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Form 990

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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 10-01-2014, and ending 09-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

FLAGLER HOSPITAL INC

Doing business as

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

Room/suite

400 HEALTH PARK BLVD

City or town, state or province, country, and ZIP or foreign postal code

ST AUGUSTINE, FL 32086

F Name and address of principal officer

JOSEPH S GORDY

400 HEALTH PARK BLVD

ST AUGUSTINE,FL 32086

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

D Employer identification number

59-0675143

E Telephone number

(904) 825-4400

G Gross receipts \$ 272,516,909

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website:

WWW FLAGLERHOSPITAL ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1906

M State of legal domicile FL

Part I	Summary																							
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>PROVIDE EXCELLENT HEALTHCARE SERVICES AND BE RECOGNIZED AS A LEADING PROVIDER IN NORTHEAST FLORIDA</div></div>																							
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																							
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>15</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>15</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5</td><td>2,341</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>290</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>161,898</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>30,812</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	15	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2,341	6	Total number of volunteers (estimate if necessary)	6	290	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	161,898	7b	Net unrelated business taxable income from Form 990-T, line 34	7b
3	Number of voting members of the governing body (Part VI, line 1a)	3	15																					
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15																					
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2,341																					
6	Total number of volunteers (estimate if necessary)	6	290																					
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	161,898																					
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	30,812																					
Revenue	<div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div></div>	Prior Year	Current Year																					
	<div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div></div>	0	0																					
	<div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div></div>	241,183,482	262,194,423																					
	<div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div></div>	4,405,031	5,602,646																					
	<div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div></div>	4,527,919	4,486,288																					
		250,116,432	272,283,357																					
Expenses	<div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div></div>	195,400	524,053																					
	<div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div></div>	0	0																					
	<div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div></div>	97,538,912	103,310,378																					
	<div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div></div>	0	0																					
	<div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div></div>																							
Net Assets or Fund Balances	<div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div></div>	146,266,154	156,058,704																					
	<div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div></div>	244,000,466	259,893,135																					
	<div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div></div>	6,115,966	12,390,222																					
		Beginning of Current Year	End of Year																					
	<div><div>20</div><div>Total assets (Part X, line 16)</div></div>	287,732,224	308,441,318																					
	<div><div>21</div><div>Total liabilities (Part X, line 26)</div></div>	128,596,600	143,365,365																					
Part II	<div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div></div>	159,135,624	165,075,953																					

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

Signature of officer

ROGER CARTER CFO

Type or print name and title

2016-08-10

Date

Paid Preparer Use Only

Print/Type preparer's name

AMY BIBBY

Preparer's signature

AMY BIBBY

Date

Firm's name

DIXON HUGHES GOODMAN LLP

Firm's address

500 RIDGEFIELD COURT

ASHEVILLE, NC 28806

Check ☐ if self-employed

PTIN

P00445891

Firm's EIN

56-0747981

Phone no

(828) 254-2254

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

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

FLAGLER HOSPITAL STRIVES TO OFFER THE BEST PATIENT EXPERIENCE WITH THE BEST POSSIBLE STAFF

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

If "Yes," describe these changes on Schedule O

4a (Code) (Expenses \$ 236,223,066 including grants of \$ 524,053) (Revenue \$ 262,032,525)

RICH HISTORY MIXED WITH INNOVATIVE TECHNOLOGY IS AN INTEGRAL PART OF FLAGLER HOSPITAL IN HISTORIC ST. AUGUSTINE, FLORIDA SINCE IT'S FOUNDING IN 1889, OUR PRIVATE, NOT-FOR-PROFIT FACILITY HAS GROWN INTO A 335-BED, ACUTE CARE CENTER THAT IS CONSISTENTLY RECOGNIZED NATIONALLY FOR OVERALL CLINICAL EXCELLENCE. THE HOSPITAL HAS CONSISTENTLY RANKED AMONG THE TOP 5% IN THE NATION FOR CLINICAL EXCELLENCE AND PATIENT SAFETY FOR NEARLY A DECADE AND WAS NORTHEAST FLORIDA'S FIRST HOSPITAL TO RECEIVE THE ANCC MAGNET HOSPITAL AWARD. MOST RECENTLY, THE HOSPITAL EARNED FIVE STARS FOR HEART ATTACK TREATMENT, THE GOLD SEAL OF APPROVAL FROM THE JOINT COMMISSION FOR PRIMARY STROKE CARE CENTERS, CENTER OF EXCELLENCE DESIGNATION FOR ITS BARIATRIC SURGERY CENTER, AND NATIONAL ACCREDITATION FOR TOTAL KNEE AND TOTAL HIP REPLACEMENT SURGERY. HOSPITAL SERVICES PROVIDED TO INPATIENT AND OUTPATIENT INCLUDING CHARITY CARE TO INDIGENT AND OTHER PATIENTS. PLEASE SEE SCHEDULE H FOR DETAILS ON COMMUNITY BENEFITS.



















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	236,223,066
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	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	No
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	No
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	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	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		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	442	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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.	2,341	
b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes
b. If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b	Yes
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	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? <i>If "No," provide an explanation in Schedule O.</i>		14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records ROGER CARTER CFO

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

(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)	4,038,815	0	380,176

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 ▶52

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 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? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ALLSCRIPTS HEALTHCARE LLC 24630 NETWORK PLACE CHICAGO, IL 606731246	HEALTHCARE	3,766,668
IMETHODS LLC 10748 DEERWOOD PARK BLVD S STE 150 JACKSONVILLE, FL 32256	CONSTRUCTION	2,380,320
TEKNION DATA SOLUTIONS 1431 GREENWAY DR STE 440 IRVING, TX 75038	DATA SOLUTIONS	1,177,984
PULMONARY ASSOCIATES 300 HEALTH PARK BLVD STE 4000 ST AUGUSTINE, FL 32080	MEDICAL SERVICES	1,040,000
FIRST CITY HOSPITALIST GROUP 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086	PROFESSIONAL FEES	1,016,016

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 ▶47

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a	NET PATIENT SERVICE	Business Code 623000	262,194,423	262,032,525	161,898	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		262,194,423			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	4,378,045			4,378,045
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
			1,576,362				
		b	Less rental expenses	233,552			
		c	Rental income or (loss)	1,342,810			
d		Net rental income or (loss)	1,342,810			1,342,810	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			1,223,317	1,284			
		b	Less cost or other basis and sales expenses	0	0		
		c	Gain or (loss)	1,223,317	1,284		
d		Net gain or (loss)	1,224,601			1,224,601	
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	MISCELLANEOUS	900099	1,991,881			1,991,881	
b	FOOD & NUTRITION SALES	722210	990,397			990,397	
c	PATIENT RECORD TRANSCRIPTION	900099	161,200			161,200	
d	All other revenue						
e	Total. Add lines 11a-11d		3,143,478				
12	Total revenue. See Instructions		272,283,357	262,032,525	161,898	10,088,934	

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.	524,053	524,053		
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.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	2,648,955		2,648,955	
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.	79,537,139	74,924,307	4,612,832	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	3,029,624	2,761,933	267,691	
9	Other employee benefits.	12,116,611	11,046,013	1,070,598	
10	Payroll taxes.	5,978,049	5,449,841	528,208	
11	Fees for services (non-employees):				
a	Management.	504,716		504,716	
b	Legal.	614,875		614,875	
c	Accounting.	139,647		139,647	
d	Lobbying.	336,000		336,000	
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).	31,724,223	24,171,480	7,552,743	
12	Advertising and promotion.	725,399		725,399	
13	Office expenses.	4,860,589	3,982,931	877,658	
14	Information technology.	2,418,897		2,418,897	
15	Royalties.				
16	Occupancy.	3,800,016	3,161,196	638,820	
17	Travel.	457,521	180,587	276,934	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	3,506,600	3,506,600		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	19,486,651	19,486,651		
23	Insurance.	5,638,854	5,638,854		
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	47,855,631	47,835,066	20,565	
b	BAD DEBT	30,165,272	30,165,272		
c	INDIGENT TAX	2,731,196	2,731,196		
d	OTHER EXPENSES	683,349	263,153	420,196	
e	All other expenses	409,268	393,933	15,335	
25	Total functional expenses. Add lines 1 through 24e.	259,893,135	236,223,066	23,670,069	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		7,124,494	1	8,227,974
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		30,638,755	4	34,302,562
	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		4,912,770	7	1,756,827
	8	Inventories for sale or use		5,369,142	8	5,940,660
	9	Prepaid expenses and deferred charges		1,591,357	9	1,938,903
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a348,348,318			
	b	Less accumulated depreciation	10b205,080,812	141,346,374	10c	143,267,506
	11	Investments—publicly traded securities		80,747,518	11	84,696,155
	12	Investments—other securities See Part IV, line 11		11,225,011	12	12,018,148
	13	Investments—program-related See Part IV, line 11			13	553,118
	14	Intangible assets			14	9,309,271
	15	Other assets See Part IV, line 11		4,776,803	15	6,430,194
	16	Total assets. Add lines 1 through 15 (must equal line 34)		287,732,224	16	308,441,318
Liabilities	17	Accounts payable and accrued expenses		37,225,761	17	37,170,868
	18	Grants payable			18	
	19	Deferred revenue		4,112,865	19	3,981,603
	20	Tax-exempt bond liabilities		82,655,000	20	96,655,000
	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		4,602,974	23	5,145,510
	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		0	25	412,384
	26	Total liabilities. Add lines 17 through 25		128,596,600	26	143,365,365
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		159,135,624	27	165,075,953
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		159,135,624	33	165,075,953
	34	Total liabilities and net assets/fund balances		287,732,224	34	308,441,318

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	272,283,357
2	Total expenses (must equal Part IX, column (A), line 25)	2	259,893,135
3	Revenue less expenses Subtract line 2 from line 1	3	12,390,222
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	159,135,624
5	Net unrealized gains (losses) on investments	5	-6,005,402
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-444,491
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	165,075,953

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 59-0675143

Name: FLAGLER HOSPITAL 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) MATT BAKER CHAIRMAN	1 00	X		X				0	0	0
(1) WILLIAM ABARE DIRECTOR	1 00	X						0	0	0
(2) TODD BATTENHORST MD DIRECTOR	1 00	X						0	0	0
(3) JEFF KAMM DIRECTOR	1 00	X						0	0	0
(4) WILLIAM KOPF DIRECTOR	1 00 1 00	X						0	0	0
(5) RAY MATUZA DIRECTOR	1 00	X						0	0	0
(6) TODD NEVILLE DIRECTOR	1 00	X						0	0	0
(7) BRAD RUNK DIRECTOR	1 00	X						0	0	0
(8) JAMES GRIMES MD DIRECTOR	1 00	X						0	0	0
(9) STUART SOROKA MD DIRECTOR	1 00	X						0	0	0
(10) SUSAN PONDER-STANSEL DIRECTOR	1 00	X						0	0	0
(11) KAREN TAYLOR DIRECTOR	1 00	X						0	0	0
(12) LEN WEEKS DIRECTOR	1 00 1 00	X						0	0	0
(13) LEN TUCKER DIRECTOR	1 00 1 00	X						0	0	0
(14) SUSAN YARIAN MD DIRECTOR	1 00	X						0	0	0
(15) JOSEPH S GORDY CEO	40 00			X				531,524	0	35,000
(16) ROGER CARTER CFO	40 00			X				233,466	0	18,720
(17) JASON P BARRETT CIO & EXECUTIVE VP	40 00				X			268,071	0	36,115
(18) CHRISTOPHER SCHMIDT COO	40 00				X			265,243	0	34,815
(19) WILLIAM D RIEGER CIO	40 00				X			266,918	0	39,235
(20) DONALD R CRIST VP-PROFESSIONAL SVCS	40 00				X			224,974	0	36,711
(21) BARBARA DRUMMOND-HUTH CNO	40 00				X			240,877	0	0
(22) MARY K MANTESE CNO	40 00				X			183,204	0	21,087
(23) JEFFREY A HURLEY VP-HUMAN RESOURCES	40 00				X			181,350	0	31,642
(24) MICHAEL C DIBELLA CMO	40 00					X		353,312	0	32,779

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) MIGUEL A MACHADO MD-ER OVERFLOW/CHIEF MEDICAL OFFICER	40 00 20 00					X		296,470	0	18,720
(1) MICHAEL C SANDERS CHIEF-MEDICAL INFORMATICS	40 00					X		316,986	0	20,515
(2) GREGORY A GIBSON PHYSICIAN	40 00					X		196,825	0	34,207
(3) BRIAN D RAYMAKER PHYSICIAN	40 00					X		169,819	0	20,630
(4) LYNDIA I KIRKER FORMER RETIRED CFO	40 00						X	309,776	0	0

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 FLAGLER HOSPITAL INC	Employer identification number 59-0675143
--	--

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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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.		
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.		

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).		

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?		
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).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
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 <u>Parent of Supported Organizations</u> 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	<input type="checkbox"/> 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

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 FLAGLER HOSPITAL INC	Employer identification number 59-0675143
--	--

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

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

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

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

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

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

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

Part II-A

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

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

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		336,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			336,000
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	DURING THE TAX YEAR, THE ORGANIZATION ENGAGED A PROFESSIONAL LOBBYIST TO MONITOR LEGISLATION DIRECTLY AFFECTING NOT-FOR-PROFIT HOSPITALS/RURAL COMMUNITY PROVIDERS

[illegible]

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 FLAGLER HOSPITAL INC	Employer identification number 59-0675143
--	--

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

Part III

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

1a

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

b

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

(i) 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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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

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

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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 | 3,895,387 | 3,609,062 | 6,007,584 | 3,428,122 | 3,516,547 |
| b Contributions | | | | 2,341,026 | 601,813 |
| c Net investment earnings, gains, and losses | -314,241 | 286,325 | 499,217 | 556,393 | -311,346 |
| d Grants or scholarships | | | | 317,957 | 378,892 |
| e Other expenditures for facilities and programs | | | 2,897,739 | | |
| f Administrative expenses | | | | | |
| g End of year balance | 3,581,146 | 3,895,387 | 3,609,062 | 6,007,584 | 3,428,122 |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Temporarily restricted endowment ▶
The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

(ii) related organizations

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

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

Part VI Land, Buildings, and Equipment. 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		7,135,679		7,135,679
b Buildings		159,955,780	97,294,123	62,661,657
c Leasehold improvements		402,364	244,740	157,624
d Equipment		176,803,652	107,541,949	69,261,703
e Other		4,050,843		4,050,843
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				143,267,506

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	235,901,745
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-6,005,401
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-30,376,211
e	Add lines 2a through 2d	2e	-36,381,612
3	Subtract line 2e from line 1	3	272,283,357
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	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	272,283,357

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	229,961,415
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	233,552
e	Add lines 2a through 2d	2e	233,552
3	Subtract line 2e from line 1	3	229,727,863
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	30,165,272
c	Add lines 4a and 4b	4c	30,165,272
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	259,893,135

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 V, LINE 4	THE ORGANIZATION'S ENDOWMENT CONSISTS OF THREE INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENTS ARE ALL DONOR-RESTRICTED AND INTERNALLY CONTROLLED. FLAGLER HEALTH CARE FOUNDATION, A RELATED ORGANIZATION, HOLDS THESE ENDOWMENTS FOR BENEFIT OF FLAGLER HOSPITAL, INC. INVESTMENTS CONTAIN AMOUNTS TO BE HELD IN PERPETUITY, THE DIVIDEND AND INTEREST INCOME FROM WHICH IS EXPENDABLE TO SUPPORT HEALTHCARE SERVICES, AND THE REMAINING INVESTMENT INCOME, GAINS, AND LOSSES ARE TO ADJUST THE CORPUS.
PART X, LINE 2	THE HOSPITAL IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE CODE, AND IS ALSO EXEMPT FROM STATE INCOME TAXES. ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE HOSPITAL'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE HOSPITAL AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE HOSPITAL HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE HOSPITAL HAS ANALYZED THE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE HOSPITAL IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS, HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE HOSPITAL BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2012.
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENT -542,536. RENTAL EXPENSES NET WITH REVENUES 233,552. BAD DEBT NET WITH REVENUE -30,165,272. NET ASSETS RELEASED FROM RESTRICTION 98,045.
PART XII, LINE 2D - OTHER ADJUSTMENTS	RENTAL EXPENSES NET WITH REVENUE 233,552.
PART XII, LINE 4B - OTHER ADJUSTMENTS	BAD DEBT NET WITH REVENUE 30,165,272.

[illegible]

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
FLAGLER HOSPITAL INC

Employer identification number
59-0675143

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 <div><input type="checkbox"/> Applied uniformly to all hospital facilities</div> <div><input type="checkbox"/> Applied uniformly to most hospital facilities</div> <div><input type="checkbox"/> Generally tailored to individual hospital facilities</div>			
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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <div><input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %</div>	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</div>	3b	Yes	
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	Yes	
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 eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a		No
b	If "Yes," did the organization make it available to the public?	6b		
	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)			6,653,686	396,365	6,257,321	2 720 %
b Medicaid (from Worksheet 3, column a)			22,079,244	16,502,093	5,577,151	2 430 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			28,732,930	16,898,458	11,834,472	5 150 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,342,479		1,342,479	0 580 %
f Health professions education (from Worksheet 5)			975,446		975,446	0 420 %
g Subsidized health services (from Worksheet 6)			7,270,263		7,270,263	3 160 %
h Research (from Worksheet 7)			205,344		205,344	0 090 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			406,214		406,214	0 180 %
j Total Other Benefits			10,199,746		10,199,746	4 430 %
k Total . Add lines 7d and 7j			38,932,676	16,898,458	22,034,218	9 580 %

Part IICommunity 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
1Physical improvements and housing	1		500		500	0 %
2Economic development						
3Community support	2		1,017		1,017	0 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building	1		10,000		10,000	0 %
7Community health improvement advocacy	1		3,185		3,185	0 %
8Workforce development	1	274	178		178	0 %
9Other						
10Total	6	274	14,880		14,880	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

3Enter 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.

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

6Enter Medicare allowable costs of care relating to payments on line 5.

7Subtract line 6 from line 5. This is the surplus (or shortfall).

8Describe 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.

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9bIf "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.

Part IVManagement 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 OUTPATIENT SURGERY CENTER OF ST AUGUSTINE LLC	ORTHOPEDIC OP SURGERY	11 470 %		88 530 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2014

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?

1
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)

FLAGLER HOSPITAL

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):

1

	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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u>		
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input type="checkbox"/> Hospital facility's website (list url) _____		
b <input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> 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 20 <u>14</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) <u>SEE PART V</u>		
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)

Name of hospital facility or letter of facility reporting group

FLAGLER HOSPITAL

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>400 000000000000%</u>		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input checked="" type="checkbox"/> Residency		
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

FLAGLER HOSPITAL

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? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a <input type="checkbox"/> Reporting to credit agency(ies)			
b <input type="checkbox"/> Selling an individual's debt to another party			
c <input type="checkbox"/> Actions that require a legal or judicial process			
d <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e <input type="checkbox"/> Other (describe in Section C)			
f <input type="checkbox"/> 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? If "No," indicate why	21	Yes	
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input type="checkbox"/> 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? If "Yes," explain in Section C	23		No
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? If "Yes," explain in Section C	24		No

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? 2

Name and address		Type of Facility (describe)
1	FLAGLER AFTER HOURS CARE AT MURABELLA 52 TUSCAN WAY STE 203 ST AUGUSTINE, FL 32092	OUTPATIENT CARE
2	FLAGLER OUTPATIENT LAB 156-316 ST HWY 312 260-264 ST AUGUSTINE, FL 32086	OUTPATIENT LABS
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 3C	FLAGLER HOSPITAL USES THE FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE WHETHER A PATIENT QUALIFIES FOR CHARITY FLAGLER HOSPITAL PROVIDES FREE CHARITY CARE FOR ALL PATIENTS WITH INCOME UP TO 150% OF THE FPG (INCREASED TO 200% DURING FISCAL YEAR 2015) FLAGLER HOSPITAL ALSO PROVIDES SIGNIFICANT DISCOUNTS TO PATIENTS THAT MEET THE FOLLOWING 1) 151% TO 400% OF THE FPG, 2) RETIRED AGE 55-65 WITH NO INSURANCE, 3) UNINSURED WORKERS, AND 4) UNDER INSURED ADDITIONALLY, THE HOSPITAL INCLUDES PATIENTS WITH MEDICAID AND HOMELESS PATIENTS TO BE ELIGIBLE FOR CHARITY CARE IN ORDER TO DETERMINE A FINANCIAL NEED, OUR POLICY STATES THAT WE WILL "TAKE INTO ACCOUNT THE PATIENT'S AVAILABLE ASSETS AND ALL OTHER FINANCIAL RESOURCES AVAILABLE TO THE PATIENT" THE HOSPITAL ALSO PROVIDES DISCOUNTS FOR PROMPT PAYMENT WHICH IS REQUIRED TO BE PAID WITHIN 10 BUSINESS DAYS OF THE SERVICES BEING RENDERED THE HOSPITAL CONTRACTS WITH A THIRD PARTY VENDOR WHO SCREENS ALL SELF PAY PATIENTS ADMITTED TO THE HOSPITAL THE VENDOR ALSO SCREENS ER AND OUTPATIENT SURGICAL PATIENTS THAT MAY FALL WITHIN SPECIFIC CRITERIA THIS VENDOR WILL ASSIST THE PATIENT IN APPLYING FOR ANY FEDERAL, STATE, OR COUNTY PROGRAMS THEY MAY BE ELIGIBLE FOR PATIENTS NOT SEEN BY THE VENDOR ARE SEEN BY DESIGNATED FLAGLER HOSPITAL STAFF MEMBERS THAT WORK WITH PATIENTS TO ASSIST THEM IN APPLYING FOR FINANCIAL ASSISTANCE THEY DISCUSS THE INCOME DOCUMENTS NEEDED, PREPARE THE APPLICATION, AND FOLLOWS UP WITH THE PATIENT ON WHAT THEY'RE ELIGIBLE FOR

Form and Line Reference	Explanation
PART I, LINE 7	THE ORGANIZATION USED WORKSHEET 2 OF THE 2014 SCHEDULE H INSTRUCTIONS TO COMPUTE A COST-TO-CHARGES RATIO USED TO CALCULATE FINANCIAL ASSISTANCE AND UNREIMBURSED MEDICAID AT COST FOR THE PURPOSE OF PART I, LINE 7

Form and Line Reference	Explanation
PART I, LINE 7G	FLAGLER HOSPITAL PROVIDES ESSENTIAL FUNDING TO A LOCAL FEDERALLY QUALIFIED HEALTH CLINIC (AZALEA HEALTH) THAT PROVIDES PRIMARY CARE SERVICES TO THE UNINSURED AND MEDICAID POPULATION OF ST JOHNS COUNTY FLAGLER HOSPITAL ALSO SUBSIDIZES MANY SUBSEQUENT PHYSICIAN REFERRAL COSTS ASSOCIATED WITH THE CONTINUATION OF CARE OF THE UNINSURED PATIENTS AND ANCILLARY TESTS PERFORMED AMOUNTS REPORTED ON LINE 7G ALSO INCLUDE ER SPECIALTY CALL COVERAGE AND PROFESSIONAL FEES FOR INDIGENT CARE

Form and Line Reference	Explanation
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 30,165,272

Form and Line Reference	Explanation
PART I, LINE 6A	FLAGLER HOSPITAL PRODUCES A NUMBER OF PUBLICATIONS THAT FEATURE MANY OF THE HEALTH IMPROVEMENT INITIATIVES THAT THE HOSPITAL HAS IMPLEMENTED THROUGHOUT ST JOHNS COUNTY FOR EXAMPLE, THE ANNUAL CANCER REPORT DETAILS CANCER EDUCATION AND OUTREACH ACTIVITIES, SCREENING INFORMATION, AVAILABLE SUPPORT GROUPS, CLASSES AND EVENTS THE HOSPITAL ALSO PRODUCES A QUARTERLY MAGAZINE DEDICATED TO ADDRESSING HEALTH CONCERNS THAT PROVIDES INFORMATION ABOUT MANY OF THE HOSPITAL'S OFFERINGS AND COMMUNITY BENEFIT ACTIVITIES SUCH AS SMOKING CESSATION, FREE PHYSICALS, PRENATAL YOGA CLASSES, DIABETES EDUCATION AND THE FLAGLER HEALTH CARE ACADEMY

Form and Line Reference	Explanation
PART I, LINE 7, OTHER BENEFITS DESCRIPTIONS	<p>COMMUNITY BENEFIT OPERATIONSFLAGLER HOSPITAL HAS A FULL TIME MANAGER OF COMMUNITY HEALTH A ND SOCIAL RESPONSIBILITY TO COORDINATE HOSPITAL-WIDE COMMUNITY BENEFIT FUNCTIONS IN ACCORD ANCE WITH NATIONAL STANDARDS AND PUBLIC REPORTING REQUIREMENTS THE MANAGER OF COMMUNITY H EALTH AND SOCIAL RESPONSIBILITY USES CBISA SOFTWARE TO TRACK AND REPORT COMMUNITY BENEFIT ACTIVITIES AND PROVIDE AN ANNUAL REPORT ON COMMUNITY BENEFIT NUMBERS TO THE DIRECTOR OF AC COUNTING FOR THE HOSPITAL'S 990 H COMMUNITY HEALTH IMPROVEMENT SERVICESIN ADDITION TO NEE DS ASSESSED BY THE HEALTH LEADERSHIP COUNCIL, FLAGLER HOSPITAL IS IN A POSITION TO KNOW TH E OTHER HEALTH ISSUES WHICH COST THE COMMUNITY AND ITS CITIZENS THE MOST TIME AND MONEY WHILE DEATH FROM DIABETES IS ON THE DECLINE, INCIDENCE OF DIABETES IS RISING, DUE TO OBESIT Y CAUSED BY DIET AND LIFESTYLE DURING THIS FISCAL YEAR, FLAGLER HOSPITAL PARTNERED WITH T HE WILDFLOWER CLINIC, A NON-PROFIT DEDICATED TO PROVIDING FREE MEDICAL AND DENTAL CARE TO QUALIFYING ST JOHNS COUNTY RESIDENTS, TO ESTABLISH WILDFLOWER CHRONIC CARE CLINIC (CCC) THE CHRONIC CARE CLINIC PROVIDES INVALUABLE CARE TO UNINSURED, CHRONICALLY ILL, LOW-INCOME RESIDENTS OF ST JOHNS COUNTY THE FLAGLER CCC FOCUSES ON CHRONIC DISEASE MANAGEMENT, WIT H AN EMPHASIS ON DIABETES MANAGEMENT THIS CLINIC IS AVAILABLE TO ANY PATIENT WITH AN UNMA NAGED, CHRONIC CONDITION WHO MEETS THE GOOD SAMARITAN HEALTH CENTERS PATIENT QUALIFICATION S PATIENTS RECEIVE SERVICES FREE OF CHARGE THE CHRONIC CARE CLINIC IS STAFFED WITH A NURS E PRACTITIONER, WHO IS AVAILABLE BY PHONE, PAGER, AND EMAIL, 24 HOURS A DAY/7 DAYS A WEEK ALL CHRONIC CARE CLINIC PATIENTS ARE PROVIDED WITH HER CONTACT INFORMATION AND INSTRUCTED TO CONTACT HER DIRECTLY IF THEY HAVE ANY QUESTIONS OR CONCERNS BETWEEN VISITS, ESPECIALLY IF THEY ARE NOT FEELING WELL THROUGH TELEMEDICINE OR ADDITIONAL VISITS BETWEEN SCHEDULED APPOINTMENTS, THE NURSE PRACTITIONER CAN ADD OR ADJUST MEDICATIONS, ORDER LAB WORK, AND M ANAGE ANY SITUATIONS FOR WHICH A PATIENT MAY HAVE OTHERWISE RESORTED TO THE FLAGLER HOSPIT AL EMERGENCY CARE CENTER FOR A NON-EMERGENT VISIT BY PAIRING 24-HOUR ACCESS TO A NURSE PR ACTITIONER WITH ACCESS TO MEDICATIONS THAT WOULD BE OTHERWISE UNAFFORDABLE AND EDUCATION A BOUT THEIR CHRONIC ILLNESSES, THE WILDFLOWER CHRONIC CARE CLINIC HAS EFFECTIVELY KEPT COUN TLESS PATIENTS FROM SEEKING CARE IN THE FLAGLER HOSPITAL EMERGENCY CARE CENTER DURING THE LAST FISCAL YEAR, FLAGLER HOSPITAL HAS PROVIDED THE WILDFLOWER CLINIC \$419,932 IN FREE LA BORATORY SERVICES AND \$11,772 IN CHRONIC CARE CLINIC SUPPORT THE HEART CENTER AT FLAGLER HOSPITAL PROVIDES A CRITICAL SERVICE TO RESIDENTS OF ST JOHNS COUNTY AND THE SURROUNDING AREAS FLAGLER HOSPITAL'S STATE-OF-THE-ART HEALTHCARE ENCOMPASSES THE ENTIRE CONTINUUM OF CARE FOR HEART PATIENTS, INCLUDING CLOSE COLLABORATION WITH ST JOHNS COUNTY FIRE RESCUE, INCLUDING TRANSMISSION OF EKGS DIRECTLY FROM AMBULANCE TO HOSPITAL, CARDIAC CATH LABS, WOR LD-CLASS PHYSICIANS AND STAFF, QUALITY ASSURANCE PLANS, AND COMMUNITY OUTREACH AND EDUCATI ON PROGRAMS ONCE A PATIENT IS DISCHARGED WITH A DIAGNOSIS OF HEART FAILURE, A NURSE PRACT ITIONER FOLLOWS UP WITH THE PATIENT TO REVIEW DISCHARGE MEDICATIONS, VITAL SIGNS, THE IMPO RTANCE OF WEIGHT MANAGEMENT AND FLUID RESTRICTIONS ONCE IN THE HOME, THE NURSE PRACTITION ER REVIEWS THE FOODS THAT ARE IN THE PATIENT'S HOMES AND DISCUSSES HOW THAT FOOD SHOULD BE USED IN THE DIET OR NOT USED AT ALL SHE USES CUPS THAT ARE IN THE PATIENT'S HOUSE TO SHO ULD HOW MUCH FLUID SHOULD GO IN AND HOW MANY A DAY SHOULD BE USED THIS OFFERS THE PATIENT A PRACTICAL APPROACH TO CARING FOR THEMSELVES AT HOME THIS SERVICE COMES AT NO CHARGE TO THE PATIENT AND HELPS THEM UNDERSTAND WHAT THE DOCTOR EXPECTS FROM THEM THIS SERVICE GOE S BEYOND HOSPITAL EDUCATION AND IS TRUE COMMUNITY/HOME EDUCATION FLAGLER HOSPITAL MAINTAI NS A CANCER RESOURCE LIBRARY, OPEN TO ALL IN THE COMMUNITY, ALONG WITH A WIG AND PROSTHESI S CLOSET THERE IS A FREE COMPUTER KIOSK FOR THE DISSEMINATION OF HEALTH INFORMATION IT I S STAFFED BY OUR CANCER EDUCATION AND SUPPORT COORDINATOR AND VOLUNTEERS EACH WEEKDAY FROM 9 00 UNTIL 4 00 HEALTH PROFESSIONS EDUCATIONFLAGLER HOSPITAL DONATED PAID STAFF HOURS IN ONE-ON-ONE PROGRAMS TO PRECEPT NURSING STUDENTS AND ARNP STUDENTS FROM JACKSONVILLE UNIVER SITY, ST JOHNS RIVER STATE COLLEGE, UNIVERSITY OF CENTRAL FLORIDA, UNIVERSITY OF FLORIDA, DAYTONA STATE COLLEGE ADDITIONALLY, STUDENTS IN THE FIELDS OF EMT TRAINING, PHYSICAL THE RAPY, OCCUPATIONAL THERAPY, MEDICAL ASSISTING, LAB SCIENCES, SOCIAL WORK, HEALTH INFORMATI ON MANAGEMENT, CARDIOVASCULAR TECHNOLOGY, RADIOLOGY, NUCLEAR MEDICINE AND MENTAL HEALTH WE RE TRAINED WITH ONE-ON-ONE CONTACT WITH STAFF AT FLAGLER HOSPITAL FLAGLER HOSPITAL HAS A FULL TIME STAFF MEMBER DEDICATED TO OFFERING CONTINUING MEDICAL EDUCATION TO ALL PHYSICIANS IN THE ST JOHNS COUNTY COMMUNITY, REGARDLESS OF THEIR AFFILIATION WITH THE HOSPITAL THI S HELPS ENSURE THAT OUR LOCAL RESIDENTS HAVE ACCES</p>

Form and Line Reference	Explanation
PART I, LINE 7, OTHER BENEFITS DESCRIPTIONS	<p>S TO PHYSICIANS WHO ARE UP TO DATE ON THE LATEST ADVANCEMENTS IN MEDICAL CARE THE CME COO RDINATOR WORKED WITH PHYSICIANS TO PRESENT 80 PROGRAMS OF GRAND ROUNDS, MEDICAL SOCIETY ME ETINGS, WEBCASTS, AND ICD-10 TRAININGS DURING THIS FY RESEARCHFLAGLER HOSPITAL EMPLOYS TWO FULL-TIME EMPLOYEES TO MANAGE A CANCER PATIENT DATABASE, LOG INFORMATION THAT CAN BE USED TO DETECT CANCER EARLIER, IMPROVE TREATMENTS AND ULTIMATELY, INCREASE CANCER SURVIVAL RAT E REGISTRARS DETERMINE A PATIENT'S ELIGIBILITY FOR THE CANCER REGISTRY, RECORD THE PATIEN T'S DIAGNOSIS, AND TRACK THEIR TREATMENT PLAN BY COLLECTING, TRACKING AND EVALUATING THIS DATA, WE ARE ABLE TO ADVANCE OUR KNOWLEDGE ON RISK FACTORS FOR CERTAIN CANCERS BECAUSE DATA ENTERED IN THE CANCER REGISTRY IS AVAILABLE TO THE PUBLIC, OUTCOMES AND TREATMENT PLAN S FOR PATIENTS IN ST JOHNS COUNTY HAVE AN IMPACT NATION-WIDE FINANCIAL AND IN-KIND CONTR IBUTIONSFLAGLER HOSPITAL MADE FINANCIAL AND IN-KIND CONTRIBUTIONS TOTALING \$460,464 TO MANY AREA NON-PROFIT ORGANIZATIONS THAT FOCUS ON PROVIDING HEALTH PROGRAMS TARGETING COMMUNIT Y HEALTH NEEDS THAT WERE IDENTIFIED THROUGH THE ST JOHNS COUNTY COMMUNITY HEALTH NEEDS AS SESSMENT ONE OF THE BIGGEST DETERMINANTS OF HEALTH THAT COMMUNITY ORGANIZATIONS HAVE INFL UENCE ON IS ACCESS TO HEALTHCARE DURING THIS LAST FISCAL YEAR, FLAGLER HOSPITAL GAVE A \$5 0,000 GRANT TO THE ST JOHNS COUNCIL ON AGING TO PROVIDE STAFF TO ASSIST SENIOR CITIZENS I N ST JOHNS COUNTY IN APPLYING FOR FREE OR REDUCED RATE PRESCRIPTION DRUGS FROM PHARMACEUT ICAL COMPANIES THIS PROGRAM CONTINUES TO SERVE OVER 300 SENIORS BECAUSE THE GRANT PROVID ED PAID STAFF TO RUN THIS PROGRAM, COUNCIL ON AGING VOLUNTEERS WERE ABLE TO FOCUS OVER 600 VOLUNTEER HOURS ON COUNSELING, CLIENT NOTIFICATION AND DOCTOR'S OFFICE VISITS TO HELP EXP EDITE PAPERWORK FLAGLER HOSPITAL ALSO DONATED MEETING ROOMS AND IN SOME CASES FOOD/CATERI NG CHARGES FOR VARIOUS NON-PROFIT, SUPPORT AND SELF-HELP GROUPS IN THE COMMUNITY THIS TOT ALED OVER \$29,544 USING A \$3/HOUR CHARGE FOR EACH MEETING SPACE, A FIGURE BASED ON THE SQU ARE FOOTAGE OF THE HOSPITAL</p>

Form and Line Reference	Explanation
PART III, LINE 2	PATIENT ACCOUNT BALANCES ARE RECOGNIZED AS BAD DEBT EXPENSE WHEN BEING TRANSFERRED TO A COLLECTION AGENCY

Form and Line Reference	Explanation
PART III, LINE 3	ASSUMED A THIRD OF THE BAD DEBT ACCOUNTS COULD QUALIFY FOR FINANCIAL ASSISTANCE APPROXIMATELY 50% OF THOSE ACCOUNTS HAVE BEEN ADJUSTED BY 50% THROUGH AN ADMIN/SELF PAY ADJUSTMENT COST ESTIMATED USING THE COST TO CHARGE RATIO WITHIN WORKBOOK THE ASSUMED BAD DEBT ACCOUNTS THAT COULD QUALIFY FOR FINANCIAL ASSISTANCE WAS UPDATED TO A THIRD FROM A HALF DUE TO THE IMPLEMENTATION OF A PRESUMPTIVE CHARITY POLICY

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES DESCRIPTION	<p>FLAGLER HOSPITAL DONATED PAID STAFF TIME FOR EMPLOYEES WHO SERVED ON VARIOUS BOARDS FOR COMMUNITY EVENTS AND COMMITTEES WHICH OFFERED COMMUNITY SUPPORT, COALITION BUILDING WITH OTHER AGENCIES AND HEALTH AND WELFARE PROVIDERS, AND COMMUNITY HEALTH IMPROVEMENTS ADVOCACY THROUGH ITS PARTICIPATION IN THE HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, FLAGLER HOSPITAL COMMITTED TO SUPPORT THE NORTHEAST FLORIDA COUNTS WEBSITE AS A SITE SPONSOR, PLEDGING \$10,000 YEARLY THIS WEBSITE PROVIDES KEY HEALTH INFORMATION TO THE COMMUNITY AND ADDRESSES THE ISSUE OF ACCESSIBILITY TO DATA AND SERVES AS A ROADMAP FOR COLLABORATIVE COMMUNITY IMPROVEMENT BY HIGHLIGHTING WHERE WE HAVE BEEN, OUR CURRENT STATUS AND DIRECTING WHERE WE NEED TO GO IT IS A FREE ONLINE HEALTH RESOURCE FOR A SEVEN COUNTY AREA, WHICH INCLUDES OUR OWN SERVICE AREA OF ST JOHNS COUNTY (WWW.NEFLORIDACOUNTS.ORG) THROUGH A PARTNERSHIP WITH THE HOSPITAL, THE ST JOHNS COUNTY SCHOOL DISTRICT CREATED THE FLAGLER HOSPITAL ACADEMY OF MEDICAL AND HEALTH CAREERS AT PEDRO MENENDEZ HIGH SCHOOL IN 2007-2008 IT IS OPEN TO STUDENTS THROUGHOUT THE SCHOOL SYSTEM IT FOCUSES ON PROVIDING SKILLS AND EXPERIENCE NECESSARY TO ATTAIN ENTRY LEVEL JOBS IN HEALTH, MEDICAL AND RELATED FIELDS, AND PROVIDES ACADEMIC PREPARATION TO CONTINUE TRAINING THROUGH CLINICAL EXPERIENCE, COMMUNITY COLLEGE AND UNIVERSITY PROGRAMS NOW IN ITS EIGHTH YEAR, THE ACADEMY HAD 42 THIRD YEAR STUDENTS ROTATING THROUGH VARIOUS DEPARTMENTS AT THE HOSPITAL FOR TRAINING, FOR A COMBINED TOTAL OF 5292 HOURS STUDENTS SHADOWED IN THE LAB, RADIOLOGY, PHARMACY, OPERATING ROOM, PHYSICAL AND OCCUPATIONAL THERAPY, IN ADDITION TO MULTIPLE NURSING UNITS PHYSICAL IMPROVEMENTS AND HOUSING FLAGLER HOSPITAL ALSO COLLABORATED WITH THE ST JOHNS HOUSING PARTNERSHIP BY DONATING PAINT AND SUPPLIES FOR MAKE A DIFFERENCE DAY, WHERE VOLUNTEERS FROM AROUND THE COUNTY COMPLETED PROJECTS FOR OVER 30 FAMILIES COMMUNITY SUPPORT TO ENHANCE COMMUNITY SUPPORTS NETWORKS, MANY OF FLAGLER HOSPITAL'S STAFF, DURING PAID TIME, ARE ACTIVE IN COMMUNITY ORGANIZATION BOARDS AND EVENT PLANNING COMMITTEES SUCH AS SCHOOL HEALTH ADVISORY COMMITTEE AND THE TRANSPORTATION DISADVANTAGED COORDINATING BOARD COALITION BUILDING THROUGH PARTICIPATION IN THE HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA, FLAGLER HOSPITAL COMMITTED TO SUPPORT THE NORTHEAST FLORIDA COUNTS WEBSITE AS A SITE SPONSOR, PLEDGING \$10,000 YEARLY THIS WEBSITE PROVIDES KEY HEALTH INFORMATION TO THE COMMUNITY AND ADDRESSES THE ISSUE OF ACCESSIBILITY TO DATA AND SERVES AS A ROADMAP FOR COLLABORATIVE COMMUNITY IMPROVEMENT BY HIGHLIGHTING WHERE WE HAVE BEEN, OUR CURRENT STATUS AND DIRECTING WHERE WE NEED TO GO IT IS A FREE ONLINE HEALTH RESOURCE FOR A SEVEN COUNTY AREA, WHICH INCLUDES OUR OWN SERVICE AREA OF ST JOHNS COUNTY (WWW.NEFLORIDACOUNTS.ORG) COMMUNITY HEALTH IMPROVEMENT ADVOCACY THE DIRECTOR OF MATERNITY SERVICES SITS ON THE EARLY LEARNING COALITION OF NORTHEAST FLORIDA, WHICH MANAGES AND EVALUATES EARLY CHILD CARE AND EDUCATION PROGRAMS THROUGH A QUALITY SCHOOL AND READINESS DELIVERY SYSTEM THROUGH THIS WORK, THE COALITION AIMS TO IMPROVE PERFORMANCE AND UTILIZE BEST PRACTICES IN THE ADMINISTRATION OF EARLY EDUCATION PROGRAMS FOR THE FAMILIES OF NORTHEAST FLORIDA WORKFORCE DEVELOPMENT THROUGH A PARTNERSHIP WITH THE HOSPITAL, THE ST JOHNS COUNTY SCHOOL DISTRICT CREATED THE FLAGLER HOSPITAL ACADEMY OF MEDICAL AND HEALTH CAREERS AT PEDRO MENENDEZ HIGH SCHOOL IT IS OPEN TO STUDENTS THROUGHOUT THE SCHOOL SYSTEM IT FOCUSES ON PROVIDING SKILLS AND EXPERIENCE NECESSARY TO ATTAIN ENTRY LEVEL JOBS IN HEALTH, MEDICAL AND RELATED FIELDS, AND PROVIDES ACADEMIC PREPARATION TO CONTINUE TRAINING THROUGH CLINICAL EXPERIENCE, COMMUNITY COLLEGE AND UNIVERSITY PROGRAMS FLAGLER HOSPITAL'S PARTICIPATION IN THIS PROGRAM IS SPEARHEADED BY THE HOSPITAL'S CHIEF LEARNING OFFICER</p>

Form and Line Reference	Explanation
PART III, LINE 4	THE ORGANIZATION'S FINANCIAL STATEMENTS DO NOT HAVE A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE. BAD DEBT IS REPORTED AT GROSS CHARGES FOR PURPOSES OF PART III, LINE 2 TO ESTIMATE THE AMOUNT OF BAD DEBT THAT RELATES TO PATIENTS THAT WOULD HAVE BEEN ELIGIBLE FOR CHARITY CARE, FLAGLER HOSPITAL SORTS BAD DEBTS BETWEEN PATIENTS THAT HAVE INSURANCE AND PURELY SELF PAY PATIENTS. BAD DEBTS RELATED TO PATIENTS WITH INSURANCE WERE CONSIDERED TO BE INELIGIBLE FOR CHARITY CARE EVEN THOUGH MANY HAVE HIGH DEDUCIBLE AND CO-INSURANCE PLANS AND COULD POSSIBLY QUALIFY. REMAINING BAD DEBTS REPRESENT ENTIRELY SELF PAY ACCOUNTS. MANY OF THESE ACCOUNTS ARE REDUCED BY MORE THAN 50% USING A SELF PAY ADJUSTMENT CODE FOR NONCOMPLIANCE AND THE REMAINING AMOUNT IS WRITTEN OFF TO BAD DEBT, THEREFORE, ONLY A PORTION OF THE ACCOUNT IS INCLUDED IN THE BAD DEBT AMOUNT. WE HAVE ASSUMED THAT APPROXIMATELY 50% OF THE SELF PAY BAD DEBTS WOULD HAVE BEEN CHARITY IF THE PATIENT WOULD HAVE BEEN IN COMPLIANCE IN COMPLETING THE CHARITY APPLICATION PROCESS. THIS ESTIMATE IS CONSIDERED TO BE CONSERVATIVE AND IS BASED ON THE EXPERIENCE OF OUR COLLECTIONS STAFF.

Form and Line Reference	Explanation
PART III, LINE 8	THE HOSPITAL'S PAYER MIX IS APPROXIMATELY MEDICARE 60%, MEDICAID 12%, MANAGED CARE 17%, SELF PAY 7%, AND 4% OTHER THAT MEANS THAT OVER 79% OF THE HOSPITAL'S BUSINESS GENERATES MORE EXPENSES THAN REVENUES MEDICARE, LIKE MEDICAID, DOES NOT PAY THE FULL COST OF CARE AND THE MAJORITY OF SELF PAY RESULTS IN CHARITY SINCE PROVIDING CARE FOR THE ELDERLY, SERVING MEDICARE AND MEDICAID PATIENTS, AND SERVING ALL PATIENTS REGARDLESS OF ABILITY TO PAY IS AN ESSENTIAL PART OF THE COMMUNITY BENEFIT STANDARD, AS WELL AS OUR MISSION IN OUR COMMUNITY, WE SERVE THESE PATIENTS WITHOUT REGARD TO THE PAYMENT SHORTFALL

Form and Line Reference	Explanation
PART III, LINE 9B	1 FLAGLER HOSPITAL BUSINESS OFFICE STAFF REVIEW UNPAID PATIENT ACCOUNTS ON A REGULAR BASIS TO IDENTIFY THOSE ACCOUNTS THAT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE ATTEMPTS TO CLASSIFY THESE PARTICULAR INDIVIDUALS START AT THE TIME THAT THEY ARE STILL IN-HOUSE PATIENTS ARE ALSO CONTACTED AFTER DISCHARGE THROUGH PHONE CALLS OR MAIL COMPLIANT INDIVIDUALS WHO MEET THE HOSPITAL'S FINANCIAL ASSISTANCE GUIDELINES ARE GRANTED THE APPROPRIATE DISCOUNT BASED ON WHERE THEY FALL IN RELATION TO THE FEDERAL POVERTY GUIDELINES MANY PATIENTS DUE TO FAILURE TO PRODUCE THE APPROPRIATE DOCUMENTATION RECEIVE A REDUCED NON-COMPLIANT HOSPITAL ADJUSTMENT THESE PARTICULAR INDIVIDUALS MAY HAVE RECEIVED A HIGHER WRITE-OFF IF THEY WERE IN FACT COMPLIANT 2 REGARDLESS OF THE PATIENTS FINANCIAL CLASS OR STATUS, IF A BILL REMAINS UNPAID FOR MORE THAN 120 DAYS FROM THE DATE IT WAS FIRST MAILED TO THE PATIENT, AND REASONABLE COLLECTION ATTEMPTS HAVE FAILED, THE PATIENT IS SCREENED FOR PRESUMTIVE CHARITY AT 200% OR BELOW THE FEDERAL POVERTY GUIDELINE, IF PRESUMTIVE CHARITY LEVEL IS NOT MET THE DEBT IS SENT TO A PRIMARY BAD DEBT COLLECTION AGENCY FOR FURTHER COLLECTION EFFORTS

Form and Line Reference	Explanation
PART VI, LINE 2	<p>ST JOHNS COUNTY IS FORTUNATE TO HAVE STRONG AND PROACTIVE LEADERSHIP WITHIN ITS PUBLIC HEALTH SYSTEM, AND A HISTORY OF SUCCESSFUL COLLABORATION CHAMPIONED BY FLAGLER HOSPITAL AND THE FLORIDA DEPARTMENT OF HEALTH IN ST JOHNS COUNTY, THE ST JOHNS COUNTY HEALTH LEADERSHIP COUNCIL WAS ESTABLISHED IN 2010 FOR THE SPECIFIC PURPOSE OF BRINGING TOGETHER KEY LEADERS FROM THE LOCAL COMMUNITY TO ASSESS AND ADDRESS THE HEALTH NEEDS OF OUR RESIDENTS. IN MAY 2014, THE ST JOHNS COUNTY HEALTH LEADERSHIP COUNCIL ACHIEVED NATIONAL ROLE MODEL STATUS, WHEN IT WAS SELECTED BY THE UNIVERSITY OF KENTUCKY (UK) COLLEGE OF PUBLIC HEALTH TO BE INCLUDED IN A NATION-WIDE STUDY OF HIGHLY SUCCESSFUL PUBLIC HEALTH COLLABORATIVE. THE PURPOSE OF THE UK STUDY WAS TO IDENTIFY, COMPARE AND CONTRAST EXCEPTIONAL MODELS OF COLLABORATION INVOLVING COMMUNITY HOSPITALS, PUBLIC HEALTH DEPARTMENTS AND OTHER STAKEHOLDERS, WHO SHARE A COMMITMENT TO IMPROVING COMMUNITY HEALTH, AND TO DETERMINE THE KEY LESSONS LEARNED FROM THEIR EXPERIENCES. THE T JOHNS COUNTY HEALTH LEADERSHIP COUNCIL WAS ONE OF ONLY TWELVE COLLABORATIVE SELECTED BY THE UK STUDY TEAM FROM OVER 150 NATIONAL APPLICATIONS. FLAGLER HOSPITAL'S CEO, VP OF PATIENT ENGAGEMENT AND MANAGER OF COMMUNITY HEALTH AND SOCIAL RESPONSIBILITY, ALONG WITH REPRESENTATIVES FROM 41 OTHER AGENCIES PARTICIPATED IN THIS HIGHLY COLLABORATIVE EFFORT WITH FLAGLER HOSPITAL IN THE FOREFRONT OF EVERY PHASE FROM DEVELOPING SURVEY QUESTIONS, CREATING SURVEY TOOLS, IDENTIFYING FOCUS GROUPS, ANALYZING DATA, ESTABLISHING ACTION PLANS AND REVIEWING RESULTS. THE YEAR-LONG PROCESS FOR THIS ASSESSMENT BEGAN IN JULY 2013 AND UTILIZED A COMMUNITY-WIDE STRATEGIC PLANNING PROCESS CALLED "MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS OR "MAPP", WHICH WAS DEVELOPED BY THE NATIONAL ASSOCIATION OF CITY AND COUNTY HEALTH OFFICIALS AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION. THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS PLANNED BY THE HEALTH LEADERSHIP COUNCIL AS A COLLECTION OF DATA GATHERED TO IDENTIFY AND ANALYZE HEALTH STATUS, HEALTH FACTORS AND HEALTH OUTCOMES WITHIN THE COMMUNITY USING MAPP GUIDELINES. FOCUS GROUPS WERE FORMED TO DETERMINE HOW RESIDENTS FELT ABOUT THE QUALITY OF LIFE IN ST JOHNS COUNTY. THESE FOCUS GROUPS WERE FACILITATED BY LEADERS OF THE HEALTH LEADERSHIP COUNCIL WITH THE INTENT OF COVERING A VARIETY OF GEOGRAPHIC AND DEMOGRAPHIC SECTORS OF THE COUNTY. SECOND, A SURVEY WAS DISPERSED COUNTY-WIDE AND MADE AVAILABLE ONLINE. THIS DATA AND DATA FROM THE NATIONAL AND STATE COUNTY HEALTH RANKINGS AND HEALTHY PEOPLE 2020, SERVED AS A BASIS FOR THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). NOTE: THE COMPLETE "COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN" IS PUBLISHED AND AVAILABLE ON THE FLAGLER HOSPITAL WEBSITE: WWW.FLAGLERHOSPITAL.ORG. FLAGLER HOSPITAL'S BOARD OF DIRECTORS APPROVED THE COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN AT THEIR MEETING ON MARCH 24, 2015 TO IMPLEMENT THE FINDINGS AND GOALS DETERMINED THROUGH THE CHNA. THE MAPP PROCESS USES A THREE YEAR CYCLE WITH EACH IDENTIFIED NEED HAVING AN "OWNER" TO TRACK PROGRESS. WHILE VARIOUS MEMBERS OF THE HEALTH LEADERSHIP COUNCIL TOOK "OWNERSHIP" OF VARIOUS ASPECTS OF THE HEALTH NEEDS ASSESSMENT'S IMPLEMENTATION, FLAGLER HOSPITAL PARTICIPATES IN EACH PART OF IMPLEMENTATION. THE SHARED VISION AND COMMON VALUES OF MEMBERS PROVIDE A FRAMEWORK FOR PURSUING THE LONG RANGE GOALS, SO FLAGLER HOSPITAL IS PROUD TO PARTNER WITH MANY MEMBERS OF THE HEALTH LEADERSHIP COUNCIL, IN ORDER TO BROADEN COMMUNITY PARTICIPATION. FLAGLER HOSPITAL ACKNOWLEDGES AND AGREES WITH THE SPECIFIED GOALS OF THE CHNA. A COMMUNITY BALANCED SCORECARD WAS CREATED TO TRACK AND EVALUATE EACH OF THE STRATEGIC OBJECTIVES AND ACTS AS THE COMMUNITY HEALTH IMPROVEMENT PLAN. THE CRITERIA AND RATIONALE FOR EACH OF THE OBJECTIVES AND GOALS IS CONTAINED ON PAGE 116 OF THE PUBLISHED "2014 COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN".</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>THE HOSPITAL COMMUNICATES ITS CHARITY CARE POLICY, OR PATIENT-FRIENDLY SUMMARY THEREOF, IN THE FOLLOWING WAYS - POSTED ON THE FLAGLER HOSPITAL WEBSITE - POSTED AT THE RECEPTION DESKS IN ALL REGISTRATION AREAS - POSTED AT ALL FINANCIAL COUNSELORS' DESKS WHEN UNINSURED OR UNDERINSURED PATIENTS ARE ADMITTED TO THE HOSPITAL, THEY ARE SCREENED FOR FINANCIAL ASSISTANCE AT THE TIME OF SCREENING, THE PATIENT IS PROVIDED A FINANCIAL ASSISTANCE APPLICATION TO COMPLETE THEY ARE THEN ASKED TO SUBMIT THE REQUIRED FINANCIAL DOCUMENTS (I E , BANK STATEMENTS, PAY STUBS, TAX RETURNS, ETC) THOSE PATIENTS DISCHARGED PRIOR TO SCREENING ARE CALLED BY BUSINESS OFFICE AND ARE SCREENED OVER THE PHONE THE PATIENT IS INFORMED OF THE ELIGIBILITY REQUIREMENTS AND THE FINANCIAL DOCUMENTS NEEDED FOR VERIFICATION UNINSURED PATIENTS TREATED IN THE EMERGENCY DEPARTMENT WHO MEET CERTAIN CRITERIA ARE SCREENED BY PHONE BY THE BUSINESS OFFICE THE PATIENT IS INFORMED OF THE ELIGIBILITY REQUIREMENTS AND THE FINANCIAL DOCUMENTS NEEDED A SEPARATE SCREENING IS PERFORMED TO DETERMINE ELIGIBILITY FOR COUNTY PROGRAMS AND MEDICAID IN ADDITION, THE HOSPITAL UTILIZES A THIRD-PARTY VENDOR TO SCREEN SELF PAY PATIENTS FOR POSSIBLE DISCOUNTS AND FINANCIAL ASSISTANCE OPTIONS FOR DETAILS, PLEASE SEE THE REPOSENSE TO PART I, LINE 3C ABOVE</p>

Form and Line Reference	Explanation
PART VI, LINE 4	FLAGLER HOSPITAL IS THE ONLY HOSPITAL LOCATED IN ST JOHNS COUNTY, FLORIDA AND SERVES AS THE PRIMARY HEALTH CARE PROVIDER FOR LOCAL RESIDENTS ACCORDING TO 2015 U S CENSUS DATA, THERE ARE 226,640 RESIDENTS IN FLAGLER HOSPITAL'S DEFINED COMMUNITY OF ST JOHNS COUNTY

Form and Line Reference	Explanation
PART VI, LINE 6	THE ORGANIZATION IS NOT PART OF AN AFFILIATED HEALTH CARE SYSTEM

Form and Line Reference	Explanation
FORM 990, SCHEDULE H, PART VI, COMMUNITY HEALTH PROMOTION	PLEASE SEE PART V LINE 11 DESCRIPTION FOR PROMOTION OF COMMUNITY HEALTH

Additional Data

Software ID:
Software Version:
EIN: 59-0675143
Name: FLAGLER HOSPITAL INC

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
FLAGLER HOSPITAL	PART V, SECTION B, LINE 5 FLAGLER HOSPITAL AND THE ST JOHNS COUNTY HEALTH LEADERSHIP COUNCIL DECIDED ON TWO DIFFERENT APPROACHES TO GATHER INFORMATION FROM A CROSS-SECTION OF THE COMMUNITY THE FIRST APPROACH WAS TO CONDUCT COMMUNITY FOCUS GROUPS, AND THE SECOND APPROACH WAS TO DEPLOY A COUNTY-WIDE ASSESSMENT

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
FLAGLER HOSPITAL	PART V, SECTION B, LINE 6A ANASTASIA MOSQUITO CONTROL DISTRICTAZALEA HEALTHBETTY GRIFFIN HOUSEBOYS & GIRLS CLUBS OF NORTHEAST FLORIDACLINTON HEALTH MATTERS INITIATIVENORTHEAST FLORIDA REGIONAL DIRECTORDELORES BARR WEAVER POLICY CENTEREPIC BEHAVIORAL HEALTHCAREEPISCOPAL CHILDREN'S SERVICESFIRST COAST TECHNICAL COLLEGEFLORIDA DEPT OF HEALTH IN ST JOHNS COUNTYGOOD SAMARITAN HEALTH CENTERSHAVEN HOSPICEHEALTHY SCHOOLSHOME AGAIN ST JOHNSLEARN TO READ ST JOHNSLINCOLNVILLE FARMERS MARKETMOUNT ZION AME CHURCHNEW MT MORIAH CHRISTIAN MINISTRYNORTHEAST FLORIDA COMMUNITY HOSPICECOMMUNITY RELATIONS REPRESENTATIVEPACT PREVENTION COALITIONST AUGUSTINE METRO TREATMENT CENTERST JOHNS COUNTY BOARD OF COMMISSIONERSST JOHNS COUNTY MEDICAL EXAMINERCHIEF MEDICAL EXAMINERST JOHNS COUNTY ADMINISTRATIONST JOHNS COUNTY COUNCIL ON AGINGST JOHNS COUNTY EDUCATION FOUNDATIONST JOHNS COUNTY EMERGENCY MANAGEMENTST JOHNS COUNTY FIRE RESCUEST JOHNS COUNTY HEALTH AND HUMAN SERVICES ADVISORY COUNCILST JOHNS COUNTY HEALTH AND HUMAN SERVICESST JOHNS COUNTY SOCIAL SERVICESFLORIDA DEPARTMENT OF HEALTHST JOHNS COUNTY MEDICAL SOCIETYEXECUTIVE DIRECTORST JOHNS COUNTY SCHOOL DISTRICT/HEAD STARTST JOHNS COUNTY SHERIFF'S OFFICESTEWART-MARCHMAN ACT BEHAVIORAL HEALTHCARETOBACCO FREE ST JOHNSVELO FEST COMMUNITY INITIATIVEYMCAs OF FLORIDA'S FIRST COAST

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	<p>FLAGLER HOSPITAL'S IMPLEMENTATION OF STRATEGIC OBJECTIVESREDUCE PERCENTAGE OF LOW BIRTH WE IGH T INFANTS THE PERCENTAGE OF LOW BIRTHWEIGHT INFANTS IN ST JOHNS COUNTY CONTINUES TO BE A DISPARITY AMONG COMMUNITY POPULATIONS FOR THIS REASON, REDUCING THE PERCENTAGE OF LOW BIRTHWEIGHT INFANTS IN ST JOHNS COUNTY WAS SELECTED AS A STRATEGIC OBJECTIVE CRITICAL ACT IONS INCLUDE THE FORMATION OF A FETAL INFANT MORTALITY REVIEW TEAM AND COORDINATED EFFORTS AMONG COMMUNITY PARTNERS TOWARDS INCREASING THE PERCENTAGE OF WOMEN RECEIVING FIRST TRIME STER PRENATAL CARE FLAGLER HOSPITAL'S DIRECTOR OF MATERNITY SERVICES, NEONATAL INTENSIVE CARE MANAGER AND MATERNITY COORDINATOR CONTINUE TO SERVE ON THE ST JOHNS INFANT MORTALITY TASK FORCE THE TASK FORCE MEETS QUARTERLY TO ANALYZE MORTALITY RATES FOR NORTHEAST FLORI DA AND DETERMINE LEADING CAUSES FOR LOW BIRTH WEIGHT TO ACHIEVE BETTER OUTCOMES FOR ST JO HNS COUNTY THIS TASK FORCE IS PART OF THE NE FLORIDA HEALTHY START COALITION, INC THE TA SK FORCE IS CURRENTLY WORKING TO PROMOTE HEALTHY PREGNANCY AND PREGNANCY BODY MASS INDEX L EVELS, REDUCE TOBACCO USAGE AMONG PREGNANT WOMEN AND HELP INCREASE AWARENESS OF THE IMPORT ANCE OF INCREASING THE INTERVAL TIME BETWEEN PREGNANCIES FOR HEALTHY OUTCOMES FLAGLER HOS PITAL OFFERS FREE PRE-NATAL YOGA CLASSES TO HELP MOMS STAY IN OPTIMUM HEALTH FOR DELIVERY (OPEN TO ALL ST JOHNS COUNTY MOMS, EVEN IF THEY DON'T PLAN TO DELIVER AT FLAGLER HOSPITAL) REDUCE CHRONIC DISEASE MORBIDITY AND MORTALITY CHRONIC DISEASE WAS RESPONSIBLE FOR OVER 50% OF ALL DEATHS IN ST JOHNS COUNTY IN 2012 CANCER IS THE LEADING CAUSE OF DEATH IN ST JOHNS COUNTY, WITH BREAST, COLON AND LUNG CANCER IDENTIFIED AS BEING THE MOST COMMON TYP ES AMONG RESIDENTS AMONG SURVEY RESPONDENTS, 8 4% REPORTED CANCER AS THE MOST CONCERNING HEALTH PROBLEM, RANKING SECOND AMONG ALL RESPONDENTS TO RAISE AWARENESS ABOUT THE BENEFIT S OF PREVENTION AND EARLY DETECTION OF CANCER, FLAGLER HOSPITAL PARTICIPATED IN OVER 30 HE ALTH FAIRS, PROVIDING ST JOHNS COUNTY RESIDENTS WITH UP-TO-DATE SCREENING GUIDELINES AND THE BENEFITS OF A HEALTHY LIFESTYLE FURTHER, A THREE YEAR FLAGLER CANCER INSTITUTE COMMUN ITY NEEDS ASSESSMENT WAS COMPLETED, WHICH IDENTIFIED THE FOLLOWING AREAS OF NEED WITHIN TH E COMMUNITY MAMMOGRAPHY SCREENING RATES, AGE-ADJUSTED CANCER DEATH RATE FOR BLACK ST JOH NS COUNTY RESIDENTS, AND TIME BETWEEN LUNG CANCER DIAGNOSIS TO TREATMENT CANCER PREVENTION PROGRAMS INCLUDED PRESENTATIONS FOR LOCAL CHURCHES AND CIVIC GROUPS, LUNG CANCER AWARENES S EVENTS, COLORECTAL CANCER PREVENTION AND AWARENESS EVENTS AND A SKIN CANCER PREVENTION P ROGRAM IN ADDITION, FLAGLER HOSPITAL PARTNERED WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS GOOD SAMARITAN WILDFLOWER CLINIC, AMERICAN CANCER SOCIETY, LUNG CANCER ALLIANCE, PINK UP THE PACE AND UNITY OUTREACH TO PROMOTE CANCER AWARENESS AND EARLY DETECTION THROUGHOUT THE COMMUNITY BREAST CANCER FROM 2011 TO 2013, THE BREAST CANCER AGE-ADJUSTED DEATH RATE WAS 18 3/100,000 THIS RATE IS LOWER THAN STATE AND REGIONAL AVERAGES, AND IDENTICAL TO THE P EER COUNTY STATE AVERAGE IN ORDER TO REDUCE THE TIME FRAME BETWEEN BREAST CANCER DIAGNOSI S AND TREATMENT, A BREAST CANCER PATIENT NAVIGATOR (BCPN) WAS ADDED TO THE FLAGLER HOSPITA L CANCER INSTITUTE CARE TEAM AND HELPS PATIENTS MOVE THROUGH THE PROCESS OF BREAST CANCER ALL THE WAY THROUGH DIAGNOSIS, SURGERY, TREATMENT AND RECOVERY THE BREAST CANCER PATIENT NAVIGATOR HELPS PATIENTS FROM THE TIME THERE IS A SUSPICION OF BREAST CANCER UNTIL TREATME NT IS CONCLUDED OUR PATIENT NAVIGATOR NURSE IS A CERTIFIED BREAST CARE NURSE CBCN AND IS DEDICATED TO THE FOLLOWING PROVIDING PATIENTS WITH KNOWLEDGEABLE AND COMPASSIONATE SUPPORT , FACILITATING COMMUNICATION BETWEEN THE PATIENT AND PHYSICIANS IN ORDER TO DECREASE FRAG MENTATION OF CARE, AND PROVIDING PATIENTS AND FAMILY MEMBERS WITH INFORMATION ON COMMUNITY -BASED RESOURCES IN THIS FISCAL YEAR, THE BCPN GUIDED OVER 120 UNIQUE PATIENTS THROUGH THE IR CANCER TREATMENT THE BREAST CANCER PATIENT NAVIGATOR PARTICIPATES IN MANY COMMUNITY EV ENTS, EDUCATING WOMEN ON THE BENEFITS OF EARLY DETECTION AND THE IMPORTANCE OF PERFORMING SELF-EXAMINATIONS FLAGLER HOSPITAL CONTINUES TO SUPPORT LOCAL NON-PROFIT ORGANIZATIONS TH AT FOCUS ON THE PREVENTION AND EARLY DETECTION OF BREAST CANCER IN ST JOHNS COUNTY FLAGL ER HOSPITAL, IN PARTNERSHIP WITH THE WILDFLOWER CLINIC, HELD A FREE MAMMOGRAM DAY THAT WAS OPEN TO ALL UNINSURED ST JOHNS COUNTY WOMEN BETWEEN THE AGES OF 40-64 AT THIS EVENT60 WOMEN RECEIVED MAMMOGRAMS, HEALTH SCREENINGS, AND INFORMATION ON AVAILABLE COMMUNITY RESOUR CES COLON CANCER THE ANNUAL COLORECTAL CANCER AWARENESS DAY WAS HELD ON MARCH 11, 2015 THE EVENT WAS COORDINATED WITH BORLAND-GROOVER CLINIC AND GI ASSOCIATES TO PROVIDE INFORMAT ION ON COLORECTAL CANCER PREVENTION AND SCREENING STRATEGIES THIS EVENT TOOK PLACE IN TH E CANCER EDUCATION AND SUPPORT CENTER AND OVER 90 PEOPLE VISITED THE EVENT AND ANSWERED TH E OPTIONAL SURVEY THE INFORMATION PROVIDED WAS BA</p>

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	SED ON THE NATIONAL COMPREHENSIVE CANCER NETWORK (NCCN) COLORECTAL SCREENING GUIDELINES LU NG CANCER REALIZING THAT CIGARETTE SMOKING IS THE NUMBER ONE RISK FACTOR FOR LUNG CANCER, FLAGLER HOSPITAL CONTINUES TO MAINTAIN A SMOKE FREE FACILITY, INCLUDING PARKING LOTS AND LEASED PROPERTIES FLAGLER HOSPITAL ALSO IMPLEMENTED A TOBACCO SCREENING PROTOCOL THROUGHOUT THE HOSPITAL UPON ADMISSION, EACH PATIENT IS ASKED IF THEY SMOKE OR USE TOBACCO IN ANY OTHER FORM THIS INFORMATION IS USED TO TRIGGER A CONSULT FROM THE CARDIOPULMONARY DEPARTMENT, FROM A MEMBER OF THE "QUIT TEAM" QUIT TEAM MEMBERS VERIFY THE PATIENTS WHO USE TOBACCO AND PROVIDE COUNSELING ON TOBACCO CESSATION IF THE PATIENT IS INTERESTED IN QUITTING, THEY ARE GIVEN INFORMATION ON FREE TOBACCO CESSATION PROGRAMS OFFERED THROUGH FLAGLER HOSPITAL THE QUIT TEAM ALSO EDUCATED FLAGLER STAFF AND MEDICAL PERSONNEL ON THE IMPORTANCE OF THE MESSAGE THAT CESSATION OPPORTUNITIES ARE BOTH VALUABLE AND EFFICACIOUS DURING THIS FISCAL YEAR, 90 ST JOHNS COUNTY RESIDENTS PARTICIPATED IN FLAGLER HOSPITAL'S FREE QUIT SMOKING NOW CLASSES, WHICH ARE OFFERED THROUGH THE WELLNESS CENTER OF THOSE, 37 PARTICIPANTS SUCCESSFULLY QUIT SMOKING AS A RESULT OF THE CLASS FLAGLER HOSPITAL SCREENED OVER 15000 PATIENTS FOR TOBACCO USE AND PROVIDED 2150 WITH CESSATION MATERIALS ALSO, OVER 100 HEALTH PROFESSIONALS FROM AROUND THE COMMUNITY PARTICIPATED IN 8 FREE HEALTHCARE PROVIDER TRAININGS IN ADDITION TO THE QUIT SMOKING NOW SMOKING CESSATION PROGRAM, FLAGLER HOSPITAL HOSTED TWO LUNG CANCER AWARENESS EVENTS SHINE A LIGHT ON LUNG CANCER WAS HELD IN THE CANCER EDUCATION AND SUPPORT CENTER ON NOVEMBER 18, 2014 THIS IS A NATIONAL EVENT HELD AT DIFFERENT LOCATIONS ACROSS THE NATION THE GOAL IS TO BRING ATTENTION, COMPASSION, HOPE AND SUPPORT TO ALL INDIVIDUALS IMPACTED BY LUNG CANCER LASTLY, THE GREAT AMERICAN SMOKE OUT OCCURRED ON NOVEMBER 20, 2014 THE EVENT WAS HOSTED BY FLAGLER HOSPITAL IN COLLABORATION WITH TOBACCO FREE FLORIDA AND ENCOURAGES SMOKERS TO MAKE A PLAN TO QUIT SMOKING OR PLEDGE TO HELP SOMEONE QUIT SMOKING THE MANAGER OF COMMUNITY HEALTH AND SOCIAL RESPONSIBILITY SERVES AS THE CHAIRMAN OF THE TOBACCO FREE ST JOHNS PARTNERSHIP, WHICH IS A COMMUNITY-WIDE LOCALLY ORGANIZED GROUP COLLECTIVELY WORKING TOWARDS ELIMINATING INITIATION AND USE OF TOBACCO AMONG ST JOHNS COUNTY RESIDENTS, SUPPORTING POLICY CHANGE AND EDUCATING DECISION MAKERS ABOUT THE IMPACT OF TOBACCO ON THE LIVES OF ST JOHNS COUNTY RESIDENTS AND VISITORS

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 CONTINUED	<p>INCREASE PERCENTAGE OF POPULATION AT A HEALTH WEIGHT SURVEY RESPONDENTS OF THE 2014 ST JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT RANKED BEING OVERWEIGHT AND A LACK OF EXERCISE AS TWO OF THE TOP 6 UNHEALTHY BEHAVIORS IN ST JOHNS COUNTY ACCORDING TO THE 2016 COUNTY HEALTH RANKINGS REPORT, ST JOHNS COUNTY RANKS 25TH IN ACCESS TO EXERCISE OPPORTUNITIES REDUCE SUBSTANCE ABUSE JUST AS WAS FOUND IN THE 2011 ST JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, THE ISSUE OF SUBSTANCE ABUSE WAS LISTED AS THE #1 IMPORTANT HEALTH PROBLEM BY SURVEY RESPONDENTS IN THE 2014 CHNA THIS INCLUDES BINGE DRINKING, UNDERAGE DRINKING, CIGARETTE AND MARIJUANA AND OTHER DRUG USE FLAGLER HOSPITAL'S MENTAL HEALTH DIRECTOR WORKS CLOSELY WITH EPIC COMMUNITY SERVICES (EPIC WAS CREATED TO PROVIDE SUBSTANCE ABUSE PREVENTION, INTERVENTION, OUTPATIENT TREATMENT AND AFTERCARE SERVICES), PACT, (PREVENTION, ACTION, CHOICES AND TEAMWORK) PREVENTION SERVICES (WHICH ADVOCATES FOR PREVENTION FOR YOUTH), TOBACCO FREE ST JOHNS AND OTHER GROUPS SUCH AS LAW ENFORCEMENT ON THIS ISSUE ST JOHNS COUNTY CONTINUES TO RANK IN THE TOP 5 COUNTIES IN FLORIDA FOR BINGE DRINKING THE ST JOHNS COUNTY BEHAVIORAL HEALTH CONSORTIUM CONTINUES TO WORK TOWARDS FINDING A WAY TO GET THESE IMPORTANT HEALTH SERVICES AVAILABLE FOR REFERRAL IN OUR SERVICE AREA THANKS TO STATE FUNDING AND A SIZEABLE DONATION FROM FLAGLER HOSPITAL, EPIC BEHAVIORAL HEALTHCARE'S 16-BED DETOX CENTER OPENED LAST FISCAL YEAR THE CENTER OPENED IN JANUARY 2014 AS THE ONLY DETOXIFICATION CENTER IN ST JOHNS COUNTY IT OFFERS MEDICAL DETOX, SUBSTANCE ABUSE RESIDENTIAL TREATMENT, SUBSTANCE ABUSE OUTPATIENT TREATMENT, AND MEDICATION MANAGEMENT FOR PEOPLE DIAGNOSED WITH A CO-OCCURRING MENTAL HEALTH DISORDER DURING ITS FIRST YEAR, THE EPIC RECOVERY CENTER HAS HAD OVER 800 ADMISSIONS, SERVING 653 ADULTS FROM ST JOHNS COUNTY AND THE SURROUNDING FLORIDA COUNTIES AND HAS REMAINED AT 80-85% CAPACITY, EXCEEDING ORIGINAL GOALS BY MORE THAN 4% APPROXIMATELY 30% OF THE REFERRALS HAVE BEEN FROM FLAGLER HOSPITAL AS A DIRECT EMERGENCY ROOM DIVERSION, 10% WERE FROM OUR VARIOUS LAW ENFORCEMENT AGENCIES AND/OR THE COURT IN LIEU OF INDIVIDUALS BEING PLACED UNDER PROTECTIVE CUSTODY OTHER REFERRALS WERE FROM FAMILY MEMBERS, THE COURT, OTHER HEALTHCARE PROFESSIONALS (IE PHYSICIANS), SOCIAL SERVICE AGENCIES SERVING THE HOMELESS POPULATIONS, OR BY AN INDIVIDUAL THEMSELVES THE EPIC RECOVERY CENTER HAS BECOME THE CORNERSTONE OF THE ADDICTION TREATMENT SYSTEM OF CARE IN ST JOHNS COUNTY SERVING SOME OF THE MOST VULNERABLE FLORIDIANS UNINSURED, HOMELESS, THOSE INVOLVED IN THE CHILD WELFARE SYSTEM, CRIMINALLY JUSTICE INVOLVED, AND/OR SUFFERING FROM MULTIPLE CHRONIC HEALTH CONDITIONS INCREASE ACCESS TO DENTAL CARE ACCESS TO DENTAL CARE HAS LONG BEEN AN ISSUE IN ST JOHNS COUNTY, AS IT IS ACROSS THE STATE RESPONDENTS OF THE 2014 ST JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT REPORTED DENTAL/ORAL CARE AS ONE OF THE TOP HEALTH SERVICE THAT IS DIFFICULT TO OBTAIN A MAJOR THEME OF ALL FOCUS GROUPS WAS A NEED FOR IMPROVED ACCESS TO DENTAL CARE TO ADDRESS THIS NEED, FLAGLER HOSPITAL, THE WILDFLOWER CLINIC, AND THE ST JOHNS COUNTY HEALTH LEADERSHIP COUNCIL DURING THE ASSESSMENT YEAR 802 DENTAL CASES CAME TO THE FLAGLER HOSPITAL EMERGENCY DEPARTMENT FOR DENTAL CARE, HIGHLIGHTING THE NEED THE GOOD SAMARITAN WILDFLOWER CLINIC IS THE ONLY CLINIC OFFERING BOTH FREE DENTAL AND FREE HEALTH CARE IN ST JOHNS COUNTY FLAGLER CONTINUES TO BE A MAJOR CORPORATE SPONSOR OF THE WILDFLOWER CLINIC AND WORKS CLOSELY WITH THE CLINIC TO SHORTEN THE TIME BETWEEN THE INITIAL CRISIS (FLAGLER VISIT) AND FOLLOW UP CARE WITH THE HELP OF GRANTS FROM FLAGLER HOSPITAL, AND OTHER COMMUNITY ORGANIZATIONS, THE WILDFLOWER CLINIC STAFF HAS BEGUN OFFERING REGULAR DENTAL WALK-IN CLINICS EVERY WEEK WITH CONTINUED COLLABORATION BETWEEN THE WILDFLOWER CLINIC AND FLAGLER HOSPITAL'S EMERGENCY DEPARTMENT ON COORDINATING CARE BETWEEN UNINSURED ST JOHNS COUNTY RESIDENTS, FLAGLER HOSPITAL EMERGENCY ROOM VISITS FOR DENTAL EMERGENCIES HAVE DROPPED 78% THIS FISCAL YEAR FURTHERMORE, DENTAL VISITS TO THE WILDFLOWER CLINIC HAVE INCREASED TO OVER 2,000 VISITS BUILDING ON THIS SUCCESS, PARTNERS CONTINUE TO OPTIMIZE THIS TRANSITION AND FOLLOW-UP PROCESS FROM THE HOSPITAL EMERGENCY ROOM TO THE WILDFLOWER DENTAL CLINIC INCREASE ACCESS TO MENTAL HEALTH CARE WITH DEPRESSION AND ANXIETY RANKED AS THE #3 HEALTH PROBLEMS IN ST JOHNS COUNTY, THE 2014 CHNA REVEALED THAT ACCESS TO MENTAL HEALTH SERVICES CONTINUES TO BE AN ISSUE IN ADDITION, MENTAL HEALTH COUNSELING WAS REPORTED TO BE THE #2 MOST DIFFICULT TO OBTAIN SERVICE BY SURVEY RESPONDENTS IN RESPONSE TO AN IDENTIFIED CRITICAL NEED FOR OUTPATIENT MENTAL HEALTH SERVICES IN ST JOHNS COUNTY, FLAGLER HOSPITAL INTRODUCED AN INTENSIVE OUTPATIENT PROGRAM THIS PROGRAM WAS SPECIFICALLY DESIGNED TO SUPPORT PATIENTS AFTER BEING RELEASED FROM INPATIENT CARE THE PROGRAM'S PRIMARY GOAL OF IMPROVING QUALITY OF LIFE</p>

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 CONTINUED	AND REDUCE SYMPTOMS TO PREVENT RELAPSE IS ACCOMPLISHED THROUGH GROUP THERAPY, MEDICATION AND SYMPTOM MANAGEMENT AND INDIVIDUAL PSYCHOTHERAPY ALL NEW PATIENTS PARTICIPATE IN A FORMAL CLINICAL EVALUATION PERFORMED BY A MULTI-DISCIPLINARY TEAM THIS EVALUATION HELPS THE TEAM DEVELOP A TREATMENT PLAN THAT REFLECTS EACH PATIENT'S INDIVIDUAL STRENGTHS, LIMITATIONS AND GOALS FOR TREATMENT EVERY PATIENT'S GOALS ARE REVIEWED AND UPDATED WEEKLY IN TEAM MEETINGS AND INDIVIDUAL SESSIONS MEDICAL STAFF FROM THE INTENSIVE OUTPATIENT PROGRAM ATTENDS COMMUNITY EVENTS TO RAISE AWARENESS ABOUT MENTAL HEALTH AND TO INFORM THE COMMUNITY ON AVAILABLE RESOURCES A SCHOLARSHIP IS AVAILABLE FOR EACH SESSION, TO ENSURE THAT ACCESS TO MENTAL HEALTH SERVICES IS NEVER DEPENDENT UPON A PATIENT'S ABILITY TO PAY FLAGLER HOSPITAL IS COMMITTED TO COLLABORATION WITH COMMUNITY PARTNERS TO ADDRESS EACH NEED IDENTIFIED DURING THE 2014 CHNA TO INCREASE ACCESS TO MENTAL HEALTH CARE, THIS COLLABORATION CENTERS AROUND COORDINATION AND LINKAGE OF MENTAL HEALTH SERVICES BETWEEN FLAGLER HOSPITAL AND COMMUNITY OUTPATIENT PROVIDERS FLAGLER HOSPITAL CONTINUES TO WORK WITH COMMUNITY PARTNERS TO DEVELOP A COUNTY-WIDE MOBILE CRISIS RESPONSE TEAM (MCRT) THE TEAM'S MISSION WILL BE TO PROVIDE AN ASSESSMENT AT THE FIRST SIGNS OF CHILD BEHAVIORAL RISK TO PREVENT SERIOUS MENTAL ISSUES FROM DEVELOPING THE TEAM WILL ALSO PROVIDE IMMEDIATE ACCESS TO MENTAL HEALTH SERVICES AND ALLOW THE OPPORTUNITY FOR FAMILIES TO SELECT A SOLUTION THAT WORKS BEST FOR THEM THE ULTIMATE GOAL OF THE MOBILE CRISIS RESPONSE TEAM PROGRAM WILL BE TO DIVERT CHILDREN FROM COSTLY EMERGENCY SERVICES AND ESTABLISH GREATER COORDINATION OF CARE THAT WILL SERVE THE FAMILY BEYOND THE INITIAL CRISIS THE MCRT CONSISTS OF THREE STATE LICENSED CLINICIANS , A CERTIFIED CASE MANAGER AND A STATE LICENSED REGISTERED NURSE LEVERAGE 2-1-1 AS A COMMUNITY RESOURCE TOOL MANY OF THE ORGANIZATIONS AND PROVIDERS AT THE FOREFRONT OF PROVIDING CARE IN ST. JOHNS COUNTY HAVE THEIR OWN LIST OF COMMUNITY PROVIDERS OR USE PRINTED RESOURCE GUIDES WITH SOON-OUTDATED INFORMATION NEVER HAS THERE BEEN A VIABLE LIST OF RESOURCES THAT IS EASILY ACCESSIBLE AND UPDATABLE THE HEALTH LEADERSHIP COUNCIL CONVENED A "RESOURCE TOOL" SUBCOMMITTEE TO IDENTIFY AND EVALUATE PROGRAM OPTIONS THE MANAGER OF COMMUNITY HEALTH AND SOCIAL RESPONSIBILITY AT FLAGLER HOSPITAL SERVES AS THE CHAIR OF THIS SUBCOMMITTEE , WHICH BEGAN MEETING LAST FISCAL YEAR AS A RESPONSE TO THE CHNA AND CHIP THE RESOURCE TOOL SUBCOMMITTEE IDENTIFIED UNITED WAY'S 2-1-1 SYSTEM AS THE PRIMARY FOCUS FOR ADDRESSING THE NEED TO INCREASE ACCESS TO AVAILABLE COMMUNITY RESOURCES THE RESOURCE TOOL SUBCOMMITTEE WILL LEAD THE EFFORT TO ALIGN ALL COMMUNITY RESOURCE PROVIDERS USING THE 2-1-1 SYSTEM IN ORDER TO OFFER RESIDENTS A SINGLE LOCATION FOR AVAILABLE COMMUNITY RESOURCES FLAGLER HOSPITAL IS A MAJOR CONTRIBUTOR TO NORTHEAST FLORIDA COUNTS (WWW.NEFLORIDACOUNTS.ORG) WHICH SERVES AS A FREE ONLINE HEALTH RESOURCE FOR THE SEVEN COUNTY AREA OF NORTHEAST FLORIDA THE SITE HELPS PLANNERS, POLICY MAKERS, AND COMMUNITY MEMBERS LEARN ABOUT ISSUES AND IDENTIFY IMPROVEMENTS NECESSARY FOR HEALTHFUL OUTCOMES THE TOOL IS USED FOR COMMUNITY ASSESSMENT, STRATEGIC PLANNING, COLLABORATION, COMMUNITY CAPACITY DEVELOPMENT, GRANT DEVELOPMENT, AND EDUCATIONAL AND ADVOCACY PURPOSES

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 CONTINUED	INCREASE USE OF AVAILABLE TRANSPORTATION FROM THE FOCUSES GROUPS CONDUCTED AS PART OF THE 2014 COMMUNITY HEALTH NEEDS ASSESSMENT, A FOCUS OF "A NEED FOR TRANSPORTATION" WAS OBSERVED AS THE PRIMARY THEME FROM FOCUSES GROUPS FURTHERMORE, SURVEY RESULTS SHOWED A POSITIVE INCREASE IN THE PERCENTAGE OF RESPONDENTS THAT RANKED TRANSPORTATION AS A BARRIER TO CARE, FROM 7 9% IN 2011 TO 9 7% IN 2014 TRANSPORTATION HAS BEEN A FOCUS IN ST JOHNS COUNTY FOR OVER 15 YEARS THE 2005 ST JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED IMPROVING ACCESS TO HEALTH SERVICES IN OUTLYING AREAS OF ST JOHNS COUNTY THROUGH COORDINATION OF PUBLIC TRANSPORTATION AS A HIGH-PRIORITY COMMUNITY NEED SINCE THAT TIME, A COMMUNITY-WIDE EFFORT TO IMPROVE PUBLIC TRANSPORTATION IN ST JOHNS COUNTY HAS PICKED UP MOMENTUM THE ST JOHNS COUNTY COUNCIL ON AGING, INC (COA) SERVES AS THE COMMUNITY TRANSPORTATION COORDINATOR FOR ST JOHNS COUNTY THE COA PROVIDES DOOR-TO-DOOR NON-EMERGENCY MEDICAL TRANSPORTATION SERVICES TO AMBULATORY AND WHEELCHAIR BOUND CLIENTS WITHIN THE ST JOHNS COUNTY SERVICE AREA THE SUNSHINE BUS COMPANY (A DIVISION OF THE COA) IS ST JOHNS COUNTY'S PUBLIC BUS SERVICE SINCE ITS INCEPTION IN 2006, THE SUNSHINE BUS COMPANY HAS CONTINUED TO EXPANDED SERVICES TO BETTER SERVE THE COMMUNITY, WITH THE ADDITION OF NEW ROUTES AND AN INCREASED NUMBER OF DAILY TRIPS THE 2014 ST JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT FEEDBACK SHOWED THE CONTINUED NEED FOR A FOCUS ON TRANSPORTATION OVER THE NEXT THREE YEARS, FLAGLER HOSPITAL WILL SUPPORT THE STRATEGIC OBJECTIVE OF "INCREASE USE OF AVAILABLE TRANSPORTATION OPTIONS" BY EDUCATING RESIDENTS ON CURRENT TRANSPORTATION OPTIONS THIS EDUCATION WILL BE OFFERED TO BOTH COMMUNITY MEMBERS, AND HEALTHCARE PROVIDERS, IN EFFORT TO RAISE AWARENESS AND INCREASE UTILIZATION DURING THIS FISCAL YEAR, FLAGLER HOSPITAL PROVIDED \$23,480 IN TRANSPORTATION VOUCHER FOR PATIENTS THAT HAD A FINANCIAL BARRIER TO ACCESSING TRANSPORTATION

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, LINE 16A, FAP, APPLICATION, AND PLAIN LANGUAGE SUMMARY URL	HTTP //WWW FLAGLERHOSPITAL ORG/FINANCIAL-SERVICES/CHARITY-CARE-AND-FINANCIAL-ASSISTANCE-POLICY ASPX

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, LINE 7, CHNA AND IMPLEMENTATION STRATEGY URL	HTTP //STJOHNS FLORIDAHEALTH GOV/PROGRAMS-AND-SERVICES/COMMUNITY-HEALTH-PLANNING-AND-STATISTICS/COMMUNITY-HEALTH-ASSESSMENTS/_DOCUMENTS/SJC_2014_HEALTH_NEEDS_ASSESSMENT PDF

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 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

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
FLAGLER HOSPITAL PART V, SECTION B, LINE 16A WEBSITE	SEE PART V

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
FLAGLER HOSPITAL PART V, SECTION B, LINE 16B WEBSITE	SEE PART V

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
FLAGLER HOSPITAL PART V, SECTION B, LINE 16C WEBSITE	SEE PART V

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
FLAGLER HOSPITAL INC

Employer identification number
59-0675143

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 17

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

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	THE FLAGLER HEALTH CARE FOUNDATION, A SUPPORTING ORGANIZATION OF THE HOSPITAL, REPORTS ITS FINANCIAL ACTIVITIES TO THE CFO OF FLAGLER HOSPITAL

Additional Data

Software ID:
Software Version:
EIN: 59-0675143
Name: FLAGLER HOSPITAL 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
EPIC COMMUNITY SERVICES1400 OLD DIXIE HWY STE C ST AUGUSTINE,FL 32084	59-1502582	501(C)(3)	150,700				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
RURAL HEALTH CARE INC FAMILY MEDICAL AND DENTAL1302 RIVER STREET PALATKA,FL 32177	59-1792958	501(C)(3)	150,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
ST JOHNS COUNCIL ON AGING180 MARINE STREET ST AUGUSTINE,FL 32084	59-1525829	501(C)(3)	100,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

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 ASSOCIATION RESEARCH AND EDUCATION FOUNDATION INC306 EAST COLLEGE AVE TALLAHASSEE,FL 32301	59-6151162	501(C)(3)	20,833				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
PROJECT SOS INC4417 BEACH BLVD STE 103 JACKSONVILL FL 32207-4728 JACKSONVILLE,FL 322074728	59-3179894	501(C)(3)	15,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
ST JOHNS COUNTY EDUCATION FOUNDATION 2744 US 1 SOUTH ST AUGUSTINE,FL 32086	59-3221115	501(C)(3)	15,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

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
BETTY GRIFFIN HOUSEPO BOX 3319 ST AUGUSTINE, FL 320853319	59-3028497	501(C)(3)	10,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
GOOD SAMARITAN HEALTH CENTER INC268 HERBERT ST ST AUGUSTINE, FL 32084	52-2125419	501(C)(3)	9,020				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
UNIVERSITY OF NORTH FLORIDA4567 ST JOHNS BLUFF RD JACKSONVILLE, FL 322242645	59-2976169	GOVERNMENT	8,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

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
CARING HANDS - CARING COMMUNITY161-A MARINE ST ST AUGUSTINE, FL 32084	59-0737904	501(C)(3)	7,500				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
VELOFEST COMMUNITY INITIATIVEPO BOX 1718 ST AUGUSTINE, FL 32085	45-2966332	501(C)(3)	7,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
ST FRANCIS HOUSE70 WASHINGTON ST ST AUGUSTINE, FL 32084	59-2475614	501(C)(3)	6,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

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
FLAGLER COLLEGE INC74 KING STREET ST AUGUSTINE,FL 32084	59-1157081	501(C)(3)	5,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
CROOKSHANK ELEMENTARY1455 N WHITNEY ST ST AUGUSTINE,FL 32084	59-2871724	GOVERNMENT	5,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
ROTARY INTERNATIONAL ST AUGUSTINE SUNRISE ROTARY CLUBPO BOX 295 ST AUGUSTINE,FL 320850295		501(C)(3)	5,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

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
TAKE IT TO HEART CAMPAIGN3550 UNIVERSITY BLVD S SUITE 302 JACKSONVILLE,FL 32216	20-5544146	501(C)(3)	5,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
NORTH FLORIDA CARDIOVASCULAR FOUNDATION501 RIVERSIDE AVENUE SUITE 800 JACKSONVILLE,FL 32202	20-1773470	501(C)(3)	5,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

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
FLAGLER HOSPITAL INC

Employer identification number
59-0675143

Part I

Questions Regarding Compensation

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

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 ORGANIZATION PROVIDES GROSS UP PAYMENTS FOR THE VALUE OF DISABILITY INSURANCE POLICY PREMIUMS TO CERTAIN OFFICERS, REPORTED ON THE OFFICERS' FORM W-2
PART I, LINES 4A-B	THE ORGANIZATION CONTRIBUTED \$35,000 TO A 457(F) PLAN FOR JOSEPH S GORDY LYNDIA I KIRKER RECEIVED SERVERANCE PAYMENTS FROM THE ORGANIZATION IN THE AMOUNT OF \$309,776
PART I, LINE 5	THE ORGANIZATION PAYS A BONUS BASED ON FINANCIAL, PATIENT SATISFACTION AND QUALITY MEASURES
PART I, LINE 6	THE CEO, ROGER CARTER, RECEIVES A BONUS BASED ON A PERFORMANCE PLAN

Additional Data

Software ID:
Software Version:
EIN: 59-0675143
Name: FLAGLER HOSPITAL 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			(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				
JOSEPH S GORDY, CEO	(i) 514,941 (ii) 0	0 0	16,583 0	35,000 0	0 0	566,524 0	0 0
ROGER CARTER, CFO	(i) 219,389 (ii) 0	0 0	14,077 0	0 0	18,720 0	252,186 0	0 0
JASON P BARRETT, CIO & EXECUTIVE VP	(i) 267,831 (ii) 0	0 0	240 0	20,515 0	15,600 0	304,186 0	0 0
CHRISTOPHER SCHMIDT, COO	(i) 261,003 (ii) 0	0 0	4,240 0	20,515 0	14,300 0	300,058 0	0 0
WILLIAM D RIEGER, CIO	(i) 213,225 (ii) 0	44,113 0	9,580 0	20,515 0	18,720 0	306,153 0	0 0
DONALD R CRIST, VP-PROFESSIONAL SVCS	(i) 204,361 (ii) 0	0 0	20,613 0	17,991 0	18,720 0	261,685 0	0 0
BARBARA DRUMMOND-HUTH, CNO	(i) 42,383 (ii) 0	0 0	198,494 0	0 0	0 0	240,877 0	0 0
MARY K MANTESE, CNO	(i) 172,301 (ii) 0	0 0	10,903 0	13,767 0	7,320 0	204,291 0	0 0
JEFFREY A HURLEY, VP-HUMAN RESOURCES	(i) 177,794 (ii) 0	0 0	3,556 0	14,458 0	17,184 0	212,992 0	0 0
MICHAEL C DIBELLA, CMO	(i) 345,535 (ii) 0	0 0	7,777 0	20,515 0	12,264 0	386,091 0	0 0
MIGUEL A MACHADO, MD-ER OVERFLOW/CHIEF MEDICAL OFFICER	(i) 294,886 (ii) 0	0 0	1,584 0	0 0	18,720 0	315,190 0	0 0
MICHAEL C SANDERS, CHIEF-MEDICAL INFORMATICS	(i) 270,610 (ii) 0	41,090 0	5,286 0	20,515 0	0 0	337,501 0	0 0
GREGORY A GIBSON, PHYSICIAN	(i) 196,402 (ii) 0	0 0	423 0	15,487 0	18,720 0	231,032 0	0 0
BRIAN D RAYMAKER, PHYSICIAN	(i) 169,616 (ii) 0	0 0	203 0	12,686 0	7,944 0	190,449 0	0 0
LYNDA I KIRKER, FORMER RETIRED CFO	(i) 7,947 (ii) 0	0 0	301,829 0	0 0	0 0	309,776 0	0 0

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
FLAGLER HOSPITAL INC

Employer identification number
59-0675143

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	ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-2146640		12-09-2010	30,000,000	REFUNDING 1996 SERIES BONDS		X		X		X
B	ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-2146640		12-09-2010	28,275,000	REFUNDING 2009 SERIES BONDS		X		X		X
C	ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-2146640		01-21-2011	12,500,000	REFUNDING 1996 SERIES BONDS		X		X		X
D	ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-2146640		04-04-2012	30,000,000	RENOVATION PROJECTS, IMPLEMENTATION OF NEW EMR		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired			2,920,000		9,200,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	30,000,000		28,275,000		12,500,000		30,000,000	
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							30,000,000	
11	Other spent proceeds	30,000,000		28,275,000		12,500,000			
12	Other unspent proceeds								
13	Year of substantial completion	2003		2009		2003		2012	
		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?								
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?								
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 %		0 %		0 %		0 %	
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 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
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 II, LINE 11 OTHER SPENT PROCEEDS	AMOUNTS PRESENTED ON LINE 11 REPRESENT AMOUNTS FROM BOND PROCEEDS USED TO REFUND THE PRIOR ISSUES AS INDICATED IN THE DESCRIPTION OF EACH INDIVIDUAL ISSUE

Return Reference	Explanation
PART III	THE BONDS LISTED ON PART 1 LINES "A AND "C" WERE USED TO REFUND ISSUES DATED PRIOR TO 1/1/2003, THEREFORE PART III IS NOT APPLICABLE

Name of the organization FLAGLER HOSPITAL INC	Employer identification number 59-0675143
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	
FORM 990, PART VI, SECTION A, LINE 6	COASTAL COMMUNITY HEALTH, INC IS THE SOLE MEMBER OF THE ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7A	THE SOLE MEMBER HAS THE AUTHORITY TO APPOINT THE BOARD MEMBERS
FORM 990, PART VI, SECTION A, LINE 7B	THE SOLE MEMBER HAS THE AUTHORITY TO 1 ADOPT OR REVISE A STRATEGIC PLAN 2 AMEND THE CORPORATION'S ARTICLES OF INCORPORATION OR BYLAWS 3 CONDUCT MERGERS, ACQUISITIONS AND SALES OF ALL OR SUBSTANTIAL PART OF CORPORATION'S ASSETS 4 LIQUIDATION AND DISSOLUTION 5 ELECTION AND REMOVAL OF THE CORPORATION'S OFFICERS AND DIRECTORS INCLUDING THE CHIEF EXECUTIVE OFFICER AND THE CHAIRMAN OF THE CORPORATION'S BOARD OF DIRECTORS 6 APPROVAL OF CAPITAL AND OPERATING BUDGETS 7 ANY ACTIONS AFFECTING THE CORPORATION'S TAX EXEMPT STATUS 8 FUNDAMENTAL CHANGES IN MISSION OR DIRECTION 9 ENTRY INTO A MATERIAL AGREEMENT THAT INVOLVE ANNUAL PAYMENTS THAT EXCEED 2% OF THE CORPORATION'S TOTAL ANNUAL BUDGETED OPERATING EXPENSES, A SIGNIFICANT JOINT VENTURE, PROVIDES MANAGEMENT FOR THE CORPORATION, OR INSURANCE WITH A PROJECTED ANNUAL VALUE OF 5% OR MORE OF THE CORPORATION'S ANNUAL NET PATIENT REVENUE 10 INCURRENCE, REFINANCING, PREPAYMENT OR DEFEASANCE OF DEBT IN THE EXCESS OF THE GREATER OF \$10,000,000 OR 10% OF THE CORPORATION'S OUTSTANDING DEBT 11 SECURING A MORTGAGE, DEED OF TRUST, OR OTHER ENCUMBRANCE IN EXCESS OF THE GREATER OF \$10,000,000 OR 10% OF THE CAPITAL BUDGET 12 INCURRENCE OF ANY UNBUDGETED CAPITAL EXPENSE IN EXCESS OF THE GREATER OF \$5,000,000 OR 5% OF THE CORPORATION'S ANNUAL CAPITAL BUDGET 13 A CAPITAL EXPENDITURE OVERRUN IN EXCESS OF THE GREATER OF \$5,000,000 OR 5% OF THE BUDGETED CAPITAL EXPENSE 14 INCURRENCE OF ANY UNBUDGETED OPERATING EXPENSE IN EXCESS OF 1% OF THE CORPORATION'S TOTAL ANNUAL OPERATING EXPENSES 15 SELECTION OF THE CORPORATIONS INDEPENDENT AUDITOR 16 ADOPTION OR REVISION OF CHARITABLE CARE POLICIES 17 DONATION OF MATERIAL FUNDS TO A PERSON OR ENTITY NOT AFFILIATED WITH THE SOLE MEMBER OR ANY OF ITS SUBSIDIARIES PROVIDED THAT THE SOLE MEMBER SHALL NOT BE REQUIRED TO REVIEW OR AUTHORIZE CONTRIBUTIONS TO A LOCAL CHARITY THAT DID NOT EXCEED \$250,000 IN ANY YEAR 18 FORMATION OF A NEW MATERIAL ENTITY AS A SUBSIDIARY 19 ACTIONS TAKEN TO CURE ANY BREACH OF OR FAILURE TO COMPLY WITH COVENANTS IN BOND AND OTHER DEBT AGREEMENTS
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTANT AND WAS EXTENSIVELY REVIEWED BY THE ORGANIZATION'S INVESTMENT AND FINANCE COMMITTEE AFTER THIS REVIEW, THE FORM 990 WAS POSTED TO THE ORGANIZATION'S WEBSITE PORTAL EACH BOARD MEMBER ACCESSED THE WEBSITE FOR THEIR PERSONAL REVIEW OF THE FORM 990
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION TAKES AN ANNUAL QUERY WITH A COPY OF THE CONFLICT OF INTEREST POLICY TO EACH BOARD MEMBER AND THE EXECUTIVE STAFF TO CONFIRM NO CONFLICTS EXIST
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION PACKAGE FOR THE CEO POSITION IS SET AND APPROVED BY THE COMPENSATION COMMITTEE, WHICH CONSISTS OF THE CURRENT AND PAST CHAIRPERSONS OF THE HOSPITAL, FLAGLER HEALTH CARE SYSTEM, AND FLAGLER HEALTH SERVICES BOARDS INDEPENDENT SALARY SURVEYS ARE OBTAINED FROM INDUSTRY EXPERTS TO DETERMINE COMPENSATION AND BENEFITS THOSE INDEPENDENT SALARY SURVEYS ARE ALSO USED TO DEVELOP COMPENSATION PACKAGES FOR THE SENIOR MANAGEMENT TEAM
FORM 990, PART VI, SECTION C, LINE 18	PHOTOCOPIES OF THE ORGANIZATION'S FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICES IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW GUIDESTAR ORG
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART IX, LINE 11G	OTHER FEES PROGRAM SERVICE EXPENSES 24,171,480 MANAGEMENT AND GENERAL EXPENSES 7,552,743 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 31,724,223
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF DERIVATIVE FINANCIAL INSTRUMENT -542,536 NET ASSETS RELEASED FROM RESTRICTION 98,045
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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
FLAGLER HOSPITAL INC

Employer identification number
59-0675143

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FLAGLER HEALTH CARE FOUNDATION 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 59-2440537	SUPPORTING ORGANIZATION	FL	501(C)(3)	11 (TYPE I)	FLAGLER HOSPITAL	Yes	
(2) COASTAL COMMUNITY HEALTH INC 841 PRUDENTIAL DR STE 1604 JACKSONVILLE, FL 32207 47-1322041	SUPPORTING ORGANIZATION	FL	501(C)(3)	11 (TYPE I)			No

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	
(1) OUTPATIENT SURGERY CENTER OF ST AUGUSTINE LLC 1 ORTHOPAEDIC PL STE 200 ST AUGUSTINE, FL 32086 20-2047704	OUTPATIENT SURGERY	FL	N/A	RELATED	171,339	227,643		No		Yes		11 470 %

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
(1) FLAGLER HEALTH SERVICES INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 59-2484352	REAL ESTATE LEASING	FL	N/A	C				Yes	
(2) HEALTH PARK OWNERS ASSOCIATION 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 59-2869538	BUILDING ASSOCIATION	FL	N/A	C				Yes	
(3) ANDERSON GIBBS CONDOMINIUM ASSOC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 59-3223458	BUILDING ASSOCIATION	FL	N/A	C				Yes	

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

Yes

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

Yes

1n

No

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

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
(1) FLAGLER HEALTH CARE FOUNDATION INC	A	23,209	FMV
(2) FLAGLER HEALTH SERVICES INC	J	69,169	FMV
(3) FLAGLER HEALTH CARE FOUNDATION INC	M	670,767	FMV
(4) FLAGLER HEALTH CARE FOUNDATION INC	Q	231,474	FMV
(5) FLAGLER HEALTH SERVICES INC	Q	918,354	FMV

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

Part VII

Supplemental Information

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

Return Reference	Explanation
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