fairs and scre ening programs throughout the community Access to care is effected by socio-economic stat us, health risk behaviors and limited job opportunities Interventions include - Enlist vol unteers to educate people on community health care resources- Provide up to $2 5 million i n vouchers for lab and imaging services for uninsured patients at the local free clinic- C onduct eight health fairs for insured and uninsured people - Refer patients to the local F ederally Qualified Health Center Priority 5 Chronic Disease Management - Implement free Stanford Chronic Disease Self-Management program that has proven health improvement result s for its graduates - See Heart Disease and Diabetes efforts listed in Priorities 2 and 3 above Priorities Considered but Not Selected Medical Home Shortage The community's total number of licensed family physicians is below average with a ratio of one primary care ph ysician to 270 people This issue was not chosen because it is encompassed in the access t o health care priority Motor Vehicle Deaths The community's rate of motor vehicle acciden ts is higher that the state average, many are related to alcohol Motor vehicle deaths tha t do not involve alcohol are seen as unintentional deaths and may be related to the rural nature of the community This is not a core competency of the hospital, and there are nume rous organizations working to stop drinking and driving Chronic Lower Respiratory Disease Hospitalizations for respiratory diseases exceed the state rate Smoking is the main caus e of chronic lower respiratory disease Florida Ho

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Form and Line Reference	Explanation
Group A-Facility 11 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 11	spital offers smoking cessation classes and a Better Breathers Club, and other organizatio ns such as the American Lung Association focus on this disease Need for Health Promotion Lifestyle and personal health habits are growing concerns The community's obesity rate is higher than the expected level for students in middle and high school, as well as in adul ts We are addressing this issue in our diabetes, heart disease and chronic disease self-m anagement efforts In addition, there is a program called ACCESS Florida offered by the Fl orida Department of Children and Families, which helps families purchase nutritional foods needed to maintain a healthy lifestyle HIV/AIDS HIV/AIDS deaths exceed the state average An alarming 29% of married persons still believe you get HIV from mosquitoes This is an issue of education, which many groups are focusing on The local Health Department cares for HIV/AIDS patients The Highlands County Rural Health Network offers Making a Differenc e!, an initiative that empowers adolescents to change their behaviors and reduce their ris ks of pregnancy, HIV and other sexual transmitted diseases Maternal-Infant Pregnancy, Par ental Care and Newborn Care fall in as the tenth issue Even though teen birth rates have decreased from 2010, the area's rates are still above the average A 15-20 year old has a 57% chance of giving birth, and 30% of mothers began their prenatal care after the first t rimester Florida Hospital Heartland has a Birthing Center that serves women of all income s and ethnicities Several community groups are working diligently on teen pregnancy preve ntion Healthy Choices Education/Teen Pregnancy Prevention in an initiative of the Highlan ds County Rural Health Network, their focus is helping reduce STDs and teen pregnancy with in the community Pediatrics Pediatric Services are limited in this community, due in part to a limited demand driven by the large aging population Florida Hospital Heartland has a pediatric unit and a one pediatric hospitalist, but no specialists Families with acute needs travel out of the community - to Tampa, Orlando or Lakeland - for specialty pediatri c services Heartland has a referral agreement with the Florida Hospital for Children in O rlando that provides access to 30 sub-specialties Due to the limited demand for pediatric s in the community, Florida Hospital Heartland has no current plans to expand the existing pediatric unit Mental Health/Substance Abuse There is a local shortage of mental health providers in the community, meaning that the ability to provide effective care is challeng ing In the county, the provider-to-patient ratio is four times the state average Substan ce abuse is also a growing issue, especially in middle and high school aged population Ma rijuana use is above the state average Florida Hospital Heartland does not provide mental health or substance abuse services BALANCE Lives in Transition is an organization formed to improve treatment and quality of life for residents Drug Free Highlands works with th e Highlands County School Board and Sheriff's Office to promote a drug-free community

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Form and Line Reference	Explanation
Group A-Facility 11 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

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Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group B

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Form and Line Reference	Explanation
Facility Reporting Group B consists of	- Facility 10 Central Texas Medical Center, - Facility 12 Florida Hospital Wauchula

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Form and Line Reference	Explanation
Group B-Facility 10 -- Central Texas Medical Center Part V, Section B, line 5	Central Texas Medical Center (CTMC) is a 170-bed community hospital providing a wide range of complex healthcare services located in San Marcos, Texas CTMC is one of two hospitals in Hays County and provides a wide range of healthcare services CTMC's primary service area is identified as the cities of Lockhart, San Marcos, Kyle and Wimberley The secondary service area is Hays County (location of the cities of San Marcos, Kyle and Wimberley) and Caldwell County (location of the city of Lockhart) Caldwell County is served by one critical access hospital While the demographics of Hays and Caldwell counties are similar, the cities located in CTMC's primary service area (San Marcos, Kyle, Lockhart and Wimberley) are quite diverse Wide variations exist in the median household income, percentage of residents below the Federal Poverty Level, ethnicity and education In conducting its 2013 Community Health Needs Assessment (CHNA), CTMC solicited input from numerous stakeholders from throughout Hays and Caldwell Counties in an effort to gain a thorough understanding of the unique health needs in its primary and secondary service area Stakeholder organizations were identified as such because they provide resources and/or programs that promote or enhance the health needs of residents in the primary and secondary service areas Primary data was gathered through interviews and surveys The goal of this process was to distinguish prevalent health issues impacting residents in the primary and secondary service areas, identify community programs and/or services currently being offered to address the health needs of the population, and recognize gaps that prohibited or limited access to services or disrupt the continuity of care Many of these organizations offer services that specifically target low-income populations, minority populations, the medically underserved or those with chronic disease needs As a part of its efforts to ensure broad community-based input into the CHNA process, CTMC established a Community Health Needs Assessment Committee (CHNAC) The CTMC Community Health Needs Assessment Committee is comprised of individuals who represent multiple communities and embody diverse community programs, services and organizations Each member not only brings a rich understanding of the primary and secondary service areas but are also "subject matter experts" in a variety of areas including public health, mental health, government, education, non-profit, agencies/advocacy groups, faith-based organizations, and the medical community Community members of the CHNAC represented the following organizations * Hays County Health Department, * Healthy Communities Collaborative,* Texas State University - San Marcos,* Faith Community Nurses of Hays County (FCNOHC), * San Marcos Consolidated Independent School District (SMCISD), * Women, Infants and Children (WIC) Program, * San Marcos City Council, * Hays County Commissioners Court,* Area Agency on Aging of the Capital Area,,* Schieb (Mental Health Services),* Community Action, Inc (CAI), * Wimberley EMS, and * Live Oak Health Partners

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Group B-Facility 10 -- Central Texas Medical Center Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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

Form and Line Reference	Explanation
Group B-Facility 10 -- Central Texas Medical Center Part V, Section B, line 11	Priority 1 Accessing the right level of care, in the right setting, at the right time ra te of uninsured CTMC interventions include - Increase capacity at Live Oaks Health Partner s Community Clinic for uninsured Hays County residents by adding evening hours to increase patient encounters by at least 475 - Increase the number of uninsured patients receiving prescription assistance at the Live Oaks Health Partners Community Clinic to at least 250 patients - Add 150 discounted labs and radiology tests for uninsured patients at Live Oa ks Health Partners Community Clinic- Collaborate with at least two area school counselors to increase participation (to at least 50 people) in the CTMC Hospital Grief Center's Camp HeartSong and Camp HeartSong Too - Increase the number of supports groups at the CTMC Hos pital Grief Center from six to seven per year - Distribute at least 100 vouchers for free mammograms Priority 2 Timely access (including after-hours care) to Healthcare Profession als, especially primary care, accessing care close to home when care is neededCTMC interve ntions include - Build after-hours capacity for uninsured residents of Hays and Caldwell C ounties at the Live Oaks Health Partners Community Clinic- Recruit primary care physicians to establish practices in Hays and/or Caldwell Counties (medically underserved areas) Pri ority 3 Healthier management of lifestyle/making good choices in the areas of nutrition, weight management, exercise, smoking, alcohol use and sexually transmitted infections (STI s) CTMC Interventions include - Collaborate with churches, civic groups, schools and emplo yers to offer CREATION Health workshops (based on principles of choice, rest, environment, activity, trust, interpersonal relationships, outlook and nutrition)- Increase CREATION H ealth Fitness Challenge participants from 16 to 32 by adding at least one Challenge and cr eating a children's component - Collaboration with local community organizations to provid e vouchers for free health screenings to residents of Hays and Caldwell Counties at the Ho spital's annual HealthCheck screening event Priority 4 Prevalence and/or enhanced outpat ient management of heart disease/congestive heart failure (CHF) and related conditions/ris k factors such as hypertensionCTMC Interventions include - Identify Congestive Health fail ure (CHF) patients at risk for preventable readmissions and help them manage their disease in outpatient and home settings- Initiate referrals to medical homes for at least 50 perc ent of unfunded CHF patients in Hays and Caldwell Counties - Develop a "Walk with the Card iologist" program for residents of Hays and Caldwell Counties- Develop a "Better Breathers Club" in cooperation with the American Lung Association for residents of CTMC's service a rea who have CHF, COPD (Chronic Obstructive Pulmonary Disease) or related conditions Prio rity 5 Prevalence and/or enhanced outpatient management of diabetes, programs to address anticipated growth of diabetes and related conditions CTMC interventions include - Offer monthly glucose screenings and Diabetes Risk Assessments to residents of Hays and Caldwell Counties- Provide up to four individual, no-cost, follow-up visits with a Diabetes Educat or to all residents of Hays and Caldwell Counties who have participated in CTMC Diabetes E ducation classes Priorities Considered but Not SelectedPrevalence of Respiratory Disorder s including asthma and COPD and access to programs/services that reduce "rescue care "Whil e this is an important initiative, CTMC does not currently have the infrastructure to supp ort programs that focus on respiratory diseases There are no engaged pulmonologists on th e medical staff Future programs could include pulmonary rehabilitation and education prog rams that focus on asthma and those with chronic obstructive pulmonary disease (COPD) CTM C is working with the Lung Association on the Better Breathers program Timely access to l ocal Mental Health Services including treatment for substance abuse As noted in the needs assessment, limited resources are available for mental health services Hill Country Ment al Health and Mental Retardation (MHMR) operate the Schieb Center in San Marcos This cent er offers a wide array of programs Qualitative data suggests demand for these services ou tweighs access At this time CTMC does not have the expertise or professional staff to add ress mental health services Currently, all patients who present at CTMC with behavioral h ealth conditions, including substance abuse, are transferred to another facility once medi cally stabilized In 2012, almost 10% of all transfers from CTMC were due to mental health conditions Prevalence of some cancer-related conditions and timely access to screening s ervices and treatment CTMC offers screening and related services specifically for breast cancer We do not, however, offer clinical programs for the treatment of cancer including oncology and radiation services Significant enhan

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Form and Line Reference	Explanation
Group B-Facility 10 -- Central Texas Medical Center Part V, Section B, line 11	cements to our medical staff membership and service lines would need to be accomplished in order to effectively treat cancer and cancer-related conditions We will continue to supp ort community screening programs, especially breast cancer screening Limited transportatio n resources, especially transportation for healthcare and related services Unfortunately, Hays and Caldwell Counties have no mass transportation system There is no bus system or light rail access The CARTS (Capital Area Rural Transportation System) addresses some tra nsportation challenges but services must be arranged ahead of time and the wait times can be significant CTMC does not have the infrastructure to address transportation needs that are prevalent throughout the counties we serve A future goal would be to design targeted health care services that are offered in satellite locations throughout the service area to make access to care closer to home and lessen reliance on transportation services Reduc ed Teen Pregnancy Rates, support services including healthcare for pregnant teens CTMC ha s a very robust obstetrics program including a neonatal ICU Teen mothers frequently acces s these services CTMC also offers free childbirth education services including breastfeed ing/lactation consultation While we offer a reasonable array of obstetrical-related healt h care services CTMC is not in the best position to reduce teen pregnancy rates through ed ucation and birth control O ther community partners including the Health Departments are w orking on this issue Therefore, this is not an identified hospital priority at this time

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group B-Facility 10 -- Central Texas Medical Center Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group B-Facility 12 -- Florida Hospital Wauchula Part V, Section B, line 5	Florida Hospital Wauchula (FHW) is a 25-bed hospital specializing in emergency and outpatient care located in Hardee County, Florida Florida Hospital Wauchula opened in 1993, a year after the closing of Hardee County's only (other) hospital Since then, not only has FHW set the pace for healthcare in Hardee County, in 2000 it also became the first Critical Access Hospital (CAH) in the State of Florida To be designated as a CAH in Florida, a hospital must be located in a rural area and be at least 35 miles from the nearest other hospital Hardee County is a socio-economically disadvantaged, rural, agricultural county that is also designated as a health professional shortage area by the US Department of Health and Human Services To ensure that input was solicited from the medically underserved, low-income and minority populations, FHW gathered input from a number of key stakeholder organizations in the community Input was gathered from the Hardee County Primary Health Care Network, a public/private partnership that provides health care to the working poor The Hardee County Primary Health Care Network includes Central Florida Health Care, a federally qualified health care center, the Hardee County Health Department, Pioneer Medical Center, FHW, and a pharmacy The Network provides services to Hardee County residents who have no insurance or are not eligible for Medicare, Medicaid, or other government programs FHW also gathered input from other key stakeholder organizations/agencies including the Hardee County Health Department and Central Florida Health Care As noted above, Central Florida Health Care is a federally qualified health care center and provides services to everyone in the community, including undocumented and other underserved populations Over 51% of the Board of Central Florida Health Care is comprised of clinic users Florida Hospital Wauchula also established a Community Health Needs Assessment Committee (CHNAC) Input was solicited from all members of the CHNAC The CHNAC was comprised of community representatives and members of the Florida Hospital Wauchula Board

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Form and Line Reference	Explanation
Group B-Facility 12 -- Florida Hospital Wauchula Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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Form and Line Reference	Explanation
Group B-Facility 12 -- Florida Hospital Wauchula Part V, Section B, line 11	Priority 1 Cancer Cancer is the leading cause of death within our community Efforts to p romote the importance for early detection are key to reducing the number of severe cases i n Cervical Cancer, Breast Cancer and Prostrate Cancer The three leading cancers for men a re lung, prostate, and colorectal For women, the leading cancers are lung, breast, and co lorectal The 2009-2011 age-adjusted death rate for all cancers for Hardee County Resident s is 165 5/100,000 compared to the State of Florida's age-adjusted death rate for all canc ers 161 1/100,000 Interventions include - Screenings and treatment through the Primary Ca re Network (see Priority 4 below) for people with incomes less than 150% of poverty- Smoki ng cessation classes for at least 230 people including underserved populations- Pink Army - education efforts re early detection of breast cancer for at least 670 people at 44 even ts - Pink Army - enlist 180 volunteers to educate the community - Education seminars on th e importance of regular checkups with primary care physicians Priority 2 Diabetes Diabete s has a higher than state average on hospitalizations, and hospitalizations from amputatio ns With Diabetes self-management education below the state average, the emphasis on educa ting our public on the importance of managing their Diabetes is crucial Diabetes is one o f the most common chronic diseases among children in the United States Interventions incl ude - Community diabetes education program (in cooperation with Florida Hospital Heartland) * Physical activity for at least 50% of the participants * O verall 5% weight loss in ove rweight or obese patients * Improvement in participant ratings of their quality of life * Instruction on personal foot exams (3x per week at home) * Improvement in medication compl iance in 88% pf participants * Adherence to nutritional goals in 60% of participants - Med ical nutrition therapy for at least 40 people - Reduce A1c levels in uninsured people thro ugh classes and screenings in cooperation with the Hardee County Primary Care Network (see Priority 4 below) for people with incomes less than 150% of poverty Priority 3 Heart Dis easeHeart Disease and Stroke are the leading cause of death in Florida and the U S with h igh cholesterol, MI, Angina, heart disease, and HTN above the state average for all adults and adult women, and second highest in Hardee County Poor eating habits and economic pre ssures are attributed to these outcomes Interventions (in cooperation with Florida Hospita l Heartland) include - Cardiac screenings and treatment through the Hardee County Primary Care Network for people with incomes less than 150% of poverty- Healthy Heart classes on nutrition, eating habits and stress management - Biometric Indexes for those who attend th e Hearty Heart sessions - Health Fairs and cardiac screenings for at least 800 people - St roke education seminars - Cardiac rehabilitation classes - Education programs and outreach on the importance of routine checkups with a physician - Chronic disease self-management programs Priority 4 Access to Health Care Access to Health Care is a major issue for Har dee County, with a ratio of 3,237 1 for primary care providers Not only is there a shorta ge of providers, but there is a lack of education on how to access health care, treatments and screenings Access to care is effected by socio-economic status, health risk behavior s (Hardee ranks 56th in Health Factors access to clinical care), and limited job opportuni ties Interventions include - Florida Hospital Wauchula is a founder and an active partner in the Hardee County Primary Care Network, a public/private partnership that provides heal th care to the working poor (with incomes less than 150% of poverty) It includes Central Florida Health Care (FQHC), Hardee County Health Department, Pioneer Medical Center, Flori da Hospital Wauchula, and a pharmacy Hospitals and other providers donate medical service s Patients pay a small co-payment for services The program enrolls 1,200 to 1,300 indivi duals annually - The Affordable Care Act will help many people get insurance but the State of Florida did not expand Medicaid, leaving the most vulnerable without health coverage There is the opportunity to work with Central Florida Health Care (FQHC) and Hardee County the Primary Care Network to enhance services - The hospital enrolls eligible patients in Medicaid Priority 5 Chronic Disease - Implement free Stanford Chronic Disease Self-Manage ment program that has proven health improvement results for its graduates - See Heart Dis ease and Diabetes efforts listed in Priorities 2 and 3 above Priorities Considered but Not Selected Motor Vehicle Deaths - The community's rate of motor vehicle accidents is higher that the state average, many are related to alcohol Motor vehicle deaths that do not inv olve alcohol are seen as unintentional deaths and may be related to the rural nature of th e community This is not a core competency of the

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Form and Line Reference	Explanation
Group B-Facility 12 -- Florida Hospital Wauchula Part V, Section B, line 11	hospital, and there are numerous organizations working to stop drinking and driving Chron ic Lower Respiratory Disease - Smoking falls within the education for heart disease and st roke Florida Hospital Wauchula already offers a five-week program to become tobacco free as well as a Better Breathers Club that teaches ways to cope with COPD Health Promotion - This issue fell under the umbrella of diabetes, which is being addressed as one of the pri orities Florida Department of Children and Families offers ACCESS Florida, a program that helps individuals and families purchase nutritional foods needed to maintain and promote good health The Hardee County Department of Health also offers a variety of health promot ion programs HIV/AIDS - Hardee County has an average of two AIDS cases reported annually This issue already has numerous groups and advocacies working to educate about HIV/AIDS a nd how they can be treated/cope if they are diagnosed Making a Difference! is an initiati ve that empowers adolescents to change their behaviors that will reduce their risks of pre gnancy, HIV and other sexually transmitted diseases Pregnancy/Prenatal Care/Newborn - Flor ida Hospital Heartland does not offer OB services While teen birth rates are high, there are numerous organizations making an effort to educate on teen pregnancies and the importa nce of prenatal care as well as continuing the child's health welfare after birth through regular check-ups with a pediatrician Healthy Choices Education /Teen Pregnancy Preventio n are current initiatives by Highlands County Rural Health Network with their focus on hea lthy choice education to help reduce STD and teen pregnancy within the community Healthy Start is another program promoting optimal prenatal health and developmental outcomes for all pregnant women and babies Pediatric Services - The hospital does not offer pediatric services The Health Department, Florida Hospital Heartland and Central Florida Family Hea lth Care (FQHC) do Mental Health/Substance Abuse - Florida Hospital Heartland does not pro vide mental health services Currently, there are a number of community-based substance ab use and mental health programs available to help provide stable environments and mentoring for those affected BALANCE Lives in Transition was formed as a unique support system to improve the treatment and quality of life for residents They are engaged in a variety of activities to create awareness about behavioral health and promote the promise of recovery for residents of the heartland Drug Free Highlands works with Highlands County School Bo ard and the Sheriff's Office to promote a drug free community Immunizations - Immunization s are increasingly available through health departments, drug stores, the local FQHC and p rimary care physicians The hospital does not provide immunizations Dental Care - Dental c are was not chosen as a priority due to the scope of resources available and the fact this issue also falls into access to health care Central Florida Health Care (FQHC) offers de ntal services for low-income and insured patients

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group B-Facility 12 -- Florida Hospital Wauchula Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

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Form and Line Reference	Explanation
GROUP B Part V, Section B, line 16a website	See statement

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Form and Line Reference	Explanation
GROUP B Part V, Section B, line 16b website	See statement

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Form and Line Reference	Explanation
GROUP B Part V, Section B, line 16c website	See statement

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Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group C

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Facility Reporting Group C consists of	- Facility 7 Adventist La Grange Memorial Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group C-Facility 7 -- Adventist La Grange Memorial Hospital Part V, Section B, line 5	Adventist La Grange Hospital (the Hospital) is one of four not-for-profit related hospital organizations located in the western and southwestern suburbs of Chicago Each of these four hospitals is a part of Adventist Health System (AHS) AHS is a health care system primarily consisting of tax-exempt 501 (c)(3) hospital organization that operate 44 hospitals in 10 states within the US The four related hospital organizations located in Chicago, collectively called Adventist Midwest Health (AMH), are clinically integrated, share overlapping communities, and are tied together by common mission, values, and vision As the four hospitals are located in the same Metropolitan Service Area, the hospitals collaborated in 2013 to conduct a joint Community Health Needs Assessment (CHNA) The four related hospital organizations are Adventist GlenOaks Hospital, Adventist Hinsdale Hospital, Adventist Bolingbrook Hospital, and Adventist Health System/Sunbelt, Inc , dba Adventist La Grange Memorial Hospital In conducting its 2013 joint CHNA, the four AMH hospitals collected primary and secondary data using a number of data collection methodologies Adventist GlenOaks Hospital, Adventist Hinsdale Hospital, and Adventist La Grange Memorial Hospital partnered with the Metropolitan Chicago Healthcare Council to conduct its primary research, consisting of telephone surveys, focus groups, and written surveys A list of recommended participants to be included in the focus groups was provided by the Metropolitan Chicago Healthcare Council Participants included representatives of public health, individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions

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Form and Line Reference	Explanation
Group C-Facility 7 -- Adventist La Grange Memorial Hospital Part V, Section B, line 6a	The Community Health Needs Assessment conducted by Adventist La Grange Memorial Hospital (the Hospital) was based upon the Hospital's involvement and enrichment of those who live within DuPage County, Illinois The CHNA was conducted in conjunction with related hospitals in the Chicago Metropolitan area Adventist Hinsdale HospitalAdventist Bolingbrook HospitalAdventist GlenOaks Hospital

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Form and Line Reference	Explanation
Group C-Facility 7 -- Adventist La Grange Memorial Hospital Part V, Section B, line 7d	The Hospital has adopted a policy that addresses the public posting requirements of the Community Health Needs Assessment Under this policy, the Community Health Needs Assessment Report must be posted on the Hospital's website by the end of the year in which it is conducted The Hospital will make a copy of its Community Health Needs Assessment Report available upon request The Hospital will also make a paper copy of the Community Health Needs Assessment Report available for public inspection at the Hospital facility

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

Form and Line Reference	Explanation
Group C-Facility 7 -- Adventist La Grange Memorial Hospital Part V, Section B, line 11	Priority 1 Access to Healthcare [lack of insurance]Consequences of loss of health insuran ce include delayed diagnosis, decreased opportunities for effective treatment options at a later stage of diagnosis, greater likelihood of spread of communicable disease and health apathy It is one of the most pressing health issues in America today, reaching the needs of those with increased health risks and low resource availability As healthcare reform unfolds, Adventist Midwest Health will be in a unique position to contribute to timely acq uisition of health insurance for those with the most substantive healthcare and financial needs through partnership with the Centers for Medicare and Medicaid Services LaGrange Int erventions include - Health Insurance Exchange enrollment for up to 210 people- Medicaid e nrollment for hospital patients - Establish an FQHC (federally qualified health center) at LaGrange in partnership with VNA - Links with community partners such as Aging Care Conne ctions to help chronic care patients avoid preventable readmissions - Free Primary Care fo r Access DuPage (uninsured) clients at LaGrange Family Medicine Clinics - Provide OB servi ces for underserved women at LaGrange Hospital - Help patients make appointments with loca l FQHCs- Partner with the American Kidney Foundation on free kidney disease screenings for underserved people at all Adventist Midwest Health facilities - Operate two Physician Res idencies and RN-to-BSN program to expand health care workforce Priority 2 Influenza Vacci nation [18-64 years]According to the CDC, routine annual influenza vaccination is recommen ded for all persons aged > 6 months The risks related to influenza are highest for those over 65 years of age However, in Illinois and Adventist Midwest Health Communities, it is the adult population under 65 that falls substantively below the Healthy People 2020 goal for receipt of the vaccination Further, the CDC reports that although younger adults typ ically experience a less severe influenza and there is less frequent hospitalization than very young and very old people, it was determined in a study of 18-49 year olds (through o ne reported economic modeling analysis) to cause five million illnesses, 2 4 million outpa tient visits, thirty-two thousand hospitalizations, and 680 deaths Impact on the individu al, the Community, the healthcare system, and the Government (for those individuals receiv ing government funded care) is high Further, for those adults aged 18-64 who are not vacc inated, the potential for infecting more vulnerable populations is higher creating more cr itical impact on individuals and the Government - Community education on the importance o f immunizations - Referrals to Health Department, FQHC and others for free/affordable flu vaccinations Priority 4 Pneumococcus Vaccine [65 years and older]According to the CDC, i nvasive disease from pneumococcus is a major cause of illness and death in the United Stat es, with an estimated 43,500 cases and 5,000 deaths among persons of all ages in 2009 Rat es of infection do vary, with infants, children and older adults being at highest risk Ei ghty-four percent of those who are infected and nearly all deaths occurred in adults Whil e studies regarding the effectiveness of the pneumococcus vaccine do vary, most are consis tent relative to positive benefits obtained by older adults Individuals with financial ne ed and decreased access to care are less likely than the insured to be vaccinated Efforts to raise awareness and provide vaccination to those in need leads to potential for preser ved health status and decreased risk for pneumonia-related hospitalization or death A sin gle vaccine in an underprivileged adult who would have otherwise developed pneumonia can s ave a life and relieve the Government of preventable and costly medical care Intervention s include - Community education on the importance of immunizations- Referrals to Health D epartment, FQHC and others for free/affordable pneumonia vaccinations Community education on the importance of immunizations Priority 5 Hypertension [over 18 y/o)High blood pressu re can lead to damage of blood vessels, heart, kidneys, and other organs in the body Hear t disease and stroke, both caused by high blood pressure, are the first and third leading causes of death in the U S Twenty-eight percent of adults in Illinois have high blood pre ssure, but because it is "silent" (signs of high blood pressure are often not perceived), there are many more adults who live life undiagnosed The poor and those with decreased ac cess to care are less likely to be diagnosed than those with the financial means to receiv e regular health checkups The outcome for those left unchecked is escalation of disease, further damaging organ systems that results in decreased quality of life, as well as incre ased burden on the Government to pay for care that could have been avoided with appropriat e screening Interventions include - Conduct free

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

Form and Line Reference	Explanation
Group C-Facility 7 -- Adventist La Grange Memorial Hospital Part V, Section B, line 11	health screenings in partnership with local YMCAs- Stanford Chronic Disease Self-Manageme nt Program aligned with CREATION Health programs (choice, rest, environment, activity, tru st, interpersonal relationships, outlook and nutrition)- Web site education on hypertensio n at registration areas- System wide CDM efforts including hypertension Priorities Consid ered but Not Selected Access to Healthcare Access to Primary and Secondary Services - Adv entist Bolingbrook HospitalRationale During this assessment period, Adventist Bolingbrook Hospital, in conjunction with VNA, opened a Federally Qualified Health Center on the hosp ital campus, increasing access to primary and secondary health services for those communit y members with financial need Prevention and Management of Chronic Care Issues Heart Dise ase [blood cholesterol levels]Rationale While this tested well on the Impact Analysis Mat rix, using the Decision Tree, it was determined that this is a commonly available preventi on measure at most surrounding providers It is frequently a part of community health fair s and routine physician visits Behavioral Health and Substance Abuse Rationale Adventist Midwest Health provides comprehensive inpatient programs for behavioral health (Adventist GlenOaks Hospital and Adventist Hinsdale Hospital) and outpatient programs for both behavi oral health and substance abuse (Adventist Hinsdale Hospital) Serving the Adventist Midwe st Health Community, the Hospitals support County initiatives to bring these necessary ser vices to those in need Prioritizing Access to Care as one of the selected Health Priorit ies will assist Adventist Midwest Health in extending services for those who currently lack such access

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group C-Facility 7 -- Adventist La Grange Memorial Hospital Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2014 The Hospital identified all commercial payors that had any activity with the Hospital during the taxable year For those identified commercial payors, an average of the negotiated commercial insurance rates was determined The average of all of the negotiated commercial insurance rates for those identified commercial payors determined the maximum amount that could be charged to patients eligible under the Hospital's financial assistance policy

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Form and Line Reference	Explanation
GROUP C Part V, Section B, line 16a website	See statement

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
GROUP C Part V, Section B, line 16b website	See statement

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Form and Line Reference	Explanation
GROUP C Part V, Section B, line 16c website	See statement

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Form and Line Reference	Explanation
Part V, Section B, Line 7a	Each hospital facility's CHNA report was made widely available through the following websites Facility 1 -- Florida Hospital Orlandohttps //www floridahospital com/sites/default/files/florida_hospital_orlando_-_2013_chna pdfFacility 2 -- Florida Hospital Altamontehttps //www floridahospital com/sites/default/files/florida_hospital_altamonte_-_2013_chna_0 pdfFacility 3 -- Florida Hospital Celebration Healthhttps //www floridahospital com/sites/default/files/florida_hospital_celebration_health_-_2013_chna pdfFacility 4 -- Florida Hospital East Orlandohttps //www floridahospital com/sites/default/files/florida_hospital_east_orlando_-_2013_chna pdfFacility 5 -- Winter Park Memorial Hospitalhttps //www floridahospital com/sites/default/files/florida_hospital_winter_park_memorial_-_2013_chna pdfFacility 6 -- Florida Hospital Kissimmeehttps //www floridahospital com/sites/default/files/florida_hospital_kissimmee_-_2013_chna pdfFacility 7 -- Adventist La Grange Memorial Hospitalhttp //www keepingyouwell com/Portals/33/docs/Community%20Benefits/Adventist%20La%20Grange%20Hospital%202013%20CHNA pdfFacility 8 -- FH Heartland Medical Centerhttps //www floridahospital com/sites/default/files/pdf/florida_hospital_heartland_2013_chna pdfFacility 9 -- Florida Hospital Apopkahttps //www floridahospital com/sites/default/files/florida_hospital_apopka_-_2013_chna pdfFacility 10 -- Central Texas Medical Centerhttp //www ctmc org/Portals/7/docs/Community%20Benefits/CTMC%20CHNA%202013 pdfFacility 11 -- FH Heartland Medical Center Lake Placidhttps //www floridahospital com/sites/default/files/pdf/florida_hospital_lake_placid_2013_chna pdfFacility 12 -- Florida Hospital Wauchulahttps //www floridahospital com/sites/default/files/pdf/florida_hospital_wauchula_-_2013_chna pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Part V, Section B, Line 10a	Each hospital facility's most recently adopted implementation strategy was made widely available through the following websites Facility 1 -- Florida Hospital Orlandohttps //www floridahospital com/sites/default/files/florida_hospital_orlando_2014-16_community_health_improvement_plan_0 docxFacility 2 -- Florida Hospital Altamontehttps //www floridahospital com/sites/default/files/florida_hospital_altamonte_2014-16_community_health_plan pdfFacility 3 -- Florida Hospital Celebration Healthhttps //www floridahospital com/sites/default/files/florida_hospital_celebration_2014-16_community_health_plan docxFacility 4 -- Florida Hospital East Orlandohttps //www floridahospital com/sites/default/files/florida_hospital_east_orlando_2014-16_community_health_improvement_plan_0 docxFacility 5 -- Winter Park Memorial Hospitalhttps //www floridahospital com/sites/default/files/florida_hospital_winter_park_memorial_2014-16_community_health_improvement_plan_0 docxFacility 6 -- Florida Hospital Kissimmeehttps //www floridahospital com/sites/default/files/florida_hospital_kissimmee_2014-16_community_health_improvement_plan docxFacility 7 -- Adventist La Grange Memorial Hospitalhttp //www keepingyouwell com/Portals/3/docs/About%20Us/Community%20Benefit/ALMH%2014-16%20Community%20Health%20Plan pdfFacility 8 -- FH Heartland Medical Centerhttps //www floridahospital com/sites/default/files/heartland_2014-16_community_health_plan docxFacility 9 -- Florida Hospital Apopkahttps //www floridahospital com/sites/default/files/florida_hospital_apopka_2014-16_community_health_improvement_plan pdfFacility 10 -- Central Texas Medical Centerhttp //www ctmc org/Portals/7/docs/Community%20Benefits/CTMC%202014-16%20Community%20Health%20Plan pdf Facility 11 -- FH Heartland Medical Center Lake Placidhttps //www floridahospital com/sites/default/files/lake_placid_2014-16_community_health_plan docxFacility 12 -- Florida Hospital Wauchulahttps //www floridahospital com/sites/default/files/wauchula_2014-16_community_health_plan docx

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Part V, Section B, Line 16a-16C	Each hospital facility's FAP, FAP application form and plain language summary of the FAP was made widely available through the following websites Facility 1 -- Florida Hospital Orlandohttps //www floridahospital com/patient-resources/billing/financial-assistanceFacility 2 -- Florida Hospital Altamontehttps //www floridahospital com/patient-resources/billing/financial-assistanceFacility 3 -- Florida Hospital Celebration Healthhttps //www floridahospital com/patient-resources/billing/financial-assistanceFacility 4 -- Florida Hospital East Orlandohttps //www floridahospital com/patient-resources/billing/financial-assistanceFacility 5 -- Winter Park Memorial Hospitalhttps //www floridahospital com/patient-resources/billing/financial-assistanceFacility 6 -- Florida Hospital Kissimmeehttps //www floridahospital com/patient-resources/billing/financial-assistanceFacility 7 -- Adventist La Grange Memorial Hospitalhttps //www keepingyouwell com/aboutus/financialassistancecharitycare/tabid/6058/default aspxFacility 8 -- FH Heartland Medical Centerhttps //www floridahospital com/patient-resources/billing/financial-assistanceFacility 9 -- Florida Hospital Apopkahttps //www floridahospital com/patient-resources/billing/financial-assistanceFacility 10 -- Central Texas Medical Centerhttps //www ctmc org/patients-visitors/after-my-stay/financial-assistanceFacility 11 -- FH Heartland Medical Center Lake Placidhttps //www floridahospital com/patient-resources/billing/financial-assistanceFacility 12 -- Florida Hospital Wauchulahttps //www floridahospital com/patient-resources/billing/financial-assistance

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 1 -- Florida Hospital OrlandoDescription of CHNA Significant Needs Contin uedCommunity Needs Not Chosen by Florida Hospital Orlando In developing its Community Heal th Needs Assessments, Florida Hospital used the following criteria to determine the priori ty areas to be addressed 1 Acuity of the health issue (how serious is it?)2 Capacity of the hospital to address the issue (does the hospital have the services or other ability to address the issue?)3 Duplication (Are community partners already addressing this issue? Would the hospital be duplicating those efforts?) 4 Collaboration (If the hospital was to address the issue, would there be opportunities for collaboration and shared impact?) A Motor Vehicle Accidents The issue of motor vehicle collision is not within the purview of community hospitals Florida Hospital Orlando does promote and fund safe pedestrianism thr ough its partnership with Healthy Central Florida B Single Parent Households Again, the i ssue of single parent households is not within the purview of Florida Hospital Orlando Fl orida Hospital Orlando does financially support regional Healthy Start Coalitions, Florida Hospital Orlando's matching funds help with prenatal and postnatal health education progr amming for parents and families C Violent Crime Orlando/Orange County's rates of violent crime exceed the national average While hospitals lack the ability to address directly vi olent crimes, Florida Hospital provides funding to several organizations that address the effects of violent crime We view our active involvement in issues of awareness and preven tion as especially crucial Interventions include - Funding to Harbor House Domestic Viole nce Centers- Office and treatment space for the Orange County Victims' Services Center- Do nated space for the Sexual Assault Treatment Center of Orange County- Training hospital st aff, especially in the emergency department, to screen patients for domestic violence issu es D Health LiteracyHealth Literacy was not defined as a priority issue by Florida Hospit al Orlando The Adult Literacy League and others entities including Hispanic Health Initia tives and the Center for Multicultural Wellness & Prevention provide literacy services for the community In addition, the Hospital provides full translation services that help pat ients for whom English is not the primary language E Maternal and Child HealthBecause of its existing support of the Healthy Start Coalition and other maternal infant initiatives, Florida Hospital Orlando did not choose Maternal and Child Health as a priority area Flo rida Hospital facilities (Winter Park, Orlando and Celebration) provide obstetrics service s, and the new Florida Women's Hospital will open in 2015 The Walt Disney Pavilion at Flo rida Children's Hospital accepts referrals from other Florida Hospital campuses and from t he hospital's 25 CentraCare Walk-In Urgent Care Centers F Sexually Transmitted Diseases Florida Hospital Orlando provides inpatient care but does not provide wrap-around services for HIV/AIDS or STD patients The Health Department has STD and HIV/AIDS Clinics, and the Center for Multicultural Wellness and Prevention provides programs that screen for and tr eat sexually transmitted diseases In addition, Orange County Government Health Services o perates the Ryan White HIV/AIDS Program that provides services to people without sufficien t health coverage or financial resources to cope with HIV/AIDS G DiabetesDiabetes is a ma jor health concern in Central Florida, and the Florida Hospital Diabetes Institute provide s treatment, education and research for the community Rather than a global focus on diabe tes, the Hospital is focusing on obesity because it is a risk factor for diabetes, heart d isease and cancer The Diabetes Institute has implemented a targeted Diabetes program and study in the primarily African-American community of Eatonville (near Florida Hospital Orl ando), which has a 24% rate of adult diabetes The program offers screenings, diabetic hea lth risk assessments and treatment to help Eatonville residents better control their diabe tes H CancerCancer is a major cause of death in Central Florida and the U S as a whole Florida Hospital Orlando is not focusing on cancer and cancer prevention as a priority be cause of the many hospital and community resources already available This includes the Fl orida Hospital Cancer Institute that provides patient care, education and research at the Orlando campus In addition, Florida Hospital Orlando (Hospital) offers a full range of ca ncer services, and groups like the American Cancer and Leukemia Societies provide outreach and education throughout the community - and in partnership with the hospitals The Hospi tal receives Susan G Komen dollars to help fund free mammograms for low-income women, and uses its mobile mammogram unit to reach out to this audience I Chronic Disease Manageme ntDiabetes, cancer, and stroke are the most common

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	chronic conditions in the United States They have many risk factors in common and are fr equently related to health behaviors such as obesity and smoking Florida Hospital Orlando and its community partners provide many health education, disease management and wellness programs As noted above, the Hospital's obesity interventions focus on health education, exercise, nutrition, stress management, and personal accountability - factors vital to th e control of diabetes, cancer, heart disease, stroke, asthma and the comorbidities that of ten accompany these diseases The Hospital's Congestive Heart Failure Clinic provides free care to uninsured CHF patients Two Florida Hospital Lung Clinics provide free care for u ninsured people with chronic respiratory conditions including COPD, emphysema and asthma J Social Determinants of Health and Health Disparities Although specific health determinan ts and poverty were not selected as priorities in Florida Hospital's Community Health Need s Assessment, the Hospital supports "place-based" community transformation efforts that ad dress health determinants in geographically specific areas Florida Hospital is the anchor partner for the Bithlo Transformation Effort led by the nonprofit agency United Global O u treach UGO and its partners are working to address multiple conditions in this very low-i ncome community (census tract 166 22) of 8,200 people Education, Housing, Transportation, Health Care, Environment, Basic Needs and Sense of Community Florida Hospital is a partn er in LIFT Orlando, a nonprofit organization of business leaders collaborating with reside nts to accelerate community transformation in the primarily low-income, African-American c ommunity of Parramore in downtown Orlando Focus areas include cradle-to-career education, mixed income housing, community health and wellness, and long-term economic viability Th e Hospital provides funding for IDignity, a nonprofit agency that helps provide IDs to peo ple - including the homeless, precariously housed and low-income - who lack birth certific ates, social security numbers or cards, drivers' licenses, state IDs and other personal id entification Florida Hospital is a founder and board member of the Central Florida Partner ship on Health Disparities

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 3 -- Florida Hospital Celebration HealthDescription of CHNA Significant Needs ContinuedH High UnemploymentHigh Unemployment, while a health determinant, is not a core competency of Florida Hospital As a means of promoting employment, Florida Hospital does provide leadership to the regional BusinessForce, multiple Chambers of Commerce (including Kissimmee, Celebration and St Cloud) and Economic Development Commissions (Orange and Osceola) collaboratives that focus on growing a healthy business community As a means of promoting both access to care and challenging high unemployment, Florida Hospital Celebration supports the education and training of Certified Nursing Assistants in Osceola County I Single Parent HouseholdsSingle Parent Households are a health determinant rather than a core competency of hospitals and other health care providers The Hospital financially supports the Healthy Start Coalition of Osceola County, which offers educational programming and support for parents, including single parents J Affordable Health CareAlthough this issue has not been specifically prioritized by the Celebration Health campus, Florida Hospital is an active supporter of health care for the uninsured in Osceola County Florida Hospital Celebration Health - Supports the Department of Health network of Federally Qualified Health Centers in the county- Financially supports the Council on Aging's Chronic Care Medical Clinic for uninsured adults of all ages- Financially supports the Hope Center FQHC and secondary care clinic operated by Health Care Centers for the Homeless - Funds a diabetes program targeting uninsured individuals- Funds a Secondary Care referral service for uninsured people - Promotes volunteer opportunities to physicians and other clinical staff for the secondary care clinic

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 2 -- Florida Hospital AltamonteDescription of CHNA Significant Needs ContinuedE Housing affordabilityAgain, housing affordability is a health determinant rather than a core competency of hospitals and other health care providers Florida Hospital Altamonte is not leading out on this issue but did make a significant financial donation (that garnered community matches) to establish and expand permanent supportive housing efforts in Seminole County and surrounding areas Florida Hospital also provides leadership to two regional commissions focused on issues of housing specific to vulnerable families and individuals, and is active in Habitat for Humanity

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 4 -- Florida Hospital East OrlandoDescription of CHNA Significant Needs ContinuedCommunity Needs Not Chosen by Florida Hospital East Orlando In developing its Community Health Needs Assessments, Florida Hospital used defined criteria to determine the priority areas to be addressed The criteria were 1 Acuity of the health issue (how serious is it?)2 Capacity of the hospital to address the issue (does the hospital have the services or other ability to address the issue?)3 Are community partners already addressing this issue? Would the hospital be duplicating those efforts? 4 If the hospital were to address the issue, would there be opportunities for collaboration and shared impact?Based on these criteria, Florida Hospital East Orlando is not addressing A Sexually Transmitted DiseasesFlorida Hospital East Orlando provides inpatient care but does not provide wrap-around services for HIV/AIDS or STD patients The Health Department has STD and HIV/AIDS Clinics, and the Center for Multicultural Wellness and Prevention provides programs that screen for and treat sexually transmitted diseases In addition, Orange County Government Health Services operates the Ryan White HIV/AIDS Program that provides services to people without sufficient health coverage or financial resources to cope with HIV disease B Maternal and Child Health Florida Hospital East Orlando does not have Maternal and Child health services, but supports the Healthy Start Coalition financially and through board service Other Florida Hospital facilities (Winter Park, Orlando and Celebration) provide obstetrics services, and the new Florida Women's Hospital will open in 2015 The Walt Disney Pavilion at Florida Children's Hospital accepts referrals from other Florida Hospital campuses and from the hospital's 25 CentraCare Walk-In Urgent Care Centers C Cancer Florida Hospital East Orlando does not provide cancer treatment services Patients in the East Orlando community are treated at the Cancer Institute at the main Florida Hospital campus In addition, Florida Hospital East Orlando supports the Area Health Education Council (AHEC) and provides funding to the American Cancer Society and the American Lung Association, these partners provide health education and disease management programs throughout the county D Heart DiseaseHeart disease, hypertension and Congestive Heart Failure - with Diabetes - are the most common chronic conditions in the United States Risk factors include health behaviors such as obesity and smoking The Cuidate and Bridge programs noted above provide education and support for people with or at risk for heart disease through the Stanford Chronic Disease Self-Management Program offered in Spanish and English E Motor Vehicle CollisionsThe issue of motor vehicle collision is not within the purview of community hospitals Florida Hospital East Orlando does promote and fund safe pedestrianism through its partnership with Healthy Central Florida F Single Parent HouseholdsAgain, the issue of single parent households is not within the purview of Florida Hospital East Orlando In financially supporting the tri-county Healthy Start Coalitions, Florida Hospital East Orlando helps expectant and new patients access health education and parenting programs for all parents including those from single parent households

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 5 -- Winter Park Memorial HospitalDescription of CHNA Significant Needs ContinuedE Substance Abuse and Mental Health Florida Hospital has identified mental health as being essential to personal well-being, family and interpersonal relationships, and the ability to contribute to society Issues of mental health such as depression and anxiety affect people's ability to participate in health-promoting behaviors Research has shown that mental health and physical health are closely connected because mental health plays a major role in people's ability to maintain good physical health Currently, there are strong mental health and substance abuse assets in Orange County including Aspire Behavioral Health (in- and outpatient mental health/substance abuse services) Still, such services in Orange County can be hard to access because of funding and capacity issues Florida Hospital works with local providers to help expand capacity While mental health was not a priority chosen, the Hospital participates in the following - Provide major funding to Aspire Behavioral Health Center (county mental health) for in- and outpatient mental health and substance abuse services - Offer comprehensive evaluation, treatment, and case management for uninsured residents of Orange County through the Outlook Clinic for Depression & Anxiety Florida Hospital funds the clinic in partnership with the Mental Health Association, the Orange County Medical Clinic, the UCF School of Social Work, the Primary Care Access Network (PCAN) and Walgreens - Support efforts to provide behavioral health services in low-income, underserved areas such as Bithlo Partners including Aspire Health Partners, United Way and the Harbor House Domestic Violence Center- Participate in the federal SAMHSA grant coalition working to streamline mental health wraparound services for children in Orange County - Additionally, the Florida Hospital Community Health Impact Council (a grant-making entity) funds some community-based, model behavioral programs for adults and children F Health LiteracyHealth Literacy was not defined as a priority issue by Winter Park Memorial Hospital The Adult Literacy League and others entities including Hispanic Health Initiatives and the Center for Multicultural Wellness & Prevention provide literacy services for the community In addition, the Hospital provides full translation services that help patients for whom English is not the primary language G Motor Vehicle Collisions The issue of motor vehicle collisions is a health determinant rather than a core competency of most hospitals including Winter Park Memorial Hospital As a means of ensuring motor vehicle safety, the Hospital provides car seats to new mothers who do not have safety-rated car seats Additionally, through its partnership with Healthy Central Florida, the Hospital funds and provides leadership for programs that facilitate and encourage safe pedestrianism so that communities can be both healthier and safer H Single Parent HouseholdsThe issue of single parent households is not within the purview of Winter Park Memorial Hospital In financially supporting regional Healthy Start Coalitions, the Hospital helps the organization provide prenatal and postnatal health education programming for parents

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 6 -- Florida Hospital KissimmeeDescription of CHNA Significant Needs ContinuedF Housing Affordability and HomelessnessHousing affordability is a health determinant rather than a core competency of hospitals and other health care providers Florida Hospital Kissimmee is not leading out on this issue but made a significant financial donation (that garnered a community match) to establish and expand permanent supportive housing efforts in the tri-county area Florida Hospital also provides leadership to two regional commissions focused on issues of housing specific to vulnerable families and individuals, and is active in Habitat for Humanity G High UnemploymentHigh unemployment is a health determinant rather than a core competency of hospitals As a means of promoting both access to care and creating employment opportunities, Florida Hospital Kissimmee financially supports the education and training of health care professionals at local colleges and trade schools, including TECO and Valencia College in Osceola County Florida Hospital also provides financial support and leadership to regional Chambers of Commerce (including the Kissimmee, Celebration and St Cloud Chambers), the Economic Development Commission of Osceola County, and the BusinessForce collaborative that focus on building a healthy business community H Single Parent HouseholdsSingle Parent households are a health determinant as opposed to a core competency of hospitals and other health care providers While the hospital does not have programming specific to single parents, it financially supports the Healthy Start Coalition of Osceola County that provides educational and parenting resources for new parents

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 9 -- Florida Hospital ApopkaDescription of CHNA Significant Needs ContinuedF Maternal and Child HealthFlorida Hospital Apopka does not offer Maternal and Child health services, but supports the Healthy Start Coalition financially and through board service Other Florida Hospital facilities (Winter Park, Orlando and Celebration) provide obstetrics services, and the new Florida Women's Hospital will open in 2015 The Walt Disney Pavilion at Florida Children's Hospital accepts referrals from other Florida Hospital campuses and from the hospital's 25 CentraCare Walk-In Urgent Care Centers G Mental Health and Substance AbuseFlorida Hospital Apopka does not provide mental health and substance abuse services There are strong mental health and substance abuse assets in Orange and Seminole County including Aspire Behavioral Health (in- and outpatient mental health and substance abuse services) and the Orlando Health Behavioral Group, an 80-bed psychiatric hospital at South Seminole Hospital Additionally, the Florida Hospital Community Health Impact Council (a grant-making entity) funds model behavioral programs for adults and children Despite not being an explicit initiative prioritized by the campus, Florida Hospital Apopka is addressing issues of mental health by - Offering comprehensive evaluation, treatment and case management to improve quality of life for residents with mental health diagnosis via the outlook clinic for Depression and Anxiety - created in partnership with the mental health association, FH behavioral health, Orange County Medical Clinic, UCF School of Social Work and Walgreens- Increasing the likelihood of medication adherence among uninsured patients via free or discounted prescription medications H Motor Vehicle Collisions The community issue of motor vehicle collisions is a health determinant rather than a core competency of most hospitals including Florida Hospital Apopka I Single Parent HouseholdsSingle Parent Households, while a community issue, are a health determinant rather than a core competency of most hospitals including Florida Hospital Apopka J Health LiteracyAlthough health literacy was not an issue prioritized by the Apopka campus, the principle of health literacy is embedded into our chronic disease self-management program efforts We also aim to strengthen the relationship with those community resources including Community Health Centers, a Federally Qualified Health Center (FQHC) in Apopka that offers primary care, dental, and obstetric services Florida Hospital is also working internally to ensure comprehensive discharge education that emphasizes patients understanding the nature of their condition and has piloted a health navigator program in a local FQHCs to better embed the principle of health literacy into its community health planning

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

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

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

Name and address	Type of Facility (describe)
Florida Hospital Cancer Institute 2501 N Orange Avenue Suites 139 181 Orlando, FL 32804	Cancer Center
Florida Hospital Orlando Pathology Lab 2855 N Orange Avenue Orlando, FL 32803	Cancer Center
Florida Hospital Rehabilitation and Spor 5165 Adanson Street Orlando, FL 32804	Cancer Center
Florida Hospital Kissimmee Outpatient Im 2400 N Orange Blossom Trail Suite 106 Kissimmee, FL 34744	Cancer Center
Florida Hospital Altamonte Infusion Cent 894 E Altamonte Drive Suite 3000 Altamonte Springs, FL 32701	Cancer Center
Florida Hospital Cancer Institute - Kiss 1300 West Oak Street Kissimmee, FL 34741	Cancer Center
Florida Hospital Altamonte Ambulatory Su 661 E Altamonte Drive Suite 110 Altamonte Springs, FL 32701	Cancer Center
Florida Hospital Kidney Stone Center 2501 N Orange Avenue Suite 121 Orlando, FL 32804	Cancer Center
Florida Hospital Altamonte Imaging Cente 661 E Altamonte Drive Suite 112 Altamonte Springs, FL 32701	Cancer Center
Florida Hospital Kissimmee Infusion Cent 1300 West Oak Street Suite A Kissimmee, FL 34741	Cancer Center
Family Health East Orlando Women's Pavil 7975 Lake Underhill Road Suite 100 Orlando, FL 32822	Cancer Center
FHCC - LAKE BUENA VISTA #2 12500 S Apopka Vineland Rd Orlando, FL 32836	Cancer Center
Florida Hospital Cancer Care Center 2100 Glenwood Drive Winter Park, FL 32792	Cancer Center
Florida Hospital Altamonte Medical Plaza 661 E Altamonte Drive Suite 110 112 Altamonte Springs, FL 32701	Cancer Center
Florida Hospital Endoscopy OP Services 2415 N Orange Ave Suite 201 Orlando, FL 32804	Cancer Center

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

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

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

Name and address	Type of Facility (describe)
Adventist Paulson Rehab - Willowbrook 619 Plainfield Road Willowbrook, IL 60521	Cancer Center
Florida Hospital Transplant Center 2415 N Orange Avenue Suite 600 700 Orlando, FL 32804	Cancer Center
Florida Hospital Medical Plaza 2501 N Orange Avenue Orlando, FL 32804	Cancer Center
FHHMC Cardiology Associates 4638 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
La Grange Cancer Treatment Pavillion 1325 Memorial Dr La Grange, IL 60525	Cancer Center
Florida Hospital Rehabilitation & Sports 7975 Lake Underhill Road Suite 345 Orlando, FL 32822	Cancer Center
Florida Hospital Kissimee - OP Endoscopy 2400 North Orange Blossom Trail Suite 3 Kissimmee, FL 34744	Cancer Center
FHCC - SANFORD 4451 West 1st Street Sanford, FL 32771	Cancer Center
Central Texas Ambulatory Endoscopy 1303 Wonder World DR San Marcos, TX 78666	Cancer Center
Florida Hospital Celebration Health Outp 410 Celebration Place Suite 408 Celebration, FL 34747	Cancer Center
FHCC - WATERFORD 250 N Alafaya Trail Suite 135 Orlando, FL 32825	Cancer Center
Florida Hospital Surgery Center East Or 258 S Chickasaw Trail Suite 100 Orlando, FL 32825	Cancer Center
Surgical Center at Sun N' Lake LLC 4240 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
FHCC - WINTER GARDEN 3005 Daniels Road Winter Garden, FL 34787	Cancer Center
FHCC - SOUTH ORANGE 2609 South Orange Ave Orlando, FL 32806	Cancer Center

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

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

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

Name and address	Type of Facility (describe)
FHHMC SeaScape Imaging & Laboratory O P C 2950 Alt US 27 S Sebring, FL 33870	Cancer Center
Florida Hospital Center for Behavioral H 501 E King Street 1st Floor Orlando, FL 32803	Cancer Center
Florida Hospital Rehabilitation & Sports 8701 Maitland Summit Blvd Orlando, FL 32810	Cancer Center
FHCC - WINTER PARK 3099 Aloma Avenue Winter Park, FL 32792	Cancer Center
Winter Park Memorial Hospital Women's Ce 100 N Edinburgh Winter Park, FL 32792	Cancer Center
Admin BHS Onsite 2600 Westhall Lane Box 300 Maitland, FL 32751	Cancer Center
FHCC - ALTAMONTE 440 W Highway 436 Altamonte Springs, FL 32714	Cancer Center
FHCC - ORANGE LAKE 8201 W Irlo Bronson Highway Kissimmee, FL 34747	Cancer Center
Loch Haven OBGyn Group 235 E Princeton Street Suite 200 Orlando, FL 32804	Cancer Center
Florida Hospital Gamma Knife 2501 N Orange Ave Suite 101 S Orlando, FL 32804	Cancer Center
FHCC - LEE ROAD 2540 Lee Road Winter Park, FL 32789	Cancer Center
CTMC Hospice 1315 IH 35 North San Marcos, TX 78666	Cancer Center
Adventist La Grange Family Medical Cente 5201 S Willow Springs Road Suite 300 La Grange, IL 60525	Cancer Center
Florida Hospital Celebration Women's Ins 410 Celebration Place Suite 201 Celebration, FL 34747	Cancer Center
FHCC - HUNTERS CREEK 3293 Greenwald Way North Kissimmee, FL 34741	Cancer Center

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

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

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

Name and address	Type of Facility (describe)
FHCC - COLONIAL TOWN 630 North Bumby Ave Orlando, FL 32803	Cancer Center
FHCC - DR PHILLIPS 8014 Conroy-Windermere Rd Suite 104 Orlando, FL 32835	Cancer Center
Florida Hospital Altamonte Pain Medicine 711 East Altamonte Drive Suite 100 Altamonte Springs, FL 32701	Cancer Center
FH Wauchula Pioneer Medical Center 515 Carlton Street Wauchula, FL 33873	Cancer Center
FHCC - CLERMONT 15701 State Road 50 Suite 101 Clermont, FL 34711	Cancer Center
FHCC - KISSIMMEE 4320 W Vine Street Kissimmee, FL 34746	Cancer Center
FHCC - AZALEA PARK 509 S Semoran Blvd Orlando, FL 32807	Cancer Center
FHCC - SAND LAKE 2301 Sand Lake Road Orlando, FL 32809	Cancer Center
FHHMC Center Priority Health Care 4200 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
Florida Hospital Altamonte Mammography C 661 E Altamonte Drive Suite 130 Altamonte Springs, FL 32701	Cancer Center
FHCC - OVIEDO 8010 Red Bug Road Oviedo, FL 32765	Cancer Center
FHCC - UNIVERSITY 11550 University Blvd Orlando, FL 32817	Cancer Center
FHCC - MT DORA 9015 US Highway 441 Mount Dora, FL 32757	Cancer Center
Florida Hospital Altamonte Imaging Cente 894 E Altamonte Drive Suite 1100 Altamonte Springs, FL 32701	Cancer Center
Florida Hospital Advanced Nuclear Imagin 328 Spruce Street Orlando, FL 32803	Cancer Center

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

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

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

Name and address	Type of Facility (describe)
FHCC - LONGWOOD 855 S US Highway 17-92 Longwood, FL 32750	Cancer Center
Florida Hospital Rehabilitation & Sports 711 E Altamonte Drive Suite 200 Altamonte Springs, FL 32701	Cancer Center
Florida Hospital Center for Thrombosis 2566 Lee Road Winter Park, FL 32789	Cancer Center
Florida Hospital Center for Sleep Disord 501 E King Street 2nd Floor Orlando, FL 32803	Cancer Center
Family Health Center East 7975 Lake Underhill Road Suite 200 Orlando, FL 32822	Cancer Center
FHHMC Interventional Cardiology 4240 Sun N Lake Blvd Suite 202 Sebring, FL 33872	Cancer Center
Florida Hospital Rehabilitation & Sports 615 E Princeton St Suite 104 Orlando, FL 32803	Cancer Center
FHCC - BRANDON 10222 Bloomingdale Ave Riverview, FL 33578	Cancer Center
FHHMC Family Practice Center 1006 W Pleasant Street Avon Park, FL 33825	Cancer Center
FHHMC Heartland Women's Health 37 Ryant Blvd Sebring, FL 33870	Cancer Center
Florida Hospital Celebration Health Life 410 Celebration Place Suite 302B Celebration, FL 34747	Cancer Center
San Marcos MRI LP 1330 Wonder World Dr San Marcos, TX 78666	Cancer Center
Florida Hospital Rehabilitation & Sports 8000 Red Bug Lake Road Suite 140 Oviedo, FL 32765	Cancer Center
Family Health Center Winter Park 2950 Aloma Ave Suite 100 Winter Park, FL 32792	Cancer Center
Florida Hospital Diabetes Institute 2415 N Orange Ave Suite 501 Orlando, FL 32804	Cancer Center

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

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

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

Name and address	Type of Facility (describe)
FHHMC Highlands Surgical Associates 4301 Sun N Lake Blvd Suite 103 Sebring, FL 33872	Cancer Center
Florida Hospital Sleep Disorder Center - 1925 Mizell Avenue Suite 200 Winter Park, FL 32792	Cancer Center
FHCC - CONWAY 5810 S Semoran Blvd Orlando, FL 32822	Cancer Center
Florida Hospital Rehab and Sports Medici 100 Waymont Court Suite 120 Lake Mary, FL 32746	Cancer Center
Florida Hospital Kissimmee Clinical Phar 201 Hilda Street Suite 36 Kissimmee, FL 34741	Cancer Center
FHHMC Therapy Center 6325 US Hwy 27 N Sebring, FL 33870	Cancer Center
Florida Hospital Rehab and Sport Medicin 2005 Mizell Ave Winter Park, FL 32792	Cancer Center
FHHMC Wound Care 4143 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
FHCC - WESLEY CHAPEL 5504 Gateway Boulevard Wesley Chapel, FL 33544	Cancer Center
Florida Hospital Rehabilitation & Sports 2520 N Orange Avenue Suite 100 Orlando, FL 32804	Cancer Center
FHHMC Priority Health Care 1210 US Highway 27 N Lake Placid, FL 33852	Cancer Center
FHHMC Women's Wellness Center Sebring 4240 Sun N Lake Blvd Suite 200 Sebring, FL 33872	Cancer Center
CTMC Home Health 2007 Medical Parkway San Marcos, TX 78666	Cancer Center
Celebration Hand Therapy 410 Celebration Place Suite 300 Celebration, FL 34747	Cancer Center
Florida Hospital Rehabilitation & Sports 201 Hilda Street Suite 12 Kissimmee, FL 34741	Cancer Center

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

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

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

Name and address	Type of Facility (describe)
FHHMC Pulmonary and Critical Care Specia 4409 Sun N Lake Blvd Suite E Sebring, FL 33872	Cancer Center
Florida Hospital Cardiac Cath Lab 2501 N Orange Ave Suite 137 N Orlando, FL 32804	Cancer Center
FHHMC Family Medicine Specialist & OP La 2315 US Highway 27 North Avon Park, FL 33825	Cancer Center
CTMC Rehab Services 1340 Wonder World Dr San Marcos, TX 78666	Cancer Center
Florida Hospital Rehabilitation & Sports 205 N Park Avenue Suite 110 Apopka, FL 32703	Cancer Center
Florida Hospital Laboratory - Orlando 2501 N Orange Avenue Suite 370 Orlando, FL 32804	Cancer Center
Florida Hospital Urology Surgery Center 1812 N Mills Ave Orlando, FL 32803	Cancer Center
FHCC - PORT ORANGE 1208 Dunlawton Ave Port Orange, FL 32127	Cancer Center
FHHMC Urology Specialist 4215 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
Medical Plaza - Florida Hospital Kissimm 2400 North Orange Blossom Trail Kissimmee, FL 34744	Cancer Center
Florida Hospital Rehabilitation and Spor 1603 S Hiawassee Road Suite 105 Orlando, FL 32835	Cancer Center
FHHMC Sleep Lab 4301 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
Florida Hospital Rehab University of Cen UCF Health Service/Building 124-Rm 114 Orlando, FL 32816	Cancer Center
FHHMC Family Medicine Associates 5909 US Hwy 27 N Ste 102 Sebring, FL 33870	Cancer Center
FHHMC Psychiatric Services 4023 Sun N Lake Blvd Sebring, FL 33872	Cancer Center

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

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(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
FHHMC ENT Specialist 4325 Sun N Lake Blvd Suite 102 Sebring, FL 33872	Cancer Center
FHHMC Complete Family Care 935 Mall Ring Road Sebring, FL 33870	Cancer Center
FHHMC CareNow 4421 Sun N Lake Blvd Suite B Sebring, FL 33872	Cancer Center
FHHMC Family Care of Lake Placid 201 US Hwy South Lake Placid, FL 33852	Cancer Center
FHHMC Seascape Internal Medicine Sebring 2950 Alt US 27 South Suite B Sebring, FL 33870	Cancer Center
Eden Spa 2501 N Orange Ave Suite 186 Orlando, FL 32804	Cancer Center
Darden Onsite 1000 Darden Center Drive Orlando, FL 32837	Cancer Center
FHHMC Psychiatric Services 1346 US Highway 27 S Lake Placid, FL 33852	Cancer Center
Florida Hospital Sleep Disorder Center - 203 N Park Avenue Suite 106 Apopka, FL 32703	Cancer Center
FHHMC Highlands Surgical Associates Lake 1352 US 27 North Lake Placid, FL 33852	Cancer Center
Florida Hospital Apopka The Women's Cen 205 N Park Avenue Suite 108 Apopka, FL 32703	Cancer Center
Florida Hospital East Infusion Center 7975 Lake Underhill Rd Suite 130 Orlando, FL 32822	Cancer Center
FHHMC Internal Medicine Specialist 6801 US Hwy 27 North Suite B-2 Sebring, FL 33870	Cancer Center
Florida Hospital Laboratory - Lucerne Te 1723 Lucerne Terrace Orlando, FL 32806	Cancer Center
FH Wauchula The Therapy Center 1330 Hwy 17 S Wauchula, FL 33873	Cancer Center

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

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

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

Name and address	Type of Facility (describe)
FHW Cardiology Associates 463 Carlton Street Wauchula, FL 33873	Cancer Center
Siemens Onsite 4400 N Alafaya Trail MC Q1-240 Orlando, FL 32826	Cancer Center
FHHMC Therapy Center Lake Placid 1210 US 27 N Lake Placid, FL 33852	Cancer Center
Wyndham Onsite 6277 Sea Harbor Dr Orlando, FL 32821	Cancer Center
FHHMC Outpatient Laboratory 6801 US Hwy 27 N Suite C -1 Sebring, FL 33872	Cancer Center
FHHMC Cardio-Pulmonary 4635 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
Center for Pediatric & Adolescent Medici 15502 Stoneybrook West Parkway Suite 2- Winter Garden, FL 34787	Cancer Center
FHCC - SOUTH TAMPA 301 North Dale Mabry Hwy Tampa, FL 33609	Cancer Center
Florida Hospital Laboratory - Altamonte 661 East Altamonte Drive Suite 131 Altamonte Springs, FL 32701	Cancer Center
Florida Hospital Women's CenterLactatio 2520 N Orange Avenue Suite 103 Orlando, FL 32804	Cancer Center
Florida Hospital Laboratory - Palm Sprin 631 Palm Springs Drive Suite 113 Altamonte Springs, FL 32701	Cancer Center
Florida Hospital Laboratory - Winter Par 1925 Mizell Ave Suite 100 Winter Park, FL 32792	Cancer Center
JP Morgan Chase Onsite 550 International Parkway Floor 1 Lake Mary, FL 32746	Cancer Center
Florida Hospital Hearing Center East Or 7975 Lake Underhill Road Suite 300 Orlando, FL 32822	Cancer Center
FH Wauchula Sleep Lab & Wound Care 457 W Carlton St Wauchula, FL 33873	Cancer Center

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

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

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

Name and address	Type of Facility (describe)
Florida Hospital Laboratory - Tavares 1769 David Walker Drive Tavares, FL 32778	Cancer Center
FH Wauchula Hardee Family Medicine 522 W Carlton Street Wauchula, FL 33873	Cancer Center
OCG Onsite 450 E South Street Orlando, FL 32802	Cancer Center
FH Wauchula Womens Wellness Center 526 W Carlton Street Wauchula, FL 33873	Cancer Center
FHHMC Diabetes Center 4023 Sun N Lake Blvd Sebring, FL 33872	Cancer Center
Waterman Onsite 1000 Waterman Way Tavares, FL 32778	Cancer Center
CTMC OP Lab and Radiology 151 Kirkham Circle Kyle, TX 78640	Cancer Center

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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 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 . . . . . ▶ 92

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 10

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADVENTIST CARE CENTERS - COURTLAND INC730 COURTLAND ST ORLANDO,FL 32804	20-5774723	501(c)(3)	310,302				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALLIANCE OF THE SPACE COAST INC DBA Florida AbolitionistPO BOX 536832 ORLANDO,FL 32853	59-3178045	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION INC1701 North Beauregard Street ALEXANDRIA,VA 22311	13-1623888	501(c)(3)	30,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Cancer Society Florida Division Inc3709 W Jetton Avenue Tampa,FL 33873	59-0657320	501(c)(3)	6,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY INC250 WILLIAMS STREET NW SUITE 400 ATLANTA,GA 30303	13-1788491	501(c)(3)	19,050				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART ASSOCIATIONGREATER SOUTH AFFILIATE-AR9900 NINTH ST NORTH ST PETERSBURG,FL 33716	59-0637852	501(c)(3)	117,497				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN LUNG ASSOCIATION OF SOUTHEAST INC851 OUTER RD ORLANDO,FL 32814	59-0662271	501(c)(3)	26,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BEACON NETWORK INCPO BOX 2547 ORLANDO,FL 328022547	27-4894580	501(c)(3)	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOY SCOUTS OF AMERICA INC CENTRAL FLORIDA COUNCIL1951 S ORANGE BLOSSOM TR 102 APOPKA,FL 32703	59-0624376	501(c)(3)	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BUILDING US INCPO BOX 3310 WINTER PARK, FL 327903310	45-5420165	501(c)(3)	25,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CELEBRATION FOUNDATION INC610 SYCAMORE ST CELEBRATION,FL 34747	59-3370753	501(c)(3)	36,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTER FOR CONGREGATIONAL HEALTH INCMEDICAL CENTER BLVD WINSTON SALEM,NC 27157	23-7426944	501(c)(3)	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL FLORIDA CHAMBER for PERSONS WITH DISABILITIES LLC 3201 E COLONIAL DR UNIT A20 ORLANDO,FL 328035174	26-4201627	Other	12,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL FLORIDA FAMILY HEALTH CENTER INC2400 STATE ROAD 415 SANFORD,FL 32771	59-1741286	501(c)(3)	45,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL FLORIDA HEALTHCARE COALITION INC DBA FLORIDA HEALTH CARE COALITION5703 RED BUG LAKE RD STE 118 WINTER SPRINGS, FL 32708	59-2500692	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL FLORIDA PARTNERSHIP INCPO BOX 1234 ORLANDO,FL 32804	33-1202266	501(c)(6)	106,440				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL FLORIDA REGIONAL HEALTH INFORMATION ORGANIZATION INC3208-C EAST COLONIAL DRIVE ORLANDO,FL 328035127	20-8145032	501(c)(3)	130,879				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL FLORIDA YOUNG MEN'S CHRISTIAN ASSOCIATION433 N MILLS AVENUE ORLANDO,FL 328035721	59-0624430	501(c)(3)	115,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL TEXAS HEALTHCARE COLLABORATIVE1301 WONDER WORLD DR SAN MARCOS,TX 78666	45-3739929	501(c)(3)	1,573,475				Provision of Indigent Care

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CENTRAL TEXAS MEDICAL CENTER FOUNDATION 1301 WONDER WORLD DR SAN MARCOS,TX 78666	74-2259907	501(c)(3)		84,245	Book	Provision of general administrative support	General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHANGE 4 KIDS INC201 S ORANGE AVE STE 960 ORLANDO,FL 32801	90-1025013	Other	26,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHRISTIAN SHARING CENTER INC600 N HWY 17-92 LONGWOOD,FL 32750	59-2744535	501(c)(3)	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CITY OF WINTER PARK401 S PARK AVE WINTER PARK, FL 32789	59-6000454	Gov't	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY BASED CARE OF CENTRAL FLORIDA INC 4001 PELEE ST ORLANDO,FL 328173100	01-0631375	501(c)(3)	30,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY VISION INC LEADERSHIP ASSOCIATION OF OSCEOLA111 E MONUMENT AVE UNIT 401 KISSIMMEE,FL 34741	59-2896657	501(c)(3)	25,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Creation Development Foundation DBA CREATION KIDS VILLAGE599 CELEBRATION PLACE CELEBRATION,FL 34747	30-0724172	501(c)(3)	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CROHNS & COLITIS FOUNDATION OF AMERICA PO BOX 701130 SAINT CLOUD, FL 34770	13-6193105	501(c)(3)	7,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOWNTOWN COLLEGE PARK PARTNERSHIP INCPO BOX 547744 ORLANDO,FL 32854	23-7250533	501(c)(3)	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EAST ORLANDO HEALTH & REHAB CENTER INC250 SOUTH CHICKASAW TRAIL ORLANDO, FL 32825	20-5774748	501(c)(3)	1,440,600				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EASTER SEALS FLORIDA INC520 N SEMORAN BLVD STE 280 ORLANDO,FL 32807	59-0637848	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EQUIP FOUNDATION INC DBA EQUIP LEADERSHIP INC2050 Sugarloaf Circle Duluth, GA 30097	33-0686464	501(c)(3)	13,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLNC INC3355 E SEMORAN BLVD APOPKA,FL 32703	20-5774761	501(c)(3)	2,211,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FLORIDA CHAMBER OF COMMERCE INCPO BOX 11309 136 SOUTH BRONOUGH STREET TALLAHASSEE,FL 32302	59-0248200	501(c)(6)	200,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CHAPTER AMERICAN COLLEGE EMERGENCY PHYSICIANS 3717 S CONWAY RD ORLANDO,FL 32812	23-7147400	501(c)(6)	14,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Florida Conference Association of Seventh-Day Adventist dba Better Living C PO Box 3092 Lake Placid, FL 33862	59-6137501	501(c)(3)	7,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 DIVERSITY INC PO BOX 2831 ORLANDO,FL 32802	46-4503528	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Inc1000 Waterman Way Tavares, FL 32778	59-3140669	501(c)(3)	620,409				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOREST LAKE ACADEMY 500 EDUCATION LOOP APOPKA,FL 327036176	59-0816443	501(c)(3)	13,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOREST LAKE SDA CHURCH515 HARLEY LESTER LANE APOPKA,FL 32703	59-2885433	501(c)(3)	11,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 EARLY CHILDHOOD DEVELOPMENT INCPO BOX 540387 ORLANDO,FL 32854	86-1076294	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR ORANGE COUNTY PUBLIC SCHOOLS INC445 W AMELIA ST STE 901 ORLANDO,FL 328011153	59-2788435	501(c)(3)	25,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR SEMINOLE STATE COLLEGE OF FLORIDA INC 1055 AAA DRIVE STE 209 HEATHROW,FL 32746	23-7033822	501(c)(3)	95,333				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRANKLIN S FRIENDS INC 901 VERSAILLES CIR MAITLAND,FL 32751	46-1111664	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRIENDS OF THE MENNELLO MUSEUM OF AMERICAN ART INC900 E PRINCETON STREET ORLANDO,FL 32803	59-3618760	501(c)(3)	11,750				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRONTLINE OUTREACH INC300 C R SMITH ST ORLANDO,FL 32805	23-7227148	501(c)(3)	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GENERAL GROWTH MANAGEMENT INC110 N WACKER DR CHICAGO,IL 60606	42-1285297	Other	20,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 INC51 PENNSYLVANIA STREET ORLANDO,FL 328062938	28-1817966	501(c)(3)	101,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER ORLANDO CHAMBER OF COMMERCE INC DBA ORLANDO REGIONAL CHAMBER OF COMPO BOX 1234 ORLANDO,FL 328021234	59-0272107	501(c)(6)	16,292				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Greater Sebring Chamber of Commerce227 US 27 North Sebring,FL 33870	59-0532480	501(c)(6)	6,300				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HABITAT FOR HUMANITY OF GREATER ORLANDO AREA INC4116 SILVER STAR RD ORLANDO,FL 328084636	59-2789167	501(c)(3)	12,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTH CARE CENTER FOR THE HOMELESS INC 232 N ORANGE BLOSSOM TRL ORLANDO,FL 32805	59-3185020	501(c)(3)	100,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTHY START COALITION OF ORANGE COUNTY INC600 COURTLAND ST STE 565 ORLANDO,FL 32804	59-3125675	501(c)(3)	68,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEART OF FLORIDA UNITED WAY INC1940 TRAYLOR BLVD ORLANDO,FL 32804	59-0808854	501(c)(3)	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Heartland Triathlon of Highlands County Inc1200 Highlands Drive Lake Placid,FL 33852	45-2232127	501(c)(3)	13,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HISPANIC BUSINESS INITIATIVE FUND OF FLORIDA INC3201 E COLONIAL DR UNIT A20 ORLANDO,FL 32803	59-3341405	501(c)(3)	36,125				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HISPANIC CHAMBER OF COMMERCE METRO ORLANDO INC3201 E COLONIAL DRIVE ORLANDO,FL 32803	59-3103840	501(c)(6)	14,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOPE NOW INTERNATIONAL INCPO BOX 181173 CASSELBERRY,FL 327181173	27-4498303	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IVANHOE VILLAGE INC 1605 ALDEN RD ORLANDO,FL 328031861	26-1797406	501(c)(3)	7,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JEWISH COMMUNITY CENTER OF GREATER ORLANDO INC851 N MAITLAND AVENUE MAITLAND,FL 32751	23-7448234	501(c)(3)	6,300				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOBS PARTNERSHIP OF FLORIDA INC4900 MILLENIA BLVD STE B ORLANDO,FL 32839	59-3612893	501(c)(3)	50,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 INCPO BOX 917197 ORLANDO,FL 32891	59-0972112	501(c)(3)	135,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIDS BEATING CANCER INC615 E PRINCETON ST STE 400 ORLANDO,FL 32803	59-3136203	501(c)(3)	7,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KINGDOM HARVEST INC DBA COMMUNITY FOOD & OUTREACH150 W MICHIGAN STREET ORLANDO,FL 32806	11-3697936	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KISSIMMEE OSCEOLA COUNTY CHAMBER OF COMMERCE1425 E VINE STREET KISSIMMEE,FL 34741	59-0319865	501(c)(6)	12,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
La Grange Memorial Hospital Foundation5101 South Willow Springs Road La Grange, IL 60525	30-0247776	501(c)(3)	0	263,313	Book	Provision of general administrative support	General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 NONA INSTITUTE INC9801 LAKE NONA RD ORLANDO,FL 32827	27-3346737	501(c)(3)	25,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LAKESIDE BEHAVIORAL HEALTHCARE INC1800 MERCY DRIVE STE 302 ORLANDO,FL 32808	59-2301233	501(c)(3)	1,089,342				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LEADERSHIP SEMINOLE 1055 AAA DR STE 153 LAKE MARY,FL 32746	59-3257486	501(c)(3)	5,500				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIFEWORK LEADERSHIP 1220 E CONCORD ST ORLANDO,FL 328035453	37-1592618	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LIFT ORLANDO INC215 EAST CENTRAL BLVD ORLANDO,FL 32801	46-3607865	501(c)(3)	100,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARCH OF DIMES FOUNDATION341 N MAITLAND AVE STE 115 MAITLAND,FL 32751	13-1846366	501(c)(3)	13,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MATTHEWS HOPE MINISTRIES INC1460 DANIELS RD WINTER GARDEN, FL 34787	27-2245867	501(c)(3)	8,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF CENTRAL FLORIDA INC 1525 E ROBINSON ST ORLANDO,FL 32801	59-0816432	501(c)(3)	22,481				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NAMI GREATER ORLANDO INC237 FERNWOOD BLVD FERN PARK,FL 32730	59-2600149	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL KIDNEY FOUNDATION OF FLORIDA INC1040 WOODCOCK RD STE 119 ORLANDO,FL 32803	59-2190073	501(c)(3)	8,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIONAL PARKINSON FOUNDATION - CENTRAL FLORIDA CHAPTER INCPO BOX 337 WINTER PARK, FL 32790	45-5464483	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	11,600				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORLANDO JUNIOR ACADEMY30 E EVANS STREET ORLANDO,FL 32804	26-2325009	501(c)(3)	50,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PRIMARY CARE ACCESS NETWORK INC101 S WESTMORELAND DR ORLANDO,FL 328052258	46-1817605	501(c)(3)	26,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PROFESSIONALS RESOURCE NETWORK INC PO BOX 16510 FERNANDINA BEACH,FL 32035	86-1171352	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF CENTRAL FLORIDA INC 1030 N ORANGE AV WINTER PARK, FL 327894709	59-3211250	501(c)(3)	20,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RUNWAY TO HOPE INC189 S ORANGE AVE ORLANDO,FL 328013261	27-3272616	501(c)(3)	6,250				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Samaritan Touch Care Center Inc3015 Herring Avenue Sebring,FL 33870	02-0773338	501(c)(3)	250,000				Medical Care

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
San Marcos Sights & Sounds of Christmas Inc630 E Hopkins San Marcos,TX 78666	74-2759206	501(c)(3)	12,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA411 MERCY DRIVE ORLANDO,FL 32805	59-2142315	501(c)(3)	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SHEPHERDS HOPE INC 4851 S APOPKA VINELAND RD ORLANDO,FL 328193128	59-3420727	501(c)(3)	20,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
South Florida State College 600 W College Drive Avon Park, FL 33825	59-1218159	Gov't	14,083				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 UNIVERSITYPO BOX 370 COLLEGEDALE,TN 37315	62-0536733	501(c)(3)	400,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
STRENGTHEN ORLANDO INC400 SOUTH ORANGE AVE 6TH FLOOR ORLANDO,FL 328013360	27-1964941	501(c)(3)	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUNBELT HEALTH & REHAB CENTER - APOPKA INC305 EAST OAK ST APOPKA,FL 32703	20-5774856	501(c)(3)	310,302				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Corporation900 Hope Way Altamonte Springs, FL 32714	59-2219301	501(c)(3)	14,000	4,606,282	Book	Provision of general administrative support	General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SUSAN G KOMEN BREAST CANCER FOUNDATION 1350 ORANGE AVE STE 260 WINTER PARK,FL 32789	75-2854957	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The School Board of Highlands County426 School Street Sebring,FL 33870	56-6000654	Gov't	11,000				Senior Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED GLOBAL OUTREACH INC2301 N ORANGE AVE ORLANDO,FL 328045510	03-0511875	501(c)(3)	100,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
United Way of Central Florida IncPO Box 1357 Highland City,FL 33846	59-2116280	501(c)(3)	11,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSAL ORLANDO FOUNDATION INC1000 UNIVERSAL STUDIOS PLAZA ORLANDO,FL 32819	59-3510383	501(c)(3)	15,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CENTRAL FLORIDA FOUNDATION INC12424 RESEARCH PARKWAY STE 140 ORLANDO,FL 32826	59-6211832	501(c)(3)	36,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
US DREAM ACADEMY INC 5950 SYMPHONY WOODS RD COLUMBIA,MD 21044	59-3514841	501(c)(3)	10,000				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WINTER PARK HEALTH FOUNDATION INC220 EDINBURGH DR WINTER PARK, FL 32792	59-0669460	501(c)(3)	197,217				General Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WOMEN'S AND GIRL'S CANCER ALLIANCE1855 W STATE RD 434 282 LONGWOOD,FL 32750	06-1639604	501(c)(3)	10,080				General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	The filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS) Members of the filing organization's executive management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of AHS AHSSHC is exempt from federal income tax under IRC Section 501(c)(3) The filing organization reimburses AHSSHC for the salary and benefit cost of those executives on the payroll of AHSSHC that provide services and are on the management team of the filing organization 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 travel or charter air travel beyond the cost of a regular coach airfare During the current year, one board member was provided first class travel to a single business meeting The allowance of first class travel for this individual was approved in advance and authorized via the proper approval process 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 However, the benefit may also be extended to board members for AHS sponsored business 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 or board member are considered taxable compensation 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 or CMO/CNO business meeting ($300 per executive) Other discretionary spending accounts may be provided in connection with other AHS sponsored conferences to the executives and board members 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 or board member was considered taxable compensation 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, four executives were eligible to receive reimbursement for club fees Each AHS executive who is approved for a club membership must submit an annual report to the AHSSHC Board Compensation Committee that describes how the membership benefited their organization during the preceding year
Part I, Line 3	The individual who serves as the CEO of the filing organization is compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) for that individual's role in serving as the CEO Compensation and benefits provided to this individual are determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958 AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53 4958-6 with respect to its active executive-level positions The AHSSHC Board Compensation Committee (the Committee) serves as the governing body for all executive compensation matters The Committee is composed of certain members of the Board of Directors (the Board) of AHSSHC Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC The Committee's role is to review and approve all components of the executive compensation plan of AHSSHC As an independent governing body with respect to executive compensation, it should be noted that the Committee will often confer in executive sessions on matters of compensation policy and policy changes In such executive sessions, no members of management of AHSSHC are present The Committee is advised by an independent third party compensation advisor This advisor prepares all the benchmark studies for the Committee Compensation levels are benchmarked with a national peer group of other not-for-profit healthcare systems and hospitals of similar size and complexity to AHS and each of its affiliated entities The following principles guide the establishment of individual executive compensation - The salary of the President/CEO of AHS will not exceed the 40th percentile of comparable salaries paid by similarly situated organizations, and - Other executive salaries shall be established using market medians The compensation philosophy, policies, and practices of AHSSHC are consistent with the organization's faith-based mission and conform to applicable laws, regulations, and business practices As a faith-based organization sponsored by the Seventh-day Adventist Church (the Church), AHSSHC's philosophy and principles with respect to its executive compensation practices reflect the conservative approach of the Church's mission of service and were developed in counsel with the Church's leadership
Part I, Lines 4a-b	During the year ending December 31, 2014, Connie A Hamilton received severance payments in the amount of $144,100 Pursuant to the AHSSHC Corporate Executive Policy governing executive severance, severance agreements for executives operating at the Vice President level and above are entered into upon eligibility to facilitate the transition to subsequent employment following an involuntary separation from employment with AHS Executives on the filing organization's management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of a healthcare system known as Adventist Health System (AHS) In recognition of the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan) The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (IRC) Section 457(f), to individually tailor a benefits program appropriate to each executive's needs The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits The pre-determined benefits allowance credit percentage is approved by the AHSSHC Board Compensation Committee, an independent committee of the Board of Directors of AHSSHC Any funds that remain after the cost of mandatory and elective benefits are subtracted from the annual pre-determined benefits allowance are contributed, at the employee's option, to either an IRC 457(f) deferred compensation account or to an IRC 457(b) eligible deferred compensation plan Upon attainment of age 65, all previous 457(f) deferred amounts are paid immediately to the participant and any future employer contributions are made quarterly from the Plan directly to the participant The Plan documents define an employee who is eligible to participate in the Plan to generally include the Chief Executive Officers of AHS entities and Vice Presidents of all AHS entities whose base salary is at least $224,000 The Plan provides for a class year vesting schedule (2 years for each class year) with respect to amounts accumulated in the executive's 457(f) deferred compensation account Distributions could also be made from the executive's 457(f) deferred compensation account upon attainment of age 65 or upon an involuntary separation The account is forfeited by the executive upon a voluntary separation In addition to the Plan, AHS has instituted a defined benefit, non-tax-qualified deferred compensation plan for certain executives who have provided lengthy service to AHS and/or to other Seventh-Day Adventist Church hospitals or health care institutions Participation in the plan is offered to AHS executives on a prorata schedule beginning with 20 years of service as an employee of AHS and/or another hospital or health care institution controlled by the Seventh-Day Adventist Church and who satisfy certain other qualifying criteria This supplemental executive retirement plan (SERP) was designed to provide eligible executives with the economic equivalent of an annual income beginning at normal retirement age equal to 60% of the average of the participant's three, five or seven highest years of base salary from AHS active employment inclusive of income from all other Seventh-Day Adventist Church healthcare employer-financed retirement income sources and investment income earned on those contributions through social security normal retirement age as defined in the plan The number of years included in highest average compensation is determined by the individual's year of entry to the SERP and by the individual's year of entry to the AHS Executive FLEX Benefit Program Flex Plan Flex Plan/ SERP 457(b) CY CY Employer CY Contrib / Distributions Contrib Distributions* Payment ---------- ---------- Houmann, Lars D $ 190,258 $ 207,319 $36,491 $ 0 Jernigan, Ph D , Donald L $ 217,482 $ 199,982 $ 0 $ 0 Reiner, Richard K $ 197,083 $ 179,583 $122,669 $ 0 Shaw, Terry D $ 190,258 $ 176,733 $ 45,027 $ 0 Banks, David P $ 86,312 $ 76,937 $ 0 $ 0 Dodds, Sheryl D $ 51,718 $ 30,098 $ 0 $ 0 Fulbright, Robert D $ 62,736 $ 45,553 $ 0 $ 0 Goodman, Todd A $ 41,309 $ 41,539 $ 0 $ 0 Hilliard, Douglas W $ 38,661 $ 30,709 $ 0 $ 0 Hurst, Jeffery D $ 39,111 $ 23,719 $ 0 $ 0 Moorhead, MD, John David $ 91,486 $ 73,986 $ 0 $ 0 Owen, Terry R $ 62,999 $ 52,700 $ 0 $ 0 Paradis, J Brian $ 118,955 $ 115,272 $921,630 $ 0 Reed, MD, Monica P $ 72,638 $ 64,419 $112,456 $ 0 Soler, Eddie $ 101,329 $ 126,261 $ 61,129 $ 0 * Including Investment Earnings
Part I, Line 6	The filing organization's physician compensation formula is designed to result in total compensation that would be reasonable for each physician The filing organization utilizes national survey productivity, cost, and compensation data in formulating all aspects of the compensation plan Physician compensation contractual agreements include a ceiling or reasonable maximum on the amount a physician may earn The filing organization's employed physicians enter into a written agreement that requires the physicians to provide medical care to individuals who are referred by the filing organization The filing organization's compensation arrangement does not use a method of compensation that is based upon a percentage of the organization's net income Under the compensation arrangement, physician base salary, including any additional compensation based on a percentage of the practice/location net revenue, is documented as being within a range of Fair Market Value

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 Houmann Lars D, Director	(I)	0	0	0	0	0	0	0
	(II)	937,569	320,728	281,636	204,363	31,036	1,775,332	175,971
1 Jernigan PhD Donald L, Director/CEO	(I)	0	0	0	0	0	0	0
	(II)	1,020,757	347,331	280,923	14,105	390,497	2,053,613	0
2 Reiner Richard K, Director/Exec VP	(I)	0	0	0	0	0	0	0
	(II)	939,818	320,728	369,370	14,105	120,263	1,764,284	0
3 Shaw Terry D, Director/Exec VP/CFO/COO	(I)	0	0	0	0	0	0	0
	(II)	936,467	320,728	249,120	204,363	53,247	1,763,925	175,971
4 Banks David P, Exec VP - FH	(I)	0	0	0	0	0	0	0
	(II)	522,956	145,817	109,701	86,312	46,108	910,894	76,910
5 Dodds Sheryl D, Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	347,491	83,312	65,136	48,323	22,719	566,981	30,090
6 Fulbright Robert D, Exec VP - FH	(I)	0	0	0	0	0	0	0
	(II)	456,140	96,838	70,718	76,841	50,416	750,953	45,538
7 Goodman Todd A, Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	342,896	83,025	71,523	37,914	38,112	573,470	33,323
8 Hilliard Douglas W, Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	345,982	83,763	53,055	52,766	45,093	580,659	30,699
9 Hurst Jeffery D, Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	322,780	77,771	61,250	35,716	33,273	530,790	18,671
10 Moorhead MD John David, Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	497,852	119,546	116,185	8,905	53,427	795,915	67,019
11 Owen Terry R, Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	417,593	120,667	88,516	59,604	32,988	719,368	38,638
12 Paradis J Brian, CEO Division - FH	(I)	0	0	0	0	0	0	0
	(II)	646,256	221,477	1,079,392	115,560	48,747	2,111,432	115,232
13 Reed MD Monica P, Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	367,752	135,519	297,519	86,743	46,668	934,201	64,397
14 Soler Eddie, CFO Divison - FH	(I)	0	0	0	0	0	0	0
	(II)	569,242	191,731	209,084	115,434	37,771	1,123,262	92,874
15 Bittner MDHartmuth, Medical Director	(I)	1,155,003	0	616	8,905	18,017	1,182,541	0
	(II)	0	0	0	0	0	0	0
16 Lee MDKathy, Physician	(I)	393,504	379,353	12,389	14,105	14,570	813,921	0
	(II)	0	0	0	0	0	0	0
17 Jones MDPhillip E, Physician	(I)	592,074	162,500	9,750	14,105	22,592	801,021	0
	(II)	0	0	0	0	0	0	0
18 Eubanks Jr MDWilliam Stephen, Executive Director of Academic Surge	(I)	621,121	106,728	25,528	0	19,077	772,454	0
	(II)	0	0	0	0	0	0	0
19 Wittum MDRoger L, Physician	(I)	594,998	59,625	35,806	14,105	15,456	719,990	0
	(II)	0	0	0	0	0	0	0

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Hamilton Connie A, Former key employee	(I)	0	0	0	0	0	0	0
	(II)	0	0	146,011	7,177	752	153,940	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	27,725,000	28,575,000	3,495,000	28,155,000
2	Amount of bonds legally defeased	4,900,000	8,105,000	19,265,000	7,320,000
3	Total proceeds of issue	205,156,000	249,501,424	30,371,450	212,464,496
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,000,000	2,492,891	306,707	1,856,375
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	203,156,000			
11	Other spent proceeds		247,008,533	30,064,743	210,608,121
12	Other unspent proceeds				
13	Year of substantial completion	2006	2003	1995	2002

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 350 %		0 200 %				0 300 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 100 %						
6	Total of lines 4 and 5		0 450 %		0 200 %				0 300 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part III, Line 8c	Highlands County Health Facilities Authority 2012A, AR Program A sale of bond-financed assets in 2006 was identified in early 2013 The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 25, 2013 A subsequent sale of assets occurred in 2014 Remedial action was taken as proscribed in Treasury Regulation Section 1 141-12 to preserve the tax-exempt status of the interest on the bonds

Return Reference	Explanation
Part III, Line 8c	Highlands County Health Facilities Authority 2012B, AR Program A sale of bond-financed assets in 2006 was identified in early 2013 The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 25, 2013 A subsequent sale of assets occurred in 2014 Remedial action was taken as proscribed in Treasury Regulation Section 1 141-12 to preserve the tax-exempt status of the interest on the bonds

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

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

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Highlands County Health Facilities Authority 2013A-C The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Highlands County Health Facilities Authority 2014A&D The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Highlands County Health Facilities Authority 2014B The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Highlands County Health Facilities Authority 2014C The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings

Return Reference	Explanation
Part II, Line 3, Total Proceeds of Issue	Highlands County Health Facilities Authority 2014E The difference between Total Proceeds of Issue reported on Part II, Line 3 and the Issue Price reported on Part I, column (e) is attributed to investment earnings

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	260,445,000	26,000,000	62,650,000	12,270,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	366,445,000	68,000,000	325,394,417	102,271,154
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds	5,560,382			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	360,884,618	68,000,000	12,004,967	21,844,721
11	Other spent proceeds			313,389,450	80,426,433
12	Other unspent proceeds				
13	Year of substantial completion	2007	2008	2009	2009

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1 420 %		0 870 %		0 540 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	1 420 %		0 870 %		0 540 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	20,470,000	125,000,000		3,000,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	190,752,502	178,936,632	57,000,000	25,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		1,696,632	57,000,000	25,000,000
11	Other spent proceeds	190,752,502	177,240,000		
12	Other unspent proceeds				
13	Year of substantial completion	2008	2005	2010	2010

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 670 %		0 900 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5		0 670 %		0 900 %				
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
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OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,000,000	3,000,000	27,000,000	540,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,000,000	25,000,000	225,000,000	80,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	25,000,000	25,000,000	225,000,000	80,000,000
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010	2010	2010	2011

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	400,000			52,265,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	294,985,000	115,015,000	310,952,245	348,320,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		115,015,000		
11	Other spent proceeds	294,985,000		310,952,245	348,320,000
12	Other unspent proceeds				
13	Year of substantial completion	2004	2012	2008	2008

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶						0 500 %		0 500 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5						0 500 %		0 500 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X		X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 140 %		0 140 %		0 370 %		0 370 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569		08-29-2012	125,000,000	2012G&H - Refund Highlands 2005I Conversion Bonds		X		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022TR3	11-08-2012	232,125,000	2012I - Refunded Volusia 1994-A, Highlands 2004A, 2005E, 2005F, 2005G		X		X		X
C	Highlands County Health Facilities Authority	52-1313569		09-18-2013	485,000,000	2013A B C, Expand/refurbish facilities, purchase equipment		X		X		X
D	Highlands County Health Facilities Authority	52-1313569		07-02-2014	110,000,000	2014A&D, Refund 2013C, expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		2,635,000	60,000,000	1,666,667
2	Amount of bonds legally defeased				
3	Total proceeds of issue	125,000,000	232,125,000	485,340,528	110,029,451
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			465,291,292	6,923,077
11	Other spent proceeds	125,000,000	232,125,000		60,000,000
12	Other unspent proceeds			20,049,236	43,106,374
13	Year of substantial completion	2005	2005	2013	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Orange County Health Facilities Authority	52-1378595		07-02-2014	50,000,000	2014B, Expand/refurbish facilities, purchase equipment		X		X		X
B	Kansas Development Finance Authority	48-1066589		07-02-2014	30,000,000	2014C, Expand/refurbish facilities, purchase equipment		X		X		X
C	Colorado Health Facilities Authority	84-0752932	19648AT39	07-23-2014	82,501,800	2014E, Expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,000,000	1,666,667		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	50,029,451	30,017,671	82,545,581	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	6,923,077	4,153,846	3,821,000	
11	Other spent proceeds				
12	Other unspent proceeds	43,106,374	25,863,825	78,724,581	
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting 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) Mairilise P Owen	Family of board member	104,158	Employee Compensation		No
(2) Karen Tilstra	Family of key employee	125,940	Consulting		No
(3) Dan Tilstra	Family of key employee	23,908	Professional Services		No
(4) Clifton Scott	Family of board member	97,617	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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
Adventist Health SystemSunbelt Inc	59-1479658

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

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

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

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

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The filing organization's current year Form 990 was reviewed by the Chief Financial Executive 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	The Conflict of Interest Policy of the filing organization applies to members of its Board of Directors and its principal officers (to be known as Interested Persons) In connection with any actual or possible conflict of interests, any member of the Board of Directors of the filing organization or any principal officer of the filing organization (i e Interested Persons) must disclose the existence of any financial interest with the filing organization and must be given the opportunity to disclose all material facts concerning the financial interest/arrangement to the Board of Directors of the filing organization or to any members of a committee with board delegated powers that is considering the proposed transaction or arrangement Subsequent to any disclosure of any financial interest/arrangement and all material facts, and after any discussion with the relevant Board member or principal officer, the remaining members of the Board of Directors or committee with board delegated powers shall discuss, analyze, and vote upon the potential financial interest/arrangement to determine if a conflict of interest exists According to the filing organization's Conflict of Interest Policy, an Interested Person may make a presentation to the Board of Directors (or committee with board delegated powers), but after such presentation, shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in a conflict of interest Each Interested Person, as defined under the filing organization's Conflict of Interest Policy, shall annually sign a statement which affirms that such person has received a copy of the Conflict of Interests policy, has read and understands the policy, has agreed to comply with the policy, and understands that the filing organization is a charitable organization that must primarily engage in activities which accomplish one or more of its exempt purposes The filing organization's Conflict of Interest Policy also requires that periodic reviews shall be conducted to ensure that the filing organization operates in a manner consistent with its charitable purposes

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

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

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

Return Reference	Explanation
Form 990, Part XI, line 9	Transfer to tax-exempt affiliates -37,716,898 Transfer to tax-exempt parent -15,960,203 Donated Property 2,203,971 SWAP loss amortization 4,611,957 Allocations from Tax-exempt Parent with respect to Debt 5,623,517 Transfer for expenses -301,668 Gifts 11,218,012 Other -31,122 Interest in Foundation 708,066 Rounding -2

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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	(g) No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h	Yes	
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) Adventist Bolingbrook Hospital 500 Remington Blvd Bolingbrook, IL 60440 65-1219504	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(1) Adventist Care Centers - Courtland Inc 730 Courtland Street Orlando, FL 32804 20-5774723	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
(2) Adventist GlenOaks Hospital 701 Winthrop Avenue Glendale Heights, IL 60139 36-3208390	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(3) Adventist Hlth Mid-America Inc 9100 W 74th Street Shawnee Mission, KS 66204 52-1347407	Hlthcare Related Services	KS	501(c)(3)	Line 11a, I	Adventist Hlth SystemSunbelt Inc	Yes	
(4) 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	Yes	
(5) 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
(6) Adventist Hlth System Georgia 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	
(7) 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	
(8) Adventist Hlth SystemTexas Inc 11801 S Freeway Burleson, TX 36028 74-2578952	Leasing Personnel to Affiliated Hospital	TX	501(c)(3)	Line 11c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(9) ADVENTIST HINSDALE HOSPITAL 120 North Oak Street Hinsdale, IL 60521 36-2276984	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(10) Adventist University of Health Sciences Inc (630 Year End) 671 Lake Winyah Drive Orlando, FL 32803 59-3069793	Education/Operation of School	FL	501(c)(3)	Line 2	Adventist Hlth SystemSunbelt Inc	Yes	
(11) AHS Midwest Management Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 36-3354567	Operation of Physician Practice Mgmt	IL	501(c)(3)	Line 11a, I	Adventist Hlth SystemSunbelt Inc	Yes	
(12) 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	
(13) 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	Yes	
(14) Battle Creek Adventist Hospital 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 38-1359189	Inactive	MI	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(15) 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
(16) 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	Yes	
(17) 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	Yes	
(18) 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	Yes	
(19) Central Texas Hlthcare Collaborative 1301 Wonder World Drive San Marcos, TX 78666 45-3739929	Support Operation of Hospital	TX	501(c)(3)	Line 11a, I	Adventist Hlth SystemSunbelt Inc	Yes	

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) 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			No
(1) 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	Yes	
(2) Chippewa Valley Hospital & Oakview Care Center Inc 1220 Third Avenue West Durand, WI 54736 39-1365168	Operation of Hospital & Related Services	WI	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(3) 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	Yes	
(4) 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	Yes	
(5) 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	Yes	
(6) 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	Yes	
(7) 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	Yes	
(8) Emory-Adventist Inc 3949 South Cobb Drive Smyrna, GA 30080 58-2171011	Operation of Hospital & Related Svcs	GA	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(9) 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	
(10) 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	Yes	
(11) FLORIDA HOSPITAL HEALTHCARE PARTNERS INC 770 West Granada Blvd 101 Ormond Beach, FL 32174 46-2354804	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(12) Florida Hospital Medical Group Inc 2600 Westhall Ln Maitland, FL 32751 59-3214635	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(13) Florida Hospital Physician Group Inc 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	
(14) 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	
(15) Florida Hospital Zephyrhills Inc 7050 Gall Blvd Zephyrhills, FL 33541 59-2108057	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(16) 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	Yes	
(17) Fountain Inn Nursing & Rehab Center Inc(1024-123114) 602 Courtland St Ste 200 Orlando, FL 32804 47-2180518	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
(18) 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
(19) 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			No

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

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(41) 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			No
(1) 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
(2) Hospice of the Comforter Inc 480 W Central Parkway Altamonte Springs, FL 32714 59-2935928	Operation of Hospice	FL	501(c)(3)	Line 9	The Comforter Health Care Group Inc	Yes	
(3) Hospice of the Comforter Foundation Inc 480 W Central Parkway Altamonte Springs, FL 32714 27-1858033	Fund Raising for Affiliated Tax-Exempt Hospice	FL	501(c)(3)	Line 7	The Comforter Health Care Group Inc	Yes	
(4) 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	Yes	
(5) 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	
(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) Lake County Health Care Properties Inc(1017-123114) 602 Courtland St Ste 200 Orlando, FL 32804 47-2179868	Lease to Related Organization	FL	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(8) 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			No
(9) Memorial Hlth Systems Inc 301 Memorial Medical Parkway Daytona Beach, FL 32117 59-0973502	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(10) 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	Yes	
(11) 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	Yes	
(12) 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	
(13) 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	Yes	
(14) 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	
(15) 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	Yes	
(16) 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	
(17) 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
(18) 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	Yes	
(19) 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	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(61) Missouri Adventist Hlth Inc 9100 W 74th Street Shawnee Mission, KS 66204 43-1224729	Support Hlth Care Services	MO	501(c)(3)	Line 11d, III-O	Adventist Hlth Mid-America Inc	Yes	
(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	Yes	
(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			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	Yes	
(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	Yes	
(5) Pasco-Pinellas Hillsborough Community Hlth System Inc 2600 Bruce B Downs Blvd Wesley Chapel, FL 33544 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) 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	Yes	
(8) 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	
(9) 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	
(10) 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	Yes	
(11) Rocky Mountain Adventist Hlthcare Foundation (630 Year End) 7995 E Prentice Ave 204 Greenwood Village, CO 80111 84-0745018	Fund-raising for Tax-exempt hospital	CO	501(c)(3)	Line 7			No
(12) Rollins Brook Community Care Corp 2201 S Clear Creek Road Killeen, TX 76549 46-1656773	Inactive	TX	501(c)(3)	Line 11a, I	Adventist Hlth SystemSunbelt Inc	Yes	
(13) 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	Yes	
(14) 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	Yes	
(15) 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	Yes	
(16) 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	Yes	
(17) 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	Yes	
(18) South Central Inc 900 Hope Way Altamonte Springs, FL 32714 59-3689740	Management Support	GA	501(c)(3)	Line 11c, III-FI	N/A		No
(19) South Pasco Hlth Care Properties Inc 38250 A Avenue Zephyrhills, FL 33542 51-0605679	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	

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

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(81) Southwest Volusia Hlth Services Inc 1055 Saxon Blvd Orange City, FL 32763 59-3281591	Medical Office Building for Hospital	FL	501(c)(3)	Line 11a, I	Southwest Volusia Hlthcare Corp	Yes	
(1) Southwest Volusia Hlthcare Corp 1055 Saxon Blvd Orange City, FL 32763 59-3149293	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(2) Specialty Physicians of Central Texas Inc 1301 Wonder World Drive San Marcos, TX 78666 20-8814408	Physician Hlthcare services to the community	TX	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(3) 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	Yes	
(4) 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	Yes	
(5) Sunbelt Hlth Care Centers Inc 602 Courtland Street Ste 200 Orlando, FL 32804 58-1473135	Management Services	TN	501(c)(3)	Line 11b, II	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(6) 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	
(7) Takoma Regional Hospital Inc (630 Year End) 401 Takoma Ave Greeneville, TN 37743 51-0603966	Operation of Hospital & Related Services	TN	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
(8) TAKOMA REGIONAL HOSPITAL Foundation INC (710-123114) 401 Takoma Ave Greeneville, TN 37743 47-1334302	Fund Raising for Affiliated Tax-Exempt Hospital	TN	501(c)(3)	Line 7	Takoma Regional Hospital Inc	Yes	
(9) 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	Yes	
(10) Tarrant County Hlth Care Properties Inc 301 Huguley Blvd Burleson, TX 76028 51-0605677	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(11) Taylor Creek Hlth Care Properties Inc 718 Goodwin Lane Leitchfield, KY 42754 51-0605678	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
(12) The Comforter Health Care Group Inc 605 Montgomery Road Altamonte Springs, FL 32714 27-1857940	Lease to Related Organization	FL	501(c)(3)	Line 11c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
(13) The Volunteer Auxiliary of Florida Hospital - Flagler Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 59-2486582	Volunteer support services	FL	501(c)(3)	Line 11c, III-FI			No
(14) TRI-COUNTY NURSING AND REHAB Center Inc(1030-123114) 602 Courtland St Ste 200 Orlando, FL 32804 47-2219363	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
(15) 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	Yes	
(16) University Community Hospital Foundation Inc 3100 E Fletcher Ave Tampa, FL 33613 59-2554889	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 11a, I			No
(17) 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	Yes	
(18) 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	
(19) West Florida Health Home Care Inc fka South Cent Nurs Home Prop(11-1114) PO Box 1289 Tampa, FL 33601 59-3686109	Will be operating Home Health Agency	GA	501(c)(3)	Line 11d, III-O	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
Appalachian Therapy Services LLC 100 Hospital Drive Hendersonville, NC 28792 20-2463851	Therapy Staffing	NC	N/A									
Clear Creek MOB Ltd 2201 S Clear Creek Rd Killeen, TX 76549 74-2609195	Real Estate	TX	N/A									
Endoscopy Center at Porter LLC 1001 South Park Drive Littleton, CO 80120 20-5855038	Medical Services	CO	N/A									
Florida Hospital DMERT LLC 2450 Maitland Center Pkwy Ste 200 Maitland, FL 32751 20-2392253	Medical Equipment	FL	N/A									
FLORIDA HOSPITAL HOME INFUSION LLP 2450 Maitland Center Pkwy Ste 200 Maitland, FL 32751 59-3142824	Home Infusion Services	FL	N/A									
PAHSUSP Surgery Centers LLC 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75010 26-3057950	Medical Services	CO	N/A									
San Marcos MRI LP 1330 Wonder World Dr Ste 202 San Marcos, TX 78666 77-0597972	Imaging & Testing	TX	Adventist Hlth SystemSunbelt Inc	Related	13,258	281,209		No			No	55 000 %
Shawnee Mission Open MRI LLC 9100 W 74th Street Box 2923 Shawnee Mission, KS 66201 27-0011796	Imaging & Testing	KS	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
Yes	**No**								
Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	132,822	41,241	59 000 %	Yes	
Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	30,403	20,803	89 000 %	Yes	
CC MOB Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2616875	Real Estate Rental	TX	N/A	C				Yes	
Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX 78666 74-2729873	Physician Clinics	TX	Adventist Hlth SystemSunbelt Inc	C			100 000 %	Yes	
Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org	TX	Adventist Hlth SystemSunbelt Inc	C	51,165	40,819	100 000 %	Yes	
Florida Hospital Flagler Medical Offices Association Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 26-2158309	Condo Association	FL	N/A	C				Yes	
Florida Hospital Healthcare System Inc 602 Courtland Street Orlando, FL 32804 59-3215680	PHO/TPA	FL	Adventist Hlth SystemSunbelt Inc	C	13,283,337	38,617,374	100 000 %	Yes	
Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	489,156	234,638	78 000 %	Yes	
Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL 32174 59-3403558	Physician Hospital Org	FL	N/A	C				Yes	
HUGULEY ALLIANCE FOUNDATION (11-8414) 11801 South Freeway Fort Worth, TX 76115 75-2642209	Inactive	TX	Adventist Hlth SystemSunbelt Inc	C			100 000 %	Yes	
Kissimmee Multispecialty Clinic Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	56,998		54 400 %	Yes	
Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS 66204 48-0901551	Real Estate Rental	KS	N/A	C				Yes	
North American Health Services Inc & Subs 900 Hope Way Altamonte Springs, FL 32714 62-1041820	Lessor/Holding Co	TN	N/A	C				Yes	
ORMOND PROF Associates CONDO ASSOC'N Inc (430 YR END) 770 W Granada Blvd Ste 101 Ormond Beach, FL 32174 59-2694434	Condo Association	FL	N/A	C				Yes	
Park Ridge Property Owner's Association Inc 1 Park Place Naples Road Fletcher, NC 28732 03-0380531	Condo Association	NC	N/A	C				Yes	

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**							
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				Yes
San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX 78666 77-0597968	Holding Company	TX	Adventist Hlth SystemSunbelt Inc	C	484	12,327	100 000 %	Yes
The Garden Retirement Community Inc 602 Courtland Street Ste 200 Orlando, FL 32804 59-3414055	Real Estate Rental	FL	N/A	C				Yes
Winter Park Medical Office Building I Condo Assoc Inc 200 Lakemont Ave Winter Park, FL 32792 45-2228478	Physician Clinics	FL	Adventist Hlth SystemSunbelt Inc	C	161,503	19,119	52 000 %	Yes

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Adventist Health System Sunbelt Healthcare Corporation	B	15,960,203	Actual Amount Given
Adventist Health System Sunbelt Healthcare Corporation	C	342,192	Actual Amount Received
Adventist Health System Sunbelt Healthcare Corporation	M	49,367,232	% of Facility's Operating Exp
Adventist Health System Sunbelt Healthcare Corporation	P	175,335,946	Cost
Adventist Health System Sunbelt Healthcare Corporation	Q	89,500,000	Cost
Adventist Health System Sunbelt Healthcare Corporation dba AHSIS	M	15,532,465	% of Facility's Operating Exp
Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	A	87,354	FMV Rental Rate
Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	P	212,739	Cost
Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	Q	618,937	Cost
Adventist Bolingbrook Hospital	L	372,977	Cost
Adventist Bolingbrook Hospital	P	107,300	Cost
Adventist Bolingbrook Hospital	Q	220,617	Cost
Adventist Care Centers Courtland Inc	B	310,302	Actual Amount Given
Adventist GlenOaks Hospital	L	182,337	Cost
Adventist GlenOaks Hospital	P	55,997	Cost
Adventist GlenOaks Hospital	Q	75,128	Cost
Adventist Health Midwest Management Inc	L	56,000	Cost Plus Appropriate %
Adventist Health Partners Inc	L	358,121	Cost Plus Appropriate %
Adventist Health Partners Inc	A	417,530	FMV Rental Rate
Adventist Health Partners Inc	P	4,513,147	Cost
Adventist Health Partners Inc	Q	224,352	Cost
Adventist Health System Georgia Inc	L	220,438	Cost
Adventist Midwest Health fka Adventist Hinsdale Hospital	L	5,640,881	Cost
Adventist Midwest Health fka Adventist Hinsdale Hospital	P	15,121,681	Cost
Adventist Midwest Health fka Adventist Hinsdale Hospital	Q	3,476,207	Cost

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Adventist University of Health Sciences Inc	A	2,199,732	FMV Rental Rate
Adventist University of Health Sciences Inc	P	1,631,968	Cost
Adventist University of Health Sciences Inc	Q	19,134,146	Cost
Adventist University of Health Sciences Inc	R	4,670,391	Cost
AHS Midwest Management Inc	P	933,172	Cost
AHSCentral Texas Inc	K	138,947	Cost
Central Texas Healthcare Collaborative	B	1,573,475	Actual Amount Given
Central Texas Medical Center Foundation	B	84,245	Actual Amount Given
Central Texas Medical Center Foundation	C	173,647	Actual Amount Received
Central Texas Providers Network	Q	60,340	Cost
East Orlando Health & Rehab Center Inc	B	1,440,600	Actual Amount Given
Emory-Adventist Inc	A	125,889	FMV Interest Rate
Emory-Adventist Inc	H	63,000	FMV
Emory-Adventist Inc	R	11,737,060	Loan Forgiveness
Emory-Adventist Inc	S	7,111,740	Principal Loan Amount
Fletcher Hospital Inc	L	397,506	Cost
FLNC Inc	B	2,211,000	Actual Amount Given
Florida Hospital DMERT LLC	M	114,487	Cost Plus Appropriate %
Florida Hospital Healthcare System Inc	A	230,863	FMV Rental Rate
Florida Hospital Healthcare System Inc	Q	11,740,670	Cost
Florida Hospital Home Infusion LLP	M	265,807	Cost Plus Appropriate %
Florida Hospital Medical Group Inc	A	7,288,906	FMV Rental Rate
Florida Hospital Medical Group Inc	B	4,532,869	Actual Amount Given
Florida Hospital Medical Group Inc	K	559,885	FMV Rental Rate
Florida Hospital Medical Group Inc	L	2,297,641	Cost Plus Appropriate %

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Florida Hospital Medical Group Inc	M	51,677,087	Cost Plus Appropriate %
Florida Hospital Medical Group Inc	P	2,772,725	Cost
Florida Hospital Medical Group Inc	Q	7,929,365	Cost
Florida Hospital Medical Group Inc dba FRILM LLC	A	405,564	FMV Rental Rate
Florida Hospital Medical Group Inc dba FRILM LLC	M	164,071	Cost Plus Appropriate %
Florida Hospital Medical Group Inc dba FRILM LLC	P	313,288	Cost
Florida Hospital Medical Group Inc dba FRILM LLC	Q	1,130,777	Cost
Florida Hospital Waterman Inc	B	620,409	Actual Amount Given
Florida Hospital Waterman Inc	L	675,880	Cost
Florida Hospital Waterman Inc	Q	118,674	Cost
Florida Hospital Zephyrhills Inc	L	358,610	Cost
Hospice of the Comforter Inc	B	13,493,162	Actual Amount Given
Hospice of the Comforter Inc	K	203,120	Cost
Hospice of the Comforter Inc	Q	552,232	Cost
Jellico Community Hospital Inc	L	383,206	Cost
La Grange Memorial Hospital Foundation	B	263,313	Actual Amount Given
La Grange Memorial Hospital Foundation	C	137,021	Actual Amount Received
Memorial Health Systems Inc	L	1,099,312	Cost
Memorial Health Systems Inc	P	64,981	Cost
Memorial Hospital - Flagler Inc	L	690,497	Cost
Memorial Hospital - West Volusia Inc	L	666,954	Cost
Memorial Hospital Inc	L	216,941	Cost
Metroplex Hospital	P	82,086	Cost
North American Health Services Inc dba Elm Creek Property Management	P	53,043	Cost
Pasco-Pinellas Hillsborough Community Health System Inc	C	308,773	Actual Amount Received

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Pasco-Pinellas Hillsborough Community Health System Inc	L	1,613,881	Cost
Pasco-Pinellas Hillsborough Community Health System Inc	S	1,039,000	Cost
Princeton Professional Services Inc (PPS)	A	239,770	FMV Rental Rate
Princeton Professional Services Inc (PPS)	M	282,471	Cost Plus Appropriate %
San Marcos MRI LP	A	7,420	FMV Rental Rate
Shawnee Mission Medical Center Inc	L	475,963	Cost
Southwest Volusia Healthcare Corporation	L	682,128	Cost
Southwest Volusia Healthcare Corporation	P	86,994	Cost
Southwest Volusia Healthcare Corporation	Q	226,570	Cost
Specialty Physicians of Central Texas Inc	B	3,450,000	Actual Amount Given
Specialty Physicians of Central Texas Inc	S	315,589	Cost
Sunbelt Health & Rehab Center Apopka Inc	B	310,302	Actual Amount Given
Sunbelt Health Care Centers Inc	A	326,642	FMV Rental Rate
Sunbelt Health Care Centers Inc	P	153,714	Cost
SunSystem Development Corporation	B	4,620,282	Actual Amount Given
SunSystem Development Corporation	C	27,372,690	Actual Amount Received
SunSystem Development Corporation	Q	4,020,923	Cost
SunSystem Development Corporation	R	5,805,592	Cost
Tarpon Springs Hospital Foundation Inc	L	189,689	Cost
Texas Health Huguley	P	945,098	Cost
University Community Hospital Inc	B	5,900,000	Actual Amount Given
University Community Hospital Inc	L	1,824,905	Cost
University Community Hospital Inc	P	66,990	Cost