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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

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

C Name of organization
Adventist Health SystemSunbelt Inc

Doing business as

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

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

D Employer identification number
59-1479658

E Telephone number
(407) 357-2317

G Gross receipts $ 11,369,617,856

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

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

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

H(c) Group exemption number ▶ 1071

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

J Website: ▶ www.adventisthealthsystem.com

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

L Year of formation 1973

M State of legal domicile FL

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	28,058
6	Total number of volunteers (estimate if necessary)	**6**	3,292
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	16,308,484
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	1,417,668

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	19,963,442	9,303,349
9	Program service revenue (Part VIII, line 2g)	3,495,776,766	3,648,256,768
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,148,820	-25,362,685
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,398,813	11,676,116
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,554,287,841	3,643,873,548
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	30,961,993	20,381,036
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,505,976,027	1,576,273,864
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,717,937,247	1,745,242,517
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,254,875,267	3,341,897,417
19	Revenue less expenses Subtract line 18 from line 12	299,412,574	301,976,131

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,381,553,307	6,857,582,662
21	Total liabilities (Part X, line 26)	4,595,334,574	4,065,608,896
22	Net assets or fund balances Subtract line 21 from line 20	2,786,218,733	2,791,973,766

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 — 2016-11-15 Date

Lynn C Addiscott Asst Secretary
Type or print name and title

Paid Preparer Use Only

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 3,040,235,616 including grants of $ 20,381,036) (Revenue $ 3,641,280,564)

Operation of 12 acute care hospitals with 151,965 patient admissions, 765,964 patient days and 1,277,653 outpatient visits in the current year In addition to hospital operations, the corporation provides medical care through a number of other activities such as urgent care centers, physician clinics, home health services, hospice services, sleep centers, wound centers, therapy and rehab

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 3,040,235,616

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	2,059		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	28,058		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Terry Shaw 900 Hope Way Altamonte Springs, FL 32714 (407) 357-2463

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								4,337,220	19,710,136	2,715,088

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,733

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Brasfield & Gorrie LLC 941 W Morse Blvd Ste 200 Winter Park, FL 32789	Design and Construction	73,277,793
Barton Malow Company 5337 Millenia Lakes Blvd Ste 235 Orlando, FL 32839	Construction Service	34,170,220
Cerner Corporation PO Box 959156 Saint Louis, MO 63195	Patient Records & Billing Service	20,782,827
Koosharem Corporation Select Staffing 24223 Network Pl Chicago, IL 60673	Staffing	16,976,180
CC Staffing Inc PO Box 404678 Atlanta, GA 30384	Staffing	14,933,768

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 ▶ 444

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d	5,199,832			
	e	Government grants (contributions) 1e	3,859,859			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	243,658			
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶	9,303,349			
Program Service Revenue		Business Code				
	2a	Patient Revenue	622110	3,578,479,240	3,566,514,052	11,965,188
	b	Cafeteria/Vending Rev	622110	19,389,554	18,760,554	629,000
	c	Rent from Exemp Affiliates	622110	12,615,445	12,615,445	
	d	Research	622110	7,367,061	7,367,061	
	e	Gift Shop	622110	6,782,450	6,730,753	51,697
	f	All other program service revenue		23,623,018	20,242,751	3,380,267
	g	**Total.** Add lines 2a–2f . . . . . ▶		3,648,256,768		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		48,431,981		48,431,981
	4	Income from investment of tax-exempt bond proceeds . . ▶		324,847		324,847
	5	Royalties . . . . . ▶		381,883		381,883
		(i) Real / (ii) Personal				
	6a	Gross rents: 3,608,248 / 231,062				
	b	Less rental expenses: 1,572,908 / 22,117				
	c	Rental income or (loss): 2,035,340 / 208,945				
	d	Net rental income or (loss) . . . . . ▶		2,244,285		282,332	1,961,953
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 7,646,664,268 / 3,365,502				
	b	Less cost or other basis and sales expenses: 7,723,328,366 / 820,917				
	c	Gain or (loss): -76,664,098 / 2,544,585				
	d	Net gain or (loss) . . . . . ▶		-74,119,513		-74,119,513
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	Equity earnings from related enti: 622110		8,236,693	8,236,693	
	b	EHR Revenue: 622110		1,950,318	1,950,318	
	c	Investment in Subs: 622110		-1,137,063	-1,137,063	
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶		9,049,948		
	12	**Total revenue.** See Instructions . . . . . ▶		3,643,873,548	3,641,280,564	16,308,484	-23,018,849

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	20,225,516	20,225,516		
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	155,520	155,520		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,822,445		13,822,445	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,157,094,819	1,143,475,475	13,619,344	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,210,007	41,298,142	911,865	
9 Other employee benefits	277,816,920	267,239,457	10,577,463	
10 Payroll taxes	85,329,673	83,448,556	1,881,117	
11 Fees for services (non-employees)				
a Management				
b Legal	9,746,163		9,746,163	
c Accounting	611,670		611,670	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	12,651,693		12,651,693	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	322,093,530	288,465,662	33,627,868	
12 Advertising and promotion	21,251,470		21,251,470	
13 Office expenses	99,873,584	72,924,659	26,948,925	
14 Information technology	13,078,129	11,687,152	1,390,977	
15 Royalties				
16 Occupancy	65,882,648	65,848,227	34,421	
17 Travel	6,897,407	3,738,302	3,159,105	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,711,465	1,032,177	679,288	
20 Interest	51,180,117	51,180,117		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	165,354,274	165,354,274		
23 Insurance	61,843,375	61,474,491	368,884	
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	614,477,989	614,477,989		
b Repairs/Maintenance	78,402,113	78,402,113		
c Settlements	46,249,434		46,249,434	
d UBI Tax	301,127		301,127	
e All other expenses	173,636,329	69,807,787	103,828,542	
25 **Total functional expenses.** Add lines 1 through 24e	3,341,897,417	3,040,235,616	301,661,801	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		107,874	1	113,373
	2	Savings and temporary cash investments		2,096,739,949	2	1,947,033,102
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		499,819,933	4	581,708,203
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		80,835,798	8	80,866,232
	9	Prepaid expenses and deferred charges		17,555,966	9	21,809,191
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,929,533,322			
	b	Less accumulated depreciation	10b 1,862,402,925	2,017,980,607	10c	2,067,130,397
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		277,373,392	12	6,819,502
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets		32,589,757	14	32,779,520
	15	Other assets See Part IV, line 11		2,358,550,031	15	2,119,323,142
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,381,553,307	16	6,857,582,662
Liabilities	17	Accounts payable and accrued expenses		351,124,411	17	273,084,819
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		3,788,766,732	20	3,271,874,640
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		455,443,431	25	520,649,437
	26	**Total liabilities.** Add lines 17 through 25		4,595,334,574	26	4,065,608,896
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,784,339,068	27	2,790,708,206
	28	Temporarily restricted net assets		1,879,665	28	1,265,560
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,786,218,733	33	2,791,973,766
	34	Total liabilities and net assets/fund balances		7,381,553,307	34	6,857,582,662

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,643,873,548
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,341,897,417
3	Revenue less expenses Subtract line 2 from line 1	3	301,976,131
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,786,218,733
5	Net unrealized gains (losses) on investments	5	-15,047,449
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	-281,173,649
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,791,973,766

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Brown-Fraser PhD Sherine Director (beg 9/15)	1 00 3 00	X						0	1,100	0
Carlson Ronald Director	1 00 3 00	X						0	1,709	0
Cauley DMin Michael F Director	1 00 3 00	X						737	1,432	0
Craig Carlos Director	1 00 3 00	X						0	1,432	0
Davidson James R Director	1 00 3 00	X						737	2,457	0
Griffith Jr Buford Director	1 00 3 00	X						0	2,457	0
Haffner PhD Randall L Director (beg 6/15)	1 00 50 00	X						0	1,835,419	242,710
Hagele Elaine M Director (end 3/15)	1 00 3 00	X						0	200	0
Hayes Alta Sue Director (end 9/15)	1 00 3 00	X						0	332	0
Houmann Lars D Director	25 00 25 00	X						0	1,946,070	269,392

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			
Jernigan PhD Donald L Director/CEO	1 00 50 00	X		X				0	1,994,042	86,346
Johnson MD Mark Director	1 00 3 00	X						0	1,300	0
Knutson J Deryl Director	1 00 3 00	X						0	2,457	0
Lemon Thomas L Chairman/Director (end 7/15)	2 00 3 00	X						0	957	0
Livesay MDiv Donald E Chairman/Director	2 00 3 00	X						0	2,457	0
Moore MDiv Larry R Vice Chairman/Director	2 00 3 00	X						0	2,457	0
Morel Hubert J Director	1 00 3 00	X						737	1,432	0
Peoples Troy K Director (beg 3/15)	1 00 3 00	X						0	2,125	0
Pichette Raymond Director	1 00 3 00	X						0	1,432	0
Reiner Richard K Director (end 5/15)	1 00 50 00	X						0	1,084,868	62,839

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			
Robinson Randy Director	1 00 3 00	X						737	2,457	0
Scott Glynn CW Director	1 00 3 00	X						0	2,457	0
Shaw EdD Kenneth Director (beg 9/15)	1 00 3 00	X						0	1,432	0
Shaw Terry D Director/CFO	1 00 50 00	X		X				0	1,848,060	267,032
Smith DMin PhD Ron C Vice Chair/Sec/Director	2 00 3 00	X						737	2,457	0
Thurber Gary F Vice Chairman/Director	1 00 3 00	X						0	2,182	0
Valentine II MDiv Maurice R Director (beg 9/15)	1 00 3 00	X						0	2,182	0
Webb Gil Director	1 00 3 00	X						0	2,457	0
Werner Thomas L Director	1 00 3 00	X						0	49,089	0
Banks David P Exec VP/CSO Division - FH	50 00 0 00				X			0	828,882	147,096

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			
Dodds Sheryl D Senior Exec Officer/CCO - FH	50 00 0 00				X			0	541,067	81,263
Fulbright Robert D Senior Exec Officer - FH (end 12/15)	50 00 0 00				X			0	708,804	131,192
Goodman Todd A Senior VP - FH	50 00 0 00				X			0	534,628	85,582
Hagensicker Janice K Senior VP - FH	50 00 0 00				X			0	684,107	80,818
Harcombe Douglas W Senior VP - FH	50 00 0 00				X			0	393,804	83,482
Hilliard Douglas W Senior VP - FH	50 00 0 00				X			0	534,496	102,384
Hurst Jeffery D Senior VP - FH	50 00 0 00				X			0	514,774	77,826
Moorhead MD John David Senior Exec Officer/CMO - FH	50 00 0 00				X			0	788,938	51,065
Owen Terry R Senior Exec Officer - FH	50 00 0 00				X			0	779,533	97,803
Paradis J Brian CEO Division - FH (end 11/15)	50 00 0 00				X			0	1,279,047	205,220

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			
Reed MD Monica P Senior Exec Officer - FH	50 00 0 00				X			0	835,135	132,129
Soler Eddie Exec VP/CFO Divison - FH	50 00 0 00				X			0	1,150,263	158,854
Stevens Eric A Senior Exec Officer - FH (beg 12/15)	50 00 0 00				X			0	506,105	79,206
Tol Daryl L CEO Division - FH (beg 12/15)	50 00 0 00				X			0	831,645	125,888
Lee MD Kathy Physician	50 00 0 00					X		1,066,288	0	29,026
Eubanks Jr MD William Stephen Executive Director of Academic Surgery	40 00 0 00					X		934,324	0	19,408
Silvestry MD Scott Director - Thoracic Transplant	40 00 0 00					X		828,454	0	31,540
Jones MD Phillip E Physician	50 00 0 00					X		790,187	0	35,913
Raval MD Nirav Y Cardio-Transplant Physician	40 00 0 00					X		714,282	0	31,074

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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—2014.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15
16	Public support percentage from 2014 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2015.** 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—2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320162266

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

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2					
3					
4					
5					
6					

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		340,928
j	Total Add lines 1c through 1i			340,928
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	The corporation reimbursed traveling expenses and paid fees to retain the services of six consulting firms which performed lobbying activities on behalf of the corporation The six firms were William Filan, John Andrew Kane, Johnson & Blanton, Political Media Research dba Mason-Dixon Polling & Research, David Christian and Jean Van Smith and were paid a total of $218,029 during the year Additionaly, dues were paid to the American Hospital Association, Florida Hospital Association, Illinois Hospital Association, Texas Hospital Association, and Association of Organ Procurement who use a portion of the dues to conduct lobbying activities
Part II-B 1(b)	During 2015 salary expense of $2,140 was incurred for paid staff engaged in lobbying activities

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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

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

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	18,094,598	17,122,750	16,590,057	15,730,537	15,221,113
b	Contributions	530,000		79,461	79,402	121,143
c	Net investment earnings, gains, and losses	911,157	976,037	808,853	780,118	753,535
d	Grants or scholarships					
e	Other expenditures for facilities and programs	417,212	344,211	355,621		365,254
f	Administrative expenses					
g	End of year balance	19,118,543	17,754,576	17,122,750	16,590,057	15,730,537

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

- a Board designated or quasi-endowment ▶ 82 000 %
- b Permanent endowment ▶ 18 000 %
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		199,105,198		199,105,198
b Buildings		1,293,089,169	531,642,603	761,446,566
c Leasehold improvements				
d Equipment		2,167,287,900	1,272,570,169	894,717,731
e Other		270,051,055	58,190,153	211,860,902
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				2,067,130,397

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

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

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

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

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

(a) Description	(b) Book value
(1) Funds Held in Trust	9,262,296
(2) Due From Related Parties and Affiliates	127,986,598
(3) Donor Restricted Assets	12,874
(4) Deferred Charges and Costs	15,739,239
(5) Long-term Investments	86,249,740
(6) Other Non-Current Assets	11,196,629
(7) Receivable - Interco Alloc of Tax-Exempt Bond Proceeds	1,855,483,772
(8) Receivable from Third Party	13,391,994
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	2,119,323,142

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
Accounts Receivable - Credit Balances	16,635,327
Payable to Third Party	77,043,950
Due to Related-Affiliated Entities	59,985,717
Other Current Liabilities	24,294,668
Other Non-Current Liabilities	140,227,315
Notes and Loans Payable	200,068,597
Leases Payable	2,393,863
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	520,649,437

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Part V, Line 4	All endowment funds are held by related 501(c)(3) exempt foundations These endowment funds have been established for a variety of purposes in support of related tax-exempt hospitals All of the foundation's permanently restricted endowment funds are required to be retained permanently either by explicit donor stipulation or by the Florida Uniform Prudent Management of Institutional Funds Act Part V, line 1a, column (a) Current year - Explanation for change in opening balance During year 2015, it came to the attention of the Foundation's management that an Endowment in the amount of $340,022 was mistakenly misclassified as of December 31, 2014 As a result, the Foundation restated beginning board-designated endowment funds in its 2015 tax year

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description	**(b)** Book value
(1) Funds Held in Trust	9,262,296
(2) Due From Related Parties and Affiliates	127,986,598
(3) Donor Restricted Assets	12,874
(4) Deferred Charges and Costs	15,739,239
(5) Long-term Investments	86,249,740
(6) Other Non-Current Assets	11,196,629
(7) Receivable - Interco Alloc of Tax-Exempt Bond Proceeds	1,855,483,772
(8) Receivable from Third Party	13,391,994

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I General Information on Activities Outside the United States.

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			314,257
b Total from continuation sheets to Part I	0	0			648,541
c **Totals** (add lines 3a and 3b)	0	0			962,798

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 8

3 Enter total number of other organizations or entities . . . . . ▶ 0

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

Additional Data

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Grantmaking		127,793
Central America and the Caribbean	0	0	Meetings		6,808
Central America and the Caribbean	0	0	Program Services	Mission trip, provision of staff for outside mission trip	92,702

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Speakers		486
East Asia and the Pacific	0	0	Meetings		27,952
East Asia and the Pacific	0	0	Program Services	Provision of staff for outside mission trip	9,212

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Speakers		8,870
Europe (including Iceland and Greenland)	0	0	Meetings		40,434
Europe (including Iceland and Greenland)	0	0	Speakers		5,498

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Middle East and North Africa	0	0	Meetings		2,857
Middle East and North Africa	0	0	Speakers		6,341
North America (which includes Canada and Mexico, but not the U S)	0	0	Grantmaking		6,300

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
North America (which includes Canada and Mexico, but not the U S)	0	0	Meetings		1,837
North America (which includes Canada and Mexico, but not the U S)	0	0	Program Services	Mission trip	89,968
North America (which includes Canada and Mexico, but not the U S)	0	0	Speakers		7,277

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South America	0	0	Grantmaking		1,850
South America	0	0	Program Services	Mission trip, provision of services and supplies	121,296
South America	0	0	Speakers		4,047

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
South Asia	0	0	Grantmaking		16,550
South Asia	0	0	Program Services	Mission trip	29,285
South Asia	0	0	Speakers		313

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Grantmaking		21,196
Sub-Saharan Africa	0	0	Meetings		6,846
Sub-Saharan Africa	0	0	Program Services	Mission trip, management services for Learning Village & Summitt Clinic	327,080

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Central America and the Caribbean	Medical Supplies or Equipment			27,654	Medical Supplies or Equipment	Donated Value
		North America (which includes Canada and Mexico, but not the U S)	Medical Supplies or Equipment			6,300	Medical Supplies or Equipment	Donated Value
		South Asia	Medical Supplies or Equipment			16,550	Medical Supplies or Equipment	Donated Value
		Sub-Saharan Africa	Medical Supplies or Equipment			8,200	Medical Supplies or Equipment	Donated Value

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

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Medical Supplies or Equipment			7,316	Medical Supplies or Equipment	Donated Value
		Central America and the Caribbean	General Support	12,000	Check			Book
		Central America and the Caribbean	General Support	65,000	Check			Book
		Central America and the Caribbean	General Support	12,500	Check			Book

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			143,917,616		143,917,616	4 310 %
b Medicaid (from Worksheet 3, column a)			477,909,430	311,726,532	166,182,898	4 970 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			621,827,046	311,726,532	310,100,514	9 280 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			18,481,404	312,519	18,168,885	0 540 %
f Health professions education (from Worksheet 5)			40,748,127	8,932,605	31,815,522	0 950 %
g Subsidized health services (from Worksheet 6)			13,157,156	12,739,425	417,731	0 010 %
h Research (from Worksheet 7)			3,384,083	1,984,462	1,399,621	0 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			13,466,092		13,466,092	0 400 %
j **Total.** Other Benefits			89,236,862	23,969,011	65,267,851	1 940 %
k **Total.** Add lines 7d and 7j			711,063,908	335,695,543	375,368,365	11 220 %

Part II Community Building Activities

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			24,424,842	6,576,282	17,848,560	0 530 %
8	Workforce development			435,617	6,435	429,182	0 010 %
9	Other			1,361		1,361	0 %
10	**Total**			24,861,820	6,582,717	18,279,103	0 540 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	190,844,807		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	5,545,540		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	688,627,572
6	Enter Medicare allowable costs of care relating to payments on line 5	6	810,596,383
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-121,968,811
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 San Marcos MRI LP	Imaging Center	60 000 %	0 %	40 000 %
2	2 Central Texas Ambulatory Endoscopy	Endoscopy Center	18 800 %	0 %	81 200 %
3	3 Surgical Center at Sun'N Lake LLC	Ambulatory Surgery	50 000 %	0 %	50 000 %
4	4 Surgery Management Associates of Kissimmee LLC	Management/Admin	30 000 %	0 %	70 000 %
5	5 Celebration Surgery Management LLC	Management/Admin	38 000 %	0 %	62 000 %
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

GROUP A

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) See statement			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See statement			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

GROUP A

Name of hospital facility or letter of facility reporting group

			Yes	No
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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of _____ %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) See statement			
b	☐ The FAP application form was widely available on a website (list url) See statement			
c	☐ A plain language summary of the FAP was widely available on a website (list url) See statement			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

GROUP A

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

GROUP B

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
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	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) See statement			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) See statement			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

GROUP B

Name of hospital facility or letter of facility reporting group

			Yes	No
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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of _____ %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) See statement			
b	☐ The FAP application form was widely available on a website (list url) See statement			
c	☐ A plain language summary of the FAP was widely available on a website (list url) See statement			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

GROUP B

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

GROUP C

Name of hospital facility or letter of facility reporting group

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☐ A definition of the community served by the hospital facility			
b	☐ Demographics of the community			
c	☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☐ How data was obtained			
e	☐ The significant health needs of the community			
f	☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☐ Hospital facility's website (list url) See statement			
b	☐ Other website (list url)			
c	☐ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 14			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) See statement			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on 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)*

Financial Assistance Policy (FAP)

GROUP C

Name of hospital facility or letter of facility reporting group

			Yes	No
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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of _____ %			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url) See statement			
b	☐ The FAP application form was widely available on a website (list url) See statement			
c	☐ A plain language summary of the FAP was widely available on a website (list url) See statement			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			

Billing and Collections

17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

GROUP C

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			

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

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V **Facility Information** *(continued)*

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

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

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

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

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

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

Part VI Supplemental Information

Provide the following information

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Part I, Line 6a	The filing organization was a wholly owned subsidiary of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) during its current tax year During the current year, AHSSHC served as a parent organization to 23 tax-exempt 501(c)(3) hospital organizations that operated 44 hospitals in ten states within the U S The system of organizations under the control and ownership of AHSSHC is known as "Adventist Health System" (AHS) All hospital organizations within AHS collect, calculate, and report the community benefits they provide to the communities they serve AHS organizations exist solely to improve and enhance the local communities they serve AHS has a system-wide community benefits accounting policy that provides guidelines for its health care provider organizations to capture and report the costs of services provided to the underprivileged and to the broader community On an annual basis, the community benefits of all AHS organizations are consolidated and reported in the AHS Annual Report document prepared by Adventist Health System Sunbelt Healthcare Corporation (EIN 59-2170012) Additionally, the filing organization's most recently conducted community health needs assessments and associated implementation strategies are posted on the filing organization's websites

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

Form and Line Reference	Explanation
Part II, Community Building Activities	The costs of community building activities reported on Part II of Schedule H primarily represent the costs associated with commercially sponsored research conducted by two of the organization's hospitals These two hospitals participate in clinical drug and device research that is performed on patients who have a condition or disease for which the eventual commercial use of a drug or device is intended This research is related to patient care and serves to expand scientific knowledge with respect to potential treatments and cures for various diseases and conditions The costs of community building activities reported on Part II of Schedule H also include the costs associated with providing education for the filing organization's staff physicians and employees The filing organization's provision of these educational programs/activities to staff physicians and employees provides an opportunity for health care professionals to enhance their skills and expertise and keep up-to-date with the latest advancements in medical procedures and technology In addition, training opportunities are often provided on-site at the filing organization's hospital facilities, thereby allowing for health care professionals to be more readily available to assist in meeting immediate patient care needs Education and training provided to each facility's workforce is vital in assisting health care professionals directly involved in patient care with keeping abreast of the latest developments in their respective areas of expertise, learning possible new and innovate ways of delivering care to patients, and understanding the newest technologies available for the treatment of patients The remainder of the costs incurred stem from the hospitals' involvement in and support of various other community agencies in its service area that work collaboratively to help those in need and to improve the health and safety of the residents of the community The organization's hospitals participate with a number of other community organizations to address the healthcare needs of the community Both cash and in-kind donations are made annually to various local charitable organizations

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

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

Form and Line Reference	Explanation
Part III, Line 4	Financial Statement Footnote Related to Accounts Receivable and Allowance for Uncollectible Accounts The financial information of the filing organization is included in a consolidated audited financial statement for the current year The applicable footnote from the attached consolidated audited financial statements that addresses accounts receivable, the allowance for uncollectible accounts, and the provision for bad debts can be found on page 9 Please note that dollar amounts on the attached consolidated audited financial statements are in thousands

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

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

Form and Line Reference	Explanation
Supplemental Schedule to Schedule H, Part III, Section B	Reconciliation of Schedule H Reported Medicare Surplus/(Shortfall) to Unreimbursed Medicare Costs Associated with the Provision of ServicesTo All Medicare Beneficiaries The Medicare revenue and allowable costs of care reported in Section B of Part III of Schedule H are based upon the amounts reported in the filing organization's Medicare cost report in accordance with the IRS instructions for Schedule H On an annual basis, the filing organization also determines its total unreimbursed costs associated with providing services to all Medicare patients Unreimbursed costs are reported as a community benefit to the elderly and are included in the consolidated Adventist Health System (AHS or the Company) Community Benefits Report contained in the AHS Annual Report document The primary reconciling items between the Medicare surplus/(shortfall) shown on line 7 of Section B of Part III of Schedule H and the filing organization's unreimbursed costs of services provided to Medicare patients as reported in the AHS Community Benefit Report are as follows - Medicare surplus/(shortfall) shown on line 7 of Section B of Schedule H $(121,968,811)- Difference in costing methodology 10,911,924- Unreimbursed costs incurred for services provided to Medicare patients that are not included in the organization's Medicare cost report (129,736,963) ----------Total Unreimbursed costs of serving all Medicare patients per the filing organization's community benefit reporting $(240,793,850)As indicated above, the primary differences between the Medicare surplus/(shortfall) reported on Schedule H, Part III, Section B, line 7 and the filing organization's portion of the Company's annual community benefit statement is due to a difference in the costing methodology and differences in the population of Medicare patients within the calculation The cost methodology utilized in calculating any Medicare surplus/(shortfall) for purposes of the annual community benefit reporting is based upon the cost-to-charge ratio outlined in Worksheet 2 of the Schedule H instructions The same cost-to-charge ratio is used to determine the costs associated with services provided to charity care patients and Medicaid patients as reported in Schedule H, Part I, line 7 In addition, the Medicare cost report excludes services provided to Medicare patients for physician services, services provided to patients enrolled in Medicare HMOs, and certain services provided by outpatient departments of the filing organization that are reimbursed on a fee schedule The Company's own community benefit statement captures the unreimbursed cost of providing services to all Medicare beneficiaries throughout the organization

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

Form and Line Reference	Explanation
Part VI, Line 3	The Financial Assistance Policy (FAP) of the filing organization's hospital facilities is transparent and available to all individuals served at any point in the care continuum The FAP, the Financial Assistance Application Form (FAA Form), the Plain Language Summary of the Financial Assistance Policy (PLS), and contact information for each of the hospital facility's financial counselors are prominently and conspicuously posted on each filing organization's hospital facility's website Signage is displayed in each filing organization's hospital facility at all points of admission and registration, including the Emergency Department The signage contains the hospital facility's website address where the FAP and the FAA Form can be accessed and the telephone number and physical location that individuals can call or visit with any questions about the FAP or the application process Paper copies of the hospital facility's FAP, FAA Form and PLS are available upon request and without charge, both in public locations in the hospital facility and by mail The filing organization's hospital facilities' financial counselors seek to provide personal financial counseling to all individuals admitted to each hospital facility who are classified as self-pay during the course of their hospital stay or at time of discharge to explain the FAP and FAA Form and to provide information concerning other sources of assistance that may be available, such as Medicaid A copy of the hospital facility's PLS and FAA Form is distributed to every individual before discharge from each hospital facility A conspicuous written notice is included on all billing statements sent to patients that notifies and informs recipients about the availability of financial assistance under the filing organization's financial assistance policy, including the following 1) the telephone number of the hospital facility's office or department that can provide information about the FAP and the FAA Form, and 2) the website address where copies of the FAP, FAA Form and PLS may be obtained Reasonable attempts are made to inform individuals about the hospital facility's FAP in all oral communications regarding the amount due for the individual's care

Form and Line Reference	Explanation
Part VI, Line 4	In 2015, the filing organization operated 5 separately licensed hospitals that together en compassed 12 separate campus locations The hospitals are located in Florida, Illinois and Texas A description of each of the hospital campuses is described below Adventist Health System/Sunbelt, Inc dba Central Texas Medical Center Central Texas Medical Center (CTMC) is a 178-bed acute-care hospital providing a wide range of healthcare services in San Mar cos, Texas and the neighboring communities within Hays and Caldwell counties, Texas Speci al services offered at CTMC include a 24/7, Level 4 emergency and trauma center, state-of- the-art medical imaging and laboratory services, a new women's center featuring a Level 2 Neonatal Intensive Care Unit, newly renovated and expanded surgery suites--including two e quipped with robotic capabilities--a Rehabilitation Institute, a center for advanced wound healing and hyperbaric medicine, and two cardiac catheterization labs As a health resour ce for their community, CTMC's Creation Health Institute also annually hosts the oldest an d largest health screening and fair event in Hays County as well as a number of ongoing cl asses and workshops ranging in topics from diabetes prevention and management to heart dis ease, stroke, arthritis, self-help, nutrition and more CTMC received accreditation as a c ertified chest pain center from the Society of Chest Pain Centers in 2011 The accreditati on enhances CTMC's ability to receive and treat patients suffering from chest pain and/or a possible heart attack The result is a focus on reduced time from symptom onset to diagn osis and treatment, getting patients treated more quickly during the critical window of ti me when the integrity of the heart muscle can be preserved, and monitoring of patients who se diagnosis is uncertain to ensure they are not sent home too quickly or admitted unneces sarily CTMC remains the only hospital in the region that provides an inpatient Hospice un it From 2010 through 2015, CTMC was named The Best Hospital in Hays County In Fall 2015 and Spring 2016, CTMC was the first hospital between Austin and San Antonio to be awarded two consecutive "A" ratings by the Leapfrog Group recognizing outstanding achievement in h ospital safety In 2014, CTMC received awards and recognitions from the American Heart Ass ociation, American Stroke Association, The Joint Commission, Premier, Inc and Healogics, Inc related to the quality of care given to its patients San Marcos, Texas is located in Hays County, Texas and is in close proximity to Austin and San Antonio CTMC's primary se rvice area has a population of approximately 111,694, with an estimated 14,308 over the ag e of 65 High school graduates account for approximately 84% of the primary service area It is estimated that 13% of the individuals residing in the primary service area live belo w 100% of the Federal Poverty Level and the unemployment rate is about 4 4 Approximately 41% of CTMC's patients during 2015 were Medicare patients, about 10% were Medicaid patient s, about 14% were self-pay patients and the remaining percentage were patients covered und er commercial insurance In 2015, about 68% of CTMC's in-patients were admitted through th e Emergency Department Adventist Health System/Sunbelt, Inc dba Florida Hospital Heartlan d Medical Center Florida Hospital Heartland Medical Center (FHHMC) is comprised of three s eparate hospital campuses with a total of 222 beds Two of the hospital campuses are locat ed in Highlands County, Florida and operate under a single hospital license and the third separately licensed campus is located in Hardee County, Florida Highlands and Hardee coun ties are in the south central areas of Florida and are adjacent to each other *Florida Ho spital Heartland Medical Center, Highlands County - The main 147-bed hospital facility is located in north Sebring The facility provides a wide range of healthcare services includ ing Certified Stroke and Chest Pain Centers, the county's busiest emergency department, AC R-accredited imaging services, surgical services, Blessed Beginnings obstetrics, outpatien t psychiatric and Tele ICU Since 2012, the Heart & Vascular Center has added a third cath lab, expanded the emergency care department and renovated the lab services area Sebring, Florida is located in Highlands County Florida Hospital Heartland Medical Center's prima ry service area has a population of approximately 104,797, with an estimated 31,320 over t he age of 65 The per capita income in Highlands County is approximately $20,071 High sch ool graduates account for approximately 79% of the primary service area It is estimated t hat 21% of the individuals residing in the primary service area live below 100% of the Fed eral Poverty Level and the unemployment rate is about 8 5 Uninsured in Highlands County i s approximately 33% *Florida Hospital Heartland Medical Center Lake Placid, Highlands Cou nty - This satellite facility houses 33 medical an

Form and Line Reference	Explanation
Part VI, Line 4	d surgical beds, the county's only 17-bed inpatient mental health unit and a wide range of services that are highly sophisticated for a small community hospital This campus also s pecializes in inpatient geriatric psychiatric services within Highlands and Hardee countie s The need for behavioral health services is extreme in both counties since there is no o ther program closer than sixty miles Since 2012, this campus has added a Tele-ICU program and its imaging services are ACR-accredited Lake Placid, Florida is located in Highlands County Florida Hospital Heartland Medical Center Lake Placid's primary service area has a population of approximately 66,574, with an estimated 22,735 over the age of 65 The per capita income in Highlands County is approximately $20,071 High school graduates account for approximately 81% of the primary service area It is estimated that 19% of the indivi duals residing in the primary service area live below 100% of the Federal Poverty Level an d the unemployment rate is about 8 4 Uninsured in Highlands County is approximately 33% *Florida Hospital Wauchula, Hardee County - This campus is licensed for 25 beds and specia lizes in emergency and outpatient care, while offering excellent medical inpatient service s The inpatient unit is mixed with both acutely ill patients and patients who need short- term rehabilitation (transitional care) This campus offers the only emergency care in Har dee County In 2000, Florida Hospital Wauchula became the first Critical Access Hospital i n the state of Florida Since 2012, this campus has added the county's only mammography pr ogram, updated the lab services area and its imaging services are ACR-accredited Wauchula , Florida is located in Hardee County Florida Hospital Wauchula's primary service area ha s a population of approximately 27,159, with an estimated 3,730 over the age of 65 The pe r capita income in Hardee County is approximately $15,366 High school graduates account f or approximately 64% of the primary service area It is estimated that 30% of the individu als residing in the primary service area live below 100% of the Federal Poverty Level and the unemployment rate is about 9 4 Uninsured in Hardee County is approximately 39% Appro ximately 67% of FHHMC's patients during 2015 were Medicare patients, about 13% were Medica id patients, about 4% were self-pay patients and the remaining percentage were patients co vered under commercial insurance In 2015, about 65% of FHHMC's in-patients were admitted through the Emergency Department *** see continuation of footnote

Form and Line Reference	Explanation
Part VI, Line 5	The provision of community benefit is central to the filing organization's mission of service and compassion Restoring and promoting the health and quality of life of those in the communities served by the filing organization is a function of "extending the healing ministry of Christ and embodies the filing organization's commitment to its values and principles The filing organization commits substantial resources to provide a broad range of services to both the underprivileged as well as the broader community In addition to the community benefit and community building information provided in Parts I, II and III of this Schedule H, the filing organization captures and reports the benefits provided to its community through faith-based care Examples of such benefits include the cost associated with chaplaincy care programs and mission peer reviews and mission conferences During the current year, the filing organization provided $7,443,178 of benefit with respect to the faith-based and spiritual needs of the communities it serves in conjunction with its operation of community hospitals The filing organization also provides benefits to its communities' infrastructure by investing in capital improvements to ensure that facilities and technology provide the best possible care During the current year, the filing organization expended $338,858,273 in new capital improvements As faith-based mission-driven community hospitals, the filing organization is continually involved in monitoring its communities, identifying unmet health care needs and developing solutions and programs to address those needs In accordance with its conservative approach to fiscal responsibility, surplus funds of the Hospitals are continually being invested in resources that improve the availability and quality of delivery of health care services and programs to its communities

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

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

Form and Line Reference	Explanation
Part VI, Line 4 Continuation of Footnote	Description of Community Information - ContinuedAdventist Health System/Sunbelt, Inc dba Florida Hospital (FH) FH is a 2,579 bed medical complex in Central Florida with seven separate hospital campuses that operate under a single hospital license FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake County) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus health system is the largest healthcare provider in Central Florida with more than 2 million patient visits per year and is the nation's largest Medicare provider Florida Hospital is the second largest employer in the area The main campus of the FH system is located in Orlando, Florida (Orange County) near the downtown area The other 6 campuses are located in surrounding communities in the counties of Orange, Osceola, and Seminole In addition to operating the 7 hospitals, FH also operates 28 full-service urgent care clinics in convenient community settings A brief description of each of the 7 hospital campuses is described below *Florida Hospital Orlando (Orange County) - At the core of the FH system, FH Orlando is a 1,217 bed acute-care tertiary hospital FH Orlando is home to nationally recognized Centers of Excellence for cancer, cardiology, children's health, diabetes, neuroscience, orthopedics, transplant and global robotics Florida Hospital Orlando houses one of the largest Emergency Departments and cardiac catheterization labs in the country and is one of the busiest hospitals in the nation, providing service excellence to more than 53,000 inpatients and 180,000 outpatients each year The recent opening of a 15-story patient tower features 200 more beds and 500 new jobs The campus also includes a state-of-the-art Cardiac Diagnostic Center featuring 15 Cath and electrophysiology (EPS) Labs The cardiology team currently treats 39,000+ individuals for chest pain and performs over 2,000 open heart surgeries each year making them first in the state for the number of surgeries performed Also located on the Florida Hospital Orlando Campus is the Walt Disney Pavilion at Florida Hospital for Children The Walt Disney Pavilion is not a stand-alone facility but rather a 7-story, 181-bed tower located on Florida Hospital Orlando's campus It is a full-service facility served by more than 60 pediatric specialists and a highly trained pediatric team of more than 600 employees The Walt Disney Pavilion at Florida Hospital for Children delivers a complete range of pediatric health services for younger patients including advanced surgery, oncology, neurosurgery, cardiology and transplant services, full-service pediatrics, and an innovative health and obesity platform Orlando is located in Orange County, Florida The Hospital's primary market has a population of approximately 1,822,000 with an estimated 197,000 over the age of 65 The weighted average household income, based on population, in the primary market is approximately $52,000 High school graduates account for approximately 87% of Orange County, with an estimated 31% having a bachelor's degree or higher It is estimated that 18% of the individuals residing in Orange County live below the poverty level and the unemployment rate is about 5% Approximately 43% of the Hospital's patients during 2015 were Medicare patients, about 16% were Medicaid patients, about 7% were self-pay patients and the remaining percentage were patients covered under commercial insurance In 2015, about 71% of the hospital's in-patients were admitted through the hospital's Emergency Department *Florida Hospital Altamonte (Seminole County) - FH Altamonte is a 362-bed facility, which has recently doubled in size with a new patient tower to better serve a busy community FH Altamonte was the first "satellite" hospital, built in 1973 on what was then pastureland, miles from the nearest business district Located north of Orlando in fast-growing Seminole County, Florida Hospital Altamonte is the largest satellite campus within the Florida Hospital health care system In addition to maternity, pediatric, emergency, medical and surgical services, the hospital operates the Martin Andersen Cancer Center (along with the region's only Cancer Resource Library), a heart catheterization lab, and a comprehensive outpatient program which includes surgery, diagnostics, and medical treatment programs In 2014, the Mother Baby Unit was expanded to provide a 15 bed CDU, ten new LDR rooms, six triage rooms, a new C-section operating room and a new recovery unit *Florida Hospital Apopka (Orange County) - In 1975, FH Apopka became the second satellite hospital For nearly four decades, Florida Hospital Apopka has set the standard in hometown health care by providing high-tech, quality care with a personalized touch They are situated just 12 miles northwest of Orlando, with a small, yet advanced, 50-bed campus that

Form and Line Reference	Explanation
Part VI, Line 4 Continuation of Footnote	houses a certified Chest Pain Center and a multitude of inpatient and outpatient services *Florida Hospital Celebration Health (Osceola County) - FH Celebration Health is a corner stone of Disney's planned community in Celebration, Florida Today, this 203-bed acute car e hospital delivers a state-of-the-art healing environment to residents of Osceola, Orange , Polk and Lake Counties, as well as to visitors from across the United States and the wor ld From its creation FH Celebration Health has been about promoting health and wellness a s well as healing Inside the resort-style hospital there is a wellness center, complete w ith workout area, pool, and rehabilitation facility FH Celebration Health also houses the Global Robotics Institute, which provides patients with access to some of the most experi enced robotic surgeons in the world The Nicholson Center for Surgical Advancement also is a location where surgeons from around the world travel to learn the latest robotic surger y techniques In 2011, the new 234,000 square-foot patient tower added 62 beds and will ho use the Interactive Patient Care Unit, the first of its kind in the nation In connection with the Institute for Interactive Patient Care, everything from new patient safety techno logy to changing ways to communicate with patients about their care could be studied as pa rt of the unit In 2013, a four story medical office building was added in which the Women 's Institute is situated In 2014, a new 5th floor inpatient 32 bed state-of-the art medic al/surgical unit was added *Florida Hospital East Orlando (Orange County) - FH East Orland o is now an innovative local leader that fills a vital need in a fast-growing area A rece nt 200,000 square-foot expansion project upgraded the hospital to 265 beds, with a spaciou s patient tower and 80 new private rooms designed to enhance the holistic care experience In 2014, a new expanded ED provided 60 new treatment rooms *Florida Hospital Kissimmee (O sceola County) - FH Kissimmee is an 162-bed community-focused hospital, conveniently locat ed near Walt Disney World The team located at FH Kissimmee is dedicated to bringing missi on-focused, faith-based care to residents and visitors of Osceola and Orange Counties Thi s facility has recently expanded to include a new medical office building, patient tower, new main entrance, expanded Emergency Department and a parking garage *Florida Hospital Wi nter Park (Orange County) - FH Winter Park Memorial Hospital is a 320-bed facility that is a model of community health and wellness The facility boasts spacious patient care areas and a full spectrum of specialties and services, including the Dr P Phillips Baby Place (with Level II NICU), Florida Hospital Orthopedic Institute, and state-of-the-art surgery , recovery and rehabilitation at the Florida Hospital Cancer Institute

Form and Line Reference	Explanation
Part VI, Line 4 Continuation of Footnote	Adventist Health System/Sunbelt, Inc dba Adventist La Grange Memorial Hospital Note On 1/31/2015, the net assets associated with the operation ofAdventist La Grange Memorial Hospital (ALMH) were transferred into Adventist Midwest Health, a related 501(c)(3) tax-exempt organization Accordingly, only the operations for ALMH for the period 1/1/2015 - 1/31/2015 are included in this return Adventist La Grange Memorial Hospital (ALMH) is a 204-bed facility providing outpatient and inpatient primary care, trauma care and wellness services to residents of Chicago's western suburbs The hospital is a leader in offering comprehensive oncology services, orthopedic services, advanced cardiac care, women's health and maternity care, emergency, geriatric and many other specialties that cater to the communities it serves The communities served by ALMH contain a high senior population To address the unique needs of its service area, ALMH offers a broad spectrum of services designed to meet the diverse needs of aging adults La Grange, Illinois is located in Cook County Cook County's population is approximately 5,212,372, with an estimated 12 2% over the age 65 High school graduates account for approximately 84% of Cook County, with an estimated 33% having a bachelor's degree or higher It is estimated that 36 0% of the individuals residing in Cook County live below 200% of the poverty level and the unemployment rate is about 6 3% Approximately 52% of the Hospital's patients during 2015 were Medicare patients, about 9% were Medicaid patients, about 2% were self-pay patients and the remaining percentage were patients covered under commercial insurance In 2015, about 71% of the hospital's in-patients were admitted through the hospital's Emergency Department

Additional Data

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

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

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	Florida Hospital Orlando 601 E Rollins Street Orlando, FL 32803 www floridahospital com/orlando 4369	X	X	X	X		X	X		Therapy Center, EPS Cath Lab	A
2	Florida Hospital Altamonte 601 E Altamonte Drive Altamonte Springs, FL 32701 www floridahospital com/altamonte 4369	X	X		X			X		Cancer Center, therapy	A
3	Florida Hospital Celebration Health 400 Celebration Place Celebration, FL 34747 www floridahospital com/celebration-h 4369	X	X		X			X		Therapy Center	A
4	Winter Park Memorial Hospital 200 N Lakemont Avenue Winter Park, FL 32822 www floridahospital com/winter-park-m 4369	X	X		X			X			A
5	Florida Hospital East Orlando 7727 Lake Underhill Road Orlando, FL 32822 www floridahospital com/east-orlando 4369	X	X		X			X			A
6	FH Heartland Medical Center 4200 Sun N Lake Blvd Sebring, FL 33872 www floridahospital com/heartland 4171	X	X					X			A
7	Florida Hospital Kissimmee 2450 North Orange Blossom Trail Kissimmee, FL 34744 www floridahospital com/kissimmee 4369	X	X		X			X			A
8	Central Texas Medical Center 1301 Wonder World Dr San Marcos, TX 78666 ctmc org 000556	X	X					X			B
9	Florida Hospital Apopka 201 N Park Avenue Apopka, FL 32703 www floridahospital com/apopka 4369	X	X		X			X			A
10	FH Heartland Medical Center Lake Placid 1210 US 27 N Lake Placid, FL 33852 www floridahospital com/heartland 4171	X	X					X		Senior Behavioral Unit	A

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

Section A. Hospital Facilities

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

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
11	Florida Hospital Wauchula 533 W Carlton Street Wauchula, FL 33873 www floridahospital com/heartland 4239	X	X			X		X		Skilled Nursing	B
12	Adventist La Grange Memorial Hospital 5101 S Willow Springs Road La Grange, IL 60525 www keepingyouwell com/almh/ 0005017	X	X		X		X	X			C

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 Florida Hospital Orlando, - Facility 3 Florida Hospital Celebration Health, - Facility 2 Florida Hospital Altamonte, - Facility 5 Florida Hospital East Orlando, - Facility 4 Winter Park Memorial Hospital, - Facility 7 Florida Hospital Kissimmee, - Facility 6 FH Heartland Medical Center, - Facility 9 Florida Hospital Apopka, - Facility 10 FH Heartland Medical Center Lake Placid

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

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

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

Form and Line Reference	Explanation
Group A-Facility 1 -- Florida Hospital Orlando Part V, Section B, line 5	Florida Hospital (FH) is a 2,579 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license Florida Hospital Orlando (FHO) is a 1,217 acute-care bed hospital and medical center founded in 1908 It is Florida Hospital's flagship hospital and is the largest campus in the Florida Hospital system FHO has 1,067 acute care beds, 59 adult psychiatric beds, 10 comprehensive medical rehabilitation beds, 28 Level II Neonatal Intensive Care Unit beds, and 53 Level III Neonatal Intensive Care Unit beds Special services include an adult and pediatric bone marrow transplant program, adult open-heart surgery, as well as organ programs for adult and pediatric kidney transplants and adult liver and pancreas transplants This campus also serves as a Baker Act receiving center and offers specialty care in the areas of digestive health, hyperbaric medicine and wound care, fetal diagnostics, pain medicine, pediatric hematology/oncology, respiratory care, women's services, and surgical oncology FHO is also home to institutes for cancer, diabetes, translational research, cardiology, orthopedics, and neuroscience Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

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

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Group A-Facility 1 -- Florida Hospital Orlando Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital Orlando Florida Hospital (FH) has sev en acute-care hospital facilities in Orange, Seminole and Osceola Counties, FL The tri-co unty area is often referred to as Central Florida The seven FH facilities operate under o ne license but, due to the diverse communities served, FH conducted separate Community Hea lth Needs Assessments and Community Health Plans (implementation strategies) for each FH c ampus This narrative describes the Community Health Plan for Florida Hospital Orlando (FH O), a tertiary medical center in downtown Orlando in Orange County, Florida FHO chose thr ee areas of focus for its 2013-16 Community Health Plan Access to Care, Mental Health and Heart Disease/Obesity This narrative also addresses efforts in Diabetes and Obesity/Dise ase Prevention Priority Issue Access to Affordable Health Care 2013 Description of the I ssue Over 24% of people in Central Florida do not have health insurance, and the State of Florida has not accepted federal Medicaid expansion dollars A number of Florida Hospital Orlando initiatives linked uninsured and underinsured residents with free or affordable h ealth care 2015 Update Florida Hospital Orlando provided $6 million in financial support for the Primary Care Access Network (PCAN) of Orange County, a dynamic collaborative of 2 2 safety net providers Orange County Government, FQHC medical homes, the Health Departmen t, free clinics, community agencies, hospitals and social service entities PCAN's mission is to improve the access, quality and coordination of health care services to the underin sured and uninsured populations of Orange County Since 2001, the collaboration has grown from one FQHC medical home with 5,000 patients to 13 FQHCs with 92,000 uninsured patients Uninsured patients are seen on a sliding fee scale basis (the FQHCs also accept Medicaid, Medicare and private insurance) In addition, 10,300 people with incomes below 125% of th e federal poverty level received secondary care at the Orange County Medical Clinic FHO a lso provided $100,000 in financial support to (both) Grace Medical Home (for chronic condi tions) and the Health Care Center for the Homeless Florida Hospital Orlando operated a no -cost Community After Hours Clinic that saw 3,000 uninsured patients FHO financially supp orted the operations of Shepherd's Hope free clinics (that saw 15,000 uninsured patients), provided funding for an electronic medical record system, and recruited over 150 differen t Florida Hospital employees to volunteer at Shepherd's Hope clinics FHO also provided fi nancial support to start up the school health clinic at nearby Edgewater High School FHO provided a funding match for the Healthy Start Coalition of Orange County that serves moth ers and infants Florida Hospital's mobile mammogram unit provided 1,400 free or very low-cost mammograms to uninsured women In order to help build the local health care workforce (and ensure that Central Florida has providers in the future), Florida Hospital Orlando p rovided funding for the professional development and education of medical and nursing stud ents from Valencia College, Seminole State College, Adventist University, the University o f Central Florida (UCF), and the UCF School of Medicine These entities also rotate studen ts through multiple clinical departments at Florida Hospital Orlando Priority Issue Ment al Health 2013 Description of the Issue While there are strong mental health and substanc e abuse providers in the Orange County community, funding for these services is very limit ed (as is the case throughout Florida) Florida Hospital Orlando has medical-psychiatric b eds, and is the Baker Act Receiving Center for Orange County 2015 Update The Florida Hos pital Outlook Clinic for Depression & Anxiety provided free comprehensive behavioral evalu ation, treatment and case management for uninsured residents of Orange County In 2015, 81 6 patients received services (the goal was 650) The Outlook Clinic is a partnership with Orange County Government Health Services, the Mental Health Association of Orange County, the University of Central Florida College of Social Work, and others Florida Hospital Orl ando was a founder of, and provides major funding for, the Orange County Central Receiving Center (CRC) The CRC provides an alternative to jail or to the Baker Act Receiving Cente r Law enforcement officers can bring non-dangerous arrestees to the CRC, a short-term tre atment setting for alcohol or drug-impaired arrestees The County mental health provider, Aspire Behavioral Health Partners (Aspire), operates the CRC Florida Hospital Orlando als o provided other major funding for Aspire as well as financial support for the Mental Heal th Association of Central Florida FHO has representatives working on the Orange County Go vernment SAMHSA Wrap-Around effort to coordinate preventive mental health services for chi ldren Priority Issue Heart Disease/Obesity 2013

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

Form and Line Reference	Explanation
Group A-Facility 1 -- Florida Hospital Orlando Part V, Section B, line 11	Description of the Issue Heart Disease is a leading cause of death in Central Florida and across the nation Risk factors for heart disease include obesity, lack of exercise and s moking The Florida Heart Institute at Florida Hospital Orlando offers heart transplantati on, surgical and interventional cardiology programs, and a full range of pre- and post-tre atment services 2015 Update Florida Hospital Orlando continued to fund and operate a Con gestive Heart Failure (CHF) clinic serving uninsured patients It is staffed by Florida Ho spital ARNPs and is co-located with the Orlando County Medical Clinic (specialty care) not ed above In 2015, the clinic served 850 patients at no cost FHO offered many free screen ings and community lectures on disease prevention and recognizing the warning signs of hea rt disease Cardiac education and support programs included (but were not limited to) the Mended Hearts Cardiac Support Group, Caring for Your Heart When You Have Diabetes, Get You r Heart in Rhythm, and Do Women with Endometriosis Have A Higher Risk of Heart Disease? Fl orida Hospital also offers free Quit Smoking Now smoking cessation classes and a free onli ne Heart Disease Risk Assessment These programs were all open to the public FHO was a ma jor funder of research and education sponsored by the American Heart Association, and spon sored the AHA and other 5K Runs Issue Diabetes in the Town of Eatonville 2013 Descriptio n of the Issue Florida Hospital Orlando's 2013 Needs Assessment showed that Diabetes is a mong the most prevalent chronic diseases in Orange County Diabetes can lead to the develo pment of serious and disabling complications if not properly treated Complications includ e heart disease and stroke, high blood pressure, blindness, kidney disease and limb amputa tion The town of Eatonville, just three miles from Florida Hospital Orlando, is the natio n's oldest African-American community The community has a 24% rate of diabetes (compared to 7 1% for the rest of Orange County) 2015 Update "Healthy Eatonville Place" targeted t he primarily African-American residents of the town of Eatonville The program offered scr eenings, diabetic health risk assessments and treatment to help Eatonville residents bette r control their diabetes Diabetic and pre-diabetic residents participated in the no-cost effort, and the program's retention rate was 85% For 2015, other outcomes included - Pre- diabetic participants who did not become diabetic 66%- Pre-diabetic participants who met their weight loss goal of >7% 50%- Pre-diabetic participants who reported nutrition and e xercise changes 60%- Patients with poorly controlled diabetes who reached their blood pre ssure goal 80%- Patients with poorly controlled diabetes who finished diabetes education and understood their personal goals 90% - Patients "graduates" with poorly controlled dia betes who continued with the program's interventions and support programs 75% FHO also s upports the American Diabetes Association Annual 5k and other walks that provide opportuni ties for leisure time activity Issue Obesity / Disease Prevention 2013 Description of th e Issue Obesity increases the risk for developing health conditions such as heart disease , stroke, diabetes and cancer Additionally, being overweight or obese increases the risk of adverse health outcomes and has significant economic impacts on individuals and the com munity These impacts can include a rise in health care spending over time as well as lost earnings and productivity due to illness **see continuation of footnote

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

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

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

Form and Line Reference	Explanation
Group A-Facility 1 -- Florida Hospital Orlando Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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

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

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Form and Line Reference	Explanation
Group A-Facility 3 -- Florida Hospital Celebration Health Part V, Section B, line 5	Florida Hospital (FH) is a 2,579 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license The Florida Hospital Celebration Health (FHCH) campus is a 203-bed, state-of-the-art hospital that serves as a showcase of innovation and excellence in healthcare Established in 1997, Florida Hospital Celebration Health was designed to serve as a cornerstone of health in the Disney-planned community of Celebration, Florida Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

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

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

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

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

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

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

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Group A-Facility 3 -- Florida Hospital Celebration Health Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital Celebration Health Florida Hospital (FH) has seven acute-care hospital facilities in Orange, Seminole and Osceola Counties, FL The tri-county area is often referred to as Central Florida The seven FH facilities oper ate under one license but, due to the diverse communities served, FH conducted separate Co mmunity Health Needs Assessments and Community Health Plans (implementation strategies) fo r each FH campus This narrative describes the Community Health Plan for Florida Hospital Celebration Health (FHCH), a 203-bed community hospital in the town of Celebration in nort hwestern Osceola County, Florida FHCH is 10 miles away from Florida Hospital Kissimmee C elebration is a planned community originally developed by the Walt Disney Company in the l ate 1990s Today, it is an unincorporated town in Orange County The residents of Celebrat ion are considered upper middle class, but the area around the town is home to many low-in come people who work part- or full-time in the tourism industry Florida Hospital Celebrat ion Health chose two areas of focus for its 2013-16 Community Health Plan Obesity/Diabete s and Maternal and Child Health FHCH is also deeply involved in Access to Care initiative s for the County's uninsured residents Accordingly, the narrative below describes the act ions taken by FHCH with respect to Access to Care issues Priority Obesity/Diabetes 2013 Description of the Issue Obesity increases the risk for developing health conditions such as heart disease, stroke, diabetes, and cancer - and the comorbidities that often accompa ny these diseases Additionally, being overweight or obese increases the risk of adverse h ealth outcomes and has significant economic impacts on individuals and the community Thes e impacts can include a rise in health care spending over time as well as lost earnings an d productivity due to illness Good nutrition, physical activity, and maintaining a health y body weight can help manage/prevent obesity and promote overall health and well-being 2 015 Update Florida Hospital Celebration Health's obesity/chronic disease interventions ta rgeted both adults and children FHCH partnered with local organizations to deliver weeken d food to children who qualify for free or reduced lunch (per the school district) FHCH f acilitated and hosted an event to package food items for children and families, and suppor ted education initiatives around the 5-2-1-0 Let's Go campaign in Osceola County Schools Let's Go! is a nationally recognized childhood obesity prevention effort that works with s chools, child care and out-of-school programs, and community organizations The programs p romote the 5-2-1-0 formula five or more fruits and vegetables, 2 hours less recreational screen time, 1 hour more of physical activity and 0 sugary drinks (and more water) CREATI ON Health lifestyle seminars and expanded programs were offered at Florida Hospital Celebr ation and in community settings CREATION Health is a faith-based wellness plan that focus es on eight principles Choice, Rest, Environment, Activity, Trust, Interpersonal Relation ships, Outlook and Nutrition FHCH also offered free 'Quit Smoking' smoking cessation and nutrition classes To increase opportunities for leisure time physical activity, FHCH spon sored a number of 5K races including the Town of Celebration Marathon and half-marathon ev ents, with proceeds going to a scholarship fund for Osceola County high school seniors FH CH also supported the annual Healthy 100 Run and the American Heart Association 5K Run (an d enlisted 650 employees from the tri-county area) and other runs and walks Priority Mat ernal and Child Health 2013 Description of the Issue Pre-term and low birthweight rates i n Osceola County were comparable or lower than Orange and Seminole Counties, as was the ra te of receiving prenatal care in the first trimester All indicators meet the Healthy Peop le 2020 goals 2015 Update While many of the babies delivered at Florida Hospital Celebra tion Health came from middle- or upper-income families, many did not FHCH's service area includes the rural, very low-income community of Intercession City and its surrounding are a Florida Hospital Celebration Health participated in community-based, early intervention efforts to reduce cesarean births due to failure to progress FHCH also put a strong emph asis on increasing the number of women who are breastfeeding exclusively at the time of di scharge A wide range of parent education classes are available, most are open to the publ ic Staff from Florida Hospital Celebration Health served on the Fetal Infant Mortality Re view Committee on the Closing the Gap grant administered by the Florida Department of Heal th in Osceola County The Committee studied data and proposed solutions to improve infant health outcomes for County residents FHCH also provided a funding match for the Healthy S tart Coalition of Osceola County Priority Access

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Group A-Facility 3 -- Florida Hospital Celebration Health Part V, Section B, line 11	to Care 2013 Description of the Issue Access to comprehensive, quality health care is im portant for increasing the quality of life Osceola County has the highest rate of un-insu red in Central Florida - over 30% The County is 50% Hispanic and across the nation, Hispa nics have much higher rates of being un-insured 2015 Update Florida Hospitals Celebratio n Health and Kissimmee are founders and active members of the Osceola Health Leadership Co uncil sponsored by Community Vision Since 1995, Community Vision has worked to bring publ ic, private and faith sectors together in partnerships to create solutions for Osceola Cou nty's many challenges Florida Hospital was a founder of Community Vision, and Florida Hos pital established an endowment that funds the agency's health leadership efforts The Heal th Leadership Council members represent the four hospitals in the County (two are Florida Hospital facilities), the Health Department, free clinics, the Council on Aging and others Their work has led to better coordination among safety net providers, the expansion of t he County's network of Federally Qualified Health Centers (FQHCs), the establishment of th e County's free clinics, and a specialty care referral network Florida Hospital Celebrati on Health and Florida Hospital Kissimmee financially supported a number of free/affordable health care resources for uninsured County residents This included the Council on Aging free chronic care clinic (for uninsured adults of all ages), the free diabetes program at the Council on Aging clinic (200 participants), and the no-cost secondary care referral sy stem for the County's free clinics The Council on Aging clinic served 1,500 people in 201 5, as many as 50% were of Hispanic origin FHCH also provided financial support to help un - and underinsured people to garner referrals and enrollment assistance for the FQHC medic al homes in St Cloud, Kissimmee, Poinciana, and Intercession City (four miles from Celebr ation) which served 32,000 patients Florida Hospitals Celebration Health and Kissimmee we re founders of the Community Hope Center The Hope Center serves low-income, poverty-level families who are homeless or live in motels along Highway 192 in western Osceola County The Center is a community collaboration whose key partners include Community Presbyterian Church of Celebration, Osceola Council on Aging, Park Place Behavioral Health, Community V ision and Florida Hospital In 2015, the Health Care Center for the Homeless (HCCH) opened a new FQHC at the Hope Center Florida Hospital provided start-up funding for the clinic, which saw 1,500 people in 2015 Florida Hospital Celebration Health provided financial su pport for project OPEN (Osceola Poverty Elimination Network), a community-based program de dicated to advancing women (primarily) and families from poverty to self-sufficiency Proj ect OPEN targeted low-income residents of the many low-budget motels along western Highway 192 Seventy-five women have graduated from the program, and 85% are now employed as CNAs In addition, FHCH supported the education and training of medical practitioners at UCF M edical School, the TECO (Technical Education Center of Osceola) nursing and other health p rofessions programs, and the Valencia College Nursing program Many of these students part icipated in clinical rotations at Florida Hospitals Kissimmee and Celebration Health Flor ida Hospital Celebration Health provided a funding match for the Healthy Start Coalition o f Osceola County that serves mothers and infants FHCH's mobile mammogram unit provided 4, 100 free or very low-cost mammograms to uninsured women, including those in Osceola County **see continuation of footnote

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

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Form and Line Reference	Explanation
Group A-Facility 3 -- Florida Hospital Celebration Health Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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Form and Line Reference	Explanation
Group A-Facility 2 -- Florida Hospital Altamonte Part V, Section B, line 5	Florida Hospital (FH) is a 2,579 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license The Florida Hospital Altamonte (FHA) campus is a 362-bed, acute-care community hospital located in Altamonte Springs, Florida It was established in 1973 as the first satellite campus of Florida Hospital Since its establishment, Florida Hospital Altamonte has been providing state-of-the-art healthcare to its community, a 15-zip code area surrounding Altamonte Springs, and remains the largest satellite campus in the Florida Hospital system FHA cares for more than 168,000 patients a year, including 67,000 emergency patients and 20,000 inpatients, with 2,000 baby deliveries and performs approximately 10,000 surgical cases and 79,000 outpatient procedures making it the largest and most comprehensive hospital in Seminole County Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

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

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

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

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Form and Line Reference	Explanation
Group A-Facility 2 -- Florida Hospital Altamonte Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital Altamonte Florida Hospital (FH) has s even acute-care hospital facilities in Orange, Seminole and Osceola Counties, FL The tri- county area is often referred to as Central Florida The seven FH facilities operate under one license but, due to the diverse communities served, FH conducted separate Community H ealth Needs Assessments and Community Health Plans (implementation strategies) for each FH campus This narrative describes the Community Health Plan for Florida Hospital Altamonte (FHAlt), a 362-bed community hospital in Altamonte Springs, a northern suburb of Orlando, Florida FHAlt is located in Seminole County, which is more affluent than Orange and Osce ola Counties (in which six other Florida Hospital facilities are located) Florida Hospita l Altamonte chose two areas of focus for its 2013-16 Community Health Plan Access to Care and Obesity The Obesity effort also addresses the prevention and management of Chronic D iseases Priority Access to Care 2013 Description of the Issue The state of Florida has not accepted federal Medicaid expansion dollars, leaving 17 4% of Seminole County resident s without health insurance While this is lower than the overall Central Florida rate of 2 4%, Seminole County has pockets of uninsured residents, particularly in Sanford, the Count y seat 2015 Update Florida Hospital Altamonte provided financial support to the Health C are Center for the Homeless (HCCH) for its new medical and dental facility at Harvest Time Ministries in Sanford HCCH is a federally qualified health center (FQHC) that sees unins ured patients on a sliding fee scale basis, and accepts Medicaid, Medicare and most insura nce Florida Hospital Altamonte also supports HCCH's HOPE van and the HOPE team which prov ides behavioral health services to homeless people living in camps in the woods Florida H ospital Altamonte has worked for many years with the True Health FQHC in Sanford on referr als between the entities FHAlt also joined True Health and others to successfully advocat e for the restoration of bus service to the Sanford facility Florida Hospital Altamonte p rovided financial support (for operations) to Shepherd's Hope, which opened a free clinic in Longwood in Seminole County This clinic is located at the Seminole Sharing Center that provides a food pantry, clothing boutique, and social services for the working poor, as w ell as the Oasis Center for homeless people (which includes showers and other amenities) FHAlt funds also helped Shepherd's Hope build a new electronic medical records system, and FHAlt staff recruited over 150 different Florida Hospital employees to volunteer at Sheph erd's Hope clinics including the new Longwood location Florida Hospital Orlando's Communi ty After Hours Clinic, Congestive Health Failure Clinic, Lung Clinic and Outlook Clinic fo r Depression & Anxiety are located in adjacent Orange County but also serve Seminole Count y residents These clinics are provided at no cost to their patients Florida Hospital Alt amonte provides leadership (via board membership) and full salary support for the clinical leader at Kids' House of Seminole and its Children's Advocacy Center Kids' House provide s services to victims of child abuse and their families, as well as prevention programs F HAlt also provided a funding match for the Healthy Start Coalition of Seminole County that serves mothers and infants Florida Hospital's mobile mammogram unit provided 1,400 free or very low-cost mammograms to uninsured women, including those in Seminole County FHAlt financially supports IDignity, a nonprofit agency that helps homeless people without ident ification to get IDs IDignity serves both Seminole and Orange Counties In order to help build the local health care workforce (and ensure that Central Florida has providers in th e future), FHAlt provided funding for the professional development and education of medica l and nursing students from Valencia College, Seminole State College, Adventist University , the University of Central Florida (UCF), and the UCF School of Medicine These entities, particularly Seminole State College, rotate students through clinical departments at Flor ida Hospital Altamonte Issue Obesity / Disease Prevention 2013 Description of the Issue Obesity increases the risk for developing health conditions such as heart disease, stroke , diabetes and cancer Additionally, being overweight or obese increases the risk of adver se health outcomes and has significant economic impacts on individuals and the community These impacts can include a rise in health care spending over time as well as lost earning s and productivity due to illness Good nutrition, physical activity, and maintaining a he althy body weight can help manage/prevent obesity and promote overall health and well-bein g Florida Hospital Altamonte's obesity interventions were designed to serve both adults a nd children 2015 Update Florida Hospital Altamon

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

Form and Line Reference	Explanation
Group A-Facility 2 -- Florida Hospital Altamonte Part V, Section B, line 11	te partnered with the Winter Park Health Foundation to co-found "Healthy Central Florida," an initiative that promotes healthy living and influences policy changes such as smoke-fr ee resolutions Healthy Central Florida also offered healthy lifestyle events in Winter Pa rk (north Orange and South Seminole Counties) and Maitland, which straddles Seminole and O range Counties Examples include events that promoted a healthy lifestyle, exercise, good nutrition, and the establishment of smoke-free and safe pedestrian resolutions in Winter P ark and other communities Activities included the Maitland Walks program Florida Hospita l Altamonte also provided leadership to the Healthy Seminole Collaboration, a collaboratio n of community organizations working to reduce obesity in the County, and offered free 'Qu it Smoking Now' smoking cessation classes With community partners, Florida Hospital serve d 4,200 people in identified food deserts with a Mobile Farmers Market that offered fresh fruits and vegetables, cooking demos and nutritional educational opportunities in Seminole and Orange Counties CREATION Health lifestyle seminars and expanded programs were offere d at Florida Hospital Altamonte and in community settings CREATION Health is a faith-base d wellness plan that focuses on eight principles Choice, Rest, Environment, Activity, Tru st, Interpersonal Relationships, Outlook and Nutrition CREATION Kids is a child-friendly wellness program that stresses healthy eating and exercise in church and school settings, it reached 350 children and their parents To increase opportunities for leisure time phys ical activity, Florida Hospital Altamonte provided free state park admissions to Seminole County residents, and sponsored a number of 5K races that also raised funds for groups suc h as the American Heart Association (the Heart Walk enlisted 650 FHAlt employees) **see c ontinuation of footnote

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

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

Form and Line Reference	Explanation
Group A-Facility 2 -- Florida Hospital Altamonte Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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

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

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

Form and Line Reference	Explanation
Group A-Facility 5 -- Florida Hospital East Orlando Part V, Section B, line 5	Florida Hospital (FH) is a 2,579 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license The Florida Hospital East Orlando (FHEO) campus is a 265-bed full-service community hospital and has been serving East Orange County residents since it was acquired in 1990 Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

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

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

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Group A-Facility 5 - - Florida Hospital East Orlando Part V, Section B, line 11	Florida Hospital (FH) has seven acute-care hospital facilities in Orange, Seminole and Osceola Counties, FL The tri-county area is often referred to as Central Florida The seven FH facilities operate under one license but, due to the diverse communities served, FH conducted separate Community Health Needs Assessments and Community Health Plans (implementation strategies) for each FH campus Community Needs Being Addressed by Florida Hospital East Orlando Florida Hospital East Orlando chose five areas of focus for their 2013-2016 Community Health Plan Obesity, Access to Care, Mental Health, Diabetes, Violent Crime, and Social Determinants of Health/Health Disparities A Obesity 2013 Description of the Issue Obesity negatively affects people's quality of life and increases the risk for developing health conditions such as heart disease, stroke, diabetes, and cancer - and the comorbidities that often accompany these diseases Additionally, being overweight or obese increases the risk of adverse health outcomes and has significant economic impacts on individuals and the community These impacts can include a rise in health care spending over time as well as lost earnings and productivity due to illness Several factors influence the likelihood of obesity including individual behavior, the social and built environment, and genetic heritability As a result, being overweight or obese is a complex health issue to address 2015 Update Good nutrition, physical activity, and maintaining a healthy body weight can help manage/prevent obesity and promote overall health and well-being Florida Hospital East Orlando's (FHEO) obesity interventions target both adults and children The interventions undertaken by Florida Hospital East Orlando include - Increasing opportunities for leisure time physical activity in a social setting for the residents of our Orange County PSA through funding and staffing an Annual 5k known as the Run for Rescue's ASPCA 5k,- Offering educational programming aimed at increasing quality of life that focused on nutrition, stress management, and exercise through the Employee Families Performance Workshop Series offered by FHEO,- Implementing and supporting positive nutritional and exercise instruction within the PSA through our Mission FIT Possible program within the area,- Facilitating walking programs that aid in increasing leisure time within targeted communities of the PSA,- Increasing the availability of fruits to children and through support of a mobile farmers market that actively travels to regions identified as food deserts, - Funding efforts to reduce heart related conditions though the funding of research and programs via financial support and board membership on the American Heart Association,- Providing leadership and expertise to a collaborative body composed of Orange County's community organizations whose aim is to reduce obesity throughout the County via the Healthy Orange Collaboration, and - Creation Health faith-based wellness plan that focuses on eight principles Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook and Nutrition CREATION Health lifestyle seminars and expanded programs are offered at all Florida Hospital locations and in community settings B Diabetes 2013 Description of the Issue Diabetes can lead to the development of serious and disabling complications if not properly treated Complications include heart disease and stroke, high blood pressure, blindness, kidney disease, and limb amputation According to the American Diabetes Association, it is possible to prevent or delay diabetic complications through a healthy diet, physical activity, and maintaining a healthy weight and glucose levels 2015 Update Florida Hospital East Orlando's diabetes engagement interventions include - Continuing to offer the Cuidate program based on the Stanford chronic disease self-management program Because the East Orlando community is nearly 50% Hispanic, the CDC-recommended classes are offered in both Spanish and English - Continuing the Bridge Program intensive case management model that helps uninsured, high-user patients with chronic conditions The Bridge team helps patients enroll in affordable FQHC Medical Homes, compassionate drug programs, and community resources that improve health, disease management skills, and quality of life C Access to Care 2013 Description of the Issue Over 24% of people in Central Florida do not have health insurance, and the State of Florida has not accepted federal Medicaid expansion dollars 2015 Update A number of Florida Hospital East Orlando initiatives educate and link underserved community members to free or affordable health resources - Operating the Community After Hours Clinic (at Florida Hospital) that provides care to uninsured and underinsured people, - Financially supporting and leading the Primary Care Access Network (PCAN) integrated system of health care for un- and underinsured peopl

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Group A-Facility 5 -- Florida Hospital East Orlando Part V, Section B, line 11	e in Orange County PCAN has 92,000 primary care patients in 13 FQHC medical homes, and 10 ,000 secondary care patients - Encouraging medical home enrollment by making appointments or referring un- and underinsured emergency department patients and inpatients to PCAN FQ HCs, - Providing financial support to Shepherd's Hope free clinics, - Providing financial support for the Health Care Center for the Homeless,- Providing financial support for Grac e Medical Home, a chronic care medical home for uninsured people,- Increasing the availabi lity of free or low-cost mammograms for un- and underinsured women via the mobile mammogra m unit and Florida Hospital diagnostics centers, and - Supporting the education and traini ng of medical practitioners through the FH Residency programs and Adventist University, an d through partnerships with the UCF and FSU Medical Schools D Mental Health and Substance Abuse 2013 Description of the Issue Florida Hospital East Orlando has identified mental health as being essential to personal well-being, family and interpersonal relationships, and the ability to contribute to society Issues of mental health such as depression and a nxiety affect people's ability to participate in health-promoting behaviors Research has shown that mental health and physical health are closely connected because mental health p lays a major role in people's ability to maintain good physical health 2015 Update Curre ntly, there are strong mental health and substance abuse assets in Orange County including Aspire Behavioral Health (in- and outpatient mental health/substance abuse services) Sti ll, such services in Orange County can be hard to access because of funding and capacity i ssues Florida Hospital East Orlando works with local providers to help expand capacity S pecifically, FHEO interventions include - Providing major funding to Aspire Behavioral Hea lth Center (County mental health) for in- and outpatient mental health and substance abuse services, - Offering comprehensive evaluation, treatment, and case management for uninsur ed residents of Orange County through the Outlook Clinic for Depression & Anxiety Florida Hospital funds the clinic in partnership with the Mental Health Association, the Orange C ounty Medical Clinic, the UCF School of Social Work, the Primary Care Access Network (PCAN) and Walgreens - Funding enhanced behavioral health services at FQHCs in East Orlando, an d- Supporting efforts to provide behavioral health services in low-income, underserved are as such as Bithlo Partners including Aspire Health Partners, United Way and the Harbor Hou se Domestic Violence Center Additionally, the Florida Hospital Community Health Impact Co uncil (a grant-making entity) funds some community-based, model behavioral programs for ad ults and children **see continuation of footnote

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

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Group A-Facility 5 -- Florida Hospital East Orlando Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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

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

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Form and Line Reference	Explanation
Group A-Facility 4 -- Winter Park Memorial Hospital Part V, Section B, line 5	Florida Hospital (FH) is a 2,579 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license The Winter Park Memorial Hospital (WPMH) campus is a 320-bed acute-care facility that primarily serves the residents of northeastern Orange and southeastern Seminole Counties WPMH began caring for patients in February 1995 when it first opened its doors to the public In 2000, Florida Hospital Winter Park Memorial was fully acquired by the Florida Hospital system Services provided by Winter Park Memorial include 24-Hour emergency department with Express Care and the area's only senior emergency room, The Baby Place Central Florida's only boutique hospital for women and babies, cancer institute, cardiology, critical care, diagnostic imaging, diabetes education, educational classes and support groups, endoscopy, Longevity Medicine Institute, in and outpatient surgery including minimally invasive and robotic surgery, laboratory, orthopedic institute, pediatrics, rehabilitation & sports medicine, sleep disorders center, and women's health Every year, WPMH treats more than 150,000 patients Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

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

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

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

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

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

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

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

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Group A-Facility 4 -- Winter Park Memorial Hospital Part V, Section B, line 11	Community Needs Being Addressed by Winter Park Memorial Hospital (a Florida Hospital) Flo rida Hospital (FH) has seven acute-care hospital facilities in Orange, Seminole and Osceol a Counties, FL The tri-county area is often referred to as Central Florida The seven FH facilities operate under one license but, due to the diverse communities served, FH conduc ted separate Community Health Needs Assessments and Community Health Plans (implementation strategies) for each FH campus This narrative describes the Community Health Plan for Wi nter Park Memorial Hospital (a Florida Hospital), a 320-bed community hospital Winter Par k Memorial Hospital (WPMH) is located in a suburb of Orlando, and shares much of the same service area with Florida Hospital Orlando and Florida Hospital East Orlando in Orange Cou nty Winter Park Memorial Hospital chose three areas of focus for its 2013-16 Community He alth Plan Access to Care, Diabetes, and Obesity/Chronic Disease Priority Obesity & Chro nic Disease Prevention 2013 Description of the Issue Obesity increases the risk for devel oping health conditions such as heart disease, stroke, diabetes and cancer Additionally, being overweight or obese increases the risk of adverse health outcomes and has significan t economic impacts on individuals and the community These impacts can include a rise in h ealth care spending over time as well as lost earnings and productivity due to illness Go od nutrition, physical activity, and maintaining a healthy body weight can help manage/pre vent obesity and promote overall health and well-being Winter Park Memorial Hospital's ob esity and disease prevention interventions were designed to serve both adults and children 2015 Update Florida Hospital partnered with the Winter Park Health Foundation to co-fou nd "Healthy Central Florida," an initiative that supports healthy living and influences po licy changes such as smoke-free resolutions Healthy Central Florida also offers numerous community events that promoted a healthy lifestyle, exercise, good nutrition, and the esta blishment of smoke-free and safe pedestrian resolutions in Winter Park and community Exam ples of events included Bike to Work Day, International Walk (or Bike) to School Day, Walk 90 and nutrition seminars with national experts These programs are offered at no cost T he CEO of Winter Park Memorial Hospital was also the Mayor of Winter Park in 2015, so addi tional walking efforts engaged 820 people Walk and Talk with the Mayor, Walk with a Doc, the Mayor's Sole Challenge, and Maitland Walks The Walk and Roll (walking school bus) pro gram reached 500 elementary school students Again, there was no charge for these activiti es With community partners, Florida Hospital served 4,200 people in identified food deser ts with a Mobile Farmers Market that offered fresh fruits and vegetables, cooking demos an d nutritional educational opportunities CREATION Health lifestyle seminars and expanded p rograms were offered at Winter Park Memorial Hospital and in community settings CREATION Health is a faith-based wellness plan that focuses on eight principles Choice, Rest, Envi ronment, Activity, Trust, Interpersonal Relationships, Outlook and Nutrition CREATION Kid s is a child-friendly wellness program that stresses healthy eating and exercise in church and school settings, it reached 350 children and their parents To increase opportunities for leisure time physical activity, WPMH sponsored a number of 5K races that also raised funds for groups such as the American Heart Association, the Heart Walk enlisted 650 WPMH employees Additionally, Florida Hospital Winter Park and its community partners - the Dep artment of Health, the Area Health Education Council (AHEC), the American Heart Associatio n, the American Cancer Society, the American Lung Association, etc - provided health educ ation and disease management programs as well as support groups Priority Issue Access to Affordable Health Care 2013 Description of the Issue Over 24% of people in Central Flori da do not have health insurance, and the State of Florida has not accepted federal Medicai d expansion dollars A number of Florida Hospital (including WPMH) initiatives linked unin sured and underinsured residents with free or affordable health care 2015 Update Florida Hospital provided $6 million in financial support for the Primary Care Access Network (PC AN) of Orange County, a dynamic collaborative of 22 safety net providers Orange County Go vernment, FQHC medical homes, the Health Department, free clinics, community agencies, hos pitals and social service entities PCAN's mission is to improve the access, quality and c oordination of health care services to the underinsured and uninsured populations of Orang e County Since 2001, the collaboration has grown from one FQHC medical home with 5,000 pa tients to 13 FQHCs with 92,000 uninsured patients Uninsured patients are seen on a slidin g fee scale basis (the FQHCs also accept Medicaid,

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Group A-Facility 4 -- Winter Park Memorial Hospital Part V, Section B, line 11	Medicare and private insurance) In addition, 10,300 people with incomes below 125% of th e federal poverty level received secondary care at the Orange County Medical Clinic FHO, together with WPMH, also provided $100,000 in financial support to (both) Grace Medical Ho me (for chronic conditions) and the Health Care Center for the Homeless Florida Hospital Orlando operated a no-cost Community After Hours Clinic that saw 3,000 uninsured patients and supported all FH campus locations FH, collectively with all campuses, financially sup ported the operations of Shepherd's Hope free clinics (that saw 15,000 uninsured patients) , provided funding for an electronic medical record system, and recruited over 150 differe nt Florida Hospital employees to volunteer at Shepherd's Hope clinics FH, including WPMH, provided a funding match for the Healthy Start Coalition of Orange County that serves mot hers and infants Florida Hospital's mobile mammogram unit provided 1,400 free or very low -cost mammograms to uninsured women In order to help build the local health care workforc e (and ensure that Central Florida has providers in the future), Florida Hospital (includi ng Winter Park Memorial Hospital) provided funding for the professional development and ed ucation of medical and nursing students from Valencia College, Seminole State College, Adv entist University, the University of Central Florida (UCF), and the UCF School of Medicine These entities also rotate students through clinical departments at WPMH Issue Diabete s 2013 Description of the Issue Winter Park Memorial Hospital's 2013 Needs Assessment sho wed that Diabetes is one of the most prevalent chronic diseases in Orange County Diabetes can lead to the development of serious and disabling complications if not properly treate d Complications include heart disease and stroke, high blood pressure, blindness, kidney disease and limb amputation The town of Eatonville, in the Winter Park Memorial Hospital service area, is the nation's oldest black community The community has a 24% rate of diab etes (compared to 7 1% for the rest of Orange County) 2015 Update Florida Hospital Orlan do and WPMH implemented the "Healthy Eatonville Place" program which targeted the primaril y African-American residents of the town of Eatonville The program offered screenings, di abetic health risk assessments and treatment to help Eatonville residents better control t heir diabetes Diabetic and pre-diabetic residents participated in the no-cost effort, and the program's retention rate was 85% For 2015, other outcomes included - Pre-diabetic pa rticipants who did not become diabetic 66%- Pre-diabetic participants who met their weigh t loss goal of >7% 50%- Pre-diabetic participants who reported nutrition and exercise cha nges 60%- Patients with poorly controlled diabetes who reached their blood pressure goal 80%- Patients with poorly controlled diabetes who finished diabetes education and underst ood their personal goals 90% - Patients "graduates" with poorly controlled diabetes who c ontinued with program's interventions and support programs 75% WPMH also supported the Am erican Diabetes Association Annual 5k and other walks that provide opportunities for leisu re time activity **see continuation of footnote

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

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Group A-Facility 4 -- Winter Park Memorial Hospital Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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

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

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

Form and Line Reference	Explanation
Group A-Facility 7 -- Florida Hospital Kissimmee Part V, Section B, line 5	Florida Hospital (FH) is a 2,579 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license Florida Hospital Kissimmee (FHK) is a not-for-profit hospital with 162 acute care beds and an emergency department and has been part of the Florida Hospital system since 1993 FHK offers comprehensive inpatient and outpatient services including emergency care, cancer treatment including radiation therapy, imaging services including PET, MRI, CT, nuclear, mammography, and ultrasound, a designated primary stroke center, digestive health, and surgical specialties to Osceola County residents FHK provides holistic care - body, mind and spirit - and is committed to providing a personalized patient experience for all patients Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

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

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

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Form and Line Reference	Explanation
Group A-Facility 7 -- Florida Hospital Kissimmee Part V, Section B, line 6a	The filing organization collaborated with two other not-for-profit hospitals, namely Orlando Health and Lakeside Behavioral Health, to create a Community Health Needs Assessment for Orange, Osceola, and Seminole Counties The Community Health Needs Assessment describes the health of Central Floridians for the purpose of planning interventions relevant to the community

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

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Form and Line Reference	Explanation
Group A-Facility 7 -- Florida Hospital Kissimmee Part V, Section B, line 6b	The Hospital collaborated with the Florida Department of Health in Orange County and other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis

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

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

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Group A-Facility 7 -- Florida Hospital Kissimmee Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital Kissimmee Florida Hospital (FH) has s even acute-care hospital facilities in Orange, Seminole and Osceola Counties, FL The tri- county area is often referred to as Central Florida The seven FH facilities operate under one license but, due to the diverse communities served, FH conducted separate Community H ealth Needs Assessments and Community Health Plans (implementation strategies) for each FH campus This narrative describes the Community Health Plan for Florida Hospital Kissimmee (FHK), a 162-bed community hospital in the city of Kissimmee in north central Osceola Cou nty, Florida FHK is 10 miles from Florida Hospital Celebration Health, also in Osceola Co unty Osceola County is a bedroom community to Orlando, and houses many residents who work part- or full-time in the tourism industry Nearly 50% of Kissimmee residents are of Hisp anic descent Overall, health outcomes and income levels in Osceola County are the lowest in Central Florida FHK chose three areas of focus for its 2013-16 Community Health Plan Access to Care, Obesity/Heart Disease/Diabetes, and Violent Crime Priority Access to Car e 2013 Description of the Issue Access to comprehensive, quality health care is important for increasing the quality of life Osceola County has the highest rate of un-insured in Central Florida - over 30% The County is 50% Hispanic and across the nation, Hispanics ha ve much higher rates of being un-insured 2015 Update Florida Hospital Kissimmee is a fou nder and active member of the Osceola Health Leadership Council sponsored by Community Vis ion Since 1995, Community Vision has worked to bring public, private and faith sectors to gether in partnerships to create solutions for Osceola County's many challenges Florida H ospital was a founder of Community Vision and established an endowment that funds the agen cy's health leadership efforts The Health Leadership Council members represent the four h ospitals in the County (two are Florida Hospital facilities), the Health Department, free clinics, the Council on Aging and others Their work has led to better coordination among safety net providers, the expansion of the County's network of Federally Qualified Health Centers (FQHCs), the establishment of the County's free clinics, and a specialty care refe rral network Florida Hospital Kissimmee and Florida Hospital Celebration Health (also loc ated in Osceola County) financially supported a number of free/affordable health care reso urces for uninsured county residents This included the Council on Aging free chronic care clinic (for uninsured adults of all ages), the free diabetes program at the Council on Ag ing clinic (200 participants), and the no-cost secondary care referral system for the Coun ty's free clinics The Council on Aging clinic served 1,500 people in 2015, as many as 50% were of Hispanic origin FHK also provided financial support to help un- and underinsured people to garner referrals and enrollment assistance for the FQHC medical homes in St Cl oud, Kissimmee, Poinciana, and Intercession City that served 32,000 patients Florida Hosp itals Kissimmee and Celebration Health were founders of the Community Hope Center The Hop e Center serves low-income, poverty-level families who are homeless or live in motels alon g Highway 192 in western Osceola County The Center is a community collaboration whose key partners include Community Presbyterian Church of Celebration, Osceola Council on Aging, Park Place Behavioral Health, Community Vision and Florida Hospital In 2015, the Health C are Center for the Homeless (HCCH) opened a new FQHC at the Hope Center Florida Hospital provided start-up funding for the clinic, which saw 1,500 people in 2015 Florida Hospital Kissimmee provided treatment space for victims of sexual assault in Osceola County At le ast six Florida Hospital Kissimmee nurses are certified Sexual Assault Nurse Examiners (SA NE) and are on-call for victims when they are brought in by law enforcement Florida Hospi tal provided financial support for project OPEN (Osceola Poverty Elimination Network), a c ommunity-based program dedicated to advancing women (primarily) and families from poverty to self-sufficiency Project OPEN targeted low-income residents of the many low-budget mot els along western Highway 192 Seventy-five women have graduated from the program, and 85% are now employed as CNAs In addition, FHK supported the education and training of medica l practitioners at UCF Medical School, the TECO (Technical Education Center of Osceola) nu rsing and other health professions programs, and the Valencia College Nursing program Man y of these students participated in clinical rotation at Florida Hospitals Kissimmee and C elebration Health Florida Hospital provided a funding match for the Healthy Start Coaliti on of Osceola County that serves mothers and infants Florida Hospital's mobile mammogram unit provided 4,100 free or very low-cost mammogra

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Form and Line Reference	Explanation
Group A-Facility 7 -- Florida Hospital Kissimmee Part V, Section B, line 11	ms to uninsured women, including those in Osceola County Priority Chronic Disease Obesi ty / Heart Disease/Diabetes 2013 Description of the Issue Florida Hospital Kissimmee's Co mmunity Health Needs Assessment showed that 31 9% of Osceola County residents are obese co mpared to 27 9% in Orange County and 26 4% in Seminole County Rates of heart disease and stroke are also far higher than the rest of Central Florida, and the rate of hospitalizati on for diabetes is 3,273 per 100,000 (higher than Orange and Seminole Counties) Obesity i ncreases the risk for chronic health conditions such as heart disease, stroke, diabetes an d cancer - and the comorbidities that often accompany these diseases Additionally, being overweight or obese increases the risk of adverse health outcomes and has significant econ omic impacts on individuals and the community These impacts can include a rise in health care spending over time as well as lost earnings and productivity due to illness Poverty is one of the drivers of obesity 2015 Update Florida Hospital Kissimmee's obesity/chroni c disease interventions targeted both adults and children FHK partnered with local organi zations to deliver weekend food to children who qualify for free or reduced lunch (per the school district) FHK facilitated and hosted an event to package food items for children and families, and supported education initiatives around the 5-2-1-0 Let's Go campaign in Osceola County Schools Let's Go! is a nationally recognized childhood obesity prevention effort that works with schools, child care and out-of-school programs, and community organ izations The programs promote the 5-2-1-0 formula five or more fruits and vegetables, 2 hours less recreational screen time, 1 hour more of physical activity and 0 sugary drinks (and more water) CREATION Health lifestyle seminars and expanded programs were offered at Florida Hospital Kissimmee and in community settings CREATION Health is a faith-based we llness plan that focuses on eight principles Choice, Rest, Environment, Activity, Trust, Interpersonal Relationships, Outlook and Nutrition FHK also offered free 'Quit Smoking' s moking cessation and nutrition classes To increase opportunities for leisure time physica l activity, FHK sponsored a number of 5K races including the Town of Celebration Marathon and half-marathon events, with proceeds going to a scholarship fund for Osceola County hig h school seniors FHK also supported the annual Healthy 100 Run and the American Heart Ass ociation 5K Run (and enlisted 650 employees from the tri-county area) and other runs and w alks Priority Violent Crime 2013 Description of the Issue According to the Florida Depa rtment of Law Enforcement, Osceola County's rate of violent crime exceeds the national ave rage While hospitals lack the ability to directly address violent crimes, Florida Hospita l Kissimmee is engaged with organizations that address the effects of violent crime 2015 Update Initiatives include providing clinical space for Sexual Assault Nurse Examiners wh o work directly with victims of sexual assault **see continuation of footnote

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Form and Line Reference	Explanation
Group A-Facility 7 -- Florida Hospital Kissimmee Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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Form and Line Reference	Explanation
Group A-Facility 6 -- FH Heartland Medical Center Part V, Section B, line 5	Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid (the FHH Hospitals), located in Highlands County, Florida, operate under a single hospital license Collectively, these two hospitals serve the residents of Highlands County, which includes the cities of Sebring, Lake Placid and Avon Park Highlands County has an estimated population of 102,000 permanent residents, with an approximate increase of an additional 35,000 seasonal residents during the winter months Highlands County's residents comprised the fifth-oldest population in the US in 2012 Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid conducted a joint Community Health Needs Assessment (CHNA) in 2013 The CHNA was conducted through a collaborative community health needs assessment process that included the Highlands County Health Department, the Community Health Improvement Planning Committee (CHIP) of Highlands County, Samaritan's Touch free clinics in Sebring, the Highlands County Rural Health Network, Highlands Regional Medical Center, and Central Florida Health Care (a federally qualified health center) The CHNA process included the collection of both primary and secondary data Primary data consisted of community surveys and direct stakeholder input, particularly with respect to representatives from the CHIC Committee With respect to the process of gathering and analyzing both primary and secondary health needs assessment data, the collaborative team relied significantly on the CHIP Committee due to its broad representation of the communities served by the FHH Hospitals The CHIPS Committee is composed of a number of representatives from organizations that serve the medically underserved, low-income populations and those with chronic disease needs Among others, the following organizations were represented on the CHIC Committee Highlands County Department of Health,Tri-County Human Services,Salvation Army,Florida Department of Health,Healthy Start Coalition,Children's Services Council, andHeartland Rural Health Network The CHIP members represent public health, the broad community and people who are low-income, minorities or otherwise undeserved Their mission is to improve the health of communities through education and the promotion of healthy lifestyles, build partnerships to maximize resources, and provide access to quality health care to all of the people in Highlands County regardless of ability to pay The FHH Hospitals also established a Community Health Needs Assessment Committee (CHNAC) to analyze the health data collected and prioritize key issues for the FHH Hospitals to address

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

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

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

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Form and Line Reference	Explanation
Group A-Facility 6 -- FH Heartland Medical Center Part V, Section B, line 11	The Florida Hospital Heartland Division is comprised of three hospital facilities Florida Hospital Heartland Medical Center (FHH) in Sebring and Florida Hospital Lake Placid (FHLP) in Lake Placid are both located in Highlands County Florida Hospital Wauchula (FHW) is located in adjacent Hardee County Because the Florida hospital facilities in Highlands Co unty are 16 miles apart and share the same service area, this response to Question 11 focu ses on the two Highlands County facilities Highlands County is a rural county with 97,600 residents However, the town of Sebring is home to just 10,300 people and Lake Placid is home to another 2,125 About a third of the residents are over 65 FHH and FHLPs' Communit y Health Needs Assessment Committee, comprised of community members including those repres enting low-income, minority and other underserved populations, selected the following four priority issues Priority Cancer 2013 Description of the issue Cancer is the second lea ding cause of death in the Sebring/Lake Placid community Efforts to promote the importanc e for early detection are key to reducing the number of cases of cervical, breast and pros tate cancer Individuals from underserved populations are more likely to be diagnosed with late-stage cancers that might have been treated, or cured, if diagnosed earlier 2015 Upd ate Florida Hospitals Heartland/Lake Placid held 26 smoking cessation classes in 2015, th e classes were free to 125 uninsured/low-income residents FHH/FHLPs' Pink Army (Breast Ca ncer) education efforts and early detection provided education about the early detection o f breast cancer Staff and 170 volunteers (trained by FHH/FHLP) reached nearly 3,100 peopl e (the goal was 700) at 50 different community events The effort also raised $7,350 for t he community mammography fund for uninsured residents Priority Heart Disease and Stroke 2013 Description of the Issue Heart disease and stroke are the leading cause of death in the Sebring/Lake Placid community High cholesterol, heart attacks, angina, heart disease and hypertension rates are above the state average for all adults and for adult women Poo r eating habits and economic pressure contribute to these outcomes As with cancer, heart disease and its risk factors are not being detected early in people who do not or cannot a fford routine checkups with a physician 2015 Update Because much of Highlands County's p opulation consists of older people with chronic conditions, the Stanford Chronic Disease S elf-Management Program (CDSMP) was a new effort defined in our implementation strategies The CDSMP uses pre- and post-program surveys, and has expected outcomes (defined by the CD C) around disease self-management skills and reductions in preventable hospitalizations A s in other communities, it took time to set up the program according to Stanford specifica tions, build community partnerships, and train trainers This work was completed in 2015 a nd classes will begin Q1 of 2016 There will be no charge for the program Two lifestyle t raining programs addressed the prevention and lifestyle factors that impact heart disease and stroke CREATION Health classes and programs were offered at no cost in the community and at FHH and FHLP CREATION Health is based on the principles of choice, rest, environme nt, activity, trust, interpersonal relationships, outlook and nutrition CHIP (Community H ealth Improvement Program) provided classes on nutrition, exercise and stress management CHIP's pre- and post-class biometric screenings showed that 100% of the program participan ts had improved biometric scores, an increased understanding of nutrition principles, and adherence to routine checkups with their physicians Other heart disease-related community efforts included cardiac screenings at eight health fairs 75 people participated in card iac rehabilitation classes, and 80 attended stroke education seminars All programs stress ed the importance of regular checkups with primary care physicians Priority Diabetes/Chr onic Disease Management 2013 Description of the Issue There is a higher-than-state averag e for diabetes-related hospitalizations, including amputations, in the Florida Hospital He artland service area Attendance at diabetes self-management programs is also below the st ate average, indicating that it is important to make our community more aware of the impor tance of managing diabetes An individual's socio-economic status, race and ethnicity play s a major role in access to education about diabetes and risk factors 2015 Update Interv entions included diabetes self-management classes for 110 people, a community diabetes sup port group, outpatient Medical Nutrition Therapy (MNT) and gestational diabetes classes T he Stanford Chronic Disease Self-Management Program (CDSMP) to be implemented in 2016 incl udes a focus on diabetes There will be no charge for the program Priority Access to Hea lth Care 2013 Description of the Issue In additio

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Form and Line Reference	Explanation
Group A-Facility 6 -- FH Heartland Medical Center Part V, Section B, line 11	n to a lack of affordable insurance and/or health care services, access to health care can be attributed to a lack of education or understanding of the health care system and how t reatment and overall care is communicated Providing community education about access to h ealth care and decision-making skills is important, as is information about resources for screening and intervention programs at health fairs and other events offered in the commun ity 2015 Update FHH/FHLP provided $2 5 million (at cost) in vouchers for free lab and im aging services to the local free clinic for uninsured people FHH/FHLP conducted eight hea lth fairs for both insured and uninsured community members, uninsured participants were re ferred to the local Federally Qualified Health Center (FQHC) 45 Congregational Health vol unteers provided education on available health care resources **see continuation of footn ote

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Form and Line Reference	Explanation
Group A-Facility 6 -- FH Heartland Medical Center Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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Form and Line Reference	Explanation
Group A-Facility 9 -- Florida Hospital Apopka Part V, Section B, line 5	Florida Hospital (FH) is a 2,579 bed medical complex in Central Florida with seven separate hospital campuses FH serves the residents of Central Florida (primarily serving the residents of Orange, Osceola, Seminole and Lake Counties) but also draws patients from other parts of the Southeastern United States, the Caribbean and South America The 7-campus hospital health system is the largest healthcare provider in Central Florida and the nation's largest Medicare provider with FH being the second largest employer in the area All of the seven campuses of FH operate under a single hospital license The Florida Hospital Apopka (FHAP) campus is a 50-bed acute-care community hospital located in Apopka, Florida Services offered by Florida Hospital Apopka include but are not limited to rehabilitation services, intensive and progressive care units, 50 acute care beds, a 24-hour emergency department, imaging services, a women's diagnostic center, home health services, cardiac diagnosis services, and a sleep lab Services not provided at Florida Hospital Apopka are provided at other campuses and ground and air transportation are available to ensure all patients can access the appropriate level of care Florida Hospital (all campuses) conducted its 2013 Community Health Needs Assessment (CHNA) in two parts a regional health needs assessment for Orange, Seminole and Osceola Counties in Central Florida, followed by separate assessments focused on and tailored to each of the seven campuses of FH Three not-for-profit clinical hospitals within Central Florida, namely FH, Orlando Health, and Lakeside Behavioral Health, together with the Florida Department of Health in Orange County, collaborated to conduct the regional tri-county health needs assessment This was the first ever multi-hospital, public health department joint community health needs assessment These four organizations also collaborated with other community agencies under the umbrellas of "Healthy Orange Florida" in Orange County, "Healthy Seminole" in Seminole County, and "Community Vision" in Osceola County Healthy Seminole is an 81-member affiliation of representatives from FH, local government, social service, and educational organizations within Seminole County The Health Council of East Central Florida, Inc (the Health Council), a regional quasi-government health planning agency, was contracted with to assist with data collection and analysis The Health Council conducted over 70 key stakeholder interviews with individuals representing the broad interests of the tri-county area Key stakeholders for the tri-county assessment included individuals with special knowledge of or interest in public health (i e , health departments), individuals/organizations serving or representing the interests of medically underserved, low-income, and minority populations, persons who represented the broad interests of residents served by the hospitals, and individuals representing large employers and employee interests A total of 72 stakeholders representing 44 social service and health care organizations were interviewed and completed a questionnaire aimed at identifying health barriers, assets, resources, and needs within the region As a part of its efforts to ensure broad community-based input into the CHNA process, FH formed a Community Health Needs Assessment Committee (CHNAC) The CHNAC was comprised of external community members/stakeholders and senior FH leaders The community members in particular provided strong representation of low-income, minority and underserved populations Listed below are several examples of community organizations represented on the CHNAC * Hebni Nutrition Consultant a nutritionist who works in the local African American community,* The University of Central Florida School of Medicine primary care physician training,* Winter Park Health Foundation a local non-profit organization that develops and funds school health and older adult programs, * Orange County Public Schools serves children of all ages and ethnicities, including those who are homeless and/or eligible for free or reduced lunch programs, and * Gracia Anderson Foundation a local non-profit organization that funds social service projects

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

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

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

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

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

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Group A--Facility 9 -- Florida Hospital Apopka Part V, Section B, line 11	Community Needs Being Addressed by Florida Hospital Apopka Florida Hospital (FH) has seve n acute-care hospital facilities in Orange, Seminole and Osceola Counties, FL The tri-cou nty area is often referred to as Central Florida The seven FH facilities operate under on e license but, due to the diverse communities served, FH conducted separate Community Heal th Needs Assessments and Community Health Plans (implementation strategies) for each FH ca mpus Florida Hospital Apopka (FHAp) chose two areas of focus for its 2013-16 Community He alth Plan Obesity/Chronic Disease and Access to Care A Obesity/Chronic Disease2013 Desc ription of the Issue Obesity increases the risk for developing health conditions such as heart disease, stroke, diabetes, and cancer - and the comorbidities that often accompany t hese diseases Additionally, being overweight or obese increases the risk of adverse healt h outcomes and has significant economic impacts on individuals and the community These im pacts can include a rise in health care spending over time as well as lost earnings and pr oductivity due to illness Several factors influence the likelihood of obesity including i ndividual behavior, the social and built environment, and genetic heritability As a resul t, being overweight or obese is a complex health issue to address 2015 Update Good nutri tion, physical activity, and maintaining a healthy body weight can help manage/prevent obe sity and promote overall health and well-being Florida Hospital Apopka's obesity/chronic disease interventions target both adults and children - Provide funding to increase oppor tunities for health education via community garden curriculum implemented through Head Sta rt,- Increase opportunities for leisure time physical activity in a social setting via ann ual 5k runs,- Provide education to increase knowledge of positive behaviors towards health y eating and exercise via Mission Fit Possible program for Children,- Provide education an d clinical care to increase knowledge of and positive behaviors toward healthy eating and exercise,- Increase the availability of fruits to the diets of the population age 2 and ol der via the mobile farmers market,- Provide education and clinical care to increase knowle dge of and positive attitudes towards healthy foods,- Promote nature prescription pad pilo t to Florida Hospital Medical Group physicians so that they may "prescribe" exercise via f ree admissions for up to 8 persons to a state park, and - Provide support and board member ship to the American Heart Association and encourage employee participation in the annual Heart Walk Additional Chronic disease interventions include - Heart of Apopka, which uses the Stanford chronic disease self-management program for patients with chronic conditions (free) - Free care for uninsured COPD and asthma patients at the Apopka Lung Clinic opera ted by FHAp's Respiratory Care Department - Increase access to medication and pulmonary ca re through FHAp's Pulmonary Rehab center - CREATION Health faith-based wellness plan that focuses on eight principles Choice, Rest, Environment, Activity, Trust, Interpersonal Re lationships, Outlook and Nutrition CREATION Health lifestyle seminars and expanded progra ms are offered at all Florida Hospital locations and in community settings - Free 'Quit S moking Now' smoking cessation classes B Access to Care A number of Florida Hospital Apop ka initiatives educate and link underserved community members to free or affordable health resources - Operate the Community After Hours Clinic (at Florida Hospital) that provide cares to uninsured and underinsured people, - Financially support and lead the Primary Car e Access Network (PCAN) integrated system of health care for un- and underinsured people i n Orange County PCAN has 92,000 primary care patients in 13 FQHC medical homes, and 10,00 0 secondary care patients - Encourage medical home enrollment by making appointments or r eferring un- and underinsured emergency department and inpatients to PCAN FQHCs, - Provide financial support to Shepherd's Hope free clinics, - Provide financial for the Health Car e Center for the Homeless,- Provide financial support for Grace Medical Home, a chronic ca re medical home for uninsured people,- Operate the Apopka Lung Clinic for uninsured people with chronic respiratory conditions including COPD and asthma,- Increase the availability of free or low-cost mammograms for un- and underinsured women via the mobile mammogram un it and Florida Hospital diagnostics centers, and - Support the education and training of m edical practitioners through the FH Residency programs and Adventist University, and throu gh partnerships with the UCF and FSU Medical Schools Community Needs Not Chosen by Florid a Hospital Apopka A Stroke Stroke is among the most common chronic conditions in the Uni ted States and is frequently related to health behaviors such as obesity and smoking Flor ida Hospital Apopka and its community partners - t

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Form and Line Reference	Explanation
Group A-Facility 9 -- Florida Hospital Apopka Part V, Section B, line 11	he Department of Health, the Area Health Education Council (AHEC), the American Heart Asso ciation, the American Cancer Society, the American Lung Association, etc - already provid e health education and disease management programs As noted above, FHAp's Obesity interve ntions focus on health education, exercise, nutrition, stress management, and personal acc ountability - factors vital to the control of diabetes, cancer, heart disease, stroke, ast hma and the comorbidities that often accompany these diseases Therefore, Florida Hospital Apopka is addressing the risk factors for these chronic diseases by specifically addressi ng Obesity B DiabetesDiabetes can lead to the development of serious and disabling compl ications if not properly treated Complications include heart disease and stroke, high blo od pressure, blindness, kidney disease, and limb amputation According to the American Dia betes Association, it is possible to prevent or delay diabetic complications through a hea lthy diet, physical activity, and maintaining a healthy weight and glucose levels Florida Hospital Apopka does not offer specific diabetes services (other than routine inpatient c are), but its diabetes engagement includes the Heart of Apopka program that uses the Stanf ord chronic disease self-management program that includes diabetes management Because the Apopka community is nearly 50% Hispanic, the free, CDC-recommended classes are offered in both Spanish and English C CancerFlorida Hospital Apopka does not provide cancer treatm ent services Patients in the Apopka community are treated at the Cancer Institute at the main Florida Hospital campus In addition, Florida Hospital Apopka supports the Area Healt h Education Council (AHEC) and provides funding to the American Cancer Society and the Ame rican Lung Association, these partners provide health education and disease management pro grams throughout the county D Heart DiseaseHeart disease, hypertension and Congestive He art Failure - with Diabetes - are the most common chronic conditions in the United States Risk factors include health behaviors such as obesity and smoking The Heart of Apopka pr ogram noted above provides education and support for people with or at risk for heart dise ase through the free Stanford Chronic Disease Self-Management Program offered in Spanish a nd English Apopka residents can access the free Florida Hospital congestive heart failure clinic at the Orange County Medical Clinic FHAp supports efforts to reduce heart related conditions through the funding of research and programs via board membership to the Ameri can Heart Association E Sexually Transmitted DiseasesFlorida Hospital Apopka provides in patient care but does not provide wrap-around services for HIV/AIDS or STD patients The H ealth Department has STD and HIV/AIDS Clinics, and the Center for Multicultural Wellness a nd Prevention provides programs that screen for and treat sexually transmitted diseases I n addition, Orange County Government Health Services operates the Ryan White HIV/AIDS Prog ram that provides services to people without sufficient health coverage or financial resou rces to cope with HIV **see continuation of footnote

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

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Form and Line Reference	Explanation
Group A-Facility 9 -- Florida Hospital Apopka Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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Form and Line Reference	Explanation
Group A-Facility 10 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 5	Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid (the FHH Hospitals), located in Highlands County, Florida, operate under a single hospital license Collectively, these two hospitals serve the residents of Highlands County, which includes the cities of Sebring, Lake Placid and Avon Park Highlands County has an estimated population of 102,000 permanent residents, with an approximate increase of an additional 35,000 seasonal residents during the winter months Highlands County's residents comprised the fifth-oldest population in the US in 2012 Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid conducted a joint Community Health Needs Assessment (CHNA) in 2013 The CHNA was conducted through a collaborative community health needs assessment process that included the Highlands County Health Department, the Community Health Improvement Planning Committee (CHIP) of Highlands County, Samaritan's Touch free clinics in Sebring, the Highlands County Rural Health Network, Highlands Regional Medical Center, and Central Florida Health Care (a federally qualified health center) The CHNA process included the collection of both primary and secondary data Primary data consisted of community surveys and direct stakeholder input, particularly with respect to representatives from the CHIC Committee With respect to the process of gathering and analyzing both primary and secondary health needs assessment data, the collaborative team relied significantly on the CHIP Committee due to its broad representation of the communities served by the FHH Hospitals The CHIPS Committee is composed of a number of representatives from organizations that serve the medically underserved, low-income populations and those with chronic disease needs Among others, the following organizations were represented on the CHIC Committee Highlands County Department of Health,Tri-County Human Services,Salvation Army,Florida Department of Health,Healthy Start Coalition,Children's Services Council, andHeartland Rural Health Network The CHIP members represent public health, the broad community and people who are low-income, minorities or otherwise undeserved Their mission is to improve the health of communities through education and the promotion of healthy lifestyles, build partnerships to maximize resources, and provide access to quality health care to all of the people in Highlands County regardless of ability to pay The FHH Hospitals also established a Community Health Needs Assessment Committee (CHNAC) to analyze the health data collected and prioritize key issues for the FHH Hospitals to address

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Form and Line Reference	Explanation
Group A-Facility 10 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 6a	Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid conducted a joint Community Health Needs Assessment (CHNA) in 2013 The CHNA was conducted through a collaborative community needs assessment process with the hospitals, Highlands County Health Department, the Community Health Improvement Planning Committee (CHIP) of Highlands County, Samaritan's Touch free clinics in Sebring, the Highlands County Rural Health Network, Highlands Regional Medical Center, and Central Florida Health Care (a federally qualified health center)

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Form and Line Reference	Explanation
Group A-Facility 10 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 6b	Florida Hospital Heartland in Sebring and Florida Hospital Lake Placid conducted a joint Community Health Needs Assessment (CHNA) in 2013 The CHNA was conducted through a collaborative community needs assessment process with the hospitals, Highlands County Health Department, the Community Health Improvement Planning Committee (CHIP) of Highlands County, Samaritan's Touch free clinics in Sebring, the Highlands County Rural Health Network, Highlands Regional Medical Center, and Central Florida Health Care (a federally qualified health center)

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

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Form and Line Reference	Explanation
Group A-Facility 10 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 11	The Florida Hospital Heartland Division is comprised of three hospital facilities Florida Hospital Heartland Medical Center (FHH) in Sebring and Florida Hospital Lake Placid (FHLP) in Lake Placid are both located in Highlands County Florida Hospital Wauchula (FHW) is located in adjacent Hardee County Because the Florida hospital facilities in Highlands Co unty are 16 miles apart and share the same service area, this response to Question 11 focu ses on the two Highlands County facilities Highlands County is a rural county with 97,600 residents However, the town of Sebring is home to just 10,300 people and Lake Placid is home to another 2,125 About a third of the residents are over 65 FHH and FHLPs' Communit y Health Needs Assessment Committee, comprised of community members including those repres enting low-income, minority and other underserved populations, selected the following four priority issues Priority Cancer 2013 Description of the issue Cancer is the second lea ding cause of death in the Sebring/Lake Placid community Efforts to promote the importanc e for early detection are key to reducing the number of cases of cervical, breast and pros tate cancer Individuals from underserved populations are more likely to be diagnosed with late-stage cancers that might have been treated, or cured, if diagnosed earlier 2015 Upd ate Florida Hospitals Heartland/Lake Placid held 26 smoking cessation classes in 2015, th e classes were free to 125 uninsured/low-income residents FHH/FHLPs' Pink Army (Breast Ca ncer) education efforts and early detection provided education about the early detection o f breast cancer Staff and 170 volunteers (trained by FHH/FHLP) reached nearly 3,100 peopl e (the goal was 700) at 50 different community events The effort also raised $7,350 for t he community mammography fund for uninsured residents Priority Heart Disease and Stroke 2013 Description of the Issue Heart disease and stroke are the leading cause of death in the Sebring/Lake Placid community High cholesterol, heart attacks, angina, heart disease and hypertension rates are above the state average for all adults and for adult women Poo r eating habits and economic pressure contribute to these outcomes As with cancer, heart disease and its risk factors are not being detected early in people who do not or cannot a fford routine checkups with a physician 2015 Update Because much of Highlands County's p opulation consists of older people with chronic conditions, the Stanford Chronic Disease S elf-Management Program (CDSMP) was a new effort defined in our implementation strategies The CDSMP uses pre- and post-program surveys, and has expected outcomes (defined by the CD C) around disease self-management skills and reductions in preventable hospitalizations A s in other communities, it took time to set up the program according to Stanford specifica tions, build community partnerships, and train trainers This work was completed in 2015 a nd classes will begin Q1 of 2016 There will be no charge for the program Two lifestyle t raining programs addressed the prevention and lifestyle factors that impact heart disease and stroke CREATION Health classes and programs were offered at no cost in the community and at FHH and FHLP CREATION Health is based on the principles of choice, rest, environme nt, activity, trust, interpersonal relationships, outlook and nutrition CHIP (Community H ealth Improvement Program) provided classes on nutrition, exercise and stress management CHIP's pre- and post-class biometric screenings showed that 100% of the program particip an ts had improved biometric scores, an increased understanding of nutrition principles, and adherence to routine checkups with their physicians Other heart disease-related community efforts included cardiac screenings at eight health fairs 75 people participated in card iac rehabilitation classes, and 80 attended stroke education seminars All programs stress ed the importance of regular checkups with primary care physicians Priority Diabetes/Chr onic Disease Management 2013 Description of the Issue There is a higher-than-state averag e for diabetes-related hospitalizations, including amputations, in the Florida Hospital He artland service area Attendance at diabetes self-management programs is also below the st ate average, indicating that it is important to make our community more aware of the impor tance of managing diabetes An individual's socio-economic status, race and ethnicity play s a major role in access to education about diabetes and risk factors 2015 Update Interv entions included diabetes self-management classes for 110 people, a community diabetes sup port group, outpatient Medical Nutrition Therapy (MNT) and gestational diabetes classes T he Stanford Chronic Disease Self-Management Program (CDSMP) to be implemented in 2016 incl udes a focus on diabetes There will be no charge for the program Priority Access to Hea lth Care 2013 Description of the Issue In additio

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Form and Line Reference	Explanation
Group A-Facility 10 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 11	n to a lack of affordable insurance and/or health care services, access to health care can be attributed to a lack of education or understanding of the health care system and how t reatment and overall care is communicated Providing community education about access to h ealth care and decision-making skills is important, as is information about resources for screening and intervention programs at health fairs and other events offered in the commun ity 2015 Update FHH/FHLP provided $2 5 million (at cost) in vouchers for free lab and im aging services to the local free clinic for uninsured people FHH/FHLP conducted eight hea lth fairs for both insured and uninsured community members, uninsured participants were re ferred to the local Federally Qualified Health Center (FQHC) 45 Congregational Health vol unteers provided education on available health care resources **see continuation of footn ote

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Form and Line Reference	Explanation
Group A-Facility 10 -- FH Heartland Medical Center Lake Placid Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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

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Form and Line Reference	Explanation
Facility Reporting Group B consists of	- Facility 8 Central Texas Medical Center, - Facility 11 Florida Hospital Wauchula

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Form and Line Reference	Explanation
Group B-Facility 8 -- Central Texas Medical Center Part V, Section B, line 5	Central Texas Medical Center (CTMC) is a 178-bed community hospital providing a wide range of complex healthcare services located in San Marcos, Texas CTMC is one of two hospitals in Hays County and provides a wide range of healthcare services CTMC's primary service area is identified as the cities of Lockhart, San Marcos, Kyle and Wimberley The secondary service area is Hays County (location of the cities of San Marcos, Kyle and Wimberley) and Caldwell County (location of the city of Lockhart) Caldwell County is served by one critical access hospital While the demographics of Hays and Caldwell counties are similar, the cities located in CTMC's primary service area (San Marcos, Kyle, Lockhart and Wimberley) are quite diverse Wide variations exist in the median household income, percentage of residents below the Federal Poverty Level, ethnicity and education In conducting its 2013 Community Health Needs Assessment (CHNA), CTMC solicited input from numerous stakeholders from throughout Hays and Caldwell Counties in an effort to gain a thorough understanding of the unique health needs in its primary and secondary service area Stakeholder organizations were identified as such because they provide resources and/or programs that promote or enhance the health needs of residents in the primary and secondary service areas Primary data was gathered through interviews and surveys The goal of this process was to distinguish prevalent health issues impacting residents in the primary and secondary service areas, identify community programs and/or services currently being offered to address the health needs of the population, and recognize gaps that prohibited or limited access to services or disrupt the continuity of care Many of these organizations offer services that specifically target low-income populations, minority populations, the medically underserved or those with chronic disease needs As a part of its efforts to ensure broad community-based input into the CHNA process, CTMC established a Community Health Needs Assessment Committee (CHNAC) The CTMC Community Health Needs Assessment Committee is comprised of individuals who represent multiple communities and embody diverse community programs, services and organizations Each member not only brings a rich understanding of the primary and secondary service areas but are also "subject matter experts" in a variety of areas including public health, mental health, government, education, non-profit, agencies/advocacy groups, faith-based organizations, and the medical community Community members of the CHNAC represented the following organizations * Hays County Health Department, * Healthy Communities Collaborative,* Texas State University - San Marcos,* Faith Community Nurses of Hays County (FCNOHC), * San Marcos Consolidated Independent School District (SMCISD), * Women, Infants and Children (WIC) Program, * San Marcos City Council, * Hays County Commissioners Court,* Area Agency on Aging of the Capital Area,,* Schieb (Mental Health Services),* Community Action, Inc (CAI), * Wimberley EMS, and * Live Oak Health Partners

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

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Form and Line Reference	Explanation
Group B-Facility 8 -- Central Texas Medical Center Part V, Section B, line 11	Central Texas Medical Center (CTMC) is located in San Marcos, Texas Because the State of Texas did not expand Medicaid, the San Marcos community and the rest of Texas still have h igh rates of uninsured patients In addition, San Marcos is located in southern Texas, and has a large immigrant population As a result, access to affordable health care for the u ninsured was identified as a community priority in CTMC's 2013 Community Health Needs Asse ssment Many of CTMC's implementation strategies focus on access to care Priority Access ing the right level of care, in the right setting, at the right time rate of uninsured CT MC interventions include Live Oaks Health Partners Community Clinic (LOHPCC) is CTMC's mu lti-specialty medical practice It serves insured and uninsured patients at three location s In 2015, the planned interventions included the expansion of services to uninsured pati ents All goals were exceeded - Goal increase primary care capacity for uninsured patient s at LOHPCC by adding evening hours to increase patient encounters by at least 475 Actual 500 additional patients - Goal create physician access at LOHPCC for uninsured patients with complex medical conditions Actual 30-plus available appointments per week (from ze ro) - Goal increase the number of uninsured patients receiving prescription assistance a t LOHPCC to at least 250 patients Actual 310 patients enrolled - Goal add 150 discounte d labs and radiology tests for uninsured patients at LOHPCC Actual 250 - Goal distribu te at least 100 vouchers for free mammograms Actual 85-plus vouchers redeemed - Goal re cruit primary care physicians to establish practices in Hays and/or Caldwell Counties (Med ically Underserved Areas that have challenges attracting new physicians) Actual two recr uited - Goal collaborate with at least two area school counselors to increase particip ation (to at least 50 people) in the CTMC Hospital Grief Center's Camp HeartSong and Camp He artSong Too Actual 70 participants - Goal increase the number of support groups at the CTMC Hospital Grief Center from six to seven per year Actual 9 groups Priority Healthi er management of lifestyle/making good choices in the areas of nutrition, weight managemen t, exercise, smoking, alcohol use and sexually transmitted infections (STIs) CTMC interven tions included efforts with community partners to promote lifestyle improvements - Goal c ollaborate with churches, civic groups, schools and employers to offer CREATION Health wor kshops (based on principles of choice, rest, environment, activity, trust, interpersonal r elationships, outlook and nutrition) Baseline 0 Actual 6 groups, 300 on-line assessmen ts - Goal increase CREATION Health Fitness Challenge participants from 16 to 32 by addin g at least one Challenge and creating a children's component Actual 450 participants - G oal collaborate with local community organizations to provide vouchers for free health sc reenings to residents of Hays and Caldwell Counties at CTMC's annual HealthCheck screening event Baseline 0 Actual 200 vouchers distributed Priority Prevalence and/or enhance d outpatient management of heart disease/congestive heart failure (CHF) and related condit ions/risk factors such as hypertensionCTMC interventions include efforts to better manage uninsured CHF patients who come to CTMC - Goal identify uninsured Congestive Health failu re (CHF) patients at risk for preventable readmissions and provide contacts to help them m anage their disease in outpatient and home settings Actual contacts provided for 95% of target population - Goal initiate referrals to medical homes for at least 50 percent of unfunded CHF patients in Hays and Caldwell Counties Actual 75% - Goal develop a "Better Breathers Club" in cooperation with the American Lung Association for residents of CTMC's service area who have CHF, COPD (Chronic Obstructive Pulmonary Disease) or related condit ions Actual trainer certified but attendance was low Priority Prevalence and/or enhanc ed outpatient management of diabetes, programs to address anticipated growth of diabetes a nd related conditions CTMC interventions include community screenings and education for pe ople with diabetes - Goal monthly glucose screenings and Diabetes Risk Assessments to 30 residents of Hays and Caldwell Counties Actual 36 - Goal 25% of diabetes education pa rticipants will receive at least two follow-up visits over a 12-month period Actual 40% Priorities Considered but Not Selected Prevalence of Respiratory Disorders including ast hma and COPD and access to programs/services that reduce "rescue care" While this is an i mportant initiative, CTMC does not currently have the infrastructure to support programs t hat focus on respiratory diseases There are no engaged pulmonologists on the medical staf f Future programs could include pulmonary rehabilitation and education programs that focu s on asthma and those with chronic obstructive pul

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Form and Line Reference	Explanation
Group B-Facility 8 -- Central Texas Medical Center Part V, Section B, line 11	monary disease (COPD) CTMC is working with the Lung Association on the Better Breathers p rogram Timely access to local Mental Health Services including treatment for substance ab use As noted in the Needs Assessment, limited resources are available for mental health s ervices Hill Country Mental Health and Mental Retardation (MHMR) operate the Schieb Cente r in San Marcos This center offers a wide array of programs Qualitative data suggests de mand for these services outweighs access At this time CTMC does not have the expertise or professional staff to address mental health services Currently, all patients who present at CTMC with behavioral health conditions, including substance abuse, are transferred to another facility once medically stabilized In 2012, almost 10% of all transfers from CTMC were due to mental health conditions Prevalence of some cancer-related conditions and ti mely access to screening services and treatment CTMC offers screening and related service s specifically for breast cancer We do not, however, offer clinical programs for the trea tment of cancer including oncology and radiation services Significant enhancements to our medical staff membership and service lines would need to be accomplished in order to effe ctively treat cancer and cancer-related conditions We will continue to support community screening programs, especially breast cancer screening Limited transportation resources, especially transportation for healthcare and related services Unfortunately, Hays and Cal dwell Counties have no mass transportation system There is no bus system or light rail ac cess The CARTS (Capital Area Rural Transportation System) addresses some transportation c hallenges but services must be arranged ahead of time and the wait times can be significan t CTMC does not have the infrastructure to address transportation needs that are prevalen t throughout the counties we serve A future goal would be to design targeted health care services that are offered in satellite locations throughout the service area to make acces s to care closer to home and lessen reliance on transportation services Reduced Teen Preg nancy Rates, support services including healthcare for pregnant teens CTMC has a very rob ust obstetrics program including a neonatal ICU Teen mothers frequently access these serv ices CTMC also offers free childbirth education services including breastfeeding/lactatio n consultation While we offer a reasonable array of obstetrical-related health care servi ces CTMC is not in the best position to reduce teen pregnancy rates through education and birth control Other community partners including the Health Departments are working on th is issue Therefore, this is not an identified CTMC priority at this time

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

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Form and Line Reference	Explanation
Group B-Facility 8 -- Central Texas Medical Center Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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Form and Line Reference	Explanation
Group B-Facility 11 -- Florida Hospital Wauchula Part V, Section B, line 5	Florida Hospital Wauchula (FHW) is a 25-bed hospital specializing in emergency and outpatient care located in Hardee County, Florida Florida Hospital Wauchula opened in 1993, a year after the closing of Hardee County's only (other) hospital Since then, not only has FHW set the pace for healthcare in Hardee County, in 2000 it also became the first Critical Access Hospital (CAH) in the State of Florida To be designated as a CAH in Florida, a hospital must be located in a rural area and be at least 35 miles from the nearest other hospital Hardee County is a socio-economically disadvantaged, rural, agricultural county that is also designated as a health professional shortage area by the US Department of Health and Human Services To ensure that input was solicited from the medically underserved, low-income and minority populations, FHW gathered input from a number of key stakeholder organizations in the community Input was gathered from the Hardee County Primary Health Care Network, a public/private partnership that provides health care to the working poor The Hardee County Primary Health Care Network includes Central Florida Health Care, a federally qualified health care center, the Hardee County Health Department, Pioneer Medical Center, FHW, and a pharmacy The Network provides services to Hardee County residents who have no insurance or are not eligible for Medicare, Medicaid, or other government programs FHW also gathered input from other key stakeholder organizations/agencies including the Hardee County Health Department and Central Florida Health Care As noted above, Central Florida Health Care is a federally qualified health care center and provides services to everyone in the community, including undocumented and other underserved populations Over 51% of the Board of Central Florida Health Care is comprised of clinic users Florida Hospital Wauchula also established a Community Health Needs Assessment Committee (CHNAC) Input was solicited from all members of the CHNAC The CHNAC was comprised of community representatives and members of the Florida Hospital Wauchula Board

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

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Form and Line Reference	Explanation
Group B-Facility 11 -- Florida Hospital Wauchula Part V, Section B, line 11	The Florida Hospital Heartland Division is comprised of three hospital facilities Florida Hospital Wauchula is located in Hardee County Florida Hospital Heartland Medical Center in Sebring and Florida Hospital Lake Placid in Lake Placid are located in adjacent Highlan ds County This update refers to Florida Hospital Wauchula Florida Hospital Wauchula is a 25-bed Critical Access Hospital in Hardee County, a small, rural county (638 square miles) with 27,500 residents Wauchula is the county seat Of Wauchula's 4,500 residents, 70% s elf-identify as white, over 44% also self-identify as Hispanic Florida Hospital Wauchula is the only hospital in the County, Wauchula patients needing more critical care are often transferred to Florida Hospital Heartland Medical Center or Florida Hospital Lake Placid Priority Access to Health Care 2013 Description of the Issue Access to health care is a major issue for Hardee County, where 32% of the residents are uninsured (compared to 24% for the rest of the state) Access to care is affected by socio-economic status, health ri sk behaviors and limited job opportunities The Affordable Care Act helped many people get insurance but the State of Florida did not expand Medicaid, leaving the most vulnerable w ithout health coverage There is a severe physician shortage in Hardee County which, accor ding to the Hardee County Health Department, ranks 56th (of 67 counties) in access to clin ical care The County has a ratio of 3,237 1 for primary care providers Not only is there a shortage of providers, but there is a lack of education on how to access affordable hea lth care and treatment, as well as screenings 2015 Update Florida Hospital Wauchula (FHW) set out to improve access to care by helping community primary care providers increase t heir capacity Florida Hospital Wauchula is a founder and an active partner in the Hardee County Primary Care Network, a public/private partnership that provides health care to the working poor whose incomes are less than 150% of the federal poverty level FHW operates the Pioneer Medical Center (Rural Health Clinic) that accepts Medicaid and sees uninsured patients on a sliding fee scale basis The Network also includes Central Florida Health Ca re, a Federally Qualified Health Center/Migrant Health Center that offers primary, dental, pediatric, and obstetrical/gynecological care The Hardee County Health Department, Flori da Hospital Wauchula, and a local pharmacy round out the Network The Network enrolled ove r 1,200 new patients in 2015 (the average annual enrollment is 1,200-1,300 people) All pr oviders accept Medicaid, Medicare and some insurance Uninsured patients are eligible for sliding scale fees, and usually pay a small co-payment for services Florida Hospital Wauc hula donated medical services including labs and imaging for uninsured patients, and activ ely enrolls eligible patients in Medicaid Priority Cancer 2013 Description of the Issue Cancer is the leading cause of death in Hardee County The 2009-2011 age-adjusted death r ate for all cancers for Hardee County residents is 165 per 100,000 residents compared to t he State of Florida's rate of 161 1 per 100,000 For men, the three leading cancers are lu ng, prostate and colorectal For women, the leading cancers are lung, breast and colorecta l Efforts to promote the importance of early detection are key to reducing the number of cases Individuals from underserved populations are more likely to be diagnosed with late- stage cancers that might have been treated or cured if diagnosed earlier 2015 Update In partnership with the two other Florida Hospital facilities in the Division, a number of in terventions included Wauchula-area patients Efforts included smoking cessation classes th at were free to uninsured/low-income residents Low-income and uninsured Hardee County res idents also had access to mammography Screenings and treatment for residents with incomes below 150% of the federal poverty level were provided through the Primary Care Network of Hardee County (see Access to Care) FHWs' Pink Army (Breast Cancer) sponsored education e fforts about the early detection of breast cancer, and raised dollars for the County's mam mography fund Florida Hospital Wauchula does not provide cancer treatment services, patie nts may receive this care at Florida Hospital Heartland Medical Center in Sebring Priorit y Diabetes 2013 Description of the Issue Hardee County has a higher than state average r ate of diabetes-related hospitalizations and amputations With diabetes self-management ed ucation below the state average, the emphasis on educating the public about management of diabetes is crucial 2015 Update Because Florida Hospital Wauchula is so small, health ed ucators from Florida Hospital Heartland (in Sebring) provided health education and promoti on activities in Hardee County 37% of adult residents are considered obese, so the progra ms promoted physical activity and weight loss for

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Form and Line Reference	Explanation
Group B-Facility 11 -- Florida Hospital Wauchula Part V, Section B, line 11	overweight or obese participants Diabetes screenings (A1c) were offered in cooperation wi th the Hardee County Primary Care Network and Heartland Rural Health Network (serving five counties including Hardee) The Network serves people whose incomes are less than 150% of the federal poverty level In addition, uninsured people with high blood sugar were refer red to the Central Florida Health Care (FQHC) or the Pioneer Medical Center (RHC) that acc ept uninsured patients on a sliding fee scale basis In 2015, Florida Hospital Wauchula (a long with Florida Hospital Heartland Medical Center and Florida Hospital Lake Placid) work ed to implement the Stanford Chronic Disease Self-Management Program (CDSMP) This include d the training of facilitators, development of community and hospital partnerships, and re cruitment of participants The CDSMP, recognized by the CDC for improvement in diabetes se lf-management skills and reduced hospitalizations, will begin in the first quarter of 2016 Priority Heart Disease and Stroke 2013 Description of the Issue Heart Disease and Stro ke are the leading cause of death in Florida, and are often related to overweight and obes ity In Hardee County, heart disease and stroke are the second highest cause of death Hig h cholesterol, heart attacks, angina, heart disease and hypertension rates are above the s tate average for all adults and adult women Poor eating habits and economic pressure cont ribute to these outcomes As with cancer, heart disease and its risk factors are not being detected early in people who do not schedule routine checkups with a physician 2015 Upda te Florida Hospital Wauchula provided cardiac screenings and stroke seminars at local hea lth fairs, as well as educational seminars on the importance of regular checkups with prim ary care physicians As appropriate, uninsured patients were referred to Central Florida H ealth Care (FQHC) or the Pioneer Medical Center (RHC), both accept Medicaid and see unins ured patients on a sliding fee scale basis Because Florida Hospital Wauchula does not prov ide advanced cardiac treatment services, patients may receive this care at Florida Hospita l Heartland Medical Center in Sebring As noted above, Florida Hospital Wauchula (along wi th Florida Hospital Heartland Medical Center and Florida Hospital Lake Placid) worked to i mplement the Stanford Chronic Disease Self-Management Program (CDSMP) in 2015 The CDSMP i s recognized by the CDC for improvement in chronic heart disease self-management skills an d reduced hospitalizations, will begin first quarter of 2016 **see continuation of footno te

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Form and Line Reference	Explanation
Group B-Facility 11 -- Florida Hospital Wauchula Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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

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Form and Line Reference	Explanation
Facility Reporting Group C consists of	- Facility 12 Adventist La Grange Memorial Hospital

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Form and Line Reference	Explanation
Group C-Facility 12 -- Adventist La Grange Memorial Hospital Part V, Section B, line 5	Adventist La Grange Hospital (the Hospital) is one of four not-for-profit related hospital organizations located in the western and southwestern suburbs of Chicago Each of these four hospitals is a part of Adventist Health System (AHS) AHS is a health care system primarily consisting of tax-exempt 501 (c)(3) hospital organization that operate 44 hospitals in 10 states within the US The four related hospital organizations located in Chicago, collectively called Adventist Midwest Health (AMH), are clinically integrated, share overlapping communities, and are tied together by common mission, values, and vision As the four hospitals are located in the same Metropolitan Service Area, the hospitals collaborated in 2013 to conduct a joint Community Health Needs Assessment (CHNA) The four related hospital organizations are Adventist GlenOaks Hospital, Adventist Hinsdale Hospital, Adventist Bolingbrook Hospital, and Adventist Health System/Sunbelt, Inc , dba Adventist La Grange Memorial Hospital In conducting its 2013 joint CHNA, the four AMH hospitals collected primary and secondary data using a number of data collection methodologies Adventist GlenOaks Hospital, Adventist Hinsdale Hospital, and Adventist La Grange Memorial Hospital partnered with the Metropolitan Chicago Healthcare Council to conduct its primary research, consisting of telephone surveys, focus groups, and written surveys A list of recommended participants to be included in the focus groups was provided by the Metropolitan Chicago Healthcare Council Participants included representatives of public health, individuals who work with low-income, minority or other medically underserved populations, and those who work with persons with chronic disease conditions

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Form and Line Reference	Explanation
Group C-Facility 12 -- Adventist La Grange Memorial Hospital Part V, Section B, line 6a	The Community Health Needs Assessment conducted by Adventist La Grange Memorial Hospital (the Hospital) was based upon the Hospital's involvement and enrichment of those who live within DuPage County, Illinois The CHNA was conducted in conjunction with related hospitals in the Chicago Metropolitan area Adventist Hinsdale HospitalAdventist Bolingbrook HospitalAdventist GlenOaks Hospital

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

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Form and Line Reference	Explanation
Group C - Facility 12 -- Adventist La Grange Memorial Hospital Part V, Section B, line 11	Note On 1/31/2015, the net assets associated with the operation of Adventist La Grange Me morial Hospital (ALMH) were transferred into Adventist Midwest Health, a related 501(c)(3) tax-exempt organization Although financial operations have only been reported for the pe riod 1/1/2015 - 1/31/2015, the following activities are reported for the period 1/1/2015 - 12/31/2015 As noted in Part V, Section B, Line 5 and Line 6, the Hospital (ALMH) is a pa rt of Adventist Health System and conducted a joint CHNA with the following related AHS ho spitals, all located in the suburbs of Chicago, in 2013 - Adventist Midwest Health dba Adv entist Hinsdale Hospital (AHH), - Adventist Bolingbrook Hospital (ABH), and- Adventist Gle nOaks Hospital These four hospitals are known collectively as the Adventist Midwest Regio n (AMR), and as a region, have prioritized and addressed the significant needs within thei r region as a result of the joint CHNA conducted and outlined below The following is a li sting of programs/activities undertaken in 2015 to address identified significant needs P riority 1 Access to Health Care (Lack of Insurance) - Health Insurance Exchange Enrollmen t for 210 people AHH/ALMH made the decision to refer to local navigators in 2014 as there were duplicative services available in convenient locations for local community members - Medicaid Enrollment for Hospital PatientsThe AMR hospitals contracted for the services of a service provider to assist with the enrollment of Medicaid patients at AHH, ALMH, ABH, and AGO - Discharge Medications for Uninsured PatientsThis goal was exceeded ALMH - 54 p atients were provided with discharge medication assistance - Links with Community Partner s (i e Aging Connections) to help prevent avoidable readmissions - ALMH - 15 0% decrease in avoidable readmissions - Free Breast and Cervical Cancer Screenings Residents of ALMH Family Medicine Clinics provide free services through the La Grange Community Nurses Assoc iation In 2015, approximately 338 physician hours were provided - Provide OB services at the AMR HospitalsAt ALMH, obstetrical services were provided to women with financial and access needs As a result, there were 80 deliveries at ALMH - Provide Free Flu and Pneumo nia Vaccines and Vaccine Education Information was posted on ALMH's website Free flu vacc ines were provided at the Residency Program at ALMH The La Grange Family Practice Residen cy Program continues to be a place for those with financial needs as no patients are turne d away - Help patients make appointments with local FQHCsAn FQHC administered by the VNA was established on the campus of ABH A process is in place at both the ED and Registratio n Departments to help guide eligible patients to make an appointment at the FQHC and ultim ately find a Medical Home AHH, ALMH, and AGO also provide information about FQHS in the a rea to any patients who may benefit - Partner with the American Kidney Foundation on Free Kidney Disease Screenings for underserved people at Adventist Midwest Health Facilities In 2015, there were screenings with the KIdneymobile in Lombard, Plainfield, and Bolingbro ok reaching over 200 people - Operate two Family Practice Residency Programs and support an RN to BSN Program at all AMR Hospitals to help expand the healthcare work force The La Grange Memorial Hospital Residency program continues to successfully train and educate co mpetent physicians as well as provide access to care for individuals with financial need In 2015, La Grange Memorial Hospital had 7 graduates - Post-discharge Chronic Disease Man agementOffered Stanford Chronic Disease Self-Management Program (six-week post discharge e ducational program) with patients from all 4 AMR Hospitals using Creation Health principle s The number of participants in 2015 was 39 Priority 2 Influenza Vaccine (18-64 years) - Community education programs were held throughout the communities served by the four AMR Hospitals, AHH, ALMH, ABH, and AGO - Free flu vaccines were given at health fairs and fl u clinics, and at the two Family Practice Residency Programs Priority 3 Pneumococcus Vac cine (65 years and older) - Free Pneumococcus vaccinations were given at the Hinsdale Fami ly Practice Medicine Clinic - Community Education on the importance of immunizations was conducted as well Priority 4 Hypertension (over 18 years) - Throughout the AMR, free blo od pressure screenings were conducted by teams from the four AMR Hospitals Additionally, there were screenings conducted in partnership with various health care providers and loca l YMCA's throughout the surrounding communities - Web site education on hypertension was provided - Education regarding hypertension was provided through a system wide newsletter Priorities Considered but Not Selected Prevention and Management of Chronic Care Issues Heart Disease [blood cholesterol levels]Rationale While this tested well on the Impact A nalysis Matrix, using the Decision Tree, it was de

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Form and Line Reference	Explanation
Group C-Facility 12 -- Adventist La Grange Memorial Hospital Part V, Section B, line 11	termined that this is a commonly available prevention measure at most surrounding provider s It is frequently a part of community health fairs and routine physician visits Behavio ral Health and Substance Abuse Rationale Adventist Midwest Health provides comprehensive inpatient programs for behavioral health (Adventist GlenOaks Hospital and Adventist Hinsda le Hospital) and outpatient programs for both behavioral health and substance abuse (Adven tist Hinsdale Hospital) Serving the Adventist Midwest Health Community, AMR Hospitals sup port County initiatives to bring these necessary services to those in need Prioritizing A ccess to Care as one of the selected Health Priorities will assist Adventist Midwest Healt h in extending services for those who currently lack such access

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Form and Line Reference	Explanation
Group C-Facility 12 -- Adventist La Grange Memorial Hospital Part V, Section B, line 22d	In determining the maximum amount that can be charged to financial assistance policy-eligible individuals for emergency or other medically necessary care, the Hospital used the following methodology in 2015 The Hospital utilized the look-back method for determining its amounts generally billed (AGB) percentage In calculating its AGB percentage, the Hospital included claims allowed during its prior 12-month period by Medicare fee-for-service (including Medicare Advantage) and all commercial payors that had any activity with the Hospital during the taxable year

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Form and Line Reference	Explanation
Part V, Section B, Line 7a	Each hospital facility's CHNA report was made widely available through the following websites Facility 1 -- Florida Hospital Orlandohttps //www floridahospital com/sites/default/files/florida_hospital_orlando_-_2013_chna pdfFacility 2 -- Florida Hospital Altamontehttps //www floridahospital com/sites/default/files/florida_hospital_altamonte_-_2013_chna_0 pdfFacility 3 -- Florida Hospital Celebration Healthhttps //www floridahospital com/sites/default/files/florida_hospital_celebration_health_-_2013_chna pdfFacility 4 -- Winter Park Memorial Hospitalhttps //www floridahospital com/sites/default/files/florida_hospital_winter_park_memorial_-_2013_chna pdfFacility 5 -- Florida Hospital East Orlandohttps //www floridahospital com/sites/default/files/florida_hospital_east_orlando_-_2013_chna pdfFacility 6 -- FH Heartland Medical Centerhttps //www floridahospital com/sites/default/files/florida_hospital_heartland_-_2013_community_health_needs_assessment pdfFacility 7 -- Florida Hospital Kissimmeehttps //www floridahospital com/sites/default/files/florida_hospital_kissimmee_-_2013_chna pdfFacility 8 -- Central Texas Medical Centerhttp //www ctmc org/Portals/7/docs/Community%20Benefits/CTMC%20CHNA%202013 pdfFacility 9 -- Florida Hospital Apopkahttps //www floridahospital com/sites/default/files/florida_hospital_apopka_-_2013_chna pdfFacility 10 -- FH Heartland Medical Center Lake Placidhttps //www floridahospital com/sites/default/files/florida_hospital_lake_placid_-_2013_community_health_needs_assessment pdfFacility 11 -- Florida Hospital Wauchulahttps //www floridahospital com/sites/default/files/pdf/florida_hospital_wauchula_-_2013_chna pdfFacility 12 -- Adventist La Grange Memorial Hospitalhttp //www keepingyouwell com/Portals/33/docs/Community%20Benefits/Adventist%20La%20Grange%20Hospital%202013%20CHNA 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 10a	Each hospital facility's most recently adopted implementation strategy was made widely available through the following websites Facility 1 -- Florida Hospital Orlandohttps //www floridahospital com/sites/default/files/florida_hospital_orlando_2014-16_community_health_improvement_plan_0 docxFacility 2 -- Florida Hospital Altamontehttps //www floridahospital com/sites/default/files/florida_hospital_altamonte_2014-16_community_health_plan pdfFacility 3 -- Florida Hospital Celebration Healthhttps //www floridahospital com/sites/default/files/florida_hospital_celebration_2014-16_community_health_plan docxFacility 4 -- Winter Park Memorial Hospitalhttps //www floridahospital com/sites/default/files/florida_hospital_winter_park_memorial_2014-16_community_health_improvement_plan_0 docxFacility 5 -- Florida Hospital East Orlandohttps //www floridahospital com/sites/default/files/florida_hospital_east_orlando_2014-16_community_health_improvement_plan_0 docxFacility 6 -- FH Heartland Medical Centerhttps //www floridahospital com/sites/default/files/heartland_2014-16_community_health_plan docxFacility 7 -- Florida Hospital Kissimmeehttps //www floridahospital com/sites/default/files/florida_hospital_kissimmee_2014-16_community_health_improvement_plan docxFacility 8 -- Central Texas Medical Centerhttp //www ctmc org/Portals/7/docs/Community%20Benefits/CTMC%202014-16%20Community%20Health%20Plan pdfFacility 9 -- Florida Hospital Apopkahttps //www floridahospital com/sites/default/files/florida_hospital_apopka_2014-16_community_health_improvement_plan pdfFacility 10 -- FH Heartland Medical Center Lake Placidhttps //www floridahospital com/sites/default/files/lake_placid_2014-16_community_health_plan docxFacility 11 -- Florida Hospital Wauchulahttps //www floridahospital com/sites/default/files/wauchula_2014-16_community_health_plan docxFacility 12 -- Adventist La Grange Memorial Hospitalhttp //www keepingyouwell com/Portals/3/docs/About%20Us/Community%20Benefit/ALMH%2014-16%20Community%20Health%20Plan pdf

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

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

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Form and Line Reference	Explanation
Part V, Section B, Line 16a-16C	Each hospital facility's FAP, FAP application form and plain language summary of the FAP was made widely available through the following websites Facility 1 -- Florida Hospital Orlandohttps //webcdn ahss org/internet/policy/fh/en/FAD_fho_fh-en pdfFacility 2 -- Florida Hospital Altamontehttps //webcdn ahss org/internet/policy/fh/en/FAD_fha_fh-en pdfFacility 3 -- Florida Hospital Celebration Healthhttps //webcdn ahss org/internet/policy/fh/en/FAD_fhch_fh-en pdfFacility 4 -- Winter Park Memorial Hospitalhttps //webcdn ahss org/internet/policy/fh/en/FAD_fhwp_fh-en pdfFacility 5 -- Florida Hospital East Orlandohttps //webcdn ahss org/internet/policy/fh/en/FAD_fheo_fh-en pdfFacility 6 -- FH Heartland Medical Centerhttps //webcdn ahss org/internet/policy/fh/en/FAD_fhh_fh-en pdfFacility 7 -- Florida Hospital Kissimmeehttps //webcdn ahss org/internet/policy/fh/en/FAD_fhk_fh-en pdfFacility 8 -- Central Texas Medical Centerhttp //webcdn ahss org/internet/policy/multihosp/en/FAD_CTMC-en pdfFacility 9 -- Florida Hospital Apopkahttps //webcdn ahss org/internet/policy/fh/en/FAD_fhap_fh-en pdfFacility 10 -- FH Heartland Medical Center Lake Placidhttps //webcdn ahss org/internet/policy/fh/en/FAD_fhh_fh-en pdfFacility 11 -- Florida Hospital Wauchulahttps //webcdn ahss org/internet/policy/fh/en/FAD_fhh_fh-en pdfFacility 12 -- Adventist La Grange Memorial Hospitalhttps //www keepingyouwell com/almh/patients-visitors/billing-and-financial-services/financial-assistance

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 1 -- Florida Hospital OrlandoDescription of CHNA Significant Needs Contin ued 2015 Update CREATION Health lifestyle seminars and expanded programs were offered at Florida Hospital Orlando and in community settings CREATION Health is a faith-based welln ess plan that focuses on eight principles Choice, Rest, Environment, Activity, Trust, Int erpersonal Relationships, Outlook and Nutrition CREATION Kids is a child-friendly wellnes s program that stresses healthy eating and exercise in church and school settings, it reac hed 350 children and their parents With community partners, Florida Hospital served 4,200 people in identified food deserts with a Mobile Farmers Market that offered fresh fruits and vegetables, cooking demos and nutritional educational opportunities Florida Hospital Orlando also provided financial support to three public and private school-based gardens i n the Orlando community Community Needs Not Chosen by Florida Hospital Orlando Social De terminants of Health and Health Disparities 2013 Description of the Issue Although specif ic health determinants and poverty were not selected as priorities in Florida Hospital Orl ando's Community Health Needs Assessment, FHO supports "place-based" community transformat ion efforts that address health determinants in geographically specific areas 2015 Update Florida Hospital Orlando continued to be the anchor partner for the City of Bithlo Trans formation Effort led by the nonprofit agency United Global Outreach (UGO) UGO and its par tners are working to address multiple conditions in this very low-income community (census tract 166 22) of 8,200 people Education, Housing, Transportation, Health Care, Environme nt, Basic Needs and Sense of Community FHO provided $150,000 in direct funding FHO also engaged community partners (colleges, businesses, community organizations, etc) and recru ited its vendors and employees to help in the effort These efforts were valued at more th an $400,000 in 2015 Florida Hospital Orlando was also a partner in LIFT Orlando, a nonpro fit organization of business leaders collaborating with residents to accelerate community transformation in the primarily low-income, African-American community of Parramore in dow ntown Orlando Focus areas include cradle-to-career education, mixed income housing, commu nity health and wellness, and long-term economic viability FHO provides funding to IDigni ty, a nonprofit agency that helps homeless, precariously housed and other low-income peopl e get identification items birth certificates, social security numbers or cards, drivers' licenses, state IDs and other personal identification Violent Crime 2015 Update Hospita ls lack the ability to directly address violent crimes but, given the high crime rates, Fl orida Hospital Orlando views its active involvement in issues of awareness and prevention as especially crucial FHO provided major funding to the Harbor House Domestic Violence Ce nter, and provided office and (off-site) treatment space for the Orange County Victims' Se rvices Center (VSC) and the Sexual Assault Treatment Center (SATC) of Orange County Appro ximately 10 nurses were trained as Sexual Assault Nurse Examiners and are on-call for the SATC Florida Hospital Orlando staff, particularly in the ED, were trained to screen patie nts for domestic violence issues Health Literacy2015 Update Health Literacy was not sele cted as a priority issue by Florida Hospital Orlando The Adult Literacy League and others organizations including Hispanic Health Initiatives and the Center for Multicultural Well ness & Prevention provide literacy services for the community In addition, FHO provides f ull translation services that assists patients for whom English is not the primary languag e Motor Vehicle Accidents2015 Update The issue of motor vehicle collision is not within the purview of community hospitals Florida Hospital Orlando does promote and fund safe pe destrianism through its partnership with Healthy Central Florida Single Parent Households 2015 Update The issue of single parent households is not within the purview of Florida Ho spital Orlando Maternal and Child Health2015 Update Because of its existing support of t he Healthy Start Coalition and other maternal infant initiatives, Florida Hospital Orlando did not choose Maternal and Child Health as a priority area Florida Hospital facilities (Winter Park, Orlando and Celebration) provide obstetrics services, and the new Florida Wo men's Hospital opened in 2015 Sexually Transmitted Diseases 2015 Update Florida Hospital Orlando provides inpatient care but does not provide wrap-around services for HIV/AIDS or STD patients The Health Department has STD and HIV/AIDS Clinics, and the Center for Mult icultural Wellness and Prevention provides programs that screen for and treat sexually tra nsmitted diseases In addition, Orange County Government Health Services operates the Ryan White HIV/AIDS Program that provides services to

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	people without sufficient health coverage or financial resources to cope with HIV/AIDS Di abetes 2015 Update Diabetes is a major health concern in Central Florida, and the Florida Hospital Diabetes Institute provides treatment, education and research for the community Rather than a global focus on diabetes, FHO is focusing on obesity because it is a risk f actor for diabetes, heart disease and cancer Cancer2015 Update Cancer is a major cause o f death in Central Florida and the U S as a whole Florida Hospital Orlando is not focusi ng on cancer and cancer prevention as a priority because of the many hospital and communit y resources already available Groups like the American Cancer and Leukemia Societies prov ide outreach and education throughout the community - and in partnership with the hospital s FHO receives Susan G Komen dollars to help fund free mammograms for low-income women, and uses its mobile mammogram unit to reach out to this audience

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

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

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 3 -- Florida Hospital Celebration HealthDescription of CHNA Significant Needs Continued Community Needs Not Chosen by Florida Hospital Celebration Health Heart DiseaseFlorida Hospital Celebration Health supports chronic disease management programs at the Osceola Council on Aging Chronic Care Clinic and the Hope Clinic In addition, the Obesity interventions noted above address many of the risk factors for heart disease Mental Health and Substance AbuseFlorida Hospital Celebration Health does not offer substance abuse or behavioral/mental health services Hospital inpatients with behavioral health co-morbidities are transferred to the Med-Psych unit at Florida Hospital Orlando campus or to Park Place Behavioral Health, Osceola's County's behavioral health provider and home of the County's Baker Act Receiving Center Dental CareFlorida Hospital Celebration Health does not offer dental care but partners with the Dental Care Access Foundation that provides free and/or sliding fee scale dentistry to people who are uninsured or underinsured Several of the five FQHCs in Osceola County provide dental services Cancer Florida Hospital Celebration Health provides cancer treatment but did not choose Cancer as a top priority community issue FHCH does offer various cancer education programs AsthmaFlorida Hospital Celebration Health does not have Asthma-specific community programming but actively supports the American Lung Association, and provides health education, disease management and stop smoking programs Housing Affordability and HomelessnessHousing affordability is not a core competency of hospitals and other health care providers Florida Hospital is not leading out on this issue but made a significant financial donation (that garnered a community match) to establish and expand permanent supportive housing efforts in the tri-county area Florida Hospital Celebration Health also provides leadership to two regional commissions focused on housing issues specific to vulnerable families and individuals, and is active in Habitat for Humanity High UnemploymentHigh unemployment, while a health determinant, is not a core competency of Florida Hospital As a means of promoting employment, Florida Hospital Celebration Health provides leadership to the regional BusinessForce, multiple Chambers of Commerce (including Kissimmee, Celebration and St Cloud) and Economic Development Commissions (Orange and Osceola) that focus on growing a healthy business community As a means of promoting both access to care and challenging high unemployment, Florida Hospital Celebration Health supports the education and training of Certified Nursing Assistants in Osceola County through the Project OPEN initiative described above Single Parent HouseholdsSingle Parent Households are not a core competency of hospitals and other health care providers

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

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

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 2 -- Florida Hospital AltamonteDescription of CHNA Significant Needs Continued Community Needs Not Chosen by Florida Hospital Altamonte Diabetes, Cancer, Heart Disease, Stroke & AsthmaFlorida Hospital Altamonte and its community partners - the Department of Health, the Area Health Education Council (AHEC), the American Heart Association, the American Cancer Society, the American Lung Association, etc - already provide a number of health education and disease management programs Marijuana Use among Youth, Mental Health & Substance AbuseFlorida Hospital Altamonte does not provide substance abuse or behavioral/mental health services There are strong mental health and substance abuse assets in Seminole County including Aspire Behavioral Health (in- and outpatient mental health and substance abuse services) and the Orlando Health Behavioral Group, an 80-bed psychiatric hospital at South Seminole Hospital, an unrelated hospital Maternal and Child Health Florida Hospital Altamonte provides obstetrics services and a variety of pre- and postnatal programs and car seats for parents and children Women and children may qualify for our Financial Assistance Program that includes charity care and/or steep discounts for low-income patients As noted in the Access to Care section above, Florida Hospital Altamonte provides member support to maternal and child health initiatives in Seminole County including the Healthy Start Coalition of Seminole County and Kids' House (the County's sexual abuse treatment center for children) Motor Vehicle Accidents The issue of motor vehicle collisions is not within the purview of community hospitals Housing affordabilityHousing affordability is a health determinant rather than a core competency of hospitals and other health care providers Florida Hospital Altamonte made a significant financial donation (that garnered community matches) to establish and expand permanent supportive housing efforts in Seminole County and surrounding areas Florida Hospital also provides leadership to two regional commissions focused on issues of housing specific to vulnerable families and individuals, and is active in Habitat for Humanity

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

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 5 -- Florida Hospital East OrlandoDescription of CHNA Significant Needs Continued E Social Determinants of Health/Health Disparities 2013 Description of the Issues Health disparities adversely affect people who have systematically experienced greater obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, cognitive, sensory, or physical disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to discrimination or exclusion Within Orange County, black/African-American, Hispanic/Latino families, and the elderly are more than three times more likely to live in poverty than their white neighbors Further, the Florida Hospital East Orlando community is more than 50% Hispanic and the east part of the County includes the community of Bithlo, one of the poorest communities in Florida 2015 Update Florida Hospital East Orlando currently has as a strong internal Diversity program FHEO has also created a new Committee to better address the disparities in our community, membership includes national health equity scholars In addition, FHEO staff serve on the board of the Central Florida Partnership on Health Disparities, a 501(c)(3) entity initially founded by Florida Hospital F Violent Crime Hospitals lack the ability to directly address violent crimes, but Florida Hospital has provided funding to several organizations that address the effects of violent crime We view our active involvement in issues of awareness and prevention as especially crucial since Orange County's rates of violent crime exceed the national average Interventions include - Funding to Harbor House Domestic Violence Centers,- Providing office and treatment space for the Orange County Victims' Services Center,- Training FHEO staff to screen patients for domestic violence issues, and - Donating space for the Sexual Assault Treatment Center of Orange County Community Needs Not Chosen by Florida Hospital East Orlando A Sexually Transmitted DiseasesFlorida Hospital East Orlando provides inpatient care but does not provide wrap-around services for HIV/AIDS or STD patients The Health Department has STD and HIV/AIDS Clinics, and the Center for Multicultural Wellness and Prevention provides programs that screen for and treat sexually transmitted diseases In addition, Orange County Government Health Services operates the Ryan White HIV/AIDS Program that provides services to people without sufficient health coverage or financial resources to cope with HIV disease B Maternal and Child Health Florida Hospital East Orlando does not have Maternal and Child health services, but supports the Healthy Start Coalition financially and through Board of Director service Other Florida Hospital facilities (Winter Park, Orlando and Celebration) provide obstetrics services, and the new Florida Women's Hospital opened in 2015 The Walt Disney Pavilion at Florida Children's Hospital accepts referrals from other Florida Hospital campuses and from FH's CentraCare Walk-In Urgent Care Centers C Cancer Florida Hospital East Orlando does not provide cancer treatment services Patients in the East Orlando community are treated at the Cancer Institute at the main Florida Hospital campus In addition, Florida Hospital East Orlando supports the Area Health Education Council (AHEC) and provides funding to the American Cancer Society and the American Lung Association, these partners provide health education and disease management programs throughout the County D Heart DiseaseHeart disease, hypertension and Congestive Heart Failure - with Diabetes - are the most common chronic conditions in the United States Risk factors include health behaviors such as obesity and smoking The Cuidate and Bridge programs noted above provide education and support for people with or at risk for heart disease through the Stanford Chronic Disease Self-Management Program offered in Spanish and English E Motor Vehicle CollisionsThe issue of motor vehicle collisions is not within the purview of community hospitals Florida Hospital East Orlando does promote and fund safe pedestrianism through its partnership with Healthy Central Florida F Single Parent HouseholdsAgain, the issue of single parent households is not within the purview of Florida Hospital East Orlando In financially supporting the tri-county Healthy Start Coalitions, Florida Hospital East Orlando helps expectant and new patient's access health education and parenting programs

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

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

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 4 -- Winter Park Memorial HospitalDescription of CHNA Significant Needs Continued Community Needs Not Chosen by Winter Park Memorial Hospital Substance Abuse and Mental Health While there are strong mental health and substance abuse providers in the Orange County community, funding for these services is very limited (as is the case throughout Florida) Florida Hospital Orlando has medical-psychiatric beds, and is the Baker Act Receiving Center for Orange County Health LiteracyHealth Literacy was not selected as a priority issue by Winter Park Memorial Hospital The Adult Literacy League and others entities including Hispanic Health Initiatives and the Center for Multicultural Wellness & Prevention provide literacy services for the community In addition, WPMH provides full translation services that help patients for whom English is not the primary language Motor Vehicle Accidents The issue of motor vehicle collisions is not within the purview of community hospitals Winter Park Memorial Hospital does promote and fund safe pedestrianism through its partnership with Healthy Central Florida Single Parent Households The issue of single parent households is not within the purview of Winter Park Memorial Hospital Maternal and Child HealthBecause of its existing support of the Healthy Start Coalition and other maternal infant initiatives, Winter Park Memorial Hospital did not choose Maternal and Child Health as a priority area WPMH houses the Baby Place OB program, and the Baby Place Academy which offers multiple parent education programs Some examples include Boot Camp for New Dads (in cooperation with the Orange County Healthy Start Coalition), Sibling Class, Infant and Child CPR, and Childbirth Preparation Sexually Transmitted Diseases Winter Park Memorial Hospital provides inpatient care but does not provide wrap-around services for HIV/AIDS or STD patients The Health Department has STD and HIV/AIDS Clinics, and the Center for Multicultural Wellness and Prevention provides programs that screen for and treat sexually transmitted diseases In addition, Orange County Government Health Services operates the Ryan White HIV/AIDS Program that provides services to people without sufficient health coverage or financial resources to cope with HIV/AIDS Heart Disease/Diabetes Heart disease/diabetes is a major health concern in Central Florida, and the Florida Hospital Diabetes Institute provides treatment, education and research for the community Rather than a global focus on heart disease/diabetes, WPMH is focusing on obesity because it is a risk factor for diabetes, heart disease and cancer CancerCancer is a major cause of death in Central Florida and the U S as a whole Winter Park Memorial Hospital is not focusing on cancer and cancer prevention as a priority because of the many hospital and community resources already available Groups like the American Cancer Society and Leukemia Societies provide outreach and education throughout the community - and in partnership with the hospitals WPMH receives Susan G Komen dollars to help fund free mammograms for low-income women, and uses its mobile mammogram unit to reach out to this audience

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

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

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 7 -- Florida Hospital KissimmeeDescription of CHNA Significant Needs Continued Community Needs Not Chosen by Florida Hospital Kissimmee Mental Health and Substance AbuseFlorida Hospital Kissimmee does not offer substance abuse or behavioral/mental health services Hospital inpatients with behavioral health co-morbidities are transferred to the Med-Psych unit at Florida Hospital Orlando campus or to Park Place Behavioral Health, Osceola's behavioral health provider and home of the County's Baker Act Receiving Center Dental CareFlorida Hospital Kissimmee does not offer dental care but partners with the Dental Care Access Foundation that provides free and/or sliding fee scale dentistry to people who are uninsured or underinsured Several of the five FQHCs in Osceola County offer dental services Cancer Florida Hospital Kissimmee does not provide cancer treatment, its cancer patients are referred to Florida Hospital Celebration Health or Florida Hospital Orlando AsthmaFlorida Hospital Kissimmee does not have Asthma-specific community programming but actively supports the American Lung Association, and provides health education, disease management and stop smoking programs Maternal and Child HealthFHK does not have Maternal and Child health services, but supports the Healthy Start Coalition of Osceola County financially and through Board of Director services Other Florida Hospital facilities (Winter Park, Orlando, and Celebration) provides obstetrics services, and the new Florida Women's Hospital at Florida Hospital Orlando opened in 2015 Housing Affordability and HomelessnessHousing affordability is not a core competency of hospitals and other health care providers Florida Hospital is not leading out on this issue but made a significant financial donation (that garnered a community match) to establish and expand permanent supportive housing efforts in the tri-county area High UnemploymentHigh unemployment is not a core competency of hospitals Florida Hospital Kissimmee already supports the education and training of health care professionals through Project Open (training of homeless or precariously housed women as Certified Nursing Assistants) and at local colleges and trade schools, including the Technical Education Center of Osceola (TECO) and Valencia College in Osceola County Single Parent HouseholdsSingle Parent households are not a core competency of hospitals and other health care providers

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

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

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Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 6 -- Florida Hospital Heartland Medical CenterDescription of CHNA Significant Needs Continued Priorities Considered but Not Selected Medical Home Shortage The community's total number of licensed family physicians is below the state average with a ratio of 1 primary care physician to 270 people This issue was not chosen because it is encompassed in the access to health care priority Motor Vehicle Deaths The community's rate of motor vehicle accidents is higher that the state average, many are related to alcohol Motor vehicle deaths that do not involve alcohol are seen as unintentional deaths and may be related to the rural nature of the community Numerous local organizations are currently working to stop drinking and driving Chronic Lower Respiratory Disease Hospitalizations for respiratory diseases exceed the state rate Smoking is the main cause of chronic lower respiratory disease Florida Hospital already offers smoking cessation classes and a Better Breathers Support Group, and other organizations such as the American Lung Association focus on this disease Need for Health Promotion Lifestyle and personal health habits are growing concerns The community's obesity rate is higher than the expected level for students in middle and high school, as well as in adults We are already addressing this issue in our diabetes, heart disease and chronic disease self-management efforts In addition, ACCESS Florida offered by the Florida Department of Children and Families helps families purchase nutritional foods needed to maintain a healthy lifestyle HIV/AIDS HIV/AIDS deaths exceed the state average An alarming 29% of married persons still believe you get HIV from mosquitoes This is an issue of education, which many groups are focusing on The local Health Department cares for HIV/AIDS patients The Highlands County Rural Health Network offers "Making a Difference!" an initiative that empowers adolescents to change their behaviors and reduce their risks of pregnancy, HIV and other sexual transmitted diseases Maternal-Infant Pregnancy, parental care and newborn care fall in as the tenth issue Even though teen birth rates have dropped since 2010, the area's rates are still above the average A 15 to 20-year-old has a 57% chance of giving birth, and 30% of mothers began their prenatal care after the first trimester Florida Hospital Heartland offers a birthing center that serves women of all incomes and ethnicities Several community groups are working diligently on teen pregnancy prevention Healthy Choices Education/Teen Pregnancy Prevention are current initiatives by Highlands County Rural Health Network (of which FHH is a member), their focus is helping reduce STDs and teen pregnancy within the community Pediatrics Pediatric services are limited in this community, due in part to a limited demand driven by a large aging population Florida Hospital Heartland has a pediatric unit and a pediatric hospitalist, but no specialists Families with acute needs travel out of the community - to Tampa, Orlando or Lakeland - for specialty pediatric services Heartland has a referral agreement with the Florida Hospital for Children in Orlando that provides access to 30 sub-specialties Due to the limited demand for pediatrics in the community, Florida Hospital Heartland has no current plans to expand the existing pediatric unit Mental Health/Substance Abuse There is a shortage of mental health providers in the community, meaning that the ability to provide effective care is challenging In Highlands County, the patient-to-provider ratio is four times the state average Substance abuse is also a growing issue, especially in middle and high school aged populations Marijuana use is above the state average Florida Hospital Heartland does not provide mental health or substance abuse services BALANCE Lives in Transition is an organization formed to improve treatment and quality of life for residents Drug Free Highlands works with the Highlands County School Board and Sheriff's Office to promote a drug- free community

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

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group A-Facility 10 -- Florida Hospital Heartland Medical Center Lake PlacidDescription of CHNA Significant Needs Continued Priorities Considered but Not Selected Medical Home Shortage The community's total number of licensed family physicians is below the state average with a ratio of 1 primary care physician to 270 people This issue was not chosen because it is encompassed in the access to health care priority Motor Vehicle Deaths The community's rate of motor vehicle accidents is higher that the state average, many are related to alcohol Motor vehicle deaths that do not involve alcohol are seen as unintentional deaths and may be related to the rural nature of the community Numerous local organizations are currently working to stop drinking and driving Chronic Lower Respiratory Disease Hospitalizations for respiratory diseases exceed the state rate Smoking is the main cause of chronic lower respiratory disease Florida Hospital already offers smoking cessation classes and a Better Breathers Support Group, and other organizations such as the American Lung Association focus on this disease Need for Health Promotion Lifestyle and personal health habits are growing concerns The community's obesity rate is higher than the expected level for students in middle and high school, as well as in adults We are already addressing this issue in our diabetes, heart disease and chronic disease self-management efforts In addition, ACCESS Florida offered by the Florida Department of Children and Families helps families purchase nutritional foods needed to maintain a healthy lifestyle HIV/AIDS HIV/AIDS deaths exceed the state average An alarming 29% of married persons still believe you get HIV from mosquitoes This is an issue of education, which many groups are focusing on The local Health Department cares for HIV/AIDS patients The Highlands County Rural Health Network offers "Making a Difference!" an initiative that empowers adolescents to change their behaviors and reduce their risks of pregnancy, HIV and other sexual transmitted diseases Maternal-Infant Pregnancy, parental care and newborn care fall in as the tenth issue Even though teen birth rates have dropped since 2010, the area's rates are still above the average A 15 to 20-year-old has a 57% chance of giving birth, and 30% of mothers began their prenatal care after the first trimester Florida Hospital Heartland offers a birthing center that serves women of all incomes and ethnicities Several community groups are working diligently on teen pregnancy prevention Healthy Choices Education/Teen Pregnancy Prevention are current initiatives by Highlands County Rural Health Network (of which FHH is a member), their focus is helping reduce STDs and teen pregnancy within the community Pediatrics Pediatric services are limited in this community, due in part to a limited demand driven by a large aging population Florida Hospital Heartland has a pediatric unit and a pediatric hospitalist, but no specialists Families with acute needs travel out of the community - to Tampa, Orlando or Lakeland - for specialty pediatric services Heartland has a referral agreement with the Florida Hospital for Children in Orlando that provides access to 30 sub-specialties Due to the limited demand for pediatrics in the community, Florida Hospital Heartland has no current plans to expand the existing pediatric unit Mental Health/Substance Abuse There is a shortage of mental health providers in the community, meaning that the ability to provide effective care is challenging In Highlands County, the patient-to-provider ratio is four times the state average Substance abuse is also a growing issue, especially in middle and high school aged populations Marijuana use is above the state average Florida Hospital Heartland does not provide mental health or substance abuse services BALANCE Lives in Transition is an organization formed to improve treatment and quality of life for residents Drug Free Highlands works with the Highlands County School Board and Sheriff's Office to promote a drug- free community

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

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

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

Form and Line Reference	Explanation
Part V, Section B, Line 11 Continuation of Footnote	Group B-Facility 11 -- Florida Hospital WauchulaDescription of CHNA Significant Needs Continued Priorities Considered but Not Selected Motor Vehicle Deaths - The community's rate of motor vehicle accidents is higher that the state average, many are related to alcohol Motor vehicle deaths that do not involve alcohol are seen as unintentional deaths and may be related to the rural nature of the community This is not a core competency of FHW, and there are numerous community organizations working to stop drinking and driving Chronic Lower Respiratory Disease - Smoking falls within the education for heart disease and stroke Florida Hospital Wauchula already offers a five-week program to become tobacco free as well as a Better Breathers Club that teaches ways to cope with COPD Health Promotion - This issue fell under the umbrella of diabetes, which is being addressed as one of the priorities Florida Department of Children and Families offers ACCESS Florida, a program that helps individuals and families purchase nutritional foods needed to maintain and promote good health The Hardee County Department of Health also offers a variety of health promotion programs HIV/AIDS - Hardee County has an average of two AIDS cases reported annually This issue already has numerous groups and advocacies working to educate about HIV/AIDS and how they can be treated if they are diagnosed Making a Difference! is an initiative that empowers adolescents to change their behaviors that will reduce their risks of pregnancy, HIV and other sexually transmitted diseases Pregnancy/Prenatal Care/Newborn - Florida Hospital Wauchula does not offer OB services While teen birth rates are high, there are numerous organizations making an effort to educate on teen pregnancies and the importance of prenatal care as well as continuing the child's health welfare after birth through regular check-ups with a pediatrician Healthy Choices Education /Teen Pregnancy Prevention are current initiatives by the Heartland Rural Health Network (five counties including Hardee), they focus on healthy choices education to help reduce STD and teen pregnancy within the community Healthy Start is another program promoting optimal prenatal health and developmental outcomes for all pregnant women and babies Pediatric Services - Florida Hospital Wauchula does not offer pediatric services The Health Department, Florida Hospital Heartland and Central Florida Family Health Care (FQHC) offer these services Mental Health/Substance Abuse - Florida Hospital Wauchula does not provide mental health services Currently, there are a number of community-based substance abuse and mental health programs available to help provide stable environments and mentoring for those affected BALANCE Lives in Transition was formed as a unique support system to improve the treatment and quality of life for residents They are engaged in a variety of activities to create awareness about behavioral health and promote the promise of recovery for residents Immunizations - Immunizations are increasingly available through health departments, drug stores, the local FQHC and primary care physicians FHW does not provide immunizations Dental Care - Dental care was not chosen as a priority due to the scope of resources available and the fact that this issue also falls into access to health care Central Florida Health Care (FQHC) offers dental services for low-income and insured patients

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

	Name and address	Type of Facility (describe)
1	1 - Florida Hospital Cancer Institute 2501 N Orange Avenue Suites 139 181 Orlando, FL 32804	Cancer Center
1	2 - Florida Hospital Rehabilitation and Spor 5165 Adanson Street Orlando, FL 32804	Therapy Center
2	3 - Florida Hospital Orlando Pathology Lab 2855 N Orange Avenue Orlando, FL 32803	Lab Services
3	4 - Florida Hospital Kissimmee Outpatient Im 2400 N Orange Blossom Trail Suite 106 Kissimmee, FL 34744	Outpatient Services
4	5 - Florida Hospital Altamonte Infusion Cent 894 E Altamonte Drive Suite 3000 Altamonte Springs, FL 32701	Infusion Center
5	6 - Florida Hospital Cancer Institute - Kiss 1300 West Oak Street Kissimmee, FL 34741	Cancer Center
6	7 - Florida Hospital Kissimmee Infusion Cent 1300 West Oak Street Suite A Kissimmee, FL 34741	Infusion Center
7	8 - Florida Hospital Altamonte Ambulatory Su 661 E Altamonte Drive Suite 110 Altamonte Springs, FL 32701	Outpatient Surgery Center
8	9 - Florida Hospital Kidney Stone Center 2501 N Orange Avenue Suite 121 Orlando, FL 32804	Outpatient Services
9	10 - Florida Hospital East Infusion Center 7975 Lake Underhill Rd Suite 130 Orlando, FL 32822	Infusion Center
10	11 - Florida Hospital Altamonte Outpatient MR 661 E Altamonte Drive Suite 112 Altamonte Springs, FL 32701	Radiology Services
11	12 - Family Health East Orlando Women's Pavil 7975 Lake Underhill Road Suite 100 Orlando, FL 32822	Women's Health Clinic
12	13 - La Grange Cancer Treatment Pavillion 1325 Memorial Dr La Grange, IL 60525	Cancer Center/Wound Care Facility
13	14 - Florida Hospital Endoscopy OP Services 2415 N Orange Ave Suite 201 Orlando, FL 32804	OP Services
14	15 - Florida Hospital Cancer Care Center 2100 Glenwood Drive Winter Park, FL 32792	Radiation Oncology

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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	Name and address	Type of Facility (describe)
16	16 - FHCC - LAKE BUENA VISTA #2 12500 S Apopka Vineland Rd Orlando, FL 32836	Urgent Care Clinic
1	17 - Florida Hospital Surgery Center East Or 258 S Chickasaw Trail Suite 100 Orlando, FL 32825	Outpatient Surgery
2	18 - Florida Hospital Transplant Center 2415 N Orange Avenue Suite 600 700 Orlando, FL 32804	Organ Tissue/Transplant Center
3	19 - Adventist Paulson Rehab - Willowbrook 619 Plainfield Road Willowbrook, IL 60521	Rehabilitation Center
4	20 - Florida Hospital Medical Plaza 2501 N Orange Avenue Orlando, FL 32804	Physician Clinics
5	21 - Florida Hospital Rehabilitation & Sports 7975 Lake Underhill Road Suite 345 Orlando, FL 32822	Therapy Center
6	22 - FHCC - SOUTH ORANGE 2609 South Orange Ave Orlando, FL 32806	Urgent Care Clinic & Employer Onsite Clinic
7	23 - Florida Hospital Kissimee - OP Endoscopy 2400 North Orange Blossom Trail Suite 3 Kissimmee, FL 34744	Outpatient Services
8	24 - Florida Hospital Altamonte Mammography C 661 E Altamonte Drive Suite 130 Altamonte Springs, FL 32701	Radiology Services
9	25 - Central Texas Ambulatory Endoscopy 1303 Wonder World Dr San Marcos, TX 78666	Endoscopy Services
10	26 - FHHMC Cardiology Associates 4638 Sun N Lake Blvd Sebring, FL 33872	Outpatient Phys Clinic
11	27 - Florida Hospital Celebration Health Outp 410 Celebration Place Suite 408 Celebration, FL 34747	Outpatient Surgery Center
12	28 - Florida Hospital Gamma Knife 2501 N Orange Ave Suite 101 S Orlando, FL 32804	Gamma Knife
13	29 - FHCC - SANFORD 4451 West 1st Street Sanford, FL 32771	Urgent Care Clinic
14	30 - FHCC - WATERFORD 250 N Alafaya Trail Suite 135 Orlando, FL 32825	Urgent Care Clinic

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

	Name and address	Type of Facility (describe)
31	31 - FHCC - ORANGE LAKE 8201 W Irlo Bronson Highway Kissimmee, FL 34747	Urgent Care Clinic
1	32 - Admin BHS Onsite 2600 Westhall Lane Box 300 Maitland, FL 32751	Corporate Services
2	33 - Florida Hospital Center for Behavioral H 501 E King Street 1st Floor Orlando, FL 32803	Med/Psych
3	34 - FHCC - WINTER GARDEN 3005 Daniels Road Winter Garden, FL 34787	Urgent Care Clinic
4	35 - Florida Hospital Rehabilitation & Sports 8701 Maitland Summit Blvd Orlando, FL 32810	Therapy Center
5	36 - FHCC - WINTER PARK 3099 Aloma Avenue Winter Park, FL 32792	Urgent Care Clinic
6	37 - Loch Haven OBGyn Group 235 E Princeton Street Suite 200 Orlando, FL 32804	Physician Clinics
7	38 - FHHMC SeaScape Imaging & Laboratory OP C 2950 Alt US 27 S Sebring, FL 33870	Outpatient Imaging & Laboratory
8	39 - FHCC - HUNTERS CREEK 3293 Greenwald Way North Kissimmee, FL 34741	Urgent Care Clinic
9	40 - FH Wauchula Pioneer Medical Center 515 Carlton St Wauchula, FL 33873	Outpatient Phys Clinic
10	41 - Adventist La Grange Family Medical Cente 5201 S Willow Springs Road Suite 300 La Grange, IL 60525	Family Medical Center
11	42 - FHHMC Surgery Center 4240 Sun N Lake Blvd Sebring, FL 33872	Outpatient Surgery
12	43 - FHCC - LEE ROAD 2540 Lee Road Winter Park, FL 32789	Urgent Care Clinic
13	44 - FHCC - ALTAMONTE 440 W Highway 436 Altamonte Springs, FL 32714	Urgent Care Clinic
14	45 - Winter Park Memorial Hospital Women's Ce 100 N Edinburgh Winter Park, FL 32792	Women's Health Clinic, Imaging

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

	Name and address	Type of Facility (describe)
46	46 - FHCC - MT DORA 9015 US Highway 441 Mount Dora, FL 32757	Urgent Care Clinic
1	47 - Florida Hospital Altamonte Pain Medicine 711 East Altamonte Drive Suite 100 Altamonte Springs, FL 32701	Pain Medicine
2	48 - Florida Hospital Celebration Women's Ins 410 Celebration Place Suite 201 Celebration, FL 34747	Women's services
3	49 - FHCC - DR PHILLIPS 8014 Conroy-Windermere Rd Suite 104 Orlando, FL 32835	Urgent Care Clinic
4	50 - FHCC - COLONIAL TOWN 630 North Bumby Ave Orlando, FL 32803	Urgent Care Clinic
5	51 - San Marcos MRI LP 1330 Wonder World Dr San Marcos, TX 78666	Imaging Services
6	52 - FHHMC Interventional Cardiology 4240 Sun N Lake Blvd Suite 202 Sebring, FL 33872	Outpatient Phys Clinic
7	53 - FHCC - UNIVERSITY 11550 University Blvd Orlando, FL 32817	Urgent Care Clinic
8	54 - FHCC - KISSIMMEE 4320 W Vine Street Kissimmee, FL 34746	Urgent Care Clinic
9	55 - FHCC - AZALEA PARK 509 S Semoran Blvd Orlando, FL 32807	Urgent Care Clinic
10	56 - FHCC - CLERMONT 15701 State Road 50 Suite 101 Clermont, FL 34711	Urgent Care Clinic
11	57 - FHCC - OVIEDO 8010 Red Bug Road Oviedo, FL 32765	Urgent Care Clinic
12	58 - Florida Hospital Rehabilitation & Sports 711 E Altamonte Drive Suite 200 Altamonte Springs, FL 32701	Therapy Center
13	59 - Florida Hospital Altamonte Imaging Cente 894 E Altamonte Drive Suite 1100 Altamonte Springs, FL 32701	Radiology Services
14	60 - FHCC - SAND LAKE 2301 Sand Lake Road Orlando, FL 32809	Urgent Care Clinic

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

	Name and address	Type of Facility (describe)
61	61 - FHCC - LONGWOOD 855 S US Highway 17-92 Longwood, FL 32750	Urgent Care Clinic
1	62 - FHCC - BRANDON 10222 Bloomingdale Ave Riverview, FL 33578	Urgent Care Clinic
2	63 - Florida Hospital Center for Thrombosis 2566 Lee Road Winter Park, FL 32789	Thrombosis Center
3	64 - FHCC - PORT ORANGE 1208 Dunlawton Ave Port Orange, FL 32127	Urgent Care Clinic
4	65 - Florida Hospital Celebration Health Life 410 Celebration Place Suite 302B Celebration, FL 34747	Education Services
5	66 - Florida Hospital Center for Sleep Disord 501 E King Street 2nd Floor Orlando, FL 32803	Sleep Disorder Center
6	67 - CTMC Hospice 1315 IH 35 North San Marcos, TX 78666	Hospice services
7	68 - Florida Hospital Sleep Disorder Center - 1925 Mizell Avenue Suite 200 Winter Park, FL 32792	Sleep Center
8	69 - Florida Hospital Advanced Nuclear Imagin 328 Spruce Street Orlando, FL 32803	Radiology Services
9	70 - Family Health Center East 7975 Lake Underhill Road Suite 200 Orlando, FL 32822	Physician Clinics
10	71 - Florida Hospital Rehabilitation & Sports 615 E Princeton St Suite 104 Orlando, FL 32803	Therapy Center
11	72 - FHHMC Heartland Women's Health 37 Ryant Blvd Sebring, FL 33870	Outpatient Phys Clinic
12	73 - FHHMC Therapy Center 6325 US Highway 27 N Sebring, FL 33870	Outpatient Therapy Center
13	74 - Family Health Center Winter Park 2950 Aloma Ave Suite 100 Winter Park, FL 32792	Physician Clinics, Medicine Specialists, Surgical Specialists
14	75 - Florida Hospital Rehabilitation & Sports 8000 Red Bug Lake Road Suite 140 Oviedo, FL 32765	Therapy Center

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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	Name and address	Type of Facility (describe)
76	76 - Florida Hospital Rehab and Sports Medici 100 Waymont Court Suite 120 Lake Mary, FL 32746	Therapy/Hearing Center
1	77 - FHCC - CONWAY 5810 S Semoran Blvd Orlando, FL 32822	Urgent Care Clinic
2	78 - FHHMC Family Practice Center 1006 W Pleasant St Avon Park, FL 33825	Outpatient Phys Clinic
3	79 - FHHMC Highlands Surgical Associates 4301 Sun N Lake Blvd Suite 103 Sebring, FL 33872	Outpatient Phys Clinic
4	80 - Florida Hospital Rehab and Sport Medicin 2005 Mizell Ave Winter Park, FL 32792	Therapy Center
5	81 - Florida Hospital Cardiac Cath Lab 2501 N Orange Ave Suite 137 N Orlando, FL 32804	Cardiac Cath Lab
6	82 - FHHMC Wound Care 4143 Sun N Lake Blvd Sebring, FL 33872	Wound Care
7	83 - Florida Hospital Rehabilitation & Sports 2520 N Orange Avenue Suite 100 Orlando, FL 32804	Therapy Center
8	84 - FHHMC Women's Wellness Center 4240 Sun N Lake Blvd Suite 200 Sebring, FL 33872	Outpatient Phys Clinic
9	85 - Florida Hospital Rehabilitation & Sports 201 Hilda Street Suite 12 Kissimmee, FL 34741	Therapy Center
10	86 - Florida Hospital Laboratory - Orlando 2501 N Orange Avenue Suite 370 Orlando, FL 32804	Lab Services
11	87 - FHHMC Pulmonary & Critical Care Speciali 4409 Sun N Lake Blvd Suite E Sebring, FL 33872	Outpatient Phys Clinic
12	88 - Florida Hospital Diabetes Institute 2415 N Orange Ave Suite 501 Orlando, FL 32804	Diabetes
13	89 - Florida Hospital Kissimmee Clinical Phar 201 Hilda Street Suite 36 Kissimmee, FL 34741	Outpatient Services
14	90 - FHHMC Family Medicine Specialist & OP La 2315 US Highway 27 N Avon Park, FL 33825	Outpatient Phys Clinic & Laboratory

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

	Name and address	Type of Facility (describe)
91	91 - CTMC Rehab Services 1340 Wonder World Dr San Marcos, TX 78666	OP Rehab Services
1	92 - CTMC Home Health 2007 Medical Parkway San Marcos, TX 78666	Home Health services
2	93 - Celebration Hand Therapy 410 Celebration Place Suite 300 Celebration, FL 34747	Therapy Center
3	94 - Florida Hospital Rehabilitation & Sports 205 N Park Avenue Suite 110 Apopka, FL 32703	Therapy Center
4	95 - Florida Hospital Urology Surgery Center 1812 N Mills Ave Orlando, FL 32803	Physician Clinics
5	96 - Cancer Institute 4420 Sun N Lake Blvd Sebring, FL 33872	Oncology
6	97 - Florida Hospital Apopka The Women's Cen 205 N Park Avenue Suite 108 Apopka, FL 32703	Womens's services
7	98 - FHCC - CARROLLWOOD 4001 W Linebaugh Ave Tampa, FL 33624	Urgent Care Clinic
8	99 - FHHMC Psychiatric Services 4023 Sun N Lake Blvd Sebring, FL 33872	Outpatient Phys Clinic
9	100 - Medical Plaza - Florida Hospital Kissimm 2400 North Orange Blossom Trail Kissimmee, FL 34744	Physician Clinics
10	101 - FHHMC Urology Specialist 4215 Sun N Lake Blvd Sebring, FL 33872	Outpatient Phys Clinic
11	102 - Florida Hospital Rehabilitation and Spor 1603 S Hiawassee Road Suite 105 Orlando, FL 32835	Therapy Center
12	103 - FHHMC ENT Specialist 4325 Sun N Lake Blvd Suite 102 Sebring, FL 33872	Outpatient Phys Clinic
13	104 - Eden Spa 2501 N Orange Ave Suite 186 Orlando, FL 32804	Therapy
14	105 - FHHMC CareNow 4421 Sun N Lake Blvd Suite B Sebring, FL 33872	Outpatient Phys Clinic

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

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

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

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	Name and address	Type of Facility (describe)
106	106 - FHHMC Family Medicine Associates 5909 US Highway 27 N Suite 102 Sebring, FL 33870	Outpatient Phys Clinic
1	107 - FHHMC Sleep Lab 4301 Sun N Lake Blvd Sebring, FL 33872	Sleep Lab
2	108 - FHCC - WESLEY CHAPEL 5504 Gateway Boulevard Wesley Chapel, FL 33544	Urgent Care Clinic
3	109 - Florida Hospital Rehab University of Cen UCF Health Service/Building 124-Rm 114 Orlando, FL 32816	Therapy Center
4	110 - FHCC - SOUTH TAMPA 301 North Dale Mabry Hwy Tampa, FL 33609	Urgent Care Clinic
5	111 - FHCC - LEESBURG 1103 North 14th Street Leesburg, FL 34748	Urgent Care Clinic
6	112 - FHHMC Complete Family Care 935 Mall Ring Road Sebring, FL 33870	Outpatient Phys Clinic
7	113 - FHHMC Family Care of Lake Placid 201 US Highway S Lake Placid, FL 33852	Outpatient Phys Clinic
8	114 - FHHMC SeaScape Internal Medicine Sebring 2950 Alt US 27 S Suite B Sebring, FL 33870	Outpatient Phys Clinic
9	115 - FHCC - DAYTONA 1014 W International Speedway Blvd Daytona Beach, FL 32114	Urgent Care Clinic
10	116 - Florida Hospital Sleep Disorder Center - 203 N Park Avenue Suite 106 Apopka, FL 32703	Sleep Center
11	117 - Darden Onsite 1000 Darden Center Drive Orlando, FL 32837	Employer Onsite Clinic
12	118 - FH Wauchula The Therapy Center 1330 Highway 17 S Wauchula, FL 33873	Outpatient Physical Therapy
13	119 - FHHMC Highlands Surgical Associates Lake 1352 US 27 North Lake Placid, FL 33852	Outpatient Phys Clinic
14	120 - Center for Pediatric & Adolescent Medici 15502 Stoneybrook West Parkway Suite 2- Winter Garden, FL 34787	Pediatric Center / Outpatient Services

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

_____

	Name and address	Type of Facility (describe)
121	121 - FH Wauchula Cardiology Associates 463 Carlton St Wauchula, FL 33873	Outpatient Phys Clinic
1	122 - FHHMC Internal Medicine Specialist 6801 US Highway 27 N Suite B-2 Sebring, FL 33870	Outpatient Phys Clinic
2	123 - Siemens Onsite 4400 N Alafaya Trail MC Q1-240 Orlando, FL 32826	Employer Onsite Clinic
3	124 - Florida Hospital Laboratory - Lucerne Te 1723 Lucerne Terrace Orlando, FL 32806	Lab Services
4	125 - FH Sports Med & Rehab - Lake Nona 9975 Tavistock Lakes Blvd Suite 140 Orlando, FL 32827	Therapy Center
5	126 - JP Morgan Chase Onsite 550 International Parkway Floor 1 Lake Mary, FL 32746	Employer Onsite Clinic
6	127 - Wyndham Onsite 6277 Sea Harbor Dr Orlando, FL 32821	Employer Onsite Clinic
7	128 - Florida Hospital Laboratory - Tavares 1769 David Walker Drive Tavares, FL 32778	Lab Services
8	129 - Florida Hospital Laboratory - Palm Sprin 631 Palm Springs Drive Suite 113 Altamonte Springs, FL 32701	Lab Services
9	130 - FHHMC Outpatient Laboratory 6801 US Highway 27 N Suite C-1 Sebring, FL 33870	Outpatient Laboratory
10	131 - FH Wauchula Sleep Lab 457 W Carlton St Wauchula, FL 33873	Sleep Lab
11	132 - Florida Hospital Laboratory - Winter Par 1925 Mizell Ave Suite 100 Winter Park, FL 32792	Lab Services
12	133 - EMPLOYER CARE - CARROLLWOOD 7001 N Dale Mabry Hwy Suite 10 Tampa, FL 33614	Employer Onsite Clinic
13	134 - Florida Hospital Laboratory - Altamonte 661 East Altamonte Drive Suite 131 Altamonte Springs, FL 32701	Lab Services
14	135 - Florida Hospital Women's CenterLactatio 2520 N Orange Avenue Suite 103 Orlando, FL 32804	Lactation Center, Birthing Classes

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

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

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

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	Name and address	Type of Facility (describe)
136	136 - OCG Onsite 450 E South Street Orlando, FL 32802	Employer Onsite Clinic
1	137 - FH Lab - Lake Nona 9975 Tavistock Lakes Blvd Suite 260 Orlando, FL 32827	Lab Services
2	138 - Florida Hospital Hearing Center East Or 7975 Lake Underhill Road Suite 300 Orlando, FL 32822	Hearing Center
3	139 - FH Wauchula Women's Wellness 526 W Carlton St Wauchula, FL 33873	Outpatient Phys Clinic
4	140 - FHHMC Family Care of Sebring 844 Poinsettia Ave Sebring, FL 33870	Outpatient Phys Clinic
5	141 - FHHMC Diabetes Center 4023 Sun N Lake Blvd Sebring, FL 33872	Diabetes Center
6	142 - Waterman Onsite 1000 Waterman Way Tavares, FL 32778	Employer Onsite Clinic

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on 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

2015

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" on 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 . . . . . ▶ 88

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 8

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

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

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Adventist Care Centers - Courtland Inc 730 Courtland St Orlando, FL 32804	20-5774723	501(c)(3)	1,081,775				General Support
Adventist Health System Sunbelt Healthcare Corporation 900 Hope Way Altamonte Springs, FL 32714	59-2170012	501(c)(3)	821,288				General Support
American Diabetes Association Inc 1701 North Beauregard Street Alexandria, VA 22311	13-1623888	501(c)(3)	75,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Association of Physicians of Indian Origin 600 Enterprise Dr Ste 108 Oak Brook, IL 60523	38-2532505	501(c)(3)	25,000				General Support
American Cancer Society Florida Division Inc 3709 W Jetton Avenue Tampa, FL 33873	13-1788491	501(c)(3)	6,000				General Support
American Heart AssociationGreater South Affiliate-Ar 9900 Ninth St North St Petersburg, FL 33716	59-0637852	501(c)(3)	155,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Avon Park SDA Church 1410 W Avon Blvd Avon Park, FL 33825	59-3057686	501(c)(3)	100,000				General Support
Beacon Network Inc PO Box 2547 Orlando, FL 328022547	27-4894580	501(c)(3)	7,500				General Support
Boy Scouts of America Inc Central Florida Council 1951 S Orange Blossom Tr 102 Apopka, FL 32703	59-0624376	501(c)(3)	22,600				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Buildings Us Inc PO Box 3310 Winter Park,FL 327903310	45-5420165	501(c)(3)	35,000				General Support
Celebration Foundation Inc 610 Sycamore St Celebration,FL 34747	59-3370753	501(c)(3)	69,000				General Support
Celebration Seventh Day Adventist Church 52 Riley Rd 521 Celebration,FL 34747	20-5026637	501(c)(3)	40,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Center For Multicultural Wellness and Prevention Inc 641 N Rio Grande Ave Orlando, FL 32805	59-3368679	501(c)(3)	9,500				General Support
Central Florida Chamber for Persons With Disabilities LLC 3201 E Colonial Dr Unit A20 Orlando, FL 328035174	26-4201627	Other	6,000				General Support
Central Florida Commission On Homelessness 255 S Orange Ave Ste 108 Orlando, FL 32801	46-0994106	501(c)(3)	50,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Central Florida Partnership Inc PO Box 1234 Orlando,FL 32804	33-1202266	501(c)(6)	21,885				General Support
Central Florida Young Men's Christian Association 433 N Mills Avenue Orlando,FL 328035721	59-0624430	501(c)(3)	14,380				General Support
Central Texas Healthcare Collaborative 1301 Wonder World Dr San Marcos,TX 78666	45-3739929	501(c)(3)	1,314,013				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Central Texas Medical Center Foundation 1301 Wonder World Dr San Marcos, TX 78666	74-2259907	501(c)(3)		81,687	Book	Provision of general administrative support	General Support
City of Winter Garden 300 W Plant St Winter Garden, FL 34787	59-6000452	Gov't	20,000				General Support
Community Health Centers Inc 110 S Woodland St Winter Garden, FL 34747	59-1480970	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Creation Development Foundation dba Creation Kids Village 599 Celebration Place Celebration, FL 34747	30-0724172	501(c)(3)	30,000				General Support
Crohns & Colitis Foundation of America PO Box 701130 Saint Cloud, FL 34770	13-6193105	501(c)(3)	7,500				General Support
Downtown College Park Partnership Inc PO Box 547744 Orlando, FL 32854	23-7250533	501(c)(3)	12,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
East Orlando Health & Rehab Center Inc 250 South Chickasaw Trail Orlando, FL 32825	20-5774748	501(c)(3)	1,897,625				General Support
FLNC Inc 3355 E Semoran Blvd Apopka, FL 32703	20-5774761	501(c)(3)	3,727,625				General Support
Florida Abolitionist Inc 195 South Westmonte Drive Altamonte Springs, FL 32714	59-3178045	501(c)(3)	10,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Florida Conference Association of Seventh-Day Adventist dba Better Living C PO Box 3092 Lake Placid, FL 33862	59-6137501	501(c)(3)	10,000				General Support
Florida Emergency Medicine Foundation Inc 3717 S Conway Rd Orlando, FL 32812	59-3001777	501(c)(3)	9,000				General Support
Florida Endowment Foundation for Vocational Rehabilitation Inc DBA Th 3320 Thomasville Rd Ste 200 Tallahassee, FL 32308	59-3052307	501(c)(3)	20,000				General Support

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

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Florida Hospital SDA Church 2800 N Orange Avenue Orlando, FL 32804	59-3039667	501(c)(3)	50,000				General Support
Florida Medical Association Inc PO Box 10269 Tallahassee, FL 32302	59-0559672	501(c)(6)	25,000				General Support
Forest Lake Academy 500 Education Loop Apopka, FL 327036176	59-0816443	501(c)(3)	14,000				General Support

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

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Forest Lake SDA Church 515 Harley Lester Lane Apopka, FL 32703	59-2885433	501(c)(3)	8,500				General Support
Foundation for Early Childhood Development Inc PO Box 540387 Orlando, FL 32854	86-1076294	501(c)(3)	10,000				General Support
Foundation for Orange County Public Schools Inc 445 W Amelia St Ste 901 Orlando, FL 328011153	59-2788435	501(c)(3)	26,000				General Support

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

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Foundation for Seminole State College of Florida Inc 1055 AAA Drive Ste 209 Heathrow, FL 32746	23-7033822	501(c)(3)	89,334				General Support
Franklin's Friends Inc 901 Versailles Cir Maitland, FL 32751	46-1111664	501(c)(3)	10,000				General Support
Friends of the Mennello Museum of American Art Inc 900 E Princeton Street Orlando, FL 32803	59-3618760	501(c)(3)	11,750				General Support

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

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General Conference of Seventh Day Adventist 12501 Old Columbia Pike Silver Springs, MD 20904	52-0643036	501(c)(3)	11,500				General Support
Gr8 to Don8 Inc 7624 San Remo Pl Orlando, FL 32835	27-1946207	501(c)(3)	10,000				General Support
Grace Medical Home Inc 51 Pennsylvania Street Orlando, FL 328062938	28-1817966	501(c)(3)	102,500				General Support

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

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Greater San Marcos Partnership 1340 Wonder World Dr 108 San Marcos,TX 78666	80-0624502	501(c)(6)	25,000				General Support
Harbor House of Central Florida Inc PO Box 680748 Orlando,FL 32868	59-1712936	501(c)(3)	66,500				General Support
Health Care Center for the Homeless Inc 232 N Orange Blossom Trl Orlando,FL 32805	59-3185020	501(c)(3)	100,000				General Support

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

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Healthy Start Coalition of Osceola County Inc PO Box 701995 St Cloud,FL 34770	59-3212535	501(c)(3)	15,000				General Support
Heart of Florida United Way Inc 1940 Traylor Blvd Orlando,FL 32804	59-0808854	501(c)(3)	65,000				General Support
Heartland Triathlon of Highlands County Inc 1200 Highlands Drive Lake Placid,FL 33852	45-2232127	501(c)(3)	12,000				General Support

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

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Hispanic Business Initiative Fund of Florida Inc 3201 E Colonial Dr Unit A20 Orlando, FL 32803	59-3341405	501(c)(3)	27,000				General Support
Hispanic Chamber of Commerce Metro Orlando Inc 3201 E Colonial Drive Orlando, FL 32803	59-3103840	501(c)(6)	10,000				General Support
Historical Society of Central Florida Inc 65 E Central Blvd Orlando, FL 32801	59-1860444	501(c)(3)	10,000				General Support

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

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Hope Now International Inc PO Box 181173 Casselberry, FL 327181173	27-4498303	501(c)(3)	10,000				General Support
Illinois Conference of Seventh-Day Adventist 619 Plainfield Rd Willowbrook, IL 60527	36-2277365	501(c)(3)	200,000				General Support
JDRF International 370 Center Pointe Cir Ste 1154 Altamonte Springs, FL 32701	23-1907729	501(c)(3)	18,700				General Support

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

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Johns Hopkins All Childrens Hospital Inc 501 6th Ave S Dept 9630 Saint Petersburg, FL 33701	59-0683252	501(c)(3)	35,000				General Support
Junior Achievement of Central Florida Inc PO Box 917197 Orlando, FL 32891	59-0972112	501(c)(3)	72,000				General Support
Kids Beating Cancer Inc 615 E Princeton St Ste 400 Orlando, FL 32803	59-3136203	501(c)(3)	11,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Kids House of Seminole Inc 5467 North Ronald Reagan Blvd Sanford, FL 32773	59-3415005	501(c)(3)	20,000				General Support
La Grange Memorial Hospital Foundation 5101 South Willow Springs Road La Grange, IL 60525	30-0247776	501(c)(3)	0	19,260	Book	Provision of general administrative support	General Support
Lakeside Behavioral Healthcare Inc 1800 Mercy Drive Ste 302 Orlando, FL 32808	59-2301233	501(c)(3)	1,535,658				General Support

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

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Leadership Seminole 1055 AAA Dr Ste 153 Lake Mary, FL 32746	59-3257486	501(c)(3)	6,156				General Support
Lifework Leadership 1220 E Concord St Orlando, FL 328035453	37-1592618	501(c)(3)	10,000				General Support
March of Dimes Foundation 341 N Maitland Ave Ste 115 Maitland, FL 32751	13-1846366	501(c)(3)	27,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Matthews Hope Ministries Inc 1460 Daniels Rd Winter Garden, FL 34787	27-2245867	501(c)(3)	8,500				General Support
Mental Health Association of Central Florida Inc 1525 E Robinson St Orlando, FL 32801	59-0816432	501(c)(3)	24,528				General Support
Metro Orlando Economic Development Comm 301 East Pine Street Ste 900 Orlando, FL 32801	59-1767933	501(c)(6)	50,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mothers Milk Bank of Florida 8669 Commodity Circle Ste 490 Orlando, FL 32819	27-3939245	501(c)(3)	50,000				General Support
Mt Sinai Seventh Day Adventist Church 2600 Orange Center Blvd Orlando, FL 32503	59-2284791	501(c)(3)	16,000				General Support
New Image Youth Center Inc 212 S Parramore Ave Orlando, FL 32861	56-2482818	501(c)(3)	15,000				General Support

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

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Oakwood University 7000 Adventist Blvd NW Huntsville, AL 35896	63-0366652	501(c)(3)	6,500				General Support
Orange County Sheriff Foundation Inc 43 E Pine St Orlando, FL 32801	27-3302264	501(c)(3)	7,500				General Support
Orlando Science Center Inc 777 E Princeton Street Orlando, FL 32803	59-0896343	501(c)(3)	7,500				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Osceola County Council On Aging Inc 700 Generation Pt Kissimmee, FL 34744	59-1595398	501(c)(3)	160,000				General Support
Pennsylvania Media Associates Inc Dba WBZW WTLM-AMADIO 1188 Lake View Dr Altamonte Springs, FL 32714	94-3134636	Other	13,995				General Support
Primary Care Access Network Inc 101 S Westmoreland Dr Orlando, FL 328052258	46-1817605	501(c)(3)	35,000				General Support

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

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Ronald McDonald House Charities of Central Florida Inc 1030 N Orange Av Winter Park,FL 327894709	59-3211250	501(c)(3)	20,000	8,400	Book	Laundry services	General Support
Runway to Hope Inc 189 S Orange Ave Orlando,FL 328013261	27-3272616	501(c)(3)	6,250				General Support
Samaritan Touch Care Center Inc 3015 Herring Avenue Sebring,FL 33870	02-0773338	501(c)(3)	245,834				Medical Care

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

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San Marcos Sights & Sounds of Christmas Inc 630 E Hopkins San Marcos,TX 78666	74-2759206	501(c)(3)	12,000				General Support
Shepherds Hope Inc 4851 S Apopka Vineland Rd Orlando,FL 328193128	59-3420727	501(c)(3)	112,500				General Support
South Florida State College 600 W College Drive Avon Park,FL 33825	59-1218159	Gov't	25,465				General Support

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Sunbelt Health & Rehab Center - Apopka Inc 305 East Oak St Apopka,FL 32703	20-5774856	501(c)(3)	967,675				General Support
SunSystem Development Corporation 900 Hope Way Altamonte Springs,FL 32714	59-2219301	501(c)(3)		5,044,344	Book	Provision of general administrative support	General Support
Texas State University 601 University Dr San Marcos,TX 72893	74-6002248	Gov't	12,000				General Support

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The IOA Foundation Inc 1855 W State Road 434 Longwood, FL 32750	20-8964646	501(c)(3)	15,000				General Support
The School Board of Highlands County 426 School Street Sebring, FL 33870	56-6000654	Gov't	13,500				General Support
United Global Outreach Inc 2301 N Orange Ave Orlando, FL 328045510	03-0511875	501(c)(3)	160,000				General Support

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Universal Orlando Foundation Inc 1000 Universal Studios Plaza Orlando, FL 32819	59-3510383	501(c)(3)	15,000				General Support
University of Central Florida Foundation Inc 12424 Research Parkway Ste 140 Orlando, FL 32826	59-6211832	501(c)(3)	35,350				General Support
US Dream Academy Inc 5950 Symphony Woods Rd Columbia, MD 21044	59-3514841	501(c)(3)	10,000				General Support

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

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Val Skinner Foundation Inc PO Box 213 Bay Head, NJ 08742	13-4084940	501(c)(3)	54,000				General Support
Valencia College Foundation Inc PO Box 3028 Orlando, FL 32802	23-7442785	501(c)(3)	214,500				General Support
Walker Memorial Academy 1525 W Avon Blvd Avon Park, FL 33825	42-1748753	501(c)(3)	36,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wauchula Seventh-Day Adventist Church 205 S 11th Avenue Wauchula, FL 33873	65-0647279	501(c)(3)	17,000				General Support
Winter Park Chamber Of Commerce PO Box 280 Winter Park, FL 32790	59-0514615	501(c)(6)	6,000				General Support
Winter Park Health Foundation Inc 220 Edinburgh Dr Winter Park, FL 32792	59-0669460	501(c)(3)	135,000				General Support

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

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

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

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

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on 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

2015

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on 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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	The filing organization is a part of the system of healthcare organizations known as Adventist Health System (AHS) Members of the filing organization's executive management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of AHS AHSSHC is exempt from federal income tax under IRC Section 501(c)(3) The filing organization reimburses AHSSHC for the salary and benefit cost of those executives on the payroll of AHSSHC that provide services and are on the management team of the filing organization First-class or charter travel Pursuant to the AHS system-wide general policy regarding business travel, no reimbursement will be provided for any additional cost incurred with respect to first-class travel or charter air travel beyond the cost of a regular coach airfare During the current year, one board member was provided first class travel to a single business meeting The allowance of first class travel for this individual was approved in advance and authorized via the proper approval process Travel for companions AHSSHC has a Corporate Executive Policy that provides a benefit to allow for a traveling AHSSHC executive to have his or her spouse accompany the executive on certain business trips each year Typically, reimbursement is only provided to Vice Presidents and above and is usually limited to one business trip per year beyond the annual AHS President's Council business meeting and other meetings where the spouse is specifically invited The AHSSHC Corporate Executive Spousal Travel Policy was originally approved and reviewed by the AHSSHC Board Compensation Committee, an independent body of the AHSSHC Board of Directors All spousal travel costs reimbursed to the executive or board member are considered taxable compensation Tax Indemnification and gross-up payments AHS has a system-wide policy addressing gross-up payments provided in connection with employer-provided benefits/other taxable items Under the policy, certain taxable business-related reimbursements (i e taxable business-related moving expenses, taxable items provided in connection with employment) provided to any employee may be grossed-up at a 25% rate upon approval of the filing organization's CEO and CFO Additionally, employees at the Director level and above are eligible for gross-up payments on gifts received for board of director services Discretionary spending account A nominal discretionary spending amount was provided in the current year to all eligible executives who attend the annual AHS President's Council business meeting ($500 per executive) or the annual AHS CFO Conference or CMO/CNO business meeting ($300 per executive) Other discretionary spending accounts may be provided in connection with other AHS sponsored conferences to the executives and board members but typically do not exceed $200 per participant With respect to the AHS President's Council meeting, eligible executives may include AHSSHC Vice Presidents and above and all AHSSHC subsidiary organization CEOs and Regional CFOs The payment provided to each executive or board member was considered taxable compensation Housing allowance or residence for personal use AHSSHC has a Corporate Executive Policy that addresses assistance to executives who have been relocated by the company during the year Relocation assistance provided to executives may include relocation allowances to assist with duplicate housing expenses Relocation assistance is administered per AHSSHC policy by an external relocation company Additionally, the filing organization has a policy that addresses select hard to fill clinical/professional positions According to this policy, one highest compensated employee received a relocation allowance that included assistance for duplicate housing expenses The relocation assistance was administered by the filing organization Any taxable reimbursements made to executives or applicable employee in connection with relocation assistance are treated as wages to the executive and are subject to all payroll withholding and reporting requirements Health or social club dues or initiation fees AHSSHC has a Corporate Executive Policy that addresses business development expenditures Under this policy, certain AHS eligible executives may be reimbursed for member dues and usage charges for a country club or other social club upon authorization Club memberships must be recommended by the CEO of the AHS hospital organization and approved by the Chairman of the Board of Directors of the organization In addition, the proposed membership must be approved annually by the AHSSHC Board Compensation Committee, an independent committee of the Board of Directors of AHSSHC Eligible executives are limited to certain senior level executives (hospital organization CEOs, the CEO of the nursing home division of AHS, senior vice presidents at three large hospital organizations, regional CEOs and CFOs and the president and senior vice presidents of AHSSHC) In the current year, for this filing organization, four executives were eligible to receive reimbursement for club fees Each AHS executive who is approved for a club membership must submit an annual report to the AHSSHC Board Compensation Committee that describes how the membership benefited their organization during the preceding year
Part I, Line 3	The individual who serves as the CEO of the filing organization is compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) for that individual's role in serving as the CEO Compensation and benefits provided to this individual are determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958 AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53 4958-6 with respect to its active executive-level positions The AHSSHC Board Compensation Committee (the Committee) serves as the governing body for all executive compensation matters The Committee is composed of certain members of the Board of Directors (the Board) of AHSSHC Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC The Committee's role is to review and approve all components of the executive compensation plan of AHSSHC As an independent governing body with respect to executive compensation, it should be noted that the Committee will often confer in executive sessions on matters of compensation policy and policy changes In such executive sessions, no members of management of AHSSHC are present The Committee is advised by an independent third party compensation advisor This advisor prepares all the benchmark studies for the Committee Compensation levels are benchmarked with a national peer group of other not-for-profit healthcare systems and hospitals of similar size and complexity to AHS and each of its affiliated entities The following principles guide the establishment of individual executive compensation - The salary of the President/CEO of AHS will not exceed the 40th percentile of comparable salaries paid by similarly situated organizations, and - Other executive salaries shall be established using market medians The compensation philosophy, policies, and practices of AHSSHC are consistent with the organization's faith-based mission and conform to applicable laws, regulations, and business practices As a faith-based organization sponsored by the Seventh-day Adventist Church (the Church), AHSSHC's philosophy and principles with respect to its executive compensation practices reflect the conservative approach of the Church's mission of service and were developed in counsel with the Church's leadership
Part I, Line 4b	As discussed in Line 1a above, executives on the filing organization's management team that hold the position of Vice-President or above are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of a healthcare system known as Adventist Health System (AHS) In recognition of the contribution that each executive makes to the success of AHS, AHS provides to eligible executives participation in the AHS Executive FLEX Benefit Program (the Plan) The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including deferred compensation benefits taxable under Internal Revenue Code (IRC) Section 457(f), to individually tailor a benefits program appropriate to each executive's needs The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits The pre-determined benefits allowance credit percentage is approved by the AHSSHC Board Compensation Committee, an independent committee of the Board of Directors of AHSSHC Any funds that remain after the cost of mandatory and elective benefits are subtracted from the annual pre-determined benefits allowance are contributed, at the employee's option, to either an IRC 457(f) deferred compensation account or to an IRC 457(b) eligible deferred compensation plan Upon attainment of age 65, all previous 457(f) deferred amounts are paid immediately to the participant and any future employer contributions are made quarterly from the Plan directly to the participant The Plan documents define an employee who is eligible to participate in the Plan to generally include the Chief Executive Officers of AHS entities and Vice Presidents of all AHS entities whose base salary is at least $230,000 The Plan provides for a class year vesting schedule (2 years for each class year) with respect to amounts accumulated in the executive's 457(f) deferred compensation account Distributions could also be made from the executive's 457(f) deferred compensation account upon attainment of age 65 or upon an involuntary separation The account is forfeited by the executive upon a voluntary separation In addition to the Plan, AHS has instituted a defined benefit, non-tax-qualified deferred compensation plan for certain executives who have provided lengthy service to AHS and/or to other Seventh-Day Adventist Church hospitals or health care institutions Participation in the plan is offered to AHS executives on a prorata schedule beginning with 20 years of service as an employee of AHS and/or another hospital or health care institution controlled by the Seventh-Day Adventist Church and who satisfy certain other qualifying criteria This supplemental executive retirement plan (SERP) was designed to provide eligible executives with the economic equivalent of an annual income beginning at normal retirement age equal to 60% of the average of the participant's three, five or seven highest years of base salary from AHS active employment inclusive of income from all other Seventh-Day Adventist Church healthcare employer-financed retirement income sources and investment income earned on those contributions through social security normal retirement age as defined in the plan The number of years included in highest average compensation is determined by the individual's year of entry to the SERP and by the individual's year of entry to the AHS Executive FLEX Benefit Program Flex Plan Flex Plan/ SERP 457(b) CY CY Employer CY Contrib / Distributions Contrib Distributions* Payment ---------- Haffner, PhD, Randall L $ 142,176 $ 0 $998,147 $ 0 Houmann, Lars D $ 205,694 $ 200,461 $348,287 $ 0 Jernigan, Ph D , Donald L $ 268,608 $ 250,608 $ 0 $ 0 Reiner, Richard K $ 109,965 $ 91,965 $ 0 $ 0 Shaw, Terry D $ 205,694 $ 192,659 $265,766 $ 0 Banks, David P $ 89,397 $ 78,323 $ 0 $ 0 Dodds, Sheryl D $ 66,266 $ 32,278 $ 0 $ 0 Fulbright, Robert D $ 74,925 $ 45,943 $ 0 $ 0 Goodman, Todd A $ 47,839 $ 24,300 $ 0 $ 0 Hagensicker, Janice K $ 53,827 $ 28,728 $133,723 $ 0 Harcombe, Douglas W $ 28,529 $ 0 $ 0 $ 0 Hilliard, Douglas W $ 46,865 $ 36,183 $ 0 $ 0 Hurst, Jeffery D $ 54,000 $ 20,825 $ 0 $ 0 Moorhead, MD, John David $ 97,568 $ 79,568 $ 0 $ 0 Owen, Terry R $ 70,911 $ 48,878 $125,518 $ 0 Paradis, J Brian $ 135,635 $ 119,417 $151,808 $ 0 Reed, MD, Monica P $ 74,515 $ 69,502 $135,136 $ 0 Soler, Eddie $ 104,577 $ 113,652 $201,522 $ 0 Stevens, Eric A $ 40,858 $ 343 $ 0 $ 0 Tol, Daryl L $ 87,647 $ 72,079 $ 0 $ 0 * Including Investment Earnings
Part I, Line 6	The filing organization's physician compensation formula is designed to result in total compensation that would be reasonable for each physician The filing organization utilizes national survey productivity, cost, and compensation data in formulating all aspects of the compensation plan Physician compensation contractual agreements include a ceiling or reasonable maximum on the amount a physician may earn The filing organization's employed physicians enter into a written agreement that requires the physicians to provide medical care to individuals who are referred by the filing organization The filing organization's compensation arrangement does not use a method of compensation that is based upon a percentage of the organization's net income Under the compensation arrangement, physician base salary, including any additional compensation based on a percentage of the practice/location net revenue, is documented as being within a range of Fair Market Value

Additional Data

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

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

(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Haffner PhD Randall L Director (beg 6/15)	(I)	0	0	0	0	0	0	0
	(II)	729,373	0	1,106,046	156,563	-86,147	2,078,129	0
1Houmann Lars DDirector	(I)	0	0	0	0	0	0	0
	(II)	1,021,643	330,238	594,189	220,082	-49,310	2,215,462	184,069
2Jernigan PhD Donald L Director/CEO	(I)	0	0	0	0	0	0	0
	(II)	1,232,010	359,046	402,986	14,388	-71,958	2,080,388	0
3Reiner Richard K Director (end 5/15)	(I)	0	0	0	0	0	0	0
	(II)	556,753	330,569	197,546	14,388	-48,451	1,147,707	0
4Shaw Terry DDirector/CFO	(I)	0	0	0	0	0	0	0
	(II)	1,021,643	330,569	495,848	220,082	-46,950	2,115,092	184,069
5Banks David P Exec VP/CSO Division - FH	(I)	0	0	0	0	0	0	0
	(II)	560,029	171,207	97,646	103,784	-43,312	975,978	78,276
6Dodds Sheryl D Senior Exec Officer/CCO - FH	(I)	0	0	0	0	0	0	0
	(II)	387,721	81,053	72,293	62,653	-18,610	622,330	32,260
7Fulbright Robert D Senior Exec Officer - FH (end 12/15)	(I)	0	0	0	0	0	0	0
	(II)	502,587	128,497	77,720	89,312	-41,880	839,996	45,916
8Goodman Todd A Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	395,080	80,863	58,685	44,227	-41,355	620,210	21,427
9Hagensicker Janice K Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	379,609	91,575	212,923	50,215	-30,603	764,925	28,711
10Harcombe Douglas W Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	317,476	61,484	14,844	42,916	-40,566	477,286	0
11Hilliard Douglas W Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	391,046	81,607	61,843	61,253	-41,131	636,880	36,163
12Hurst Jeffery D Senior VP - FH	(I)	0	0	0	0	0	0	0
	(II)	377,825	75,659	61,290	50,388	-27,438	592,600	19,513
13Moorhead MD John David Senior Exec Officer/CMO - FH	(I)	0	0	0	0	0	0	0
	(II)	532,470	116,305	140,163	9,088	-41,977	840,003	4,570
14Owen Terry R Senior Exec Officer - FH	(I)	0	0	0	0	0	0	0
	(II)	447,729	117,457	214,347	67,298	-30,505	877,336	42,762
15Paradis J Brian CEO Division - FH (end 11/15)	(I)	0	0	0	0	0	0	0
	(II)	712,000	211,181	355,866	150,022	-55,198	1,484,267	119,345
16Reed MD Monica P Senior Exec Officer - FH	(I)	0	0	0	0	0	0	0
	(II)	500,961	103,969	230,205	88,902	-43,227	967,264	69,461
17Soler Eddie Exec VP/CFO Divison - FH	(I)	0	0	0	0	0	0	0
	(II)	621,805	186,107	342,351	118,964	-39,890	1,309,117	97,645
18Stevens Eric A Senior Exec Officer - FH (beg 12/15)	(I)	0	0	0	0	0	0	0
	(II)	367,369	81,424	57,312	37,246	-41,960	585,311	342
19Tol Daryl L CEO Division - FH (beg 12/15)	(I)	0	0	0	0	0	0	0
	(II)	553,084	158,970	119,591	84,034	-41,854	957,533	68,547

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Lee MD KathyPhysician	(I)	414,208	648,367	3,713	14,388	14,638	1,095,314	0
	(II)	0	0	0	0	0	0	0
Eubanks Jr MD William **1** Stephen Executive Director of Academic Surge	(I)	773,074	133,000	28,250	0	19,408	953,732	0
	(II)	0	0	0	0	0	0	0
2 Silvestry MD Scott Director - Thoracic Transplant	(I)	727,832	100,000	622	14,388	17,152	859,994	0
	(II)	0	0	0	0	0	0	0
3 Jones MD Phillip EPhysician	(I)	619,382	168,750	2,055	14,388	21,525	826,100	0
	(II)	0	0	0	0	0	0	0
4 Raval MD Nirav Y Cardio-Transplant Physician	(I)	518,039	194,218	2,025	14,388	16,686	745,356	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Adventist Health SystemSunbelt Inc

Employer identification number

59-1479658

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569	431022HUD	06-14-2006	205,156,000	2006C, Expand/refurbish facilities, purchase equipment	X			X		X
B	Highlands County Health Facilities Authority	52-1313569	431022KK7	08-08-2007	366,445,000	2007A B C D, Expand/refurbish facilities, purchase equipment		X		X		X
C	Kansas Development Finance Authority	48-1066589	48542ABX8	07-08-2009	325,394,417	2009C, Ref 96/05&97/05 iss 1/13/05, 03A 1/16/03, 08B 12/19/08, exp facility		X		X		X
D	Kansas Development Finance Authority	48-1066589	48542ACY5	10-01-2009	102,271,154	2009D, Refund Highlands 07C, 8/8/07 & expand/refurbish facilities/purc equip		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	27,725,000	260,445,000	68,385,000	14,770,000
2	Amount of bonds legally defeased	4,900,000			
3	Total proceeds of issue	205,156,000	366,445,000	325,394,417	102,271,154
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	2,000,000			
8	Credit enhancement from proceeds		5,560,382		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	203,156,000	360,884,618	12,004,967	21,844,721
11	Other spent proceeds			313,389,450	80,426,433
12	Other unspent proceeds				
13	Year of substantial completion	2006	2007	2009	2009

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 350 %		1 420 %		0 540 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 100 %							
6	Total of lines 4 and 5	0 450 %		1 420 %		0 540 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
Part III, Line 8c	Highlands County Health Facilities Authority 2012A, AR Program A sale of bond-financed assets in 2006 was identified in early 2013 The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 25, 2013 A Closing Agreement was finalized with the IRS on February 11, 2015 A subsequent sale of assets occurred in 2014 Remedial action was taken as proscribed in Treasury Regulation Section 1 141-12 to preserve the tax-exempt status of the interest on the bonds

Return Reference	Explanation
Part III, Line 8c	Highlands County Health Facilities Authority 2012B, AR Program A sale of bond-financed assets in 2006 was identified in early 2013 The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 25, 2013 A Closing Agreement was finalized with the IRS on February 11, 2015 A subsequent sale of assets occurred in 2014 Remedial action was taken as proscribed in Treasury Regulation Section 1 141-12 to preserve the tax-exempt status of the interest on the bonds

Return Reference	Explanation
Part III, Line 8c	Kansas Development Finance Authority 2012A A sale of bond-financed assets in 2003 was identified in July 2013 The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 15, 2014 A Closing Agreement was finalized with the IRS on December 18, 2015

Return Reference	Explanation
Part III, Line 8c	Highlands County Health Facilities Authority 2012B-F A sale of bond-financed assets in 2003 was identified in July 2013 The taxpayer has paid off the bonds related to this asset sale and filed a VCAP request pursuant to Notice 2008-31, 2008-11 IRB 592, on October 15, 2014 A Closing Agreement was finalized with the IRS on December 18, 2015

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

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

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

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

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

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Adventist Health SystemSunbelt Inc

Employer identification number

59-1479658

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569	431022SP8	11-16-2009	190,752,502	09E & 08B Conv, Ref Orange 91/01 10/11/01, 92/03 5/15/03, 08B 12/19/08		X		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022SG8	11-16-2009	178,936,632	2005I Conv, Refund Highlands 05I 12/22/05 & expand/refurbish facilities		X		X		X
C	Highlands County Health Facilities Authority	52-1313569		12-17-2010	57,000,000	2010A, Expand/refurbish facilities, purchase equipment		X		X		X
D	Orange County Health Facilities Authority	52-1378595		12-22-2010	25,000,000	2010B, Expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	26,065,000	131,890,000		4,000,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	190,752,502	178,936,632	57,000,000	25,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		1,696,632	57,000,000	25,000,000
11	Other spent proceeds	190,752,502	177,240,000		
12	Other unspent proceeds				
13	Year of substantial completion	2008	2005	2010	2010

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Adventist Health SystemSunbelt Inc

Employer identification number

59-1479658

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	4,000,000	4,000,000	36,000,000	720,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	25,000,000	25,000,000	225,000,000	80,000,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	25,000,000	25,000,000	225,000,000	80,000,000
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2010	2010	2010	2011

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Adventist Health SystemSunbelt Inc

Employer identification number

59-1479658

Part I Bond Issues

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	400,000			73,775,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	294,985,000	115,015,000	310,952,245	348,320,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		115,015,000		
11	Other spent proceeds	294,985,000		310,952,245	348,320,000
12	Other unspent proceeds				
13	Year of substantial completion	2004	2012	2008	2008

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶						0 500 %		0 500 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5						0 500 %		0 500 %
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X		X		X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		0 140 %		0 140 %		0 370 %		0 370 %
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Adventist Health SystemSunbelt Inc

Employer identification number

59-1479658

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Highlands County Health Facilities Authority	52-1313569		08-29-2012	125,000,000	2012G&H - Refund Highlands 2005I Conversion Bonds		X		X		X
B	Highlands County Health Facilities Authority	52-1313569	431022TR3	11-08-2012	232,125,000	2012I - Refunded Volusia 1994-A, Highlands 2004A, 2005E, 2005F, 2005G		X		X		X
C	Highlands County Health Facilities Authority	52-1313569		09-18-2013	485,000,000	2013A B C, Expand/refurbish facilities, purchase equipment		X		X		X
D	Highlands County Health Facilities Authority	52-1313569		07-02-2014	110,000,000	2014A&D, Refund 2013C, expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		4,050,000	60,000,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	125,000,000	232,125,000	485,340,528	110,068,380
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			485,340,528	50,068,380
11	Other spent proceeds	125,000,000	232,125,000		60,000,000
12	Other unspent proceeds				
13	Year of substantial completion	2005	2005	2013	2015

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Adventist Health SystemSunbelt Inc

Employer identification number

59-1479658

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Orange County Health Facilities Authority	52-1378595		07-02-2014	50,000,000	2014B, Expand/refurbish facilities, purchase equipment		X		X		X
B	Kansas Development Finance Authority	48-1066589		07-02-2014	30,000,000	2014C, Expand/refurbish facilities, purchase equipment		X		X		X
C	Colorado Health Facilities Authority	84-0752932	19648AT39	07-23-2014	82,501,800	2014E, Expand/refurbish facilities, purchase equipment		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	50,068,380	30,041,050	82,616,012	
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	50,068,380	30,041,050	82,616,012	
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2015	2015	2015	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Karen Tilstra	Family of key employee	120,400	Consulting		No
(2) Dan Tilstra	Family of key employee	11,112	Professional Services		No
(3) Clifton Scott	Family of board member	104,481	Employee Compensation		No
(4) Kirsten Cutler	Family of board member	45,726	Employee Compensation		No
(5) Shelby Houmann	Family of board member	38,370	Employee Compensation		No
(6) Jacqueline Soler-Lemon	Family of key employee	56,452	Employee Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	During 2015, the Articles of Incorporation of Adventist Health System/Sunbelt, Inc (AHSSI) w ere revised to increase the number of individuals w ho may be appointed to the Board of Directors from 22 to 25

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

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

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

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

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

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

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

Return Reference	Explanation
Part VII, Section A	For those Board of Director members who devote less than full-time to the filing organization (based upon the average number of hours per week shown in column (B) on page 7 of the return) the compensation amounts shown in columns (E) and (F) on page 7 for Don Jernigan, Randall Haffner, Lars Houmann, Richard Reiner, and Terry Shaw, were provided in conjunction with that person's responsibilities and roles in serving in an executive leadership position within Adventist Health System (AHS) Don Jernigan, Randall Haffner, Richard Reiner,and Terry Shaw devote approximately 50 hours per week in conjunction with serving in their respective executive leadership position within AHS Lars Houmann devotes approximately 25 hours a week to the filing organization and the remainder of time is devoted to his leadership position within AHS

Return Reference	Explanation
Form 990, Part XI, line 9	Transfer to tax-exempt affiliates -385,449,498 Transfer to tax-exempt parent -15,303,706 Donated Property 959,737 SWAP loss amortization 7,031,757 Allocations from Tax-exempt Parent with respect to Debt 7,559,546 Transfer for expenses -288,869 Gifts 4,686,917 Other -14,314,919 Interest in Foundation -2,796 Rounding 4 Internally Allocated Settlement Amounts 113,948,178

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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Adventist Health SystemSunbelt Inc

Employer identification number
59-1479658

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Adventist Bolingbrook Hospital 500 Remington Blvd Bolingbrook, IL 60440 65-1219504	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Midwest Health	Yes	
Adventist Care Centers - Courtland Inc 730 Courtland Street Orlando, FL 32804 20-5774723	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Adventist GlenOaks Hospital 701 Winthrop Avenue Glendale Heights, IL 60139 36-3208390	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Midwest Health	Yes	
Adventist Hlth Mid-America Inc 9100 W 74th Street Shawnee Mission, KS 66204 52-1347407	Support of Affiliated Hospital	KS	501(c)(3)	Line 11c, III-FI	Adventist Hlth SystemSunbelt Inc	Yes	
Adventist Hlth Partners Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 36-4138353	Operate out-patient physician clinics	IL	501(c)(3)	Line 3	AHS Midwest Management Inc	Yes	
Adventist Hlth System Sunbelt Hlthcare Corp 900 Hope Way Altamonte Springs, FL 32714 59-2170012	Management Services	FL	501(c)(3)	Line 11a, I	N/A	Yes	
Adventist Hlth System Georgia Inc 1035 Red Bud Road Calhoun, GA 30701 58-1425000	Operation of Hospital & Related Services	GA	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Adventist Hlth SystemSunbelt Inc 900 Hope Way Altamonte Springs, FL 32714 59-1479658	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Adventist Hlth SystemTexas Inc 11801 S Freeway Burleson, TX 36028 74-2578952	Leasing Personnel to Affiliated Hospital	TX	501(c)(3)	Line 11c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Adventist Midwest Health 120 North Oak Street Hinsdale, IL 60521 36-2276984	Operation of Hospital & Related Services	IL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
Adventist University of Health Sciences Inc (630 Year End) 671 Lake Winyah Drive Orlando, FL 32803 59-3069793	Education/Operation of School	FL	501(c)(3)	Line 2	Adventist Hlth SystemSunbelt Inc	Yes	
AHP Specialty Care NFP (1230-123115) 3040 Salt Creek Lane Arlington Heights, IL 60005 81-1105774	Operation of Physician Practices & Medical Services	IL	501(c)(3)	Line 3	AHS Midwest Management Inc	Yes	
AHS Midwest Management Inc 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 36-3354567	Operation of Physician Practice Mgmt	IL	501(c)(3)	Line 11a, I	Adventist Midwest Health	Yes	
AHSCentral Texas Inc 1301 Wonder World Drive San Marcos, TX 78666 74-2621825	Provide Office Space - Medical Professionals	TX	501(c)(3)	Line 11c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Apopka Hlth Care Properties Inc 305 E Oak Street Apopka, FL 32703 51-0605694	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
Battle Creek Adventist Hospital 1000 Remington Blvd Ste 200 Bolingbrook, IL 60440 38-1359189	Inactive	MI	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
Bolingbrook Hospital Foundation 1000 Remington Blvd N Entrance 2nd Bolingbrook, IL 60440 90-0494445	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
Bradford Heights Hlth & Rehab Center Inc 950 Highpoint Drive Hopkinsville, KY 42240 20-5782342	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Burleson Nursing & Rehab Center Inc 301 Huguley Blvd Burleson, TX 76028 20-5782243	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Caldwell Hlth Care Properties Inc 1333 West Main Princeton, KY 42445 51-0605680	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Central Texas Hlthcare Collaborative 1301 Wonder World Drive San Marcos, TX 78666 45-3739929	Support Operation of Hospital	TX	501(c)(3)	Line 11a, I	Adventist Hlth SystemSunbelt Inc	Yes	
Chickasaw Hlth Care Properties Inc 250 S Chickasaw Trail Orlando, FL 32825 51-0605681	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
Chippewa Valley Hospital & Oakview Care Center Inc 1220 Third Avenue West Durand, WI 54736 39-1365168	Operation of Hospital & Related Services	WI	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
Cobb Medical Associates LLC (11-122315) 900 Hope Way Altamonte Springs, FL 32714 58-2617089	Inactive	GA	501(c)(3)	Line 3	Emory-Adventist Inc	Yes	
Courtland Hlth Care Properties Inc 730 Courtland Street Orlando, FL 32804 51-0605682	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
Creekwood Place Nursing & Rehab Center Inc 107 Boyles Drive Russellville, KY 42276 20-5782260	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Dairy Road Hlth Care Properties Inc 7350 Dairy Road Zephyrhills, FL 33540 51-0605684	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
East Orlando Hlth & Rehab Center Inc 250 S Chickasaw Trail Orlando, FL 32825 20-5774748	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Emory-Adventist Inc 900 Hope Way Altamonte Springs, FL 32714 58-2171011	Inactive	GA	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
Fletcher Hospital Inc 100 Hospital Drive Hendersonville, NC 28792 56-0543246	Operation of Hospital & Related Svcs	NC	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
FLNC Inc 3355 E Semoran Blvd Apopka, FL 32703 20-5774761	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
FLORIDA HOSPITAL HEALTHCARE PARTNERS INC 770 West Granada Blvd 101 Ormond Beach, FL 32174 46-2354804	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
Florida Hospital Medical Group Inc 2600 Westhall Ln Maitland, FL 32751 59-3214635	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
Florida Hospital Physician Group Inc 2700 Healing Way Wesley Chapel, FL 33545 46-2021581	Operation of Physician Practices & Medical Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Florida Hospital Waterman Inc 1000 Waterman Way Tavares, FL 32778 59-3140669	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Florida Hospital Zephyrhills Inc 7050 Gall Blvd Zephyrhills, FL 33541 59-2108057	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
Foundation for Shawnee Mission Medical Center Inc 9100 W 74th Street Shawnee Mission, KS 66204 48-0868859	Fund-raising for Tax-exempt hospital	KS	501(c)(3)	Line 11a, I	Shawnee Mission Medical Center Inc	Yes	
Fountain Inn Nursing & Rehab Center Inc 485 North Keller Road 250 Maitland, FL 32751 47-2180518	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
GlenOaks Hospital Foundation 701 Winthrop Avenue Glendale Heights, IL 60139 36-3926044	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
Helen Ellis Memorial Hospital Auxiliary Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-2106043	Fund-raising for Tax-exempt hospital/foundation	FL	501(c)(3)	Line 11c, III-FI			No

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

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						Yes	No
Helen Ellis Memorial Hospital Foundation Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3690149	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 7	Tarpon Springs Hospital Foundation Inc		No
Hinsdale Hospital Foundation 7 Salt Creek Lane Suite 203 Hinsdale, IL 60521 52-1466387	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
Hospice of the Comforter Inc 480 W Central Parkway Altamonte Springs, FL 32714 59-2935928	Operation of Hospice	FL	501(c)(3)	Line 9	The Comforter Health Care Group Inc	Yes	
Hospice of the Comforter Foundation Inc 480 W Central Parkway Altamonte Springs, FL 32714 27-1858033	Fund Raising for Affiliated Tax-Exempt Hospice	FL	501(c)(3)	Line 7	The Comforter Health Care Group Inc	Yes	
In-Motion Rehab Inc 485 North Keller Road 250 Maitland, FL 32751 20-8023411	Therapy services to tax exempt nursing homes	KS	501(c)(3)	Line 11b, II	Sunbelt Hlth Care Centers Inc	Yes	
Jellico Community Hospital Inc (11-43015) 188 Hospital Lane Jellico, TN 37762 62-0924706	Operation of Hospital & Related Services	TN	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
La Grange Memorial Hospital Foundation 5101 S Willow Springs Rd La Grange, IL 60525 30-0247776	Fund-raising for Tax-exempt hospital	IL	501(c)(3)	Line 7	Midwest Hlth Foundation		No
Memorial Hlth Systems Foundation Inc 770 West Granada Blvd Ormond Beach, FL 32174 31-1771522	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 7			No
Memorial Hlth Systems Inc 301 Memorial Medical Parkway Daytona Beach, FL 32117 59-0973502	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
Memorial Hospital - West Volusia Inc 701 West Plymouth Avenue Deland, FL 32720 59-3256803	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Memorial Hlth Systems Inc	Yes	
Memorial Hospital Flagler Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 59-2951990	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Memorial Hlth Systems Inc	Yes	
Memorial Hospital Inc 210 Marie Langdon Drive Manchester, KY 40962 61-0594620	Operation of Hospital & Related Services	KY	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Merriam Hlth Care Properties Inc 9700 West 62nd Street Merriam, KS 66203 36-4595806	Lease to Related Organization	KS	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
Metroplex Adventist Hospital Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2225672	Operation of Hospital & Related Services	TX	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Metroplex Clinic Physicians Inc 2201 S Clear Creek Road Killeen, TX 76549 11-3762050	Physician Hlthcare services to the community	TX	501(c)(3)	Line 3	Metroplex Adventist Hospital Inc	Yes	
Metroplex Hospital Inc (11-6815) 900 Hope Way Altamonte Springs, FL 32714 46-1256516	Inactive	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Midwest Hlth Foundation 120 North Oak Street Hinsdale, IL 60521 35-2230515	Support of subsidiary Foundations	IL	501(c)(3)	Line 11b, II	N/A		No
Mills Hlth & Rehab Center Inc 500 Beck Lane Mayfield, KY 42066 20-5782320	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Mission Strategies of Georgia Inc 900 Hope Way Altamonte Springs, FL 32714 90-0866024	Provision of support to the nursing home division	GA	501(c)(3)	Line 11b, II	Sunbelt Hlth Care Centers Inc	Yes	
Missouri Adventist Hlth Inc 9100 W 74th Street Shawnee Mission, KS 66204 43-1224729	Support Hlth Care Services	MO	501(c)(3)	Line 11d, III-O	Adventist Hlth Mid-America Inc	Yes	

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						Yes	No
North Regional EMS Inc (11-41615) 188 Hospital Lane Jellico, TN 37762 26-2653616	EMS Services	TN	501(c)(3)	Line 9	Jellico Community Hospital Inc	Yes	
Ormond Beach Memorial Hospital Auxiliary Inc 301 Memorial Medical Parkway Daytona Beach, FL 32117 59-1721962	Volunteer support services	FL	501(c)(3)	Line 11c, III-FI			No
Overland Park Nursing & Rehab Center Inc 6501 West 75th Street Overland Park, KS 66204 20-5774821	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Paragon Hlth Care Properties Inc 950 Highpoint Drive Hopkinsville, KY 42240 51-0605686	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
Pasco-Pinellas Hillsborough Community Hlth System Inc 2600 Bruce B Downs Blvd Wesley Chapel, FL 33544 20-8488713	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Portercare Adventist Hlth System (630 Year End) 2525 S Downing Street Denver, CO 80210 84-0438224	Operation of Hospital & Related Services	CO	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Princeton Hlth & Rehab Center Inc 1333 West Main Princeton, KY 42445 20-5782272	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Princeton Professional Services Inc 601 E Rollins Street Orlando, FL 32803 59-1191045	Provision of Hlthcare Services	FL	501(c)(3)	Line 9	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Quality Circle for Hlthcare Inc 900 Hope Way Altamonte Springs, FL 32714 26-3789368	Hlthcare Quality Services	FL	501(c)(3)	Line 11a, I	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Resource Personnel Inc 485 North Keller Road 250 Maitland, FL 32751 20-8040875	Provide administrative support to tax exempt nursing homes	FL	501(c)(3)	Line 11b, II	Sunbelt Hlth Care Centers Inc	Yes	
Rocky Mountain Adventist Hlthcare Foundation (630 Year End) 7995 E Prentice Ave 204 Greenwood Village, CO 80111 84-0745018	Fund-raising for Tax-exempt hospital	CO	501(c)(3)	Line 7			No
Rollins Brook Community Care Corp 2201 S Clear Creek Road Killeen, TX 76549 46-1656773	Inactive	TX	501(c)(3)	Line 11a, I	Adventist Hlth SystemSunbelt Inc	Yes	
Russellville Hlth Care Properties Inc 683 East Third Street Russellville, KY 42276 51-0605691	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
San Marcos Hlth Care Properties Inc 1900 Medical Parkway San Marcos, TX 78666 51-0605693	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
San Marcos Nursing & Rehab Center Inc 1900 Medical Parkway San Marcos, TX 78666 20-5782224	Operation of Home for the Aged/Hlthcare Delivery	TX	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Shawnee Mission Hlth Care Inc 6501 West 75th Street Overland Park, KS 66204 48-0952508	Lease to Related Organization	KS	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
Shawnee Mission Medical Center Inc 9100 W 74th Street Shawnee Mission, KS 66204 48-0637331	Operation of Hospital & Related Services	KS	501(c)(3)	Line 3	Adventist Hlth Mid-America Inc	Yes	
South Central Inc 900 Hope Way Altamonte Springs, FL 32714 59-3689740	Management Support	GA	501(c)(3)	Line 11c, III-FI	N/A		No
South Pasco Hlth Care Properties Inc 38250 A Avenue Zephyrhills, FL 33542 51-0605679	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
Southeast Volusia Healthcare Corp (421-123115) 900 Hope Way Altamonte Springs, FL 32714 47-3793197	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	

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

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						Yes	No
Southwest Volusia Hlth Services Inc 1055 Saxon Blvd Orange City, FL 32763 59-3281591	Medical Office Building for Hospital	FL	501(c)(3)	Line 11a, I	Southwest Volusia Hlthcare Corp	Yes	
Southwest Volusia Hlthcare Corp 1055 Saxon Blvd Orange City, FL 32763 59-3149293	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
Specialty Physicians of Central Texas Inc 1301 Wonder World Drive San Marcos, TX 78666 20-8814408	Physician Hlthcare services to the community	TX	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
Spring View Hlth & Rehab Center Inc 718 Goodwin Lane Leitchfield, KY 42754 20-5782288	Operation of Home for the Aged/Hlthcare Delivery	KY	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Sunbelt Hlth & Rehab Center - Apopka Inc 305 East Oak Street Apopka, FL 32703 20-5774856	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Sunbelt Hlth Care Centers Inc 485 North Keller Road 250 Maitland, FL 32751 58-1473135	Management Services	TN	501(c)(3)	Line 11b, II	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
SunSystem Development Corp 900 Hope Way Altamonte Springs, FL 32714 59-2219301	Fund Raising for Affiliated Tax-Exempt Hospitals	FL	501(c)(3)	Line 7	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
Takoma Regional Hospital Inc (630 Year End) 401 Takoma Ave Greeneville, TN 37743 51-0603966	Operation of Hospital & Related Services	TN	501(c)(3)	Line 3	Adventist Hlth SystemSunbelt Inc	Yes	
TAKOMA REGIONAL HOSPITAL Foundation INC 401 Takoma Ave Greeneville, TN 37743 47-1334302	Fund Raising for Affiliated Tax-Exempt Hospital	TN	501(c)(3)	Line 7	Takoma Regional Hospital Inc	Yes	
Tarpon Springs Hospital Foundation Inc 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-0898901	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	University Community Hospital Inc	Yes	
Tarrant County Hlth Care Properties Inc 301 Huguley Blvd Burleson, TX 76028 51-0605677	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
Taylor Creek Hlth Care Properties Inc 718 Goodwin Lane Leitchfield, KY 42754 51-0605678	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	
The Comforter Health Care Group Inc 605 Montgomery Road Altamonte Springs, FL 32714 27-1857940	Lease to Related Organization	FL	501(c)(3)	Line 11c, III-FI	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
The Volunteer Auxiliary of Florida Hospital - Flagler Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 59-2486582	Volunteer support services	FL	501(c)(3)	Line 11c, III-FI			No
TRI-COUNTY NURSING AND REHAB Center Inc 485 North Keller Road 250 Maitland, FL 32751 47-2219363	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Trinity Nursing & Rehab Center Inc 9700 West 62nd Street Merriam, KS 66203 20-5774890	Operation of Home for the Aged/Hlthcare Delivery	KS	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
University Community Hospital Foundation Inc 3100 E Fletcher Ave Tampa, FL 33613 59-2554889	Fund-raising for Tax-exempt hospital	FL	501(c)(3)	Line 11a, I			No
University Community Hospital Specialty Care Inc 3100 E Fletcher Ave Tampa, FL 33613 59-3231322	Inactive	FL	501(c)(3)	Line 11a, I	University Community Hospital Inc	Yes	
University Community Hospital Inc 3100 E Fletcher Ave Tampa, FL 33613 59-1113901	Operation of Hospital & Related Services	FL	501(c)(3)	Line 3	Adventist Hlth System Sunbelt Hlthcare Corp	Yes	
West Kentucky Hlth Care Properties Inc 500 Beck Lane Mayfield, KY 42066 51-0605676	Lease to Related Organization	GA	501(c)(3)	Line 11c, III-FI	Sunbelt Hlth Care Centers Inc	Yes	

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

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						Yes	**No**
Zephyr Haven Hlth & Rehab Center Inc 38250 A Avenue Zephyrhills, FL 33542 20-5774930	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	
Zephyrhills Hlth & Rehab Center Inc 7350 Dairy Road Zephyrhills, FL 33540 20-5774967	Operation of Home for the Aged/Hlthcare Delivery	FL	501(c)(3)	Line 9	Sunbelt Hlth Care Centers Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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	
Clear Creek MOB Ltd 2201 S Clear Creek Rd Killeen, TX 76549 74-2609195	Real Estate	TX	N/A									
Endoscopy Center at Porter LLC 1001 South Park Drive Littleton, CO 80120 20-5855038	Medical Services	CO	N/A									
Florida Hospital DMERT LLC 2450 Maitland Center Pkwy Ste 200 Maitland, FL 32751 20-2392253	Medical Equipment	FL	N/A									
FLORIDA HOSPITAL HOME INFUSION LLP 2450 Maitland Center Pkwy Ste 200 Maitland, FL 32751 59-3142824	Home Infusion Services	FL	N/A									
Functional Neurosurgical Ambulatory Surgery Center LLC 777 S Williams St Denver, CO 80209 46-4426708	Surgery Center	CO	N/A									
PAHSLarkin Ventures LLC 188 Inverness Dr West 500 Englewood, CO 80112 47-4211060	Medical Services	CO	N/A									
PAHSUSP Surgery Centers LLC 15305 Dallas Pkwy Ste 1600 LB 28 Addison, TX 75010 26-3057950	Medical Services	CO	N/A									
San Marcos MRI LP 1330 Wonder World Dr Ste 202 San Marcos, TX 78666 77-0597972	Imaging & Testing	TX	Adventist Hlth SystemSunbelt Inc	Related	430,705	394,293		No			No	60 000 %
Shawnee Mission Open MRI LLC 9100 W 74th Street Box 2923 Shawnee Mission, KS 66201 27-0011796	Imaging & Testing	KS	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	126,937	54,741	59 000 %		No
Apopka Medical Plaza Condominium (1) Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	33,468	24,698	89 000 %		No
(2) CC MOB Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2616875	Real Estate Rental	TX	N/A	C					No
(3) Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX 78666 74-2729873	Inactive	TX	Adventist Hlth SystemSunbelt Inc	C			100 000 %		No
(4) Central Texas Provider's Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652	Physician Hospital Org	TX	Adventist Hlth SystemSunbelt Inc	C	156,027	83,544	100 000 %		No
(5) Florida Hospital Flagler Medical Offices Association Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 26-2158309	Condo Association	FL	N/A	C					No
(6) FLORIDA HOSP HLTH VILLAGE PROPERTY OWNER'S ASSOC INC EIN applied for 550 E Rollins Street 7th Floor Orlando, FL 32803	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C			100 000 %		No
(7) Florida Hospital Healthcare System Inc 602 Courtland Street Orlando, FL 32804 59-3215680	PHSO	FL	Adventist Hlth SystemSunbelt Inc	C	1,244,734	19,159,342	100 000 %		No
(8) Florida Medical Plaza Condo Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	541,907	945,482	78 000 %		No
(9) Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL 32174 59-3403558	Physician Hospital Org	FL	N/A	C					No
Kissimmee Multispecialty Clinic (10) Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	58,774		54 400 %		No
(11) Lake County Health Care Properties Inc (end 123115) 485 North Keller Road Ste 250 Maitland, FL 32751 47-2179868	Real Estate Rental	FL	N/A	C					No
(12) Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS 66204 48-0901551	Inactive	KS	N/A	C					No
(13) North American Health Services Inc & Sub 900 Hope Way Altamonte Springs, FL 32714 62-1041820	Lessor/Holding Co	TN	N/A	C					No
(14) ORMOND PROF Associates CONDO ASSOC'N Inc (430 YR END) 770 W Granada Blvd Ste 101 Ormond Beach, FL 32174 59-2694434	Condo Association	FL	N/A	C					No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(16) Park Ridge Property Owner's Association Inc 1 Park Place Naples Road Fletcher, NC 28732 03-0380531	Condo Association	NC	N/A	C					No
PORTER AFF HLTH SVCS INC DBA (1) DIVERSIFIED AFF HLTH SVCS 2525 S Downing Street Denver, CO 80210 84-0956175	Healthcare Services	CO	N/A	C					No
(2) San Marcos Regional MRI Inc 1301 Wonder World Drive San Marcos, TX 78666 77-0597968	Holding Company	TX	Adventist Hlth SystemSunbelt Inc	C	15,203	15,606	100 000 %		No
(3) The Garden Retirement Community Inc 485 North Keller Road Ste 250 Maitland, FL 32751 59-3414055	Real Estate Rental	FL	N/A	C					No
Winter Park Medical Office Building I (4) Condo Assoc Inc 601 East Rollins Street Orlando, FL 32803 45-2228478	Condo Association	FL	Adventist Hlth SystemSunbelt Inc	C	164,972	31,333	52 000 %		No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Adventist Health System Sunbelt Healthcare Corporation	B	16,124,994	Actual Amount Given
(1)	Adventist Health System Sunbelt Healthcare Corporation	C	382,920	Actual Amount Received
(2)	Adventist Health System Sunbelt Healthcare Corporation	M	25,810,756	% of Facility's Operating Exp
(3)	Adventist Health System Sunbelt Healthcare Corporation	P	247,173,849	Cost
(4)	Adventist Health System Sunbelt Healthcare Corporation	Q	40,961,000	Cost
(5)	Adventist Health System Sunbelt Healthcare Corporation	R	100,000,000	Actual Amount Given
(6)	Adventist Health System Sunbelt Healthcare Corporation dba AHSIS	M	12,707,903	% of Facility's Operating Exp
(7)	Adventist Health System Sunbelt Healthcare Corporation dba AHSIS	P	766,483	Cost
(8)	Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	A	88,496	FMV Rental Rate
(9)	Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	P	114,439	Cost
(10)	Adventist Health System Sunbelt Healthcare Corp dba Sunbelt Medical Mgmt	Q	10,157	Cost
(11)	Adventist Bolingbrook Hospital	Q	90,689	Cost
(12)	Adventist Care Centers Courtland Inc	B	1,081,775	Actual Amount Given
(13)	Adventist Health Partners Inc	L	319,039	Cost Plus Appropriate %
(14)	Adventist Health Partners Inc	P	265,055	Cost
(15)	Adventist Health Partners Inc	Q	1,489,062	Internally Alloc Settlement
(16)	Adventist Health Partners Inc	Q	17,928	Cost
(17)	Adventist Health Partners Inc	R	10,006,212	Actual Amount Given
(18)	Adventist Health System Georgia Inc	L	462,253	Cost
(19)	Adventist Health System Georgia Inc	Q	634,079	Internally Alloc Settlement
(20)	Adventist University of Health Sciences Inc	A	2,716,896	FMV Rental Rate
(21)	Adventist University of Health Sciences Inc	Q	20,493,113	Cost
(22)	Adventist University of Health Sciences Inc	R	5,187,555	Actual Amount Given
(23)	AHSCentral Texas Inc	K	138,947	Cost
(24)	AHS Midwest Management Inc	L	62,835	Cost

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	AHS Midwest Management Inc	P	52,678	Cost
(1)	Central Texas Healthcare Collaborative	B	1,314,013	Actual Amount Given
(2)	Central Texas Medical Center Foundation	B	81,687	Actual Amount Given
(3)	Central Texas Medical Center Foundation	C	2,880,626	Actual Amount Received
(4)	Central Texas Providers Network	Q	64,532	Cost
(5)	Cobb Medical Associates LLC	Q	73,496	Internally Alloc Settlement
(6)	East Orlando Health & Rehab Center Inc	B	1,897,625	Actual Amount Given
(7)	Emory-Adventist Inc	C	650,000	Actual Amount Received
(8)	Fletcher Hospital Inc	L	154,501	Cost
(9)	Fletcher Hospital Inc	Q	10,597,284	Internally Alloc Settlement
(10)	FLNC Inc	B	3,727,625	Actual Amount Given
(11)	Florida Hospital DMERT LLC	P	119,714	Cost
(12)	Florida Hospital Healthcare System Inc	A	228,332	FMV Rental Rate
(13)	Florida Hospital Healthcare System Inc	Q	9,272,937	Cost
(14)	Florida Hospital Medical Group Inc	A	8,738,624	FMV Rental Rate
(15)	Florida Hospital Medical Group Inc	B	20,813,335	Actual Amount Given
(16)	Florida Hospital Medical Group Inc	K	393,923	FMV Rental Rate
(17)	Florida Hospital Medical Group Inc	L	78,045	Cost Plus Appropriate %
(18)	Florida Hospital Medical Group Inc	M	90,549,142	Cost Plus Appropriate %
(19)	Florida Hospital Medical Group Inc	P	5,068,878	Cost
(20)	Florida Hospital Medical Group Inc	Q	52,237,713	Internally Alloc Settlement
(21)	Florida Hospital Medical Group Inc	Q	9,713,087	Cost
(22)	Florida Hospital Medical Group Inc	R	73,072,519	Actual Amount Given
(23)	Florida Hospital Waterman Inc	L	1,102,678	Cost
(24)	Florida Hospital Waterman Inc	Q	113,342	Cost

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	Florida Hospital Zephyrhills Inc	L	154,876	Cost
(1)	Florida Hospital Zephyrhills Inc	Q	2,241,281	Internally Alloc Settlement
(2)	Florida Hospital Zephyrhills Inc	Q	11,762	Cost
(3)	Hospice of the Comforter Inc	B	2,000,000	Actual Amount Given
(4)	Hospice of the Comforter Inc	K	226,648	Cost
(5)	Hospice of the Comforter Inc	Q	632,036	Cost
(6)	Jellico Community Hospital Inc	L	171,983	Cost
(7)	Memorial Health Systems Inc	K	127,346	Cost
(8)	Memorial Health Systems Inc	L	333,316	Cost
(9)	Memorial Health Systems Inc	Q	17,156,237	Internally Alloc Settlement
(10)	Memorial Health Systems Inc	Q	134,091	Cost
(11)	Memorial Hospital - Flagler Inc	L	121,367	Cost
(12)	Memorial Hospital - Flagler Inc	Q	24,680,278	Internally Alloc Settlement
(13)	Memorial Hospital - Flagler Inc	Q	14,654	Cost
(14)	Memorial Hospital - West Volusia Inc	L	99,028	Cost
(15)	Memorial Hospital - West Volusia Inc	Q	265,866	Internally Alloc Settlement
(16)	Memorial Hospital - West Volusia Inc	Q	34,602	Cost
(17)	Memorial Hospital Inc	L	62,467	Cost
(18)	Metroplex Hospital	P	107,336	Cost
(19)	Pasco-Pinellas Hillsborough Community Health System Inc	L	695,328	Cost
(20)	Princeton Professional Services Inc (PPS)	A	244,561	FMV Rental Rate
(21)	Princeton Professional Services Inc (PPS)	P	255,129	Cost
(22)	San Marcos MRI LP	A	17,807	FMV Rental Rate
(23)	Shawnee Mission Medical Center Inc	L	269,109	Cost
(24)	Shawnee Mission Medical Center Inc	Q	519,620	Cost

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	South Central Inc	C	149,651	Actual Amount Received
(1)	Southwest Volusia Healthcare Corporation	L	112,667	Cost
(2)	Southwest Volusia Healthcare Corporation	Q	402,288	Internally Alloc Settlement
(3)	Southwest Volusia Healthcare Corporation	Q	123,267	Cost
(4)	Specialty Physicians of Central Texas Inc	B	3,290,877	Actual Amount Given
(5)	Specialty Physicians of Central Texas Inc	Q	3,827,120	Internally Alloc Settlement
(6)	Specialty Physicians of Central Texas Inc	R	3,827,120	Actual Amount Given
(7)	Sunbelt Health & Rehab Center Apopka Inc	B	967,675	Actual Amount Given
(8)	Sunbelt Health Care Centers Inc	A	306,711	FMV Rental Rate
(9)	Sunbelt Health Care Centers Inc	H	1,377,000	FMV
(10)	SunSystem Development Corporation	B	5,049,344	Actual Amount Given
(11)	SunSystem Development Corporation	C	5,569,656	Actual Amount Received
(12)	SunSystem Development Corporation	L	463,558	Cost
(13)	SunSystem Development Corporation	Q	3,394,699	Cost
(14)	SunSystem Development Corporation	R	5,270,650	Actual Amount Given
(15)	Tarpon Springs Hospital Foundation Inc	L	61,386	Cost
(16)	Tarpon Springs Hospital Foundation Inc	Q	146,402	Internally Alloc Settlement
(17)	Tarpon Springs Hospital Foundation Inc	Q	20,418	Cost
(18)	Texas Health Huguley	P	789,183	Cost
(19)	University Community Hospital Inc	B	7,900,000	Actual Amount Given
(20)	University Community Hospital Inc	L	1,218,779	Cost
(21)	University Community Hospital Inc	P	220,638	Cost
(22)	University Community Hospital Inc	Q	195,556	Internally Alloc Settlement
(23)	University Community Hospital Inc	Q	262,183	Cost