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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization  
FLETCHER HOSPITAL INC  
  
Doing business as  
ADVENTHEALTH HENDERSONVILLE  
  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
100 HOSPITAL DRIVE  
  
City or town, state or province, country, and ZIP or foreign postal code  
HENDERSONVILLE, NC 28792

D Employer identification number  
56-0543246  
  
E Telephone number  
(828) 684-8501  
  
G Gross receipts \$ 222,821,845

F Name and address of principal officer:  
JAMES A BUNCH  
100 HOSPITAL DRIVE  
HENDERSONVILLE, NC 28792

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 ▶

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

J Website: ▶ WWW.ADVENTHEALTH.COM/HOSPITAL/ADVENTHEALTH-HENDER

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1920

M State of legal domicile: NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
THE PROVISION OF MEDICAL CARE TO THE COMMUNITY THROUGH THE OPERATION OF A 103 BED HOSPITAL.

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 9

4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 3

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . 5 1,524

6 Total number of volunteers (estimate if necessary) . . . . . 6 68

7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 11,072

b Net unrelated business taxable income from Form 990-T, line 39 . . . . . 7b -6,432

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . 58,125 344,845

9 Program service revenue (Part VIII, line 2g) . . . . . 195,167,227 217,894,578

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . . 1,516,599 4,517,900

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 26,115 47,733

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 196,768,066 222,805,056

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . . 971,751 1,038,422

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) . . . . . 86,717,779 92,955,143

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) . . . . . 93,755,208 101,378,153

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 181,444,738 195,371,718

19 Revenue less expenses. Subtract line 18 from line 12 . . . . . 15,323,328 27,433,338

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . 185,551,560 235,768,500

21 Total liabilities (Part X, line 26) . . . . . 48,852,942 65,294,553

22 Net assets or fund balances. Subtract line 21 from line 20 . . . . . 136,698,618 170,473,947

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  
LYNN C ADDISCOTT ASSISTANT SECRETARY

2020-10-29  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name ▶  
Firm's address ▶

Preparer's signature  
Firm's EIN ▶  
Phone no.

Date  
Check ☐ if self-employed  
PTIN

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)



**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 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. THE HOSPITAL AND HEALTHCARE SYSTEM WHOSE PARENT IS ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION IS KNOWN AS ADVENTHEALTH. ADVENTHEALTH SEEKS TO BE WIDELY RESPECTED AS A CONSUMER-FOCUSED ORGANIZATION THAT ENGAGES INDIVIDUALS IN THEIR HEALTH BY DELIVERING WHOLISTIC, BEST PRACTICE CARE ACROSS A CONNECTED, COMPREHENSIVE CONTINUUM OF SERVICES. WITH CHRIST AS OUR EXAMPLE, ADVENTHEALTH CARES FOR AND NURTURES PEOPLE: OUR EMPLOYEES, OUR COMMUNITIES, OUR HEALTHCARE PROFESSIONALS, AND THOSE WHO TRUST US FOR CARE AND HEALING.

**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 \$ 179,712,771 including grants of \$ 1,038,422 ) (Revenue \$ 217,914,808 )  
See Additional Data

**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 ► 179,712,771



**Part IV Checklist of Required Schedules**

|  | Yes            | No |
|--|----------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | <b>1</b> Yes   |    |
| <b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | <b>2</b> Yes   |    |
| <b>3</b> 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   | <b>3</b>       | No |
| <b>4 Section 501(c)(3) organizations.</b> 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   | <b>4</b> Yes   |    |
| <b>5</b> 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    | <b>5</b>       | No |
| <b>6</b> 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   | <b>6</b>       | No |
| <b>7</b> 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    | <b>7</b>       | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    | <b>8</b>       | No |
| <b>9</b> 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  | <b>9</b>       | No |
| <b>10</b> 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   | <b>10</b>      | No |
| <b>11</b> 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.  |                |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI    | <b>11a</b> Yes |    |
| <b>b</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    | <b>11b</b>     | No |
| <b>c</b> 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    | <b>11c</b>     | No |
| <b>d</b> 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   | <b>11d</b> Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X    | <b>11e</b> Yes |    |
| <b>f</b> 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   | <b>11f</b> Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | <b>12a</b>     | No |
| <b>b</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    | <b>12b</b> Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | <b>13</b>      | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?   | <b>14a</b>     | No |
| <b>b</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   | <b>14b</b>     | No |
| <b>15</b> 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   | <b>15</b>      | No |
| <b>16</b> 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   | <b>16</b>      | No |
| <b>17</b> 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)  | <b>17</b>      | No |
| <b>18</b> 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   | <b>18</b>      | No |
| <b>19</b> 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   | <b>19</b>      | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H    | <b>20a</b> Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | <b>20b</b> Yes |    |
| <b>21</b> 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   | <b>21</b> Yes  |    |



**Part IV Checklist of Required Schedules** (continued)

|            |   | Yes        | No  |
|------------|---|------------|-----|
| <b>22</b>  | 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 . . . . .   | <b>22</b>  | No  |
| <b>23</b>  | 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 . . . . .  | <b>23</b>  | Yes |
| <b>24a</b> | 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 . . . . .  | <b>24a</b> | No  |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .   | <b>24b</b> |     |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .  | <b>24c</b> |     |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .   | <b>24d</b> |     |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .   | <b>25a</b> | No  |
| <b>b</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 . . . . .   | <b>25b</b> | No  |
| <b>26</b>  | Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .   | <b>26</b>  | No  |
| <b>27</b>  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . . | <b>27</b>  | No  |
| <b>28</b>  | 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):   |            |     |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .  | <b>28a</b> | No  |
| <b>b</b>   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .   | <b>28b</b> | No  |
| <b>c</b>   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .   | <b>28c</b> | Yes |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .  | <b>29</b>  | No  |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .  | <b>30</b>  | No  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .  | <b>31</b>  | No  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .  | <b>32</b>  | No  |
| <b>33</b>  | 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 . . . . .  | <b>33</b>  | Yes |
| <b>34</b>  | 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 . . . . .  | <b>34</b>  | Yes |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <b>35a</b> | Yes |
| <b>b</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 . . . . .   | <b>35b</b> | Yes |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .   | <b>36</b>  | No  |
| <b>37</b>  | 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 . . . . .   | <b>37</b>  | No  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .  | <b>38</b>  | 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  |
|-----------|--|-----------|-----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   | <b>1a</b> | 0   |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | <b>1b</b> | 0   |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | <b>1c</b> | Yes |



**Part V**      **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)



**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  |
|-----------|---|-----|-----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year   | 9   |     |
|           | 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>b</b>  | Enter the number of voting members included in line 1a, above, who are independent  | 3   |     |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2   | No  |
| <b>3</b>  | 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  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4   | No  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5   | No  |
| <b>6</b>  | Did the organization have members or stockholders?  | 6   | Yes |
| <b>7a</b> | 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>b</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 |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |     |
| <b>a</b>  | The governing body?   | 8a  | Yes |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | 8b  | Yes |
| <b>9</b>  | 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  |
|------------|--|-----|-----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   | 10a | No  |
| <b>b</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 |     |
| <b>11a</b> | 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>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a | Yes |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | Yes |
| <b>c</b>   | 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 |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | 13  | Yes |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | 14  | Yes |
| <b>15</b>  | 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?   |     |     |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | 15a | No  |
| <b>b</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).  |     |     |
| <b>16a</b> | 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>b</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 **NC**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:  
**ELLA STENSTROM 100 HOSPITAL DRIVE HENDERSONVILLE, NC 28792 (828) 681-2420**



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.

See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) WEBER PETER M<br>CHAIRMAN                  | 7.50<br>.....<br>42.50   | X   |                       |         |              |                              |        | 0  | 1,164,318   | 114,408   |
| (2) BUNCH JAMES A<br>VICE CHAIRMAN/SEC./PRES.  | 50.00<br>.....<br>0.00   | X   |                       | X       |              |                              |        | 0  | 724,725   | 88,206  |
| (3) RANDOLPH KARSTEN G<br>FORMER CFO           | 0.00<br>.....<br>50.00   |   |                       |         |              |                              | X      | 0  | 544,321   | 76,604  |
| (4) REEVES CORY D<br>DIRECTOR                  | 10.00<br>.....<br>40.00  | X   |                       |         |              |                              |        | 0  | 524,778   | 71,882  |
| (5) STALFORD MD MICHAEL<br>PHYSICIAN           | 42.40<br>.....<br>0.00   |   |                       |         |              | X                            |        | 547,837  | 0   | 42,262  |
| (6) HARDIN MD JEFFREY M<br>PHYSICIAN           | 40.00<br>.....<br>0.00   |   |                       |         |              | X                            |        | 515,154  | 0   | 37,570  |
| (7) JOHNSON MD DANIEL<br>PHYSICIAN             | 40.00<br>.....<br>0.00   |   |                       |         |              | X                            |        | 436,925  | 0   | 41,969  |
| (8) KRUEGER MD ANDREW H<br>PHYSICIAN           | 40.00<br>.....<br>0.00   |   |                       |         |              | X                            |        | 431,000  | 0   | 34,555  |
| (9) LUGUS MD THOMAS R<br>PHYSICIAN             | 40.00<br>.....<br>0.00   |   |                       |         |              | X                            |        | 431,823  | 0   | 26,657  |
| (10) COSTON DO JEFFREY<br>DIRECTOR             | 40.20<br>.....<br>0.00   | X   |                       |         |              |                              |        | 410,626  | 0   | 43,158  |
| (11) BONNEY MD STEPHEN<br>DIRECTOR             | 41.30<br>.....<br>0.00   | X   |                       |         |              |                              |        | 406,732  | 0   | 43,069  |
| (12) HERBERT MD TERESA M<br>CMO                | 50.00<br>.....<br>0.00   |   |                       |         | X            |                              |        | 0  | 353,139   | 72,528  |
| (13) MILLER SCOTT N<br>COO                     | 50.00<br>.....<br>0.00   |   |                       |         | X            |                              |        | 0  | 300,733   | 48,645  |
| (14) JOY JR ROLAND E<br>CNO                    | 50.00<br>.....<br>0.00   |   |                       |         | X            |                              |        | 0  | 287,183   | 37,752  |
| (15) KIESSLING-URITIS MD MARY ANNE<br>DIRECTOR | 40.20<br>.....<br>0.00   | X   |                       |         |              |                              |        | 272,792  | 0   | 42,704  |
| (16) LINDSEY RICHARD C<br>FORMER CNO           | 0.00<br>.....<br>50.00   |   |                       |         |              |                              | X      | 0  | 263,438   | 36,537  |
| (17) STENSTROM ELLA L<br>CFO (BEGAN 2/2019)    | 50.00<br>.....<br>0.00   |   |                       | X       |              |                              |        | 17,720   | 206,453   | 43,730  |



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (18) BARBER WENDI L<br>.....<br>FORMER CFO                               | 0.00<br>.....<br>0.00  |   |                       |         |              |                              | X      | 0  | 151,108   | 16,589  |
| (19) MAINARDI MD CARLO L<br>.....<br>FORMER CMO                          | 8.00<br>.....<br>0.00  |   |                       |         |              |                              | X      | 109,225  | 13,803  | 0   |
| (20) LOUIS LESLIE D<br>.....<br>DIRECTOR                                 | 0.20<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0  | 1,699   | 0   |
| (21) CHILDS TRAVIS<br>.....<br>DIRECTOR                                  | 0.20<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (22) COLLINS SHAWN<br>.....<br>DIRECTOR (ENDED 3/2019)                   | 0.20<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (23) LEATHERWOOD LAURA<br>.....<br>DIRECTOR                              | 0.20<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b> . . . . .  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              |        | 3,579,834  | 4,535,698   | 918,825   |

**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 ► 137

|  | Yes          | No |
|--|--------------|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  | <b>3</b> Yes |    |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b>     | 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)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| PT SOLUTIONS HOLDINGS LLC<br>PO BOX 441146<br>KENNESAW, GA 30160                        | PHYSICAL THERAPY SERVICES      | 6,670,475           |
| RADIATION THERAPY ASSOCIATES OF WESTERN<br>PO BOX 60914<br>CHARLOTTE, NC 28260          | INFUSION SERVICES              | 2,466,290           |
| AMN HEALTHCARE SERVICES<br>8840 CYPRESS WATERS BLVD STE 300<br>DALLAS, TX 75019         | STAFFING SERVICES              | 1,048,973           |
| MSS SOLUTIONS LLC<br>1001 TUCKASEEGEE ROAD<br>CHARLOTTE, NC 28208                       | CONSTRUCTION SERVICES          | 898,607             |
| WAKE FOREST UNIVERSITY HEALTH SCIENCES<br>MEDICAL CENTER BLVD<br>WINSTONSALEM, NC 27157 | MEDICAL DIRECTOR FEES          | 865,354             |

**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 ► 45



|   |  |  |   |  |   |  |  |  |
|---|--|--|---|--|---|--|--|--|
| Form 990 (2019)   |  | Page 9   |   |  |   |  |  |  |
| Part VIII   |  | Statement of Revenue   |   |  |   |  |  |  |
| Check if Schedule O contains a response or note to any line in this Part VIII <input checked="" type="checkbox"/> |  |  |   |  |   |  |  |  |
|   |  |  | (A)<br>Total revenue                              | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |  |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts   | 1a   | Federated campaigns . . .  | 1a  |  |   |  |  |  |
|   | b  | Membership dues . . .  | 1b  |  |   |  |  |  |
|   | c  | Fundraising events . . .   | 1c  |  |   |  |  |  |
|   | d  | Related organizations  | 1d  | 344,845  |   |  |  |  |
|   | e  | Government grants (contributions)  | 1e  |  |   |  |  |  |
|   | f  | All other contributions, gifts, grants,<br>and similar amounts not included<br>above | 1f  |  |   |  |  |  |
|   | g  | Noncash contributions included in<br>lines 1a - 1f:\$                                | 1g  |  |   |  |  |  |
|   | h Total. Add lines 1a-1f . . . . . ▶   |  |   | 344,845  |   |  |  |  |
| Program Service Revenue   | 2a NET PATIENT REVENUE   |  | Business Code                                     |  |   |  |  |  |
|   |  |  | 622110  | 209,924,294  | 209,913,222                             | 11,072   |  |  |
|   | b PHARMACY REVENUE   |  | 622110  | 7,192,296  | 7,192,296                               |  |  |  |
|   | c CAFETERIA REVENUE  |  | 622110  | 523,230  | 523,230                                 |  |  |  |
|   | d MANAGEMENT FEE REVENUE   |  | 622110  | 91,210   | 91,210                                  |  |  |  |
|   | e EDUCATION REVENUE  |  | 622110  | 6,022  | 6,022                                   |  |  |  |
|   | f All other program service revenue.   |  |   | 157,526  | 157,526                                 |  |  |  |
| g Total. Add lines 2a-2f. . . . . ▶   |  |  | 217,894,578                                       |  |   |  |  |  |
| Other Revenue   | 3 Investment income (including dividends, interest, and other<br>similar amounts) . . . . . ▶  |  |   | 3,009,484  |   | 3,009,484  |  |  |
|   | 4 Income from investment of tax-exempt bond proceeds ▶   |  |   |  |   |  |  |  |
|   | 5 Royalties . . . . . ▶  |  |   |  |   |  |  |  |
|   | 6a Gross rents   | 6a   | (i) Real  | (ii) Personal                                      |   |  |  |  |
|   |  |  | 33,220  |  |   |  |  |  |
|   |  |  | b Less: rental expenses                           | 6b   | 16,789                                  |  |  |  |
|   |  |  | c Rental income or (loss)                         | 6c   | 16,431                                  |  |  |  |
|   | d Net rental income or (loss) . . . . . ▶  |  |   | 16,431   |   | 16,431   |  |  |
|   | 7a Gross amount from sales of<br>assets other than inventory   | 7a   | (i) Securities                                    | (ii) Other   |   |  |  |  |
|   |  |  | 1,507,321   | 1,095  |   |  |  |  |
|   |  |  | b Less: cost or other basis and<br>sales expenses | 7b   | 0                                       | 0  |  |  |
|   |  |  | c Gain or (loss)                                  | 7c   | 1,507,321                               | 1,095  |  |  |
|   | d Net gain or (loss) . . . . . ▶   |  |   | 1,508,416  |   | 1,508,416  |  |  |
|   | 8a Gross income from fundraising events<br>(not including \$ of<br>contributions reported on line 1c).<br>See Part IV, line 18 . . . . . |  | 8a  |  |   |  |  |  |
|   | b Less: direct expenses . . . . .  |  | 8b  |  |   |  |  |  |
|   | c Net income or (loss) from fundraising events . . . ▶   |  |   |  |   |  |  |  |
|   | 9a Gross income from gaming activities.<br>See Part IV, line 19 . . . . .  |  | 9a  |  |   |  |  |  |
|   | b Less: direct expenses . . . . .  |  | 9b  |  |   |  |  |  |
|   | c Net income or (loss) from gaming activities . . . ▶  |  |   |  |   |  |  |  |
|   | 10a Gross sales of inventory, less<br>returns and allowances . . .   |  | 10a   |  |   |  |  |  |
| b Less: cost of goods sold . . .  |  | 10b  |   |  |   |  |  |  |
| c Net income or (loss) from sales of inventory . . . ▶  |  |  |   |  |   |  |  |  |
| Miscellaneous Revenue   |  | Business Code  |   |  |   |  |  |  |
| 11a EHR REVENUE   |  | 622110   | 31,302  | 31,302   |   |  |  |  |
| b   |  |  |   |  |   |  |  |  |
| c   |  |  |   |  |   |  |  |  |
| d All other revenue . . . . .   |  |  |   |  |   |  |  |  |
| e Total. Add lines 11a-11d . . . . . ▶  |  |  | 31,302  |  |   |  |  |  |
| 12 Total revenue. See instructions . . . . . ▶  |  |  | 222,805,056                                       | 217,914,808  | 11,072                                  | 4,534,331  |  |  |

Form 990 (2019)



**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 ☒

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 1,038,422                    | 1,038,422                              |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .  | 3,711,036                    | 1,219,081                              | 2,491,955                                     |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .  | 70,887,058                   | 70,887,058                             |   |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .   | 2,505,694                    | 2,434,986                              | 70,708  |                                    |
| <b>9</b> Other employee benefits . . . . .   | 10,871,116                   | 10,480,454                             | 390,662                                       |                                    |
| <b>10</b> Payroll taxes . . . . .  | 4,980,239                    | 4,839,131                              | 141,108                                       |                                    |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management . . . . .  |                              |  |   |                                    |
| <b>b</b> Legal . . . . .   | 2,780                        |  | 2,780   |                                    |
| <b>c</b> Accounting . . . . .  | 38,573                       |  | 38,573  |                                    |
| <b>d</b> Lobbying . . . . .  |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .  | 485,387                      |  | 485,387                                       |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 30,246,752                   | 21,715,762                             | 8,530,990                                     |                                    |
| <b>12</b> Advertising and promotion . . . . .  | 965,794                      |  | 965,794                                       |                                    |
| <b>13</b> Office expenses . . . . .  | 3,288,348                    | 2,120,587                              | 1,167,761                                     |                                    |
| <b>14</b> Information technology . . . . .   | 6,606,472                    | 5,983,946                              | 622,526                                       |                                    |
| <b>15</b> Royalties . . . . .  |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .  | 6,419,855                    | 6,419,855                              |   |                                    |
| <b>17</b> Travel . . . . .   | 519,586                      | 124,663                                | 394,923                                       |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .   | 66,930                       |  | 66,930  |                                    |
| <b>20</b> Interest . . . . .   | 884,235                      | 884,235                                |   |                                    |
| <b>21</b> Payments to affiliates . . . . .   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .  | 5,363,603                    | 5,363,603                              |   |                                    |
| <b>23</b> Insurance . . . . .  | 1,288,291                    | 1,219,021                              | 69,270  |                                    |
| <b>24</b> 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.)  |                              |  |   |                                    |
| <b>a</b> MEDICAL SUPPLIES  | 42,290,081                   | 42,290,081                             |   |                                    |
| <b>b</b> REPAIRS & MAINTENANCE   | 2,576,562                    | 2,576,562                              |   |                                    |
| <b>c</b> BAD DEBT EXPENSE  | 25,983                       | 25,983                                 |   |                                    |
| <b>d</b>   |                              |  |   |                                    |
| <b>e</b> All other expenses  | 308,921                      | 89,341                                 | 219,580                                       |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 195,371,718                  | 179,712,771                            | 15,658,947                                    | 0                                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |



**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☒

|                                    |  |  |             | (A)<br>Beginning of year |             | (B)<br>End of year |            |
|------------------------------------|--|--|-------------|--------------------------|-------------|--------------------|------------|
| <b>Assets</b>                      | <b>1</b>   | Cash—non-interest-bearing . . . . .  |             | 9,511                    | <b>1</b>    | 9,195              |            |
|                                    | <b>2</b>   | Savings and temporary cash investments . . . . .   |             | 98,043,031               | <b>2</b>    | 130,939,922        |            |
|                                    | <b>3</b>   | Pledges and grants receivable, net . . . . .   |             |                          | <b>3</b>    |                    |            |
|                                    | <b>4</b>   | Accounts receivable, net . . . . .   |             | 23,229,100               | <b>4</b>    | 24,721,979         |            |
|                                    | <b>5</b>   | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |             |                          | <b>5</b>    |                    |            |
|                                    | <b>6</b>   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .  |             |                          | <b>6</b>    |                    |            |
|                                    | <b>7</b>   | Notes and loans receivable, net . . . . .  |             |                          | <b>7</b>    |                    |            |
|                                    | <b>8</b>   | Inventories for sale or use . . . . .  |             | 3,491,915                | <b>8</b>    | 3,331,203          |            |
|                                    | <b>9</b>   | Prepaid expenses and deferred charges . . . . .  |             | 3,536,475                | <b>9</b>    | 3,627,781          |            |
|                                    | <b>10a</b>   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | <b>10a</b>  | 127,133,896              |             |                    |            |
|                                    | <b>b</b>   | Less: accumulated depreciation   | <b>10b</b>  | 67,844,866               | 55,667,459  | <b>10c</b>         | 59,289,030 |
|                                    | <b>11</b>  | Investments—publicly traded securities . . . . .   |             |                          | <b>11</b>   |                    |            |
|                                    | <b>12</b>  | Investments—other securities. See Part IV, line 11 . . . . .   |             |                          | <b>12</b>   |                    |            |
|                                    | <b>13</b>  | Investments—program-related. See Part IV, line 11 . . . . .  |             |                          | <b>13</b>   |                    |            |
|                                    | <b>14</b>  | Intangible assets . . . . .  |             |                          | <b>14</b>   |                    |            |
|                                    | <b>15</b>  | Other assets. See Part IV, line 11 . . . . .   |             | 1,574,069                | <b>15</b>   | 13,849,390         |            |
| <b>16</b>                          | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .   |  | 185,551,560 | <b>16</b>                | 235,768,500 |                    |            |
| <b>Liabilities</b>                 | <b>17</b>  | Accounts payable and accrued expenses . . . . .  |             | 10,903,532               | <b>17</b>   | 13,004,279         |            |
|                                    | <b>18</b>  | Grants payable . . . . .   |             |                          | <b>18</b>   |                    |            |
|                                    | <b>19</b>  | Deferred revenue . . . . .   |             | 114,142                  | <b>19</b>   | 137,478            |            |
|                                    | <b>20</b>  | Tax-exempt bond liabilities . . . . .  |             |                          | <b>20</b>   |                    |            |
|                                    | <b>21</b>  | Escrow or custodial account liability. Complete Part IV of Schedule D  |             |                          | <b>21</b>   |                    |            |
|                                    | <b>22</b>  | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . |             |                          | <b>22</b>   |                    |            |
|                                    | <b>23</b>  | Secured mortgages and notes payable to unrelated third parties . . . . .   |             |                          | <b>23</b>   |                    |            |
|                                    | <b>24</b>  | Unsecured notes and loans payable to unrelated third parties . . . . .   |             |                          | <b>24</b>   |                    |            |
|                                    | <b>25</b>  | 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  |             | 37,835,268               | <b>25</b>   | 52,152,796         |            |
|                                    | <b>26</b>  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |             | 48,852,942               | <b>26</b>   | 65,294,553         |            |
| <b>Net Assets or Fund Balances</b> | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b> |  |             |                          |             |                    |            |
|                                    | <b>27</b>  | Net assets without donor restrictions . . . . .  |             | 136,698,618              | <b>27</b>   | 170,473,947        |            |
|                                    | <b>28</b>  | Net assets with donor restrictions . . . . .   |             |                          | <b>28</b>   |                    |            |
|                                    | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>          |  |             |                          |             |                    |            |
|                                    | <b>29</b>  | Capital stock or trust principal, or current funds . . . . .   |             |                          | <b>29</b>   |                    |            |
|                                    | <b>30</b>  | Paid-in or capital surplus, or land, building or equipment fund . . . . .  |             |                          | <b>30</b>   |                    |            |
|                                    | <b>31</b>  | Retained earnings, endowment, accumulated income, or other funds   |             |                          | <b>31</b>   |                    |            |
|                                    | <b>32</b>  | <b>Total net assets or fund balances</b> . . . . .   |             | 136,698,618              | <b>32</b>   | 170,473,947        |            |
| <b>33</b>                          | <b>Total liabilities and net assets/fund balances</b> . . . . .  |  | 185,551,560 | <b>33</b>                | 235,768,500 |                    |            |



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 222,805,056 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 195,371,718 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 27,433,338  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 136,698,618 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 9,348,576   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -3,006,585  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 170,473,947 |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b> Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | Yes |    |
| <b>c</b> 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   | Yes |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  |     | No |
| <b>b</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.  |     |    |



# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-0543246

**Name:** FLETCHER HOSPITAL INC

Form 990 (2019)

**Form 990, Part III, Line 4a:**

THE HOSPITAL OPERATES A 103-BED ACUTE CARE HOSPITAL WITH 3,989 PATIENT ADMISSIONS, 15,197 PATIENT DAYS, 145,620 OUTPATIENT VISITS, AND 269,419 PHYSICIAN PRACTICE PATIENT VISITS IN THE CURRENT YEAR.



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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
FLETCHER HOSPITAL INC

Employer identification number  
56-0543246

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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| Total                              |          |  |   |    |   |   |



Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

|   |   |          |          |          |          |          |           |
|---|---|----------|----------|----------|----------|----------|-----------|
| Section A. Public Support                           |   |          |          |          |          |          |           |
| Calendar year<br>(or fiscal year beginning in) ▶    |   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   |          |          |          |          |          |           |
| 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   | <b>Total.</b> 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   | <b>Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          |           |
| Section B. Total Support                            |   |          |          |          |          |          |           |
| Calendar year<br>(or fiscal year beginning in) ▶    |   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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  | <b>Total support.</b> Add lines 7 through 10  |          |          |          |          |          |           |
| 12  | Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | 12       |           |
| 13  | <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>  |          |          |          |          |          |           |
| Section C. Computation of Public Support Percentage |   |          |          |          |          |          |           |
| 14  | Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .  |          |          |          |          | 14       |           |
| 15  | Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .   |          |          |          |          | 15       |           |
| 16a   | <b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>   |          |          |          |          |          |           |
| b   | <b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>  |          |          |          |          |          |           |
| 17a   | <b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>      |          |          |          |          |          |           |
| b   | <b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |
| 18  | <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>  |          |          |          |          |          |           |



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

(Complete only if you checked the box on line 10 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<br>(or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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.          |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .   |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .   |          |          |          |          |          |           |
| <b>14 First five years.</b> 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 <b>stop here.</b> . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** 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—2018.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>2</b>  |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>  |     |    |
| <b>3a</b>   |     |    |
| <b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>   |     |    |
| <b>3b</b>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>3c</b>   |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     |    |
| <b>4a</b>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>4b</b>   |     |    |
| <b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> 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.</i>   |     |    |
| <b>4c</b>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i> |     |    |
| <b>5a</b>   |     |    |
| <b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>5b</b>   |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>5c</b>   |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>6</b>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>   |     |    |
| <b>7</b>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
| <b>8</b>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>9a</b>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>  |     |    |
| <b>9b</b>   |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>   |     |    |
| <b>9c</b>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>   |     |    |
| <b>10a</b>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>  |     |    |
| <b>10b</b>  |     |    |



Part IV

Supporting Organizations (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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? |     |    |
| <b>b</b> A family member of a person described in (a) above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in <b>Part VI</b>.</i>                                 |     |    |

Section B. Type I Supporting Organizations

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? <i>If "No," describe in <b>Part VI</b> 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.</i> |     |    |
| <b>2</b> 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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>  |     |    |

Section C. Type II Supporting Organizations

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |

Section D. All Type III Supporting Organizations

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> 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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i>   |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|  |  |  |
|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.   |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)  |  |  |
| <b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> 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? <i>If "Yes," then in <b>Part VI</b> 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.</i> |  |  |
| <b>b</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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>   |  |  |
| <b>a</b> 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? <i>Provide details in <b>Part VI</b>.</i>  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.</i>  |  |  |



|   |  |                |                                |
|---|--|----------------|--------------------------------|
| <b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>  |  |                |                                |
| <b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E. |  |                |                                |
| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>  | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>  | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>  | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>  | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>  | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>  | 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) | <b>6</b>       |                                |
| <b>7</b>  | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>  | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b>   |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>  | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>  | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>  | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>  | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>  | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>  | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| <b>2</b>  | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>  | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>  | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                                |
| <b>5</b>  | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>  | Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b>  | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>  | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b>   |  |                | Current Year                   |
| <b>1</b>  | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>  | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>  | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>  | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>  | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>  | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>  | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |



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 2019 from Section C, line 6  |              |
| 10 Line 8 amount divided by Line 9 amount   |              |

| Section E - Distribution Allocations<br>(see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2019:  |                             |  |   |
| a From 2014. . . . .  |                             |  |   |
| b From 2015. . . . .  |                             |  |   |
| c From 2016. . . . .  |                             |  |   |
| d From 2017. . . . .  |                             |  |   |
| e From 2018. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2019 distributable amount  |                             |  |   |
| i Carryover from 2014 not applied (see instructions)  |                             |  |   |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| 4 Distributions for 2019 from Section D, line 7:  |                             |  |   |
| \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2019 distributable amount  |                             |  |   |
| c Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 Excess distributions carryover to 2020. Add lines 3j and 4c.  |                             |  |   |
| 8 Breakdown of line 7:  |                             |  |   |
| a Excess from 2015. . . . .   |                             |  |   |
| b Excess from 2016. . . . .   |                             |  |   |
| c Excess from 2017. . . . .   |                             |  |   |
| d Excess from 2018. . . . .   |                             |  |   |
| e Excess from 2019. . . . .   |                             |  |   |



Additional Data

Software ID:  
Software Version:  
EIN: 56-0543246  
Name: FLETCHER HOSPITAL INC

**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



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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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<br>FLETCHER HOSPITAL INC | Employer identification number<br>56-0543246 |
|---|--|

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 (see instructions for definition of "political campaign activities") |      |
| 2 | Political campaign activity expenditures (see instructions)   | ▶ \$ |
| 3 | Volunteer hours for political campaign activities (see instructions)  |      |

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

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

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

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

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1        |             |         |   |  |
| 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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                                       | (b) Affiliated group totals |
|--|--|-----------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |                             |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                             |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                             |
| <b>d</b> Other exempt purpose expenditures .....   |  |                             |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                             |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>   | <b>The lobbying nontaxable amount is:</b>                              |                             |
| 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.   |                             |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                             |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                             |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                             |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |                             |

**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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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) |    | (b)    |
|-----------|---|-----|----|--------|
|           |   | Yes | No | Amount |
| <b>1</b>  | 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: |     |    |        |
| <b>a</b>  | Volunteers? .....   |     | No |        |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  |     | No |        |
| <b>c</b>  | Media advertisements? .....   |     | No |        |
| <b>d</b>  | Mailings to members, legislators, or the public? .....  |     | No |        |
| <b>e</b>  | Publications, or published or broadcast statements? .....   |     | No |        |
| <b>f</b>  | Grants to other organizations for lobbying purposes? .....  |     | No |        |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     | No |        |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     | No |        |
| <b>i</b>  | Other activities? .....   | Yes |    | 21,471 |
| <b>j</b>  | Total. Add lines 1c through 1i .....  |     |    | 21,471 |
| <b>2a</b> | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     | No |        |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b>  | 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**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."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | <b>3</b>  |  |
| <b>4</b> 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? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  |  |

**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: | DUES WERE PAID TO THE AMERICAN HOSPITAL ASSOCIATION AND THE NORTH CAROLINA HEALTHCARE ASSOCIATION. |



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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
FLETCHER HOSPITAL INC

Employer identification number  
56-0543246

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 7/25/06, 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 . . . . . ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019



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

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

|    | Amount |
|----|--------|
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

1a

Beginning of year balance . . . . .

b

Contributions . . . . .

c

Net investment earnings, gains, and losses

d

Grants or scholarships . . . . .

e

Other expenditures for facilities and programs . . . . .

f

Administrative expenses . . . . .

g

End of year balance . . . . .

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
|  |                  |                |                    |                      |                     |
|  |                  |                |                    |                      |                     |
|  |                  |                |                    |                      |                     |
|  |                  |                |                    |                      |                     |
|  |                  |                |                    |                      |                     |
|  |                  |                |                    |                      |                     |

2

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

a

Board designated or quasi-endowment ▶ .....

b

Permanent endowment ▶ .....

c

Temporarily restricted endowment ▶ .....

The percentages 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:

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     |    |
| 3a(ii) |     |    |
| 3b     |     |    |

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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land . . . . .   |                                      | 8,095,465                       |                              | 8,095,465      |
| b Buildings . . . . .   |                                      | 62,508,346                      | 28,645,427                   | 33,862,919     |
| c Leasehold improvements  |                                      |                                 |                              |                |
| d Equipment . . . . .   |                                      | 48,495,070                      | 38,394,493                   | 10,100,577     |
| e Other . . . . .   |                                      | 8,035,015                       | 804,946                      | 7,230,069      |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 59,289,030     |

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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<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                     |                |  |
| (2) Closely-held equity interests . . . . .                             |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| 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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| 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) DUE FROM RELATED  | 1,095,594      |
| (2) OTHER RECEIVABLES   | 587,305        |
| (3) DUE FROM AFFILIATED   | 1,662,354      |
| (4) RIGHT OF USE ASSET - OPERATING LEASE                                      | 10,471,032     |
| (5) OTHER ASSETS  | 33,105         |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶ | 13,849,390     |

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 |
|---|----------------|
| (1) Federal income taxes  |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 52,152,796     |

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 ☒

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**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.

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

**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.

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

**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 |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |



**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 56-0543246  
**Name:** FLETCHER HOSPITAL INC

**Supplemental Information**

| Return Reference | Explanation  |
|------------------|--|
| PART X, LINE 2:  | <p>THE FILING ORGANIZATION IS A SUBSIDIARY ORGANIZATION WITHIN ADVENTHEALTH. THE CONSOLIDATED FINANCIAL STATEMENTS OF ADVENTHEALTH CONTAIN THE FOLLOWING FIN 48 (ASC 740) FOOTNOTE: PLEASE NOTE THAT DOLLAR AMOUNTS ARE IN THOUSANDS. HEALTHCARE CORPORATION AND ITS AFFILIATED ORGANIZATIONS, OTHER THAN NORTH AMERICAN HEALTH SERVICES, INC. AND ITS SUBSIDIARY (NAHS), ARE EXEMPT FROM STATE AND FEDERAL INCOME TAXES. ACCORDINGLY, HEALTHCARE CORPORATION AND ITS TAX-EXEMPT AFFILIATES ARE NOT SUBJECT TO FEDERAL, STATE OR LOCAL INCOME TAXES EXCEPT FOR ANY NET UNRELATED BUSINESS TAXABLE INCOME. NAHS IS A WHOLLY OWNED, FOR-PROFIT SUBSIDIARY OF HEALTHCARE CORPORATION. NAHS AND ITS SUBSIDIARY ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES. NAHS FILES A CONSOLIDATED FEDERAL INCOME TAX RETURN AND, WHERE APPROPRIATE, CONSOLIDATED STATE INCOME TAX RETURNS. ALL TAXABLE INCOME WAS FULLY OFFSET BY NET OPERATING LOSS CARRYFORWARDS FOR FEDERAL INCOME TAX PURPOSES; AS SUCH, THERE IS NO PROVISION FOR CURRENT FEDERAL OR STATE INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2019 AND 2018. NAHS ALSO HAS TEMPORARY DEDUCTIBLE DIFFERENCES OF APPROXIMATELY \$46,500 AND \$53,000 AT DECEMBER 31, 2019 AND 2018, RESPECTIVELY, PRIMARILY AS A RESULT OF NET OPERATING LOSS CARRYFORWARDS. AT DECEMBER 31, 2019, NAHS HAD NET OPERATING LOSS CARRYFORWARDS OF APPROXIMATELY \$47,500, EXPIRING BEGINNING IN 2022 THROUGH 2026. DEFERRED TAXES HAVE BEEN PROVIDED FOR THESE AMOUNTS, RESULTING IN A NET DEFERRED TAX ASSET OF APPROXIMATELY \$11,400 AND \$13,400 AT DECEMBER 31, 2019 AND 2018, RESPECTIVELY. NAHS REMEASURED ITS DEFERRED TAX ASSETS AND LIABILITIES BASED ON THE RATES AT WHICH THEY ARE EXPECTED TO REVERSE IN THE FUTURE, WHICH IS GENERALLY 21%. A FULL VALUATION ALLOWANCE HAS BEEN PROVIDED AT DECEMBER 31, 2019 AND 2018 TO OFFSET THE DEFERRED TAX ASSET, SINCE HEALTHCARE CORPORATION HAS DETERMINED THAT IT IS MORE LIKELY THAN NOT THAT THE BENEFIT OF THE NET OPERATING LOSS CARRYFORWARDS WILL NOT BE REALIZED IN FUTURE YEARS. THE INCOME TAXES TOPIC OF THE ASC (ASC 740) PRESCRIBES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAX POSITIONS RECOGNIZED IN FINANCIAL STATEMENTS. ASC 740 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN, OR EXPECTED TO BE TAKEN, IN A TAX RETURN. THERE WERE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2019 AND 2018. ON DECEMBER 22, 2017, THE UNITED STATES ENACTED TAX REFORM LEGISLATION COMMONLY KNOWN AS THE TAX CUTS AND JOBS ACT (ACT), RESULTING IN SIGNIFICANT MODIFICATIONS TO EXISTING LAW. CERTAIN PROVISIONS IMPACT TAX-EXEMPT ORGANIZATIONS, INCLUDING REVISIONS TO TAXES ON UNRELATED BUSINESS ACTIVITIES, EXCISE TAXES ON COMPENSATION OF CERTAIN EMPLOYEES, AND VARIOUS OTHER PROVISIONS. WHILE FINAL REGULATIONS ON THESE PROVISIONS HAVE NOT YET BEEN PROMULGATED, THE IMPACT OF THESE PROVISIONS ON THE CONSOLIDATED FINANCIAL STATEMENTS IS NOT EXPECTED TO BE SIGNIFICANT.</p> |



SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FLETCHER HOSPITAL INC

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

Employer identification number  
56-0543246

OMB No. 1545-0047

2019

Open to Public Inspection

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.<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> 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.<br>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:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %<br>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: . . . . .<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %<br>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. | 3a  | Yes |
|  |   | 3b  | No  |
| 4  | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .  | 4   | Yes |
| 5a   | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .   | 5a  | Yes |
| b  | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .  | 5b  | Yes |
| c  | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .  | 5c  | No  |
| 6a   | Did the organization prepare a community benefit report during the tax year? . . . . .  | 6a  | Yes |
| b  | If "Yes," did the organization make it available to the public? . . . . .   | 6b  | No  |
| 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) . . . . .                                  |   |                               | 5,889,906                           |                               | 5,889,906                         | 3.010 %                      |
| b Medicaid (from Worksheet 3, column a) . . . . .  |   |                               | 14,661,622                          | 10,908,484                    | 3,753,138                         | 1.920 %                      |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .     |   |                               |                                     |                               |                                   |                              |
| d Total Financial Assistance and Means-Tested Government Programs . . . . .                  |   |                               | 20,551,528                          | 10,908,484                    | 9,643,044                         | 4.930 %                      |
| Other Benefits   |   |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4). |   |                               | 147,103                             | 174,896                       | 0                                 | 0 %                          |
| f Health professions education (from Worksheet 5) . . . . .                                  |   |                               |                                     |                               |                                   |                              |
| g Subsidized health services (from Worksheet 6) . . . . .                                    |   |                               |                                     |                               |                                   |                              |
| h Research (from Worksheet 7) . . . . .  |   |                               |                                     |                               |                                   |                              |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .          |   |                               | 512,765                             |                               | 512,765                           | 0.260 %                      |
| j Total. Other Benefits . . . . .  |   |                               | 659,868                             | 174,896                       | 512,765                           | 0.260 %                      |
| k Total. Add lines 7d and 7j . . . . .   |   |                               | 21,211,396                          | 11,083,380                    | 10,155,809                        | 5.190 %                      |



**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 |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| <b>1</b> Physical improvements and housing                         |   |                               |                                      |                               |                                    |                              |
| <b>2</b> Economic development                                      |   |                               |                                      |                               |                                    |                              |
| <b>3</b> Community support   |   |                               | 56,025                               |                               | 56,025                             | 0.030 %                      |
| <b>4</b> Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| <b>5</b> Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| <b>6</b> Coalition building  |   |                               |                                      |                               |                                    |                              |
| <b>7</b> Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| <b>8</b> Workforce development                                     |   |                               |                                      |                               |                                    |                              |
| <b>9</b> Other   |   |                               |                                      |                               |                                    |                              |
| <b>10 Total</b>  |   |                               | 56,025                               |                               | 56,025                             | 0.030 %                      |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

|  |          | Yes        | No |
|--|----------|------------|----|
| <b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .   | <b>1</b> | Yes        |    |
| <b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. . . . .   | <b>2</b> | 10,681,322 |    |
| <b>3</b> 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. . . . . | <b>3</b> | 1,349,422  |    |
| <b>4</b> 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**

|   |  |                                |  |
|---|--|--------------------------------|--|
| <b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .   | <b>5</b>   | 47,735,319                     |  |
| <b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .  | <b>6</b>   | 49,024,948                     |  |
| <b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .  | <b>7</b>   | -1,289,629                     |  |
| <b>8</b> 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: |  |                                |  |
| <input type="checkbox"/> Cost accounting system   | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |  |

**Section C. Collection Practices**

|  |           |     |  |
|--|-----------|-----|--|
| <b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .  | <b>9a</b> | Yes |  |
| <b>b</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 . . . . . | <b>9b</b> | Yes |  |

**Part IV Management Companies and Joint Ventures**

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (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 % |
|---|---|--|--|---|
| <b>1</b>  |   |  |  |   |
| <b>2</b>  |   |  |  |   |
| <b>3</b>  |   |  |  |   |
| <b>4</b>  |   |  |  |   |
| <b>5</b>  |   |  |  |   |
| <b>6</b>  |   |  |  |   |
| <b>7</b>  |   |  |  |   |
| <b>8</b>  |   |  |  |   |
| <b>9</b>  |   |  |  |   |
| <b>10</b>   |   |  |  |   |
| <b>11</b>   |   |  |  |   |
| <b>12</b>   |   |  |  |   |
| <b>13</b>   |   |  |  |   |



**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?  
**1**

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

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



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
ADVENTHEALTH HENDERSONVILLE**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

|   | Yes        | No  |
|---|------------|-----|
| <b>1</b> 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? . . . . .   | <b>1</b>   | No  |
| <b>2</b> 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. . . . .   | <b>2</b>   | No  |
| <b>3</b> 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. . . . .<br>If "Yes," indicate what the CHNA report describes (check all that apply):   | <b>3</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |            |     |
| <b>b</b> <input checked="" type="checkbox"/> Demographics of the community  |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> How data was obtained  |            |     |
| <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community  |            |     |
| <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |            |     |
| <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |            |     |
| <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |            |     |
| <b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |            |     |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)   |            |     |
| <b>4</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>  |            |     |
| <b>5</b> 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 . . . . . | <b>5</b>   | Yes |
| <b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .   | <b>6a</b>  | No  |
| <b>b</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 . . . . .  | <b>6b</b>  | No  |
| <b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . .<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply):   | <b>7</b>   | Yes |
| <b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, PAGE 8</u>  |            |     |
| <b>b</b> <input type="checkbox"/> Other website (list url): _____   |            |     |
| <b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |            |     |
| <b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)  |            |     |
| <b>8</b> 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. . . . .   | <b>8</b>   | Yes |
| <b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>  |            |     |
| <b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .<br>If "Yes" (list url): <u>SEE PART V, PAGE 8</u>   | <b>10</b>  | Yes |
| <b>a</b>  |            |     |
| <b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .   | <b>10b</b> |     |
| <b>11</b> 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.  |            |     |
| <b>12a</b> 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)? . . . . .  | <b>12a</b> | No  |
| <b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .   | <b>12b</b> |     |
| <b>c</b> 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)

ADVENTHEALTH HENDERSONVILLE

| Name of hospital facility or letter of facility reporting group   |   | Yes | No  |
|---|---|-----|-----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: |   |     |     |
| 13  | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?<br>If "Yes," indicate the eligibility criteria explained in the FAP:<br><div><div>a</div><div><input checked="" type="checkbox"/> 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 %</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>   | 13  | Yes |
| 14  | Explained the basis for calculating amounts charged to patients?  | 14  | Yes |
| 15  | Explained the method for applying for financial assistance?<br>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):<br><div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>  | 15  | Yes |
| 16  | Was widely publicized within the community served by the hospital facility?<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):<br><div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url):<br/>SEE PART V, PAGE 8</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url):<br/>SEE PART V, PAGE 8</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url):<br/>SEE PART V, PAGE 8</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>f</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>g</div><div><input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input type="checkbox"/> Other (describe in Section C)</div></div> | 16  | Yes |



**Part V Facility Information** (continued)**Billing and Collections**

ADVENTHEALTH HENDERSONVILLE

**Name of hospital facility or letter of facility reporting group**

|   | Yes           | No |
|---|---------------|----|
| <b>17</b> 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 nonpayment? . . . . .   | <b>17</b> Yes |    |
| <b>18</b> 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:  |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)<br><b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted   |               |    |
| <b>19</b> 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? . . . . .   | <b>19</b>     | No |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |               |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)<br><b>b</b> <input type="checkbox"/> Selling an individual's debt to another party<br><b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP<br><b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process<br><b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |               |    |
| <b>20</b> 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):  |               |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)<br><b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)<br><b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)<br><b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)<br><b>e</b> <input type="checkbox"/> Other (describe in Section C)<br><b>f</b> <input type="checkbox"/> None of these efforts were made |               |    |

**Policy Relating to Emergency Medical Care**

|  |               |  |
|--|---------------|--|
| <b>21</b> 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? . . . . .  | <b>21</b> Yes |  |
| If "No," indicate why:   |               |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions<br><b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing<br><b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)<br><b>d</b> <input type="checkbox"/> Other (describe in Section C) |               |  |



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

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

ADVENTHEALTH HENDERSONVILLE

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

|           | Yes | No |
|-----------|-----|----|
| <b>22</b> |     |    |
| <b>23</b> |     | No |
| <b>24</b> |     | No |







**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? **3**

| Name and address  | Type of Facility (describe) |
|---|-----------------------------|
| <b>1</b> 1 - AHMG FAMILY MEDICAINE AT BREVARD<br>123 EAST MAIN SUITE 102<br>BREVARD, NC 28792               | FAMILY MEDICINE             |
| <b>2</b> 2 - AHMG MULTISPECIALTY AT FLAT ROCK<br>841 CASE STREET<br>HENDERSONVILLE, NC 28792                | FAMILY MEDICINE             |
| <b>3</b> 3 - AHMG PRIMARY CARE AT CAROLINA VILLAGE<br>600 CAROLINA VILLAGE ROAD<br>HENDERSONVILLE, NC 28792 | FAMILY MEDICINE             |
| <b>4</b>  |                             |
| <b>5</b>  |                             |
| <b>6</b>  |                             |
| <b>7</b>  |                             |
| <b>8</b>  |                             |
| <b>9</b>  |                             |
| <b>10</b>   |                             |



**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.

**990 Schedule H, Supplemental Information**

| 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 27 TAX-EXEMPT 501(C)(3) HOSPITAL ORGANIZATIONS AND A NUMBER OF OTHER HEALTH CARE FACILITIES THAT OPERATED IN 10 STATES WITHIN THE U.S. THE SYSTEM OF ORGANIZATIONS UNDER THE CONTROL AND OWNERSHIP OF AHSSHC IS KNOWN AS "ADVENTHEALTH". ALL HOSPITAL ORGANIZATIONS WITHIN ADVENTHEALTH COLLECT, CALCULATE, AND REPORT THE COMMUNITY BENEFITS THEY PROVIDE TO THE COMMUNITIES THEY SERVE. ADVENTHEALTH ORGANIZATIONS EXIST SOLELY TO IMPROVE AND ENHANCE THE LOCAL COMMUNITIES THEY SERVE. ADVENTHEALTH 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. EACH ADVENTHEALTH HOSPITAL FACILITY REPORTS THEIR COMMUNITY BENEFITS TO THEIR BOARD OF DIRECTORS AND STRIVES TO COMMUNICATE THEIR COMMUNITY BENEFITS TO THEIR LOCAL COMMUNITIES. ADDITIONALLY, THE FILING ORGANIZATION'S MOST RECENTLY CONDUCTED COMMUNITY HEALTH NEEDS ASSESSMENT AND ASSOCIATED IMPLEMENTATION STRATEGY CAN BE ACCESSED ON THE FILING ORGANIZATION'S WEBSITE. THE FILING ORGANIZATION PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT ON A SEPARATE ENTITY BASIS FOR THE HOSPITAL(S) THAT IT OWNS AND OPERATES. THE SEPARATE ANNUAL COMMUNITY BENEFIT REPORT IS GENERALLY UTILIZED FOR STATE COMMUNITY BENEFIT REPORTING AND/OR FOR OTHER LOCAL COMMUNITY PURPOSES. |
| 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.   |



**990 Schedule H, Supplemental Information**

| Form and Line Reference                 | Explanation  |
|---|--|
| PART II, COMMUNITY BUILDING ACTIVITIES: | ADVENTHEALTH HENDERSONVILLE (THE HOSPITAL) IS INVOLVED WITH AND SUPPORTIVE 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.                       |
| 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. |



990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation  |
|-------------------------|--|
| PART III, LINE 3:       | <p>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 POST-DISCHARGE 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 ELIGIBLE FOR THE MOST GENEROUS FINANCIAL ASSISTANCE UNDER THE FILING ORGANIZATION'S FINANCIAL ASSISTANCE POLICY. AS DETERMINED BY THE FILING ORGANIZATION, A NOMINAL AMOUNT OF SUCH A PATIENT'S BILL IS WRITTEN OFF AS BAD DEBT EXPENSE, WHILE THE REMAINING PORTION OF THE PATIENT'S BILL IS CONSIDERED 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 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.</p> |
| PART III, LINE 4:       | <p>FINANCIAL STATEMENT FOOTNOTE RELATED TO ACCOUNTS RECEIVABLE AND ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS:THE FINANCIAL INFORMATION OF THE FILING ORGANIZATION IS INCLUDED IN A CONSOLIDATED AUDITED FINANCIAL STATEMENT FOR THE CURRENT YEAR.THE APPLICABLE FOOTNOTE FROM THE ATTACHED CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ADDRESSES ACCOUNTS RECEIVABLE, THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, AND THE PROVISION FOR BAD DEBTS CAN BE FOUND ON PAGES 8 AND 9. PLEASE NOTE THAT DOLLAR AMOUNTS ON THE ATTACHED CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE IN THOUSANDS.</p>   |



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| Form and Line Reference | Explanation   |
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| PART III, LINE 8:       | <p>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.</p>  |
| PART III, LINE 9B:      | <p>THE HOSPITAL FILING ORGANIZATION'S COLLECTION PRACTICES ARE IN CONFORMITY WITH THE REQUIREMENTS SET FORTH IN THE 2014 FINAL 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 POST-DISCHARGE 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) AND A COPY OF THE FILING ORGANIZATION'S PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY 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 THAN 120 DAYS AFTER THE FIRST POST-DISCHARGE BILLING STATEMENT IS SENT TO THE INDIVIDUAL AND IS AT LEAST 30 DAYS AFTER THE NOTICE IS PROVIDED. A REASONABLE ATTEMPT IS ALSO MADE TO ORALLY NOTIFY AN INDIVIDUAL ABOUT THE FILING ORGANIZATION'S FINANCIAL ASSISTANCE POLICY AND HOW THE INDIVIDUAL MAY OBTAIN ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS. IF AN INDIVIDUAL SUBMITS AN INCOMPLETE FAA FORM DURING THE 240-DAY PERIOD FOLLOWING THE DATE ON WHICH THE FIRST POST-DISCHARGE BILLING STATEMENT WAS SENT TO THE INDIVIDUAL, THE HOSPITAL FILING ORGANIZATION SUSPENDS ANY REPORTING TO CONSUMER CREDIT REPORTING AGENCIES/BUREAUS (OR CEASES ANY OTHER ECA'S) AND PROVIDES A WRITTEN NOTICE TO THE INDIVIDUAL DESCRIBING WHAT ADDITIONAL INFORMATION OR DOCUMENTATION IS NEEDED TO COMPLETE THE FAA FORM. THIS WRITTEN NOTICE CONTAINS CONTACT INFORMATION INCLUDING THE TELEPHONE NUMBER AND PHYSICAL LOCATION OF THE HOSPITAL FACILITY'S OFFICE OR DEPARTMENT THAT CAN PROVIDE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY, AS WELL AS CONTACT INFORMATION OF THE HOSPITAL FACILITY'S OFFICE OR DEPARTMENT THAT CAN PROVIDE ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS OR, ALTERNATIVELY, A NONPROFIT ORGANIZATION OR GOVERNMENTAL AGENCY THAT CAN PROVIDE ASSISTANCE WITH THE FINANCIAL ASSISTANCE APPLICATION PROCESS IF THE HOSPITAL FACILITY IS UNABLE TO DO SO. IF AN INDIVIDUAL SUBMITS A COMPLETE FAA FORM WITHIN A REASONABLE TIME-PERIOD AS SET FORTH IN THE NOTICE DESCRIBED ABOVE, 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.</p> |



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| Form and Line Reference  | Explanation  |
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| SUPPLEMENTAL SCHEDULE TO SCHEDULE H, PART III, SECTION B, LINE 8 | <p>RECONCILIATION OF SCHEDULE H REPORTED MEDICARE SURPLUS/(SHORTFALL) TO UNREIMBURSED MEDICARE COSTS ASSOCIATED WITH THE PROVISION OF SERVICES TO 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 CONSIDERED A COMMUNITY BENEFIT TO THE ELDERLY AND ARE COMBINED INTO AN ANNUAL COMMUNITY BENEFIT STATEMENT PREPARED BY ADVENTHEALTH. 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: \$ (1,289,629)- DIFFERENCE IN COSTING METHODOLOGY: (5,299,735)- UNREIMBURSED COSTS INCURRED FOR SERVICES PROVIDED TO MEDICARE PATIENTS THAT ARE NOT INCLUDED IN THE ORGANIZATION'S MEDICARE COST REPORT: (8,112,859) -----TOTAL UNREIMBURSED COSTS OF SERVING ALL MEDICARE PATIENTS PER THE FILING ORGANIZATION'S COMMUNITY BENEFIT REPORTING: \$(14,702,223) 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.</p> |
| PART VI, LINE 2:   | <p>THE HOSPITAL CONDUCTS COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) EVERY THREE YEARS. ITS 2019 CHNA WAS ADOPTED BY ITS GOVERNING BOARD BY DECEMBER 31, 2019, THE END OF THE HOSPITAL'S TAXABLE YEAR IN WHICH IT CONDUCTED THE CHNA. THE HOSPITAL'S 2019 CHNA COMPLIED WITH THE GUIDANCE SET FORTH BY THE IRS IN FINAL REGULATION SECTION 1.501(R)-3. IN ADDITION TO THE CHNA DISCUSSED ABOVE, A VARIETY OF PRACTICES AND PROCESSES ARE IN PLACE TO ENSURE THAT THE FILING ORGANIZATION IS RESPONSIVE TO THE HEALTH NEEDS OF ITS COMMUNITY. SUCH PRACTICES AND PROCESSES INVOLVE THE FOLLOWING: 1. A HOSPITAL OPERATING/COMMUNITY BOARD 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 COMMUNITY; AND 4. COLLABORATION WITH OTHER LOCAL COMMUNITY GROUPS TO ADDRESS THE HEALTH CARE NEEDS OF THE FILING ORGANIZATION'S COMMUNITY.</p>  |



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| Form and Line Reference | Explanation   |
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| PART VI, LINE 3:        | <p>THE FINANCIAL ASSISTANCE POLICY (FAP), FINANCIAL ASSISTANCE APPLICATION FORM (FAA FORM), AND THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY (PLS) OF THE FILING ORGANIZATION'S HOSPITAL FACILITY ARE TRANSPARENT AND AVAILABLE TO ALL INDIVIDUALS SERVED AT ANY POINT IN THE CARE CONTINUUM. THE FAP, FAA FORM, PLS, AND CONTACT INFORMATION FOR THE HOSPITAL FACILITY'S FINANCIAL COUNSELORS ARE PROMINENTLY AND CONSPICUOUSLY POSTED ON THE FILING ORGANIZATION'S HOSPITAL FACILITY'S WEBSITE. THE WEBSITE INDICATES THAT A COPY OF THE FAP, FAA FORM, AND PLS IS AVAILABLE AND HOW TO OBTAIN SUCH COPIES IN THE PRIMARY LANGUAGES OF ANY POPULATIONS WITH LIMITED PROFICIENCY IN ENGLISH THAT CONSTITUTE THE LESSER OF 1,000 INDIVIDUALS OR 5% OF THE MEMBERS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY (REFERRED TO BELOW AS LEP DEFINED POPULATIONS). SIGNAGE IS DISPLAYED IN PUBLIC LOCATIONS OF THE FILING ORGANIZATION'S HOSPITAL FACILITY, INCLUDING AT ALL POINTS OF ADMISSION AND REGISTRATION AND THE EMERGENCY DEPARTMENT. THE SIGNAGE CONTAINS THE HOSPITAL FACILITY'S WEBSITE ADDRESS WHERE THE FAP, FAA FORM, AND PLS CAN BE ACCESSED AND THE TELEPHONE NUMBER AND PHYSICAL LOCATION THAT INDIVIDUALS CAN CALL OR VISIT TO OBTAIN COPIES OF THE FAP, FAA FORM AND PLS OR TO OBTAIN MORE INFORMATION ABOUT THE HOSPITAL FACILITY'S FAP, FAA FORM AND PLS. 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. PAPER COPIES ARE MADE AVAILABLE IN ENGLISH AND IN THE PRIMARY LANGUAGES OF ANY LEP DEFINED POPULATIONS. THE FILING ORGANIZATION'S HOSPITAL FACILITY'S FINANCIAL COUNSELORS SEEK TO PROVIDE PERSONAL FINANCIAL COUNSELING TO ALL INDIVIDUALS ADMITTED TO THE HOSPITAL FACILITY WHO ARE CLASSIFIED AS SELF-PAY DURING THE COURSE OF THEIR HOSPITAL STAY OR AT TIME OF DISCHARGE TO EXPLAIN THE FAP AND FAA FORM AND TO PROVIDE INFORMATION CONCERNING OTHER SOURCES OF ASSISTANCE THAT MAY BE AVAILABLE, SUCH AS MEDICAID. A PAPER COPY OF THE HOSPITAL FACILITY'S PLS WILL BE OFFERED TO EVERY PATIENT AS A PART OF THE INTAKE OR DISCHARGE PROCESS. 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. COPIES OF THE PLS ARE DISTRIBUTED TO MEMBERS OF THE COMMUNITY IN A MANNER REASONABLY CALCULATED TO REACH THOSE MEMBERS OF THE COMMUNITY WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE.</p> |
| PART VI, LINE 4:        | <p>THE FILING ORGANIZATION IS LOCATED IN FLETCHER, NORTH CAROLINA SITUATED BETWEEN ASHEVILLE AND HENDERSONVILLE, NORTH CAROLINA. IT CURRENTLY OPERATES ADVENTHEALTH HENDERSONVILLE. ADVENTHEALTH HENDERSONVILLE IS A 103-BED, STATE OF THE ART HOSPITAL THAT INCLUDES CARDIAC CARE AND REHABILITATION, EMERGENCY SERVICES, NATIONALLY AWARDED CANCER CARE, STATE-OF-THE-ART SURGICAL CARE, FULL-SERVICE ORTHOPEDIC CARE, AN AWARD-WINNING LABOR AND DELIVERY EXPERIENCE, AND A FULL RANGE OF IMAGING SERVICES TO HELP PEOPLE ACROSS OUR REGION EXPERIENCE WHOLE HEALTH. ADVENTHEALTH HENDERSONVILLE (THE HOSPITAL) IS A CRUCIAL COMMUNITY AND REGIONAL ASSET. HENDERSON COUNTY HAS A LARGE ELDERLY POPULATION DUE TO A FAVORABLE CLIMATE AND LOCATION FOR RETIREES. DURING 2019, THE HOSPITAL'S PATIENT PERCENTAGE POPULATION WAS MADE UP OF THE BELOW PAYORS WITH THE REMAINING PERCENTAGE OF THE PATIENTS BEING COVERED UNDER COMMERCIAL INSURANCE. IN 2019, ABOUT 56% OF THE HOSPITAL'S IN-PATIENTS WERE ADMITTED THROUGH THE HOSPITAL'S EMERGENCY DEPARTMENT. - MEDICARE PATIENTS 53.8% - MEDICAID PATIENTS 7.8% - SELF-PAY PATIENTS 4.3% THE DEMOGRAPHIC MAKEUP OF THE HENDERSON COUNTY IS AS FOLLOWS: - POPULATION 116,748 - POPULATION OVER 65 24.7% - UNEMPLOYMENT RATE 3.8% - VIOLENT CRIME RATE (PER 100,000 POP.) 151.1 - UNINSURED 22.4% ADVENTHEALTH HENDERSONVILLE DEFINES ITS COMMUNITY AS ITS PRIMARY SERVICE AREA (PSA) FROM WHICH 75-80% OF ITS PATIENTS COME. THIS INCLUDES ALL OF HENDERSON COUNTY AND PORTIONS OF BUNCOMBE COUNTY - NAMELY ARDEN, BLACK MOUNTAIN, FAIRVIEW, FLETCHER, SKYLAND, AND SWANNANOA.</p>  |



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| Form and Line Reference | Explanation   |
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| PART VI, LINE 5:        | <p>THE PROVISION OF COMMUNITY BENEFIT IS CENTRAL TO ADVENTHEALTH HENDERSONVILLE'S MISSION OF SERVICE AND COMPASSION. RESTORING AND PROMOTING THE HEALTH AND QUALITY OF LIFE OF THOSE IN THE COMMUNITIES SERVED BY THE HOSPITAL IS A FUNCTION OF "EXTENDING THE HEALING MINISTRY OF CHRIST AND EMBODIES THE HOSPITAL'S COMMITMENT TO ITS VALUES AND PRINCIPLES. THE HOSPITAL 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 HOSPITAL 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 HOSPITAL PROVIDED \$148,922 OF BENEFIT WITH RESPECT TO THE FAITH-BASED AND SPIRITUAL NEEDS OF THE COMMUNITY IN CONJUNCTION WITH ITS OPERATION OF A COMMUNITY HOSPITAL. THE HOSPITAL ALSO PROVIDES BENEFITS TO ITS COMMUNITY'S INFRASTRUCTURE BY INVESTING IN CAPITAL IMPROVEMENTS TO ENSURE THAT FACILITIES AND TECHNOLOGY PROVIDE THE BEST POSSIBLE CARE TO THE COMMUNITY. DURING THE CURRENT YEAR, THE HOSPITAL EXPENDED \$9,502,159 IN NEW CAPITAL IMPROVEMENTS. AS A FAITH-BASED MISSION-DRIVEN COMMUNITY HOSPITAL, THE HOSPITAL IS CONTINUALLY INVOLVED IN MONITORING ITS COMMUNITY, 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 HOSPITAL ARE CONTINUALLY BEING INVESTED IN RESOURCES THAT IMPROVE THE AVAILABILITY AND QUALITY OF DELIVERY OF HEALTH CARE SERVICES AND PROGRAMS TO ITS COMMUNITY.</p>  |
| PART VI, LINE 6:        | <p>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 ADVENTHEALTH. AHSSHC IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3). AHSSHC AND ITS SUBSIDIARY ORGANIZATIONS OPERATE 47 HOSPITALS THROUGHOUT THE U.S., PRIMARILY IN THE SOUTHEASTERN PORTION OF THE U.S. AHSSHC AND ITS SUBSIDIARIES ALSO OPERATE 12 NURSING HOME FACILITIES AND OTHER ANCILLARY HEALTH CARE PROVIDER FACILITIES, SUCH AS AMBULATORY SURGERY CENTERS AND DIAGNOSTIC IMAGING CENTERS. AS THE PARENT ORGANIZATION OF ADVENTHEALTH, AHSSHC PROVIDES EXECUTIVE LEADERSHIP AND OTHER PROFESSIONAL SUPPORT SERVICES TO ITS SUBSIDIARY ORGANIZATIONS. PROFESSIONAL SUPPORT SERVICES INCLUDE AMONG OTHERS IT, CORPORATE COMPLIANCE, LEGAL, REIMBURSEMENT, RISK MANAGEMENT, AND TAX AS WELL AS TREASURY FUNCTIONS. CERTAIN SUPPORT SERVICES, SUCH AS HUMAN RESOURCES, PAYROLL, A/P, AND SUPPLY CHAIN MANAGEMENT ARE PROVIDED PURSUANT TO A SHARED SERVICES MODEL BY AHSSHC TO ITS SUBSIDIARY ORGANIZATIONS. THE PROVISION OF THESE EXECUTIVE AND SUPPORT SERVICES ON A CENTRALIZED BASIS BY AHSSHC PROVIDES AN APPROPRIATE BALANCE BETWEEN PROVIDING EACH ADVENTHEALTH 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 ADVENTHEALTH SUBSIDIARY PAYS A MANAGEMENT FEE TO AHSSHC FOR THE INTERNAL SERVICES PROVIDED BY AHSSHC. AS A RESULT, MANAGEMENT FEE EXPENSE REPORTED BY AN ADVENTHEALTH 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 ADVENTHEALTH AS A WHOLE. THE READER IS DIRECTED TO VISIT THE WEB-SITE OF ADVENTHEALTH AT <a href="http://WWW.ADVENTHEALTH.COM">WWW.ADVENTHEALTH.COM</a> TO LEARN MORE ABOUT THE MISSION AND OPERATIONS OF ADVENTHEALTH.</p> |



**990 Schedule H, Supplemental Information**

| Form and Line Reference                       | Explanation |
|---|-------------|
| PART VI, LINE 7, REPORTS FILED<br>WITH STATES | NC          |



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 56-0543246

**Name:** FLETCHER HOSPITAL INC

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

| <b>Section A. Hospital Facilities</b><br><br>(list in order of size from largest to smallest—see instructions)<br>How many hospital facilities did the organization operate during the tax year?<br><b>1</b> |  | 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  | ADVENTHEALTH HENDERSONVILLE<br>100 HOSPITAL DRIVE<br>HENDERSONVILLE, NC 28792<br>WWW.ADVENTHEALTH.COM/HOSPITAL/ADVENTHE<br>H0019 | X                 | X                          |                     |                   |                          |                   | X           |          |                  |                          |



**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   |
|-----------------------------|---|
| ADVENTHEALTH HENDERSONVILLE | <p>PART V, SECTION B, LINE 5: FLETCHER HOSPITAL, INC., D/B/A ADVENTHEALTH HENDERSONVILLE (AHH OR THE HOSPITAL), SERVES A COMMUNITY THAT INCLUDES HENDERSON COUNTY AND SOUTHERN BUNCOMBE COUNTY IN WESTERN NORTH CAROLINA. IN CONDUCTING ITS 2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), AHH ENGAGED ITS BROAD COMMUNITY THROUGH PARTICIPATION IN LOCAL AND REGIONAL CHNA COMMITTEES. TO HELP GUIDE THE HOSPITAL THROUGH ITS OWN CHNA PROCESS, THE HOSPITAL UTILIZED THE RESOURCES OF REGIONAL AND LOCAL CHNA COMMITTEES, AS WELL AS ITS OWN INTERNAL CHNA COMMITTEE. THE HENDERSON COUNTY PARTNERSHIP FOR HEALTH SERVED AS THE LOCAL CHNA COMMITTEE AND THE WESTERN NORTH CAROLINA HEALTHY IMPACT STEERING COMMITTEE SERVED AS THE REGIONAL CHNA COMMITTEE. BOTH COMMITTEES INCLUDED REPRESENTATION NOT ONLY FROM THE HOSPITAL, PUBLIC HEALTH AND THE BROAD COMMUNITY, BUT FROM LOW-INCOME, MINORITY AND OTHER UNDERSERVED POPULATIONS. WNC HEALTHY IMPACT IS A REGIONAL PARTNERSHIP OF HOSPITALS AND PUBLIC HEALTH DEPARTMENTS REPRESENTING 18 COUNTIES THAT COMPRISE WESTERN NORTH CAROLINA THAT SERVES TO BRING TOGETHER HOSPITAL REPRESENTATIVES, HEALTH DEPARTMENT OFFICIALS, AND COMMUNITY HEALTH LEADERS TO ASSESS AND ADDRESS HEALTH NEEDS IN THE REGION. WITH RESPECT TO THE HENDERSON COUNTY PARTNERSHIP FOR HEALTH, THE LOCAL CHNA COMMUNITY COMMITTEE, AN EMPHASIS WAS PLACED UPON SOLICITING INPUT FROM REPRESENTATIVES OF ORGANIZATIONS SERVING LOW-INCOME, MINORITY, AND OTHER UNDERSERVED POPULATIONS. MEMBERS OF THE HENDERSON COUNTY COMMUNITY HEALTH ASSESSMENT COMMITTEE THAT REPRESENTED SUCH UNDERSERVED POPULATIONS INCLUDED THE FOLLOWING:- THE HENDERSON COUNTY DEPARTMENT OF PUBLIC HEALTH;- MADISON COUNTY HEALTH DEPARTMENT;- JACKSON COUNTY HEALTH DEPARTMENT;- BUNCOMBE COUNTY HEALTH DEPARTMENT;- RUTHERFORD-POLK-MCDOWELL DISTRICT HEALTH DEPARTMENT;- BLUE RIDGE HEALTH - A FEDERALLY QUALIFIED HEALTH CENTER;- THE FREE CLINICS - AN ORGANIZATION UTILIZING VOLUNTEERS TO PROVIDE FREE HEALTHCARE AND SERVICES TO LOW-INCOME UNINSURED RESIDENTS AND MINORITIES;- SAFELIGHT - AN ORGANIZATION PROVIDING SERVICES AND SHELTER FOR SURVIVORS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE;- THRIVE - AN ORGANIZATION THAT SERVES PEOPLE WITH MENTAL HEALTH SYMPTOMS;- HENDERSON COUNTY DEPARTMENT OF SOCIAL SERVICES;- COUNCIL ON AGING FOR HENDERSON COUNTY - AN ORGANIZATION THAT PROVIDES AND COORDINATES SERVICES TO HELP KEEP OLDER ADULTS LIVING INDEPENDENTLY;- HENDERSONVILLE FAMILY YMCA;- HENDERSON COUNTY PUBLIC SCHOOLS; AND- CROSSNORE HENDERSONVILLE, AN ORGANIZATION PROVIDING BEHAVIORAL HEALTH AND FOSTER CARE SERVICES FOR CHILDREN IN HENDERSON COUNTY.</p> |



**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  |
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| ADVENTHEALTH HENDERSONVILLE | 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 REPORTS MUST BE POSTED ON THE HOSPITAL'S WEBSITE AT LEAST UNTIL THE DATE THE HOSPITAL FACILITY HAS MADE WIDELY AVAILABLE ON ITS WEBSITE ITS TWO SUBSEQUENT COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS. THE HOSPITAL WILL ALSO MAKE A PAPER COPY OF ITS COMMUNITY HEALTH NEEDS ASSESSMENT REPORT AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST AND WITHOUT CHARGE, AT LEAST UNTIL THE DATE THE HOSPITAL FACILITY HAS MADE AVAILABLE FOR PUBLIC INSPECTION ITS TWO SUBSEQUENT COMMUNITY HEALTH NEEDS ASSESSMENT REPORTS. |



**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   |
|-----------------------------|---|
| ADVENTHEALTH HENDERSONVILLE | <p>PART V, SECTION B, LINE 11: FLETCHER HOSPITAL, INC., D/B/A ADVENTHEALTH HENDERSONVILLE, WILL BE REFERRED TO IN THIS DOCUMENT AS ADVENTHEALTH HENDERSONVILLE OR "THE HOSPITAL." THE HOSPITAL IS A WHOLLY OWNED SUBSIDIARY OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC). AHSSHC IS THE 501(C)(3) PARENT ORGANIZATION OF A HOSPITAL AND HEALTHCARE SYSTEM KNOWN AS ADVENTHEALTH. IN JANUARY 2019, EVERY WHOLLY-OWNED ENTITY OF AHSSHC ADOPTED THE ADVENTHEALTH SYSTEM BRAND. OUR IDENTITY HAS BEEN UNIFIED TO REPRESENT THE FULL CONTINUUM OF CARE OUR SYSTEM OFFERS. ANY REFERENCE TO OUR 2016 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) OR 2017 COMMUNITY HEALTH PLAN (CHP) WILL UTILIZE OUR NEW NAME FOR CONSISTENCY. ADVENTHEALTH HENDERSONVILLE IS PART OF THE SOUTHEAST REGION OF ADVENTHEALTH. THE REGION INCLUDES FOUR HOSPITAL FACILITIES. THE INFORMATION PROVIDED BELOW EXPLAINS HOW THE HOSPITAL FACILITY ADDRESSED IN 2019 THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN ITS 2016 COMMUNITY HEALTH NEEDS ASSESSMENT, AND ANY SUCH NEEDS THAT WERE NOT ADDRESSED AND THE REASONS WHY SUCH NEEDS WERE NOT ADDRESSED. THE HOSPITAL FACILITY CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT IN 2016 AND ADOPTED AN IMPLEMENTATION STRATEGY TO ADDRESS THE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT IN 2017 PRIOR TO MAY 15, 2017. FOR THE DEVELOPMENT OF BOTH THE COMMUNITY HEALTH NEEDS ASSESSMENT AND THE COMMUNITY HEALTH PLAN /IMPLEMENTATION STRATEGY, ADVENTHEALTH HENDERSONVILLE WORKED TO DEFINE AND ADDRESS THE NEEDS OF LOW-INCOME, MINORITY AND UNDERSERVED POPULATIONS IN ITS SERVICE AREA. THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT USED PRIMARY DATA INTERVIEWS AND SURVEYS; SECONDARY DATA FROM LOCAL, REGIONAL AND NATIONAL HEALTH-RELATED SOURCES; AND HOSPITAL PREVALENCE DATA TO HELP THE HOSPITAL DETERMINE THE HEALTH NEEDS OF THE COMMUNITY IT SERVES. ONCE THE DATA WAS GATHERED, THE PRIMARY ISSUES IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT WERE PRIORITIZED BY COMMUNITY AND HOSPITAL STAKEHOLDERS, WHO THEN SELECTED KEY ISSUES FOR THE HOSPITAL TO ADDRESS IN ITS 2017-2019 COMMUNITY HEALTH PLAN. THE THIRD-YEAR PROGRESS ON THE COMMUNITY HEALTH PLAN IS NOTED BELOW. THE NARRATIVE DESCRIBES THE ISSUES IDENTIFIED IN 2016 AND GIVES AN UPDATE ON THE STRATEGIES ADDRESSING THOSE ISSUES. THERE IS ALSO A DESCRIPTION OF THE IDENTIFIED ISSUES THAT THE HOSPITAL DID NOT ADDRESS. ADVENTHEALTH HENDERSONVILLE CHOSE FOUR AREAS OF FOCUS FOR THEIR 2017-2019 COMMUNITY HEALTH PLAN: 1. ACCESS/QUALITY OF MENTAL HEALTH SERVICES 2. SUBSTANCE ABUSE 3. OBESITY 4. SAFE AND AFFORDABLE HOUSING ADVENTHEALTH HENDERSONVILLE IS PART OF THE WESTERN NORTH CAROLINA (WNC) HEALTHY IMPACT, A 16-COUNTY REGIONAL COLLABORATION THAT IS WORKING TO COLLECTIVELY ADDRESS ALL IDENTIFIED HEALTH PRIORITIES IN WESTERN NORTH CAROLINA. REPRESENTATIVES FROM THE HOSPITAL AND THE HENDERSON COUNTY PARTNERSHIP FOR HEALTH SERVED ON WNC HEALTHY IMPACT'S REGIONAL STEERING COMMITTEE. THE HENDERSON COUNTY PARTNERSHIP FOR HEALTH</p> |



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

| Form and Line Reference     | Explanation  |
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| ADVENTHEALTH HENDERSONVILLE | <p>LTH - A COMMUNITY COLLABORATION - DEVELOPED ACTION TEAMS TO ADDRESS EACH INDIVIDUAL HEALTH PRIORITY. ACTION TEAMS WERE COMPOSED OF LOCAL EXPERTS FROM EACH SPECIFIC HEALTH PRIORITY AND MET REGULARLY THROUGHOUT THE YEAR. THESE COMMITTEES WORKED TO DEVELOP GOALS, IMPLEMENT AN ACTION PLAN AND EVALUATE THE COMMUNITY'S WORK TO ADDRESS EACH HEALTH PRIORITY THROUGHOUT THE YEAR. 1. BEHAVIORAL HEALTH COMMITTEE (MENTAL HEALTH ACTION TEAM)2. HOPE RX SUBSTANCE ABUSE ACTION TEAM3. OBESITY ACTION TEAM (OAT)4. AFFORDABLE HOUSING ACTION TEAM PRIORITY:</p> <p>ACCESS/QUALITY OF MENTAL HEALTH SERVICES 2016 DESCRIPTION OF THE ISSUE: THE COMMITTEE EXPRESSED CONCERNS THAT THE REGION'S BEHAVIORAL HEALTH SYSTEM IS NOT EFFECTIVELY EQUIPPED TO MEET GROWING MENTAL HEALTH NEEDS. EMERGENCY ROOMS, JAILS AND FIRST RESPONDERS ARE OFTEN OVERWHELMED BY MENTAL HEALTH PATIENTS WITH LIMITED OPTIONS FOR SHORT OR LONG-TERM TREATMENT. AREA SOCIAL SERVICE AGENCIES CONTINUE TO REPORT INCREASED RATES OF CLIENTS WITH UNMET MENTAL ILLNESS NEEDS.2019 UPDATE:BEHAVIORAL HEALTH COMMITTEE:THE BEHAVIORAL HEALTH COMMITTEE (BHC) INCLUDED REPRESENTATIVES FROM THE HEALTH DEPARTMENT, AREA HOSPITALS, THE LOCAL FEDERALLY-QUALIFIED HEALTH CENTER (FQHC), LAW ENFORCEMENT, THE DISTRICT ATTORNEY, AREA MENTAL HEALTH PROVIDERS, THE LOCAL FREE CLINIC, THE SCHOOL SYSTEM, SOCIAL SERVICES, ELECTED OFFICIALS AND NUMEROUS OTHER NON-PROFITS AND HUMAN SERVICES AGENCIES. THE BHC MET THROUGHOUT 2019 AND FOCUSED ON ADDRESSING THE PRIORITY OF ACCESS TO AND THE QUALITY OF MENTAL HEALTH SERVICES. THE BHC'S GOAL WAS FOR EVERYONE IN HENDERSON COUNTY TO BE RESILIENT, SUPPORTED, HEALTHY AND PRODUCTIVE. THE DESIRED BEHAVIORAL HEALTH RESULT WAS THAT PEOPLE IN HENDERSON COUNTY GET THE RIGHT CARE, AT THE RIGHT PLACE AND AT THE RIGHT TIME. ADVENTHEALTH HENDERSONVILLE SERVED IN A LEADERSHIP ROLE ON THE BHC AND ITS CLINICAL TEAM CONSISTENTLY PARTICIPATED IN THE PLANNING MEETINGS. THE BHC DEVELOPED FOUR FOCUS AREAS:1. PROVIDE NEEDED SERVICES AT THE RIGHT PLACE AND TIME.2. ENHANCE THE COUNTY'S COMMUNITY-BASED SYSTEM TO FULLY SUPPORT RELATIONSHIP-BASED, PERSONALIZED CARE. 3. CONNECT PEOPLE AND PROVIDERS TO RESOURCES AND EDUCATION. 4. COLLABORATE AND ADVOCATE. THE BEHAVIORAL HEALTH COMMITTEE AND ITS PARTNERS ACHIEVED SEVERAL KEY GOALS IN 2019:1. BEGAN IMPLEMENTING THE NEWLY-ADOPTED COMPREHENSIVE COMMUNITY MENTAL HEALTH PLAN. 2. FILLED THE NEWLY-CREATED BEHAVIORAL HEALTH NAVIGATOR POSITION WITHIN HENDERSON COUNTY GOVERNMENT AND BEGAN WORKING TO HELP COORDINATE THE COMMUNITY'S EFFORTS TO EXPAND ACCESS TO MENTAL HEALTH SERVICES IN THE REGION. 3. HOSTED A BEHAVIORAL HEALTH SUMMIT IN SEPTEMBER 2019 THAT BROUGHT TOGETHER HEALTHCARE PROVIDERS, NON-PROFIT ORGANIZATIONS, GOVERNMENT AGENCIES AND COMMUNITY LEADERS. 4. COMPLETED A "LIVING ROAD MAP" FOCUS ON CHILDREN'S MENTAL HEALTH TO HELP THE COMMUNITY MORE EFFECTIVELY NAVIGATE THE REGION'S BEHAVIORAL HEALTH SYSTEM.5. INCREASED MENTAL HEALTH SERVICES AND CARE MANAGEMENT IN THE DETENTION FACILITY THROUGH A</p> |



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

| Form and Line Reference     | Explanation  |
|-----------------------------|--|
| ADVENTHEALTH HENDERSONVILLE | PARTNERSHIP BETWEEN THE FREE CLINICS AND HENDERSON COUNTY. THE FREE CLINICS WILL BE EMBED DED TO ENGAGE WITH INMATES TO IDENTIFY AND ADDRESS MENTAL HEALTH AND SUBSTANCE ABUSE NEEDS THROUGH ITS NEW "PATIENT HEALTH ADVOCATE" PROGRAM AND SUBSEQUENT FOLLOW UP INITIATIVES UP ON THEIR RELEASE. 6. CONDUCTED MENTAL HEALTH FIRST AID EVENTS IN PARTNERSHIP WITH HENDERSO N COUNTY PUBLIC SCHOOLS THAT TRAINED 200 SCHOOL STAFF AND 151 COMMUNITY MEMBERS. ADVENTHEA LTH HENDERSONVILLE ALSO CONTINUED AND ENHANCED ITS FINANCIAL SUPPORT FOR SEVERAL EXISTING PROGRAMS AND NON-PROFIT ORGANIZATIONS FOCUSED ON MENTAL HEALTH IN THE COMMUNITY. SAFELIGHT PROVIDES SUPPORT FOR SURVIVORS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT AND CHILD ABUSE. IN 2 019, SAFELIGHT SERVED 1,478 CLIENTS IN THE COMMUNITY IN NEED OF SERVICES. IN ADDITION TO A NNUAL DONATIONS AND SPONSORSHIPS, ADVENTHEALTH HENDERSONVILLE ALSO CONTINUED ITS PARTNERSH IP WITH SAFELIGHT TO SUPPORT THE ORGANIZATION'S CHILD ADVOCACY CENTER (CAC) BY PROVIDING A PHYSICIAN ASSISTANT TO STAFF THE CENTER AND PROVIDE CHILD ABUSE AND SEXUAL ASSAULT EXAMS. THESE INTERVENTIONS EXCEEDED EXPECTATIONS DUE TO THE ENHANCED SYSTEM FOR SERVING SURVIVOR S OF SEXUAL ASSAULT AND CHILD ABUSE IN OUR COMMUNITY. BLUE RIDGE HEALTH IS A REGIONAL FEDE RALLY QUALIFIED HEALTH CENTER (FQHC) PROVIDING FAMILY MEDICINE, PEDIATRICS, DENTAL SERVICE S, PHARMACY AND BEHAVIORAL HEALTH SERVICES FOR LOW-INCOME, UNINSURED AND AT-RISK POPULATIO NS IN THE REGION. ADVENTHEALTH HENDERSONVILLE CONTINUED ITS ANNUAL SPONSORSHIP AND PARTNER SHIP TO PROVIDE IMAGING SERVICES AT BLUE RIDGE HEALTH'S MAIN CAMPUS. THE INTERVENTION EXCE EDED EXPECTATIONS THROUGH BLUE RIDGE HEALTH'S INCREASED CAPACITY TO PROVIDE MENTAL HEALTH SERVICES TO AT-RISK PATIENTS IN THE REGION. IN 2019, BLUE RIDGE HEALTH SERVED 32,283 PATIE NTS AND HAD 147,170 MEDICAL VISITS. ADVENTHEALTH HENDERSONVILLE CONTINUED ITS SANE NURSING PROJECT. THE SANE (SEXUAL ASSAULT NURSE EXAMINER) PROJECT WAS DEVELOPED WITH LOCAL COMMUN ITY PARTNERS TO SERVE SEXUAL ASSAULT VICTIMS IN THE HOSPITAL EMERGENCY ROOM AND AT AN OFFS ITE LOCATION. THE PROGRAM TRAINS HOSPITAL NURSES TO SUPPORT SURVIVORS OF SEXUAL ASSAULT AN D HELP WITH THE EVIDENCE COLLECTION FOR THE CRIMINAL CASE AGAINST THE ABUSER. THE FREE CLI NICS IS A NON-PROFIT, SAFETY NET ORGANIZATION THAT PROVIDES ACUTE CLINICAL CARE (MEDICAL A ND PSYCHIATRIC CLINICS), CHRONIC AND SPECIALTY CARE, MENTAL HEALTH SERVICES, PHARMACY SERV ICES, COMMUNITY HEALTH PROGRAMS AND HEALTH SCREENINGS FOR THE MOST VULNERABLE IN THE REGIO N. ADVENTHEALTH HENDERSONVILLE CONTINUED ITS PARTNERSHIP TO SERVE PATIENTS FROM THE FREE C LINICS THROUGH IMAGING AND SURGERY AND AN ANNUAL FINANCIAL SPONSORSHIP. THIS PARTNERSHIP I NCREASED THE FREE CLINIC'S CAPACITY TO PROVIDE MENTAL HEALTH SERVICES TO AT-RISK PATIENTS IN THE REGION. (CONTINUED) |



| Form 990 Part V Section C Supplemental Information for Part V, Section B.  |  |
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| <b>Section C. Supplemental Information for Part V, Section B.</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  |
| SCHEDULE H, PART V, LINE 7A<br>AND LINE 10A  | THE CHNA REPORT CAN BE FOUND AT URL: <a href="https://www.adventhealth.com/community-health-needs-assessments">HTTPS://WWW.ADVENTHEALTH.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS</a> THE IMPLEMENTATION STRATEGY REPORT CAN BE FOUND AT URL: <a href="https://www.adventhealth.com/community-health-needs-assessments">HTTPS://WWW.ADVENTHEALTH.COM/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS</a> |



**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  |
|---|--|
| SCHEDULE H, PART V, SECTION B, LINE 11, CONTINUED | <p>ADVENTHEALTH HENDERSONVILLE ALSO PARTNERED WITH THE FREE CLINICS AND SAFELIGHT TO BEGIN IT S "PHOENIX PROJECT" COLLABORATION, A GRANT-FUNDED PROGRAM TO PROVIDE TRAUMA-INFORMED PRIMA RY CARE, OB/GYN SERVICES AND BEHAVIORAL HEALTH SERVICES FOR SURVIVORS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT. THIS PARTNERSHIP IS STILL IN ITS EARLY STAGES AND HAS NOT YET MET EXP ECTATIONS. THRIVE IS A NON-PROFIT, SAFETY NET ORGANIZATION THAT PROVIDES BEHAVIORAL HEALTH SERVICES, EDUCATION AND SUPPORT FOR UNDERSERVED POPULATIONS IN HENDERSON COUNTY. ADVENTHE ALTH HENDERSONVILLE CONTINUED ITS SUPPORT FOR THRIVE THROUGH AN ANNUAL SPONSORSHIP. THIS S PONSORSHIP INCREASED THRIVE'S CAPACITY TO PROVIDE MENTAL HEALTH SERVICES TO 203 AT-RISK PA TIENTS IN THE REGION.THE COMMUNITY IDENTIFIED THE GREATEST CHALLENGE TO ADDRESSING THE ISS UE OF MENTAL HEALTH AS NAVIGATING THE EXISTING SYSTEM AND THE LACK OF ACCESS TO AFTER-HOUR S BEHAVIORAL HEALTH CARE. PRIORITY: SUBSTANCE ABUSE2016 DESCRIPTION OF THE ISSUE: THE COMM ITTEE RECOGNIZED THAT AREA HOSPITALS, HEALTHCARE PROVIDERS AND FIRST RESPONDERS CONTINUE T O EXPERIENCE INCREASES IN OPIOID-RELATED VISITS AND OVERDOSES. THE ISSUE OF SUBSTANCE ABUS E - PARTICULARLY PRESCRIPTION DRUG ABUSE - IMPACTS ALL FACETS OF THE COMMUNITY FROM LAW EN FORCEMENT TO AREA SCHOOLS AND WORKFORCE DEVELOPMENT. 2019 UPDATE:HOPE RX SUBSTANCE ABUSE A CTION TEAM:THE HOPE RX SUBSTANCE ABUSE ACTION TEAM (THE SA ACTION TEAM) FOCUSED ON ADDRESS ING THE PRIORITY OF SUBSTANCE ABUSE. THE SA ACTION TEAM MET THROUGHOUT 2019 AND ITS MEMBER SHIP INCLUDED THE HEALTH DEPARTMENT, THE LOCAL FQHC, AREA HOSPITALS, THE FREE CLINICS, LAW ENFORCEMENT, LOCAL CHURCHES AND OTHER NON-PROFIT ORGANIZATIONS. FOUNDED BY THE HENDERSON COUNTY PARTNERSHIP FOR HEALTH, HOPE RX IS A COMMUNITY-BASED SUBSTANCE ABUSE INITIATIVE CEN TERED ON EDUCATION, PREVENTION AND TREATMENT. IN ADDITION TO THE ORGANIZATION'S ONGOING PR OGRAMS, HOPE RX ALSO HOSTED A SERIES OF EDUCATIONAL EVENTS IN 2019. ADVENTHEALTH HENDERSON VILLE SERVED ON THE HOPE RX SUBSTANCE ABUSE ACTION TEAM AND CONTINUED ITS SUPPORT THROUGH SPONSORSHIPS AND DONATIONS. ADVENTHEALTH HENDERSONVILLE CONTINUED ITS ANNUAL SPONSORSHIP O F THE WEEK OF HOPE, A PARTNERSHIP BETWEEN HOPE RX AND HENDERSON COUNTY PUBLIC SCHOOLS TO E DUCATE MIDDLE AND HIGH SCHOOL STUDENTS ABOUT THE DANGERS OF OPIOID ABUSE THROUGH A WEEKLON G PROGRAM OF SPEAKERS AND STUDENT-LED ACTIVITIES THAT CULMINATED WITH A COMMUNITY-WIDE EVE NT. THE HOPE RX EDUCATION COMMITTEE AND ITS PARTNERS ACHIEVED SEVERAL KEY GOALS IN 2019:1. HOSTED A LARGE COMMUNITY EDUCATION EVENT IN NOVEMBER 2019 ON THE DANGERS OF PRESCRIPTION DRUG ABUSE WITH RYAN HAMPTON, THE AUTHOR OF AMERICAN FIX, THAT DREW OVER 350 ATTENDEES. 2. PARTNERED WITH HENDERSON COUNTY PUBLIC SCHOOLS TO HOST THE WEEK OF HOPE, AN ANNUAL OUTREA CH PROGRAM FOR MIDDLE AND HIGH SCHOOL STUDENTS (APPROXIMATELY 10,000 STUDENTS). 3. PROVIDE D SUBSTANCE ABUSE PREVENTION EDUCATION TO 1,955 YOUTH IN HENDERSON COUNTY. 4. HOSTED 20 CO MMUNITY OUTREACH EVENTS TO A V</p> |



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

| Form and Line Reference                           | Explanation   |
|---|---|
| SCHEDULE H, PART V, SECTION B, LINE 11, CONTINUED | <p>ARIETY OF GROUPS OF TEACHERS, SOCIAL WORKERS, VETERANS, THE HISPANIC COMMUNITY AND GOVERNMENT AGENCIES THROUGHOUT HENDERSON COUNTY. 5. COLLECTED ALMOST 1,700 POUNDS OF PILLS IN PARTNERSHIP WITH LAW ENFORCEMENT THROUGH NUMEROUS DRUG TAKE-BACK EVENTS.THESE INTERVENTIONS ASSOCIATED WITH ADDRESSING SUBSTANCE ABUSE IN THE REGION EXCEEDED THEIR EXPECTATIONS DUE TO OVERWHELMING SUPPORT FROM KEY COMMUNITY PARTNERS. ADVENTHEALTH HENDERSONVILLE ALSO CONTINUED AND ENHANCED ITS FINANCIAL SUPPORT FOR SEVERAL EXISTING PROGRAMS AND NON-PROFIT ORGANIZATIONS FOCUSED ON ADDRESSING SUBSTANCE ABUSE IN THE COMMUNITY. FIRST CONTACT ADDICTION MI NISTRIES IS A FAITH-BASED MINISTRY SUPPORTED BY AREA CHURCHES THAT IS FOCUSED ON THE TREATMENT OF SUBSTANCE ABUSE. FIRST CONTACT'S MISSION IS TO PROVIDE A LIFELINE OF HOPE AND COMPASSIONATE SUPPORT TO ANYONE SEEKING HELP FOR SUBSTANCE ABUSE AND ADDICTION AND TO ACT AS A RESOURCE FOR INDIVIDUALS, FAMILIES AND LOVED ONES SEEKING MEDICAL, SPIRITUAL AND EMOTIONAL SUPPORT. ADVENTHEALTH HENDERSONVILLE PROVIDES AN ANNUAL DONATION TO SUPPORT THE ORGANIZATION. BLUE RIDGE HEALTH PROVIDES SUBSTANCE ABUSE TREATMENT AS PART OF ITS MENTAL HEALTH SERVICES FOR LOW-INCOME, UNINSURED AND AT-RISK POPULATIONS IN THE REGION. ADVENTHEALTH HENDERSONVILLE CONTINUED ITS FINANCIAL SUPPORT FOR BLUE RIDGE HEALTH THROUGH SPONSORSHIP OF ITS PROGRAMS. THE INTERVENTIONS EXCEEDED EXPECTATIONS THROUGH BLUE RIDGE HEALTH'S INCREASED CAPACITY TO PROVIDE SUBSTANCE ABUSE TREATMENT - SPECIFICALLY MEDICATION ASSISTED THERAPY (MAT)FOR AT-RISK PATIENTS IN WESTERN NORTH CAROLINA.THE FREE CLINICS PROVIDES ADDICTION SUPPORT AS PART OF ITS MENTAL HEALTH SERVICES FOR LOW-INCOME, UNINSURED AND AT-RISK POPULATIONS IN THE REGION. ADVENTHEALTH HENDERSONVILLE CONTINUED ITS FINANCIAL SUPPORT FOR THE FREE CLINICS THROUGH SPONSORSHIP OF ITS PROGRAMS. THE INTERVENTIONS EXCEEDED EXPECTATIONS THROUGH THE FREE CLINICS' INCREASED CAPACITY TO PROVIDE MENTAL HEALTH SERVICES TO AT-RISK PATIENTS IN THE REGION, RESULTING IN 2,103 MENTAL HEALTH ENCOUNTERS IN 2019.THE GREATEST CHALLENGE TO ADDRESSING THE ISSUE OF SUBSTANCE ABUSE IN OUR COMMUNITY IS ACCESS TO COST EFFECTIVE, ACCESSIBLE TREATMENT PROGRAMS.PRIORITY: OBESITY2016 DESCRIPTION OF THE ISSUE: OBESITY HAS CONSISTENTLY BEEN A TOP COMMUNITY HEALTH NEED IN THE REGION. IMPROVED NUTRITION AND INCREASED PHYSICAL ACTIVITY CONTINUE TO BE THE FOCUS FOR THIS HEALTH PRIORITY. RECOGNIZING THAT BEING OVERWEIGHT IS A MAJOR RISK FACTOR FOR CHRONIC DISEASE, THE COMMITTEE IS COMMITTED TO HELPING PREVENT HEART DISEASE, DIABETES, HYPERTENSION AND CANCER BY PROMOTING A HEALTHIER DIET AND MORE ACTIVE LIFESTYLE.2019 UPDATE:OBESITY ACTION TEAM (OAT):THE OBESITY ACTION TEAM (OAT) FOCUSED ON ADDRESSING THE PRIORITY OF OBESITY, SPECIFICALLY PHYSICAL ACTIVITY AND NUTRITION. THE OAT'S GOAL WAS TO ENSURE THAT HEALTHY EATING AND SAFE, ACTIVE LIVING ARE THE NORM FOR EVERYONE IN HENDERSON COUNTY. THE OAT MET THROUGHOUT 2019 AND BROUGHT TOGETHER A DIVERSE GROUP OF COMMUNITY</p> |



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

| Form and Line Reference                           | Explanation  |
|---|--|
| SCHEDULE H, PART V, SECTION B, LINE 11, CONTINUED | ITY STAKEHOLDERS INCLUDING THE HEALTH DEPARTMENT, LOCAL HOSPITALS, THE YMCA, PARKS AND REC REATION DEPARTMENTS, THE LOCAL FQHC, THE FREE CLINICS, THE LOCAL UNITED WAY AND NUMEROUS O THER NON-PROFIT AGENCIES. MUCH OF THE OAT'S WORK THIS YEAR WAS FOCUSED ON DEVELOPING EVIDE NCE-BASED INTERVENTIONS (EBIS) WITH PARTNERS IN THE REGION TO SUPPORT PHYSICAL ACTIVITY AN D NUTRITION. THE OAT'S WORK WAS SUPPORTED BY A HEALTHY PEOPLE, HEALTH CAROLINIANS (HPHC) I NITIATIVE GRANT FROM THE DUKE ENDOWMENT. THE OAT CHANGED ITS NAME TO CAN (COMMITTEE FOR AC TIVITY AND NUTRITION) IN 2019 TO AVOID THE STIGMA ASSOCIATED WITH THE WORD OBESITY AND BET TER REFLECT ITS GOALS. ADVENTHEALTH HENDERSONVILLE SERVED ON THE OBESITY ACTION TEAM (OAT) - NOW CAN - AND PARTICIPATED IN ITS WORK IN 2019.THE CAN (FORMERLY OAT) DEVELOPED SEVERAL FOCUS AREAS:1. FARMERS MARKETS (SNAP/EBT)2. EFNEP (EXPANDED FOOD AND NUTRITION EDUCATION PROGRAM)3. GO NAPSACC (NUTRITION AND PHYSICAL ACTIVITY SELF-ASSESSMENT FOR CHILD CARE) 4. KIDS IN PARKS/TRACK TRAILS FARMERS MARKETS: THE CAN CONTINUED ITS WORK TO INCREASE ACCESS TO FRESH FRUITS AND VEGETABLES FOR LOW-INCOME, UNDERSERVED POPULATIONS THROUGH ITS PARTNER SHIPS WITH FARMERS MARKETS THAT ACCEPT SNAP AND EXPANSION OF THE DOUBLE DOLLARS PROGRAM FO R SNAP RECIPIENTS.EFNEP: THE CAN ALSO BEGAN FOCUSING ON EXPANDING NUTRITION EDUCATION PROG RAMS IN AREA SCHOOLS. SPECIFICALLY, THE CAN DEVELOPED PLANS TO IMPLEMENT THE EFNEP (EXPAND ED FOOD AND NUTRITION EDUCATION PROGRAM) IN HENDERSON COUNTY PUBLIC SCHOOLS OVER THE NEXT FEW YEARS. THE CAN ALSO PLANNED TO RECRUIT ADULTS AND FAMILY PARTICIPANTS IN A COMMUNITY V ERSION OF THE PROGRAM. GO NAPSACC: THE CAN ALSO PARTNERED WITH THE GO NAPSACC (NUTRITION A ND PHYSICAL ACTIVITY SELF-ASSESSMENT FOR CHILD CARE) PROGRAM TO SUPPORT A SHARED EDUCATOR PROGRAM SERVING AREA CHILDCARE CENTERS IN THE REGION. THE PROGRAM'S GOAL IS TO INCREASE HE ALTHY EATING AND PHYSICAL ACTIVITY AMONG LOW-INCOME, UNDERSERVED CHILDREN. KIDS IN PARKS/T RACK TRAILS: THE CAN DEVELOPED PLANS TO SUPPORT THE KIDS IN PARKS PROGRAM AND INSTALL ADDI TIONAL TRACK TRAILS IN HENDERSON COUNTY. THE PROGRAM'S GOAL IS TO INCREASE PHYSICAL ACTIVI TY OPPORTUNITIES FOR LOW-INCOME FAMILIES AND CHILDREN IN THE COMMUNITY. THESE INTERVENTION S ASSOCIATED WITH ADDRESSING OBESITY - SPECIFICALLY NUTRITION AND PHYSICAL ACTIVITY - IN T HE REGION EXCEEDED THEIR EXPECTATIONS DUE TO OVERWHELMING SUPPORT FROM KEY COMMUNITY PARTN ERS. (CONTINUED) |



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

| Form and Line Reference                           | Explanation  |
|---|--|
| SCHEDULE H, PART V, SECTION B, LINE 11, CONTINUED | <p>IN 2019, THE ADVENTHEALTH HENDERSONVILLE WELLNESS TEAM AGAIN FOCUSED ON BUILDING MORE INTE NTIONAL AND STRATEGIC RELATIONSHIPS WITH COMMUNITY ORGANIZATIONS. THE HOSPITAL REVIEWED EX ISTING RELATIONSHIPS AND CHOSE TO DECREASE THE NUMBER OF PROGRAMS AND ADOPT A MORE FOCUSED APPROACH. ALTHOUGH THE NUMBER OF TOTAL PROGRAMS DECREASED, ADVENTHEALTH HENDERSONVILLE WA S ABLE TO ENHANCE ITS OUTREACH AND INCREASE THE NUMBER OF PEOPLE SERVED WITH MORE MEANINGF UL INTERACTION AT EACH EVENT OR PROGRAM IN THE COMMUNITY. MORE COMMUNITY MEMBERS WERE PROV IDED WITH EDUCATION, TOOLS, AND RESOURCES NEEDED TO PREVENT AND/OR MANAGE CHRONIC HEALTH C ONDITIONS THAN IN PREVIOUS YEARS. SUGARLOAF ELEMENTARY SCHOOL CONTINUES TO IMPLEMENT THE K IDPOWER PROGRAM TO SERVE AT-RISK STUDENTS AND PARENTS IN THE COMMUNITY. WHILE ADVENTHEALTH HENDERSONVILLE DID NOT AGAIN PURSUE UNITED WAY FUNDING FOR THIS PROGRAM, THE HOSPITAL EQU IPPED THE SCHOOL WITH THE TOOLS AND SUPPLIES TO CONTINUE THE PROGRAM AND ITS GOAL OF TEACH ING HEALTHY HABITS, THE VALUE OF EXERCISE AND LIFESTYLE CHANGE TO STUDENTS AND THEIR FAMIL IES.ADVENTHEALTH HENDERSONVILLE ALSO CONTINUED AND ENHANCED ITS FINANCIAL SUPPORT FOR SEVE RAL EXISTING PROGRAMS AND NON-PROFIT ORGANIZATIONS FOCUSED ON ADDRESSING OBESITY IN THE CO MMUNITY. INTERFAITH ASSISTANCE MINISTRIES (IAM) IS A FAITH-BASED NONPROFIT ORGANIZATION CO MMITTED TO MEETING THE BASIC NEEDS - FOOD, HEATING, HOUSING AND MEDICATION ASSISTANCE - OF HENDERSON COUNTY FAMILIES IN CRISIS. ADVENTHEALTH HENDERSONVILLE CONTINUED ITS FINANCIAL SUPPORT FOR IAM THROUGH SPONSORSHIP OF ITS PROGRAMS. THE INTERVENTIONS EXCEEDED EXPECTATIO NS THROUGH IAM'S INCREASED CAPACITY TO PROVIDE NUTRITIOUS FOOD FOR FAMILIES IN NEED. IN 20 19, IAM PROVIDED 224,889 MEALS TO 10,709 INDIVIDUALS IN THE COMMUNITY. THE STOREHOUSE IS A FAITH-BASED NONPROFIT ORGANIZATION (FOOD PANTRY) COMMITTED TO MEETING THE NUTRITION AND H YGIENE NEEDS OF FAMILIES IN HENDERSON COUNTY. ADVENTHEALTH HENDERSONVILLE CONTINUED ITS FI NANCIAL SUPPORT FOR THE STOREHOUSE THROUGH SPONSORSHIP OF ITS PROGRAMS. THE HOSPITAL'S FIN ANCIAL SUPPORT CONTINUES TO INCREASE THE STOREHOUSE'S CAPACITY TO DISTRIBUTE ADDITIONAL BO XES OF NUTRITIOUS FOOD AND HYGIENE ITEMS FOR FAMILIES IN NEED. IN 2019, THE STOREHOUSE SER VED 1,425 FAMILIES AND PROVIDED 8,911 BOXES TO THOSE IN NEED. GIRLS ON THE RUN IS A REGION AL, COMMUNITY PROGRAM THAT INSPIRES GIRLS TO BE JOYFUL, HEALTHY AND CONFIDENT USING A FUN, EXPERIENCE-BASED CURRICULUM THAT INTEGRATES RUNNING AND PHYSICAL ACTIVITY. ADVENTHEALTH H ENDERSONVILLE CONTINUED ITS SUPPORT FOR GIRLS ON THE RUN THROUGH ITS ROLE AS A PRESENTING ANNUAL SPONSOR FOR ITS PROGRAMS AND PROVIDING VOLUNTEERS AND RESOURCES FOR ITS EVENTS. HAN D'S ON! CHILDREN'S MUSEUM IS A LOCAL CHILDREN'S MUSEUM THAT PROVIDES CHILDREN AND FAMILIES WITH INTERACTIVE EXHIBITS AND STEM LEARNING EXPERIENCES THAT CAPTIVATE THE IMAGINATION, W HILE ENCOURAGING ACTIVITY AND GROWTH. THE HOSPITAL CONTINUED ITS FINANCIAL CONTRIBUTION AN D IN-KIND SUPPORT. OPEN ARMS P</p> |



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

| Form and Line Reference                           | Explanation  |
|---|--|
| SCHEDULE H, PART V, SECTION B, LINE 11, CONTINUED | <p>REGNANCY CENTER IS A LOCAL NON-PROFIT WHICH PROVIDES PREGNANCY SUPPORT TO WOMEN AND TEENS IN THE COMMUNITY. SUPPORT RANGES FROM HELPING TO MEET BASIC NEEDS - FOOD AND CLOTHING - TO PRENATAL CARE. THE HOSPITAL PROVIDES FINANCIAL AND IN-KIND SUPPORT TO THE ORGANIZATION TO ENSURE THAT PREGNANT WOMEN HAVE ACCESS TO HEALTHY FOOD AND APPROPRIATE CARE. MOUNTAIN ARE A PREGNANCY CENTER IS A LOCAL NON-PROFIT WHICH PROVIDES PREGNANCY SUPPORT TO WOMEN AND TEE NS IN THE COMMUNITY. SUPPORT RANGES FROM HELPING TO MEET BASIC NEEDS - FOOD AND CLOTHING - TO PRENATAL CARE. THE HOSPITAL PROVIDES FINANCIAL AND IN-KIND SUPPORT TO THE ORGANIZATION TO ENSURE THAT PREGNANT WOMEN HAVE ACCESS TO HEALTHY FOOD AND APPROPRIATE CARE. THE GREAT EST CHALLENGE ASSOCIATED WITH ADDRESSING OBESITY IN THE REGION REMAINS COORDINATING ALL TH E EXISTING EFFORTS IN THE COMMUNITY TO BE MORE FOCUSED, IMPACTFUL AND EFFICIENT. PRIORITY: SAFE AND AFFORDABLE HOUSING2016 DESCRIPTION OF THE ISSUE: THE COMMITTEE WAS COMMITTED TO IDENTIFYING AND ADDRESSING A SOCIAL DETERMINANT OF HEALTH. SAFE AND AFFORDABLE HOUSING WAS THE TOPIC MOST FREQUENTLY DISCUSSED DURING THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. PARTICIPANTS FROM COMMUNITY LEADERS TO MEMBERS OF FOCUS GROUPS AND CLIENT INTERVIEWS CONS ISTENTLY CITED HIGH HOUSING COSTS AND LIMITED WORKFORCE HOUSING AS A MAJOR HEALTH CONCERN IN THE REGION.2019 UPDATE:AFFORDABLE HOUSING ACTION TEAM:THE AFFORDABLE HOUSING ACTION TEA M (AHAT) FOCUSED ON ADDRESSING THE ISSUE OF SAFE AND AFFORDABLE HOUSING. THE AHAT'S GOAL W AS FOR EVERYONE IN HENDERSON COUNTY TO HAVE A PLACE TO CALL HOME AND THAT AFFORDABLE HOUSI NG IN THE REGION SHOULD BE SAFE AND ADEQUATE. THE AHAT MET IN 2019 AND PARTICIPANTS INCLUD ED HOUSING FOCUSED ORGANIZATIONS, THE LOCAL UNITED WAY, AREA HOSPITALS, THE HEALTH DEPARTM ENT, ELECTED OFFICIALS, GOVERNMENT AGENCIES AND OTHER AREA NON-PROFITS. ADVENTHEALTH HENDE RSONVILLE SERVED ON THE AFFORDABLE HOUSING ACTION TEAM.THE AHAT CONTINUED TO EXPLORE WAYS TO ADDRESS THE COMPLICATED AND MULTI-FACETED ISSUES OF SAFE AND AFFORDABLE HOUSING IN THE REGION. THE MEETINGS CONTINUED TO SERVE AS COMMUNITY INPUT AND EDUCATION SESSIONS TO BETTE R UNDERSTAND AREA HOUSING NEEDS AND EXPLORE POTENTIAL SOLUTIONS. THE HEALTH PRIORITY OF SA FE AND AFFORDABLE HOUSING WAS SEPARATED INTO TWO PRIMARY FOCUS AREAS: 1. CRISIS HOUSING (S HELTERS)2. AFFORDABLE HOUSING (PUBLIC POLICY AND ADVOCACY)CRISIS HOUSING ADDRESSES THE IMM INENT HEALTH AND SAFETY ASPECTS OF THIS PRIORITY. ADVENTHEALTH HENDERSONVILLE PARTNERED WI TH AREA NON-PROFITS TO ENSURE DOMESTIC VIOLENCE AND SEXUAL ASSAULT SURVIVORS IN THE REGION HAD ACCESS TO CRISIS SHELTERS AND THAT THE BASIC NEEDS OF THESE INDIVIDUALS WERE MET. THE AHAT DETERMINED THAT AFFORDABLE HOUSING WAS PROFOUNDLY IMPACTED BY PUBLIC POLICY, ZONING REGULATIONS AND TAX POLICIES. TO AVOID DUPLICATION, THE AHAT IDENTIFIED AN EXISTING COMMUN ITY HOUSING COALITION WITH A GREATER PUBLIC POLICY FOCUS AND BEGAN EXPLORING THE OPTION OF COMBINING EFFORTS TO MORE EFF</p> |



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

| Form and Line Reference                           | Explanation   |
|---|---|
| SCHEDULE H, PART V, SECTION B, LINE 11, CONTINUED | <p>ICIENTLY ADVOCATE FOR AFFORDABLE HOUSING POLICIES IN THE REGION. ADVENTHEALTH HENDERSONVILLE CONTINUED AND ENHANCED ITS FINANCIAL SUPPORT FOR SEVERAL EXISTING PROGRAMS AND NON-PROFIT ORGANIZATIONS FOCUSED ON ENSURING ACCESS TO SAFE AND AFFORDABLE HOUSING IN THE COMMUNITY. HABITAT FOR HUMANITY OF HENDERSON COUNTY BUILDS AFFORDABLE HOUSING COMMUNITIES IN HENDERSON COUNTY AND PROVIDES HOMEOWNER EDUCATION PROGRAMS WITH A FOCUS ON ADULTS, CHILDREN AND FAMILIES LIVING IN POVERTY. ADVENTHEALTH HENDERSONVILLE CONTINUED ITS SUPPORT THROUGH SPONSORSHIPS, VOLUNTEERISM AND SUPPORT FOR THE ORGANIZATION'S HOME REHABILITATION PROGRAM THAT HELPS LOW INCOME SENIORS REMAIN IN THEIR HOMES. MOST INTERVENTIONS EXCEEDED EXPECTATIONS THROUGH HABITAT'S CONTINUED ABILITY TO PROVIDE AFFORDABLE HOUSING OPTIONS FOR FAMILIES IN NEED. ECONOMIC AND GEOGRAPHIC LIMITATIONS - NAMELY A LACK OF BUILDABLE LAND - CONTINUE TO RESTRICT THE ORGANIZATION'S ABILITY TO SERVE CLIENTS DESPITE A NEED FOR AFFORDABLE HOUSING IN THE REGION. INTERFAITH ASSISTANCE MINISTRIES (IAM) PROVIDES RENT AND MORTGAGE ASSISTANCE TO HELP PROVIDE SAFE AND AFFORDABLE HOUSING FOR INDIVIDUALS AND FAMILIES IN NEED. ADVENTHEALTH HENDERSONVILLE CONTINUED ITS FINANCIAL SUPPORT AND SPONSORSHIPS FOR THESE PROGRAMS. MOST INTERVENTIONS EXCEEDED EXPECTATIONS THROUGH IAM'S CONTINUED ABILITY TO PROVIDE HOUSING ASSISTANCE FOR FAMILIES IN NEED. SAFELIGHT ALSO PROVIDES CRISIS HOUSING TO SURVIVORS OF DOMESTIC VIOLENCE THROUGH ITS SHELTER FOR WOMEN AND CHILDREN. ADVENTHEALTH HENDERSONVILLE CONTINUED ITS FINANCIAL SUPPORT AND SPONSORSHIPS FOR THESE PROGRAMS. MOST INTERVENTIONS EXCEEDED EXPECTATIONS, AND THE TOTAL NUMBER OF CLIENTS SAFELIGHT SERVED IN 2019 REMAINED CONSISTENT. HENDERSON COUNTY PUBLIC SCHOOLS AND BUNCOMBE COUNTY SCHOOLS OFFER THE LEADER IN ME PROGRAM FOR WHICH THE HOSPITAL PROVIDES FINANCIAL SUPPORT. THE PROGRAM IS DESIGNED TO TEACH LEADERSHIP AND LIFE SKILLS TO STUDENTS WITH THE GOAL OF BUILDING A WELL-EQUIPPED AND EDUCATED WORKFORCE THAT CAN PROVIDE FOR THEMSELVES AND THEIR FAMILIES. THROUGH THIS PROGRAM STUDENTS ARE BETTER POSITIONED TO HAVE THE SKILLS TO ACHIEVE SAFE HOUSING, TRANSPORTATION AND NUTRITION. THE GREATEST CHALLENGE ASSOCIATED WITH ADDRESSING THE ISSUE OF SAFE AND AFFORDABLE HOUSING IS CHANGING UNFOUNDED PERCEPTIONS OF AFFORDABLE HOUSING AND THE FAMILIES WHO LIVE IN THESE TYPES OF NEIGHBORHOODS.</p> |



**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  |
|---|--|
| SCHEDULE H, PART V, SECTION B, LINE 11, CONTINUED | COMMUNITY NEEDS NOT CHOSEN BY ADVENTHEALTH HENDERSONVILLE:THE PRIMARY AND SECONDARY DATA IN THE COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED MULTIPLE COMMUNITY ISSUES. HOSPITAL AND COMMUNITY STAKEHOLDERS USED THE FOLLOWING CRITERIA TO NARROW THE LARGER LIST TO THE PRIORITY AREAS NOTED ABOVE:1. HOW ACUTE IS THE NEED? (BASED ON DATA AND COMMUNITY CONCERN)2. WHAT IS THE TREND? IS THE NEED GETTING WORSE?3. DOES THE HOSPITAL PROVIDE SERVICES THAT RELATE TO THE PRIORITY? 4. IS SOMEONE ELSE OR MULTIPLE GROUPS IN THE COMMUNITY ALREADY WORKING ON THIS ISSUE? 5. IF THE HOSPITAL WERE TO ADDRESS THIS ISSUE, ARE THERE OPPORTUNITIES TO WORK WITH COMMUNITY PARTNERS? BASED ON THIS PRIORITIZATION PROCESS, THE HOSPITAL DID NOT CHOOSE THE FOLLOWING COMMUNITY ISSUES:THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED THE FOLLOW COMMUNITY HEALTH ISSUES THAT ADVENTHEALTH HENDERSONVILLE WILL NOT ADDRESS. THE LIST BELOW INCLUDES THESE ISSUES AND AN EXPLANATION OF WHY THE HOSPITAL DID NOT ADDRESS THEM. - TRANSPORTATION: THE LOCAL COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE (CHNAC) WAS COMMITTED TO INCLUDING A "SOCIAL DETERMINANT" OF HEALTH IN THE FINAL SET OF KEY HEALTH PRIORITIES. WHILE BOTH AFFORDABLE HOUSING AND TRANSPORTATION ARE IMPORTANT, THE COMMUNITY AND COMMITTEE SELECTED AFFORDABLE HOUSING AS ITS FOCUS. AN EXISTING COMMUNITY COMMITTEE WILL CONTINUE ITS WORK TO ADDRESS TRANSPORTATION NEEDS IN THE REGION.- INTIMATE PARTNER VIOLENCE: THE LOCAL CHNAC BELIEVED THAT INTIMATE PARTNER VIOLENCE COULD BE EFFECTIVELY ADDRESSED UNDER THE BROADER HEADINGS OF ACCESS TO MENTAL HEALTH SERVICES AND SUBSTANCE ABUSE. - CHRONIC DISEASE PREVENTION/DIABETES: CHRONIC DISEASE PREVENTION HAS CONSISTENTLY BEEN A HEALTH PRIORITY IN THE REGION AS A RESULT OF PAST COUNTY-WIDE COMMUNITY HEALTH ASSESSMENTS. THE COMMUNITY HAS EFFECTIVELY RESPONDED TO THESE NEEDS AND FORMED ONGOING COMMITTEES AND COLLABORATIVE EFFORTS TO SUSTAIN ITS EFFORTS TO ADDRESS THESE ISSUES. - SUICIDE: THE LOCAL CHNAC BELIEVED THAT THE ISSUE OF SUICIDE COULD BE MORE EFFECTIVELY ADDRESSED UNDER THE BROADER COMMUNITY NEED OF ACCESS TO MENTAL HEALTH SERVICES AND SUBSTANCE ABUSE. - YOUTH VIOLENCE/BULLYING: THE LOCAL CHNAC DID NOT SELECT THIS ISSUE AS A PRIORITY LIKELY BECAUSE AREA SCHOOL SYSTEMS ARE COMMITTED TO ENGAGING THE COMMUNITY TO ADDRESS THIS ISSUE. |



**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  |
|---|--|
| SCHEDULE H, PART V, SECTION B, LINE 8-10A | THE FILING ORGANIZATION ADOPTED A COMMUNITY HEALTH NEEDS ASSESSMENT REPORT BY 12/31/2019 AND WAS IN THE PROCESS OF DEVELOPING ITS COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY AT THAT TIME. THE FILING ORGANIZATION'S 2020-2022 COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY IS DOCUMENTED IN A WRITTEN REPORT CALLED THE "COMMUNITY HEALTH PLAN". THE COMMUNITY HEALTH PLAN (CHP) DESCRIBES HOW THE FILING ORGANIZATION PLANS TO MEET ITS IDENTIFIED PRIORITIZED HEALTH NEEDS OR IDENTIFIES THE HEALTH NEED AS ONE THE FILING ORGANIZATION DOES NOT INTEND TO SPECIFICALLY ADDRESS AND PROVIDES AN EXPLANATION AS TO WHY THE FILING ORGANIZATION DOES NOT INTEND TO ADDRESS THAT HEALTH NEED. THE FILING ORGANIZATION'S 2020-2022 CHP WAS ADOPTED BY MAY 15, 2020 AND IS POSTED ON THE HOSPITAL FACILITY'S WEBSITE.AS THE HOSPITAL FACILITY'S 2020-2022 COMMUNITY HEALTH NEEDS IMPLEMENTATION STRATEGY WAS NOT ADOPTED BY THE END OF THE HOSPITAL ORGANIZATION'S TAXABLE YEAR OF DECEMBER 31, 2019, SCHEDULE H, PART V, SECTION B, LINE 9 INDICATES THAT 2017 WAS THE TAX YEAR IN WHICH THE HOSPITAL FACILITY LAST ADOPTED AN IMPLEMENTATION STRATEGY. SCHEDULE H, PART V, SECTION B, LINE 10A REFLECTS THE WEBSITE ADDRESS FOR THE HOSPITAL FACILITY'S 2014-2016, 2017-2019, AND 2020-2022 IMPLEMENTATION STRATEGIES. |



**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   |
|---|---|
| SCHEDULE H, PART V, LINE 16A, B, AND C: | LINE 16A, FAP WEBSITE:HTTPS://WWW.ADVENTHEALTH.COM/HOSPITAL/ADVENTHEALTH-HENDERSONVILLE/LEGAL/FINANCIAL-ASSISTANCE<br>LINE 16B, FAP APPLICATION WEBSITE:HTTPS://WWW.ADVENTHEALTH.COM/HOSPITAL/ADVENTHEALTH-HENDERSONVILLE/LEGAL/FINANCIAL-ASSISTANCE<br>LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:HTTPS://WWW.ADVENTHEALTH.COM/HOSPITAL/ADVENTHEALTH-HENDERSONVILLE/LEGAL/FINANCIAL-ASSISTANCE |



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

Schedule I  
(Form 990)

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
FLETCHER HOSPITAL INC

Employer identification number

56-0543246

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 noncash assistance | (h) Purpose of grant or assistance |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) See Additional Data                            |         |                                 |                          |                                   |   |                                       |                                    |
| (2)  |         |                                 |                          |                                   |   |                                       |                                    |
| (3)  |         |                                 |                          |                                   |   |                                       |                                    |
| (4)  |         |                                 |                          |                                   |   |                                       |                                    |
| (5)  |         |                                 |                          |                                   |   |                                       |                                    |
| (6)  |         |                                 |                          |                                   |   |                                       |                                    |
| (7)  |         |                                 |                          |                                   |   |                                       |                                    |
| (8)  |         |                                 |                          |                                   |   |                                       |                                    |
| (9)  |         |                                 |                          |                                   |   |                                       |                                    |
| (10)   |         |                                 |                          |                                   |   |                                       |                                    |
| (11)   |         |                                 |                          |                                   |   |                                       |                                    |
| (12)   |         |                                 |                          |                                   |   |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 19
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 2



**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 noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1)                             |                          |                          |                                  |   |                                       |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

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

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 2:  | GRANTS ARE GENERALLY MADE ONLY TO RELATED ORGANIZATIONS THAT ARE EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), OR TO OTHER LOCAL CHARITABLE COMMUNITY ORGANIZATIONS, OR TO OTHER 501(C)(3) ORGANIZATIONS THAT ARE A PART OF THE GROUP EXEMPTION RULING ISSUED TO THE GENERAL CONFERENCE OF SEVENTH-DAY ADVENTISTS. ACCORDINGLY, THE FILING ORGANIZATION HAS NOT ESTABLISHED SPECIFIC PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES AS THE FILING ORGANIZATION DOES NOT HAVE A GRANT MAKING PROGRAM THAT WOULD NECESSITATE SUCH PROCEDURES. |



Additional Data

Software ID:  
Software Version:  
EIN: 56-0543246  
Name: FLETCHER HOSPITAL INC

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

| (a) Name and address of organization or government  | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| ASHEVILLE AREA CHAMBER OF COMMERCE<br>PO BOX 1010<br>ASHEVILLE, NC 28802                  | 56-0125440 | 501(C)(6)                     | 27,700                   |                                   |   |  | GENERAL SUPPORT                    |
| HENDERSON COUNTY EDUCATION FOUNDATION INC<br>414 4TH AVENUE W<br>HENDERSONVILLE, NC 28739 | 58-1734733 | 501(C)(3)                     | 13,500                   |                                   |   |  | GENERAL SUPPORT                    |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HENDERSON COUNTY UNITED WAY INC<br>PO BOX 487<br>HENDERSONVILLE, NC 28739                                      | 56-0890133 | 501(C)(3)                     | 15,000                   |                                   |   |  | GENERAL SUPPORT                    |
| VAGABOND SCHOOL OF THE DRAMA INC<br>PO BOX 310<br>FLAT ROCK, NC 28731  | 56-0571518 | 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 |
| OPEN ARMS PREGNANCY CENTER<br>329 N WASHINGTON STREET<br>HENDERSONVILLE, NC 28739                              | 56-2158105 | 501(C)(3)                     | 13,500                   |                                   |   |  | GENERAL SUPPORT                    |
| MOUNTAIN AREA PREGNANCY SERVICES<br>1710 OLD HAYWOOD ROAD<br>ASHEVILLE, NC 28806                               | 56-1854677 | 501(C)(3)                     | 11,480                   |                                   |   |  | 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 |
| HENDERSON COUNTY FREE MEDICAL CLINIC INC<br>841 CASE STREET<br>HENDERSONVILLE, NC 28792                        | 56-2212024 | 501(C)(3)                     | 20,312                   |                                   |   |  | GENERAL SUPPORT                    |
| SAFELIGHT INC<br>133 FIFTH AVENUE<br>HENDERSONVILLE, NC 28792  | 56-1469847 | 501(C)(3)                     | 17,000                   |                                   |   |  | 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 |
| BUNCOMBE COUNTY SCHOOLS FOUNDATION INC<br>175 BINGHAM ROAD<br>ASHEVILLE, NC 28806                              | 58-1685536 | 501(C)(3)                     | 30,000                   |                                   |   |  | GENERAL SUPPORT                    |
| INTERFAITH ASSISTANCE MINISTRY INC<br>PO BOX 2562<br>HENDERSONVILLE, NC 28793                                  | 58-1556963 | 501(C)(3)                     | 7,000                    |                                   |   |  | GENERAL SUPPORT                    |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FLETCHER ACADEMY INC<br>PO BOX 5440<br>FLETCHER, NC 28732  | 56-1432644 | 501(C)(3)                     | 250,000                  |                                   |   |  | CONSTRUCTION                       |
| CHAMBER OF COMMERCE<br>GREATER HENDERSONVILLE<br>204 KANUGA ROAD<br>HENDERSONVILLE, NC 28739                   | 56-0258910 | 501(C)(6)                     | 13,150                   |                                   |   |  | 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 |
| THRIVE<br>110-C CHADWICK SQUARE<br>COURT<br>HENDERSONVILLE, NC 28739   | 20-5599815 | 501(C)(3)                     | 7,500                    |                                   |   |  | GENERAL SUPPORT                    |
| BLUE RIDGE COMMUNITY<br>HEALTH SERVICES<br>PO BOX 5151<br>HENDERSONVILLE, NC 28793                             | 56-0794933 | 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          |
| BLUE RIDGE COMMUNITY COLLEGE EDUCATIONAL FOUNDATION INC<br>180 WEST CAMPUS DRIVE<br>FLAT ROCK, NC 28731                    | 51-0175113 | 501(C)(3)                     | 31,500                   |                                   |   |  | GENERAL SUPPORT                             |
| SUNSYSTEM DEVELOPMENT CORP DBA ADVENTHEALTH<br>HENDERSONVILLE FOUNDATION<br>100 HOSPITAL DRIVE<br>HENDERSONVILLE, NC 28792 | 59-2219301 | 501(C)(3)                     |                          | 423,306                           | COST  | GENERAL ADMINISTRATIVE SUPPORT         | PROVISION OF GENERAL ADMINISTRATIVE 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 |
| HANDS ON A CHILDS GALLERY INC<br>318 NORTH MAIN STREET<br>HENDERSONVILLE, NC 28792                             | 83-0397594 | 501(C)(3)                     | 15,000                   |                                   |   |  | GENERAL SUPPORT                    |
| FELLOWSHIP OF CHRISTIAN ATHLETES<br>8701 LEEDS ROAD<br>KANSAS CITY, MO 64129                                   | 44-0610626 | 501(C)(3)                     | 11,500                   |                                   |   |  | GENERAL SUPPORT                    |



| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. |            |                               |                          |                                   |   |  |                                    |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government   | (b) EIN    | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| OUR VOICE INC<br>35 WOODFIN STREET<br>ASHEVILLE, NC 28801  | 58-1491531 | 501(C)(3)                     | 10,000                   |                                   |   |  | GENERAL SUPPORT                    |
| NORTH CAROLINA APPLE FESTIVAL INC<br>318 N MAIN STREET SUITE 15<br>HENDERSONVILLE, NC 28792                    | 23-7361399 | 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 |
| HENDERSON COUNTY BOARD OF EDUCATION<br>414 4TH AVENUE W<br>HENDERSONVILLE, NC 28739  | 56-1821543 | GOVERNMENT                    | 5,023                    |                                   |   |  | GENERAL SUPPORT                    |
| SUNSYSTEM DEVELOPMENT CORP DBA ADVENTHEALTH FOUNDATION CENTRAL FLORIDA<br>2710 N ORANGE AVE SUITE 200<br>ORLANDO, FL 32804 | 59-2219301 | 501(C)(3)                     | 75,000                   |                                   |   |  | DISASTER ASSISTANCE                |



|  |   |  |
|--|---|--|
| Schedule J<br>(Form 990)                               | Compensation Information  | OMB No. 1545-0047                            |
|  |   | 2019   |
|  |   |  |
| Department of the Treasury<br>Internal Revenue Service | For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees<br>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.<br>▶ Attach to Form 990.<br>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information. |  |
| Name of the organization<br>FLETCHER HOSPITAL INC      |   | Employer identification number<br>56-0543246 |

| 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.  |   |     |    |
| <input type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use          |     |    |
| <input checked="" type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence          |     |    |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments  | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |     |    |
| <input checked="" type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |     |    |
| b If any of the boxes on 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 on Line 1a?  | 2   | Yes |    |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. |   |     |    |
| <input type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                              |     |    |
| <input type="checkbox"/> Independent compensation consultant  | <input type="checkbox"/> Compensation survey or study                             |     |    |
| <input type="checkbox"/> Form 990 of other organizations  | <input type="checkbox"/> 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  | Yes |    |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | 4b  | Yes |    |
| c Participate in, or receive payment from, an equity-based compensation arrangement?  | 4c  |     | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.   |   |     |    |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  |   |     |    |
| 5 For persons listed 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  |     | No |
| 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 nonfixed 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.  |   | 8   | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  |   | 9   |    |



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.

[illegible]



Part IIISupplemental 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 ADVENTHEALTH. 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 THE HEALTHCARE SYSTEM KNOWN AS ADVENTHEALTH. 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. AT THE DIRECTION OF AHSSHC, AND IN ACCORDANCE WITH THE RESERVED POWERS IN THE FILING ORGANIZATION'S GOVERNING DOCUMENTS, THE EXECUTIVE TEAM LISTED ON PART VII PROVIDES SERVICES TO THE FILING ORGANIZATION. TRAVEL FOR COMPANIONS: AHSSHC HAS A CORPORATE EXECUTIVE POLICY THAT PROVIDES A BENEFIT TO ALLOW FOR A TRAVELING AHSSHC EXECUTIVE TO HAVE HIS OR HER SPOUSE ACCOMPANY THE EXECUTIVE ON CERTAIN BUSINESS TRIPS EACH YEAR. TYPICALLY, REIMBURSEMENT IS ONLY PROVIDED TO CERTAIN EXECUTIVE LEADERS AND IS USUALLY LIMITED TO ONE BUSINESS TRIP PER YEAR BEYOND THE ANNUAL ADVENTHEALTH PRESIDENT'S COUNCIL BUSINESS MEETING AND OTHER MEETINGS WHERE THE SPOUSE IS SPECIFICALLY INVITED. THE AHSSHC CORPORATE EXECUTIVE SPOUSAL TRAVEL POLICY WAS ORIGINALLY APPROVED AND REVIEWED BY THE AHSSHC BOARD COMPENSATION COMMITTEE, AN INDEPENDENT BODY OF THE AHSSHC BOARD OF DIRECTORS. ALL SPOUSAL TRAVEL COSTS REIMBURSED TO THE EXECUTIVE ARE CONSIDERED TAXABLE COMPENSATION TO THE EXECUTIVE. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS: ADVENTHEALTH 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 BY 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: NOMINAL DISCRETIONARY SPENDING AMOUNTS ARE PERIODICALLY PROVIDED TO ELIGIBLE EXECUTIVES WHO ATTEND ANNUAL BUSINESS MEETINGS SUCH AS THE ADVENTHEALTH CFO CONFERENCE OR THE CMO/CNO BUSINESS MEETING (\$300 OR LESS PER EXECUTIVE). PAYMENTS PROVIDED TO EACH EXECUTIVE ARE CONSIDERED TAXABLE COMPENSATION TO THE EXECUTIVE. HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES: AHSSHC HAS A CORPORATE EXECUTIVE POLICY THAT ADDRESSES BUSINESS DEVELOPMENT EXPENDITURES. UNDER THIS POLICY, CERTAIN ADVENTHEALTH 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 ADVENTHEALTH 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 REGION OF ADVENTHEALTH, SENIOR VICE PRESIDENTS AT THREE LARGE HOSPITAL ORGANIZATIONS, REGIONAL CEOS AND CFOS AND THE PRESIDENT AND SENIOR VICE PRESIDENTS OF AHSSHC). IN THE CURRENT YEAR, FOR THIS FILING ORGANIZATION, ONE EXECUTIVE WAS ELIGIBLE TO RECEIVE REIMBURSEMENT FOR CLUB FEES. EACH ADVENTHEALTH 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 APPOINTED AND COMPENSATED BY ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC). COMPENSATION AND BENEFITS PROVIDED TO THIS INDIVIDUAL ARE DETERMINED PURSUANT TO POLICIES, PROCEDURES, AND PROCESSES OF AHSSHC THAT ARE DESIGNED TO ENSURE COMPLIANCE WITH THE INTERMEDIATE SANCTIONS LAWS AS SET FORTH IN IRC SECTION 4958. AHSSHC HAS TAKEN STEPS TO ENSURE THAT PROCESSES ARE IN PLACE TO SATISFY THE REBUTTABLE PRESUMPTION OF REASONABLENESS STANDARD AS SET FORTH IN TREASURY REGULATION 53.4958-6 WITH RESPECT TO ITS ACTIVE EXECUTIVE-LEVEL POSITIONS. THE AHSSHC BOARD COMPENSATION COMMITTEE (THE COMMITTEE) SERVES AS THE GOVERNING BODY FOR ALL EXECUTIVE COMPENSATION MATTERS. THE COMMITTEE IS COMPOSED OF CERTAIN MEMBERS OF THE BOARD OF DIRECTORS (THE BOARD) OF AHSSHC. VOTING MEMBERS OF THE COMMITTEE INCLUDE ONLY INDIVIDUALS WHO SERVE ON THE BOARD AS INDEPENDENT REPRESENTATIVES OF THE COMMUNITY, WHO HOLD NO EMPLOYMENT POSITIONS WITH AHSSHC AND WHO DO NOT HAVE RELATIONSHIPS WITH ANY OF THE INDIVIDUALS WHOSE COMPENSATION IS UNDER THEIR REVIEW THAT IMPACTS THEIR BEST INDEPENDENT JUDGMENT AS FIDUCIARIES OF AHSSHC. THE COMMITTEE'S ROLE IS TO REVIEW AND APPROVE ALL COMPONENTS OF THE EXECUTIVE COMPENSATION PLAN OF AHSSHC. AS AN INDEPENDENT GOVERNING BODY WITH RESPECT TO EXECUTIVE COMPENSATION, IT SHOULD BE NOTED THAT THE COMMITTEE WILL OFTEN CONFER IN EXECUTIVE SESSIONS ON MATTERS OF COMPENSATION POLICY AND POLICY CHANGES. IN SUCH EXECUTIVE SESSIONS, NO MEMBERS OF MANAGEMENT OF AHSSHC ARE PRESENT. THE COMMITTEE IS ADVISED BY AN INDEPENDENT THIRD-PARTY COMPENSATION ADVISOR. THIS ADVISOR PREPARES ALL THE BENCHMARK STUDIES FOR THE COMMITTEE. COMPENSATION LEVELS ARE BENCHMARKED WITH A NATIONAL PEER GROUP OF OTHER NOT-FOR-PROFIT HEALTHCARE SYSTEMS AND HOSPITALS OF SIMILAR SIZE AND COMPLEXITY TO ADVENTHEALTH AND EACH OF ITS AFFILIATED ENTITIES. THE FOLLOWING PRINCIPLES GUIDE THE ESTABLISHMENT OF INDIVIDUAL EXECUTIVE COMPENSATION: - THE SALARY OF THE PRESIDENT/CEO OF ADVENTHEALTH WILL NOT EXCEED THE 50TH PERCENTILE OF COMPARABLE SALARIES PAID BY SIMILARLY SITUATED ORGANIZATIONS; AND - OTHER EXECUTIVE SALARIES SHALL BE ESTABLISHED USING MARKET MEDIANS. THE COMPENSATION PHILOSOPHY, POLICIES, AND PRACTICES OF AHSSHC ARE CONSISTENT WITH THE ORGANIZATION'S FAITH-BASED MISSION AND CONFORM TO APPLICABLE LAWS, REGULATIONS, AND BUSINESS PRACTICES. AS A FAITH-BASED ORGANIZATION SPONSORED BY THE SEVENTH-DAY ADVENTIST CHURCH (THE CHURCH), AHSSHC'S PHILOSOPHY AND PRINCIPLES WITH RESPECT TO ITS EXECUTIVE COMPENSATION PRACTICES REFLECT THE CONSERVATIVE APPROACH OF THE CHURCH'S MISSION OF SERVICE AND WERE DEVELOPED IN COUNSEL WITH THE CHURCH'S LEADERSHIP.  |
| PART I, LINES 4A-B | PART I, LINE 4A: DURING THE YEAR ENDING DECEMBER 31, 2019, WENDI L. BARBER AND CARLO L. MAINARDI, MD RECEIVED SEVERANCE PAYMENTS IN THE AMOUNT OF \$12,391 AND \$10,372, RESPECTIVELY. PURSUANT TO THE AHSSHC CORPORATE EXECUTIVE POLICY GOVERNING EXECUTIVE SEVERANCE, SEVERANCE AGREEMENTS FOR EXECUTIVES OPERATING AT THE VICE PRESIDENT LEVEL AND ABOVE ARE ENTERED INTO UPON ELIGIBILITY TO FACILITATE THE TRANSITION TO SUBSEQUENT EMPLOYMENT FOLLOWING AN INVOLUNTARY SEPARATION FROM EMPLOYMENT WITH ADVENTHEALTH. 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 ADVENTHEALTH. IN RECOGNITION OF THE CONTRIBUTION THAT EACH EXECUTIVE MAKES TO THE SUCCESS OF ADVENTHEALTH, ADVENTHEALTH PROVIDES TO ELIGIBLE EXECUTIVES PARTICIPATION IN THE ADVENTHEALTH 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 A SPLIT DOLLAR LIFE INSURANCE POLICY AND LONG-TERM CARE INSURANCE, 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 ADVENTHEALTH ENTITIES AND VICE PRESIDENTS OF ALL ADVENTHEALTH ENTITIES WHOSE BASE SALARY IS AT LEAST \$260,000. 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, ADVENTHEALTH HAS INSTITUTED A DEFINED BENEFIT, NON-TAX-QUALIFIED DEFERRED COMPENSATION PLAN FOR CERTAIN EXECUTIVES WHO HAVE PROVIDED LENGTHY SERVICE TO ADVENTHEALTH AND/OR TO OTHER SEVENTH-DAY ADVENTIST CHURCH HOSPITALS OR HEALTH CARE INSTITUTIONS. PARTICIPATION IN THE PLAN IS OFFERED TO ADVENTHEALTH EXECUTIVES ON A PRO-RATA SCHEDULE BEGINNING WITH 20 YEARS OF SERVICE AS AN EMPLOYEE OF ADVENTHEALTH 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 ADVENTHEALTH 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 ADVENTHEALTH EXECUTIVE FLEX BENEFIT PROGRAM. ADDITIONALLY, ADVENTHEALTH HAS ADOPTED A SENIOR EXECUTIVE DEATH BENEFIT (SEDB) PLAN IN RECOGNITION OF THE CONSIDERABLE AGE AND SERVICE REQUIREMENTS IN THE SERP. THE SEDB PLAN PROVIDES A BENEFIT IN AN AMOUNT EQUAL TO THE AMOUNT THE EXECUTIVE'S BENEFIT WOULD HAVE BEEN UNDER THE SERP PLAN ASSUMING THAT, ON THE DATE OF THE EXECUTIVE'S DEATH (AND NOT BEFORE), THE EXECUTIVE SATISFIED THE LAST OF THE ELIGIBILITY REQUIREMENTS OF THE SERP PLAN WITH PRESENT VALUE RECOGNIZING AN EARLY BENEFIT COMMENCEMENT. AN ELIGIBLE EXECUTIVE BECOMES A PARTICIPANT IN THE SEDB PLAN IF THE EXECUTIVE DIES PRIOR TO TERMINATION OF EMPLOYMENT, PROVIDED THE EXECUTIVE HAS NOT SATISFIED ALL OF THE ELIGIBILITY REQUIREMENTS OF SERP AS OF THE EXECUTIVE'S DATE OF DEATH BUT WOULD HAVE SATISFIED ALL OF THOSE REQUIREMENTS WITHIN FIVE (5) YEARS FOLLOWING DEATH HAD THE EXECUTIVE LIVED AND CONTINUED EMPLOYMENT. THE SEDB PLAN WAS REVIEWED AND APPROVED BY THE AHSSHC BOARD COMPENSATION COMMITTEE, AN INDEPENDENT BODY OF THE AHSSHC BOARD OF DIRECTORS. FLEX PLAN FLEX PLAN/ SERP 457(B) CY CY EMPLOYER CY CONTRIB./ DISTRIBUTIONS* CONTRIB. DISTRIBUTIONS* PAYMENT ----- WEBER, PETER M. \$ 93,638 \$ 95,406 \$208,549 \$ 0 BUNCH, JAMES A. \$ 57,980 \$ 41,043 \$ 47,356 \$ 0 RANDOLPH, KARSTEN G. \$ 41,199 \$ 38,816 \$ 0 \$ 0 REEVES, CORY D. \$ 37,153 \$ 34,650 \$ 0 \$ 0 HERBERT, MD, TERESA M. \$ 23,694 \$ 0 \$ 0 \$ 0 BARBER, WENDI L. \$ 0 \$ 28,736 \$ 0 \$ 0 MAINARDI, MD, CARLO L. \$ 0 \$ 0 \$ 0 \$ 3,431 * INCLUDING INVESTMENT EARNINGS |



Additional Data

Software ID:  
Software Version:  
EIN: 56-0543246  
Name: FLETCHER HOSPITAL INC

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

| (A) Name and Title                             |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1WEBER PETER M<br>CHAIRMAN                     | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 598,426  | 202,353                             | 363,539                             | 89,725   | 24,683                  | 1,278,726                       | 86,756  |
| 1BUNCH JAMES A<br>VICE CHAIRMAN/SEC./PRES.     | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 455,967  | 136,738                             | 132,020                             | 54,066   | 34,140                  | 812,931                         | 39,908  |
| 2RANDOLPH KARSTEN G<br>FORMER CFO              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 388,929  | 88,358                              | 67,034                              | 37,286   | 39,318                  | 620,925                         | 36,834  |
| 3REEVES CORY D<br>DIRECTOR                     | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 372,767  | 90,509                              | 61,502                              | 33,240   | 38,642                  | 596,660                         | 33,856  |
| 4STALFORD MD MICHAEL<br>PHYSICIAN              | (i)  | 486,508  | 25,091                              | 36,238                              | 15,087   | 27,175                  | 590,099                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5HARDIN MD JEFFREY M<br>PHYSICIAN              | (i)  | 491,704  | 0                                   | 23,450                              | 15,087   | 22,483                  | 552,724                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6JOHNSON MD DANIEL<br>PHYSICIAN                | (i)  | 227,008  | 207,174                             | 2,743                               | 15,087   | 26,882                  | 478,894                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7KRUEGER MD ANDREW H<br>PHYSICIAN              | (i)  | 247,901  | 162,873                             | 20,226                              | 15,087   | 19,468                  | 465,555                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8LUGUS MD THOMAS R<br>PHYSICIAN                | (i)  | 372,841  | 53,128                              | 5,854                               | 15,087   | 11,570                  | 458,480                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9COSTON DO JEFFREY<br>DIRECTOR                 | (i)  | 394,000  | 0                                   | 16,626                              | 15,087   | 28,071                  | 453,784                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10BONNEY MD STEPHEN<br>DIRECTOR                | (i)  | 394,090  | 0                                   | 12,642                              | 15,087   | 27,982                  | 449,801                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11HERBERT MD TERESA M<br>CMO                   | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 316,806  | 23,754                              | 12,579                              | 38,781   | 33,747                  | 425,667                         | 0   |
| 12MILLER SCOTT N<br>COO                        | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 253,146  | 46,299                              | 1,288                               | 15,087   | 33,558                  | 349,378                         | 0   |
| 13JOY JR ROLAND E<br>CNO                       | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 228,719  | 44,847                              | 13,617                              | 15,087   | 22,665                  | 324,935                         | 0   |
| 14KIESSLING-URITIS MD MARY<br>ANNE<br>DIRECTOR | (i)  | 186,242  | 77,025                              | 9,525                               | 15,087   | 27,617                  | 315,496                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 15LINDSEY RICHARD C<br>FORMER CNO              | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 219,398  | 41,113                              | 2,927                               | 13,898   | 22,639                  | 299,975                         | 0   |
| 16STENSTROM ELLA L<br>CFO (BEGAN 2/2019)       | (i)  | 14,720   | 3,000                               | 0                                   | 0  | 3,668                   | 21,388                          | 0   |
|  | (ii) | 185,770  | 18,804                              | 1,879                               | 10,486   | 29,576                  | 246,515                         | 0   |
| 17BARBER WENDI L<br>FORMER CFO                 | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 0  | 0                                   | 151,108                             | 0  | 16,589                  | 167,697                         | 28,736  |
| 18MAINARDI MD CARLO L<br>FORMER CMO            | (i)  | 104,924  | 0                                   | 4,301                               | 0  | 0                       | 109,225                         | 0   |
|  | (ii) | 13,803   | 0                                   | 0                                   | 0  | 0                       | 13,803                          | 3,431   |



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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
FLETCHER HOSPITAL INC

Employer identification number  
56-0543246

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. . . . . ▶ \$

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

Part II Loans to and/or From Interested Persons.  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total . . . . . ▶ \$

Part III Grants or Assistance 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) HERBERT-WIDMAN LLC        | OWNED BY KEY EMPLOYEE   | 116,280                   | LEASE                          |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|



**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Name of the organization  
FLETCHER HOSPITAL INC**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public  
Inspection****Employer identification number**

56-0543246

**990 Schedule O, Supplemental Information**

| Return Reference    | Explanation  |
|---------------------|--|
| PART V,<br>LINE 1A: | THE PARENT CORPORATION AND SOLE TOP-TIER MEMBER OF FLETCHER HOSPITAL, INC. (THE FILING ORGANIZATION) IS ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION (AHSSHC). AHSSHC IS A FLORIDA, NOT-FOR-PROFIT CORPORATION THAT IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3). AHSSHC HAS ESTABLISHED A SHARED SERVICE CENTER TO CENTRALIZE THE ACCOUNTS PAYABLE (A/P) FUNCTION FOR ALL AHSSHC SUBSIDIARY ORGANIZATIONS. THE FILING ORGANIZATION HAS ENTERED "0" IN PART V, LINE 1A BECAUSE THE FILING ORGANIZATION NO LONGER ISSUES FORM 1099 RETURNS, RATHER, ALL SUCH RETURNS ARE FILED BY AND UNDER THE NAME AND EIN OF AHSSHC AS THE PAYOR SUBJECT TO THE INFORMATION REPORTING REQUIREMENTS OF SECTION 6041. THE FACTS AND CIRCUMSTANCES SUPPORT A POSITION THAT AHSSHC, AS A PAYOR ON BEHALF OF ITS SUBSIDIARY ORGANIZATIONS IN A SHARED SERVICE ENVIRONMENT, WILL HAVE SUFFICIENT MANAGEMENT AND OVERSIGHT IN CONNECTION WITH THE SUBSIDIARY ORGANIZATIONS' PAYMENTS TO MEET THE STANDARD SET FORTH IN TREAS. REG. SECTION 1.6041-1(E). AHSSHC WILL NOT MERELY BE MAKING PAYMENTS AT THE DIRECTION OF ITS SUBSIDIARY ORGANIZATIONS. ACCORDINGLY, AHSSHC IS CONSIDERED THE PAYOR SUBJECT TO THE INFORMATION REPORTING REQUIREMENTS OF SECTION 6041. |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                           | Explanation   |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | FLETCHER HOSPITAL, 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. |



# 990 Schedule O, Supplemental Information

| Return<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>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. |



**990 Schedule O, Supplemental Information**

| <b>Return<br/>Reference</b>                    | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>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 ADOPT, AMEND, RESTATE, AND REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS OF THE FILING ORGANIZATION, AND THE MEDICAL STAFF BYLAWS; 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; G) TO ESTABLISH GENERAL GUIDING POLICIES, TO IMPLEMENT QUALITY ASSESSMENT, IMPROVEMENT AND UTILIZATION REVIEW PROGRAMS; AND H) TO APPROVE THE APPOINTMENT OF AN AUDITING FIRM AND ELECTION OF THE FISCAL YEAR FOR THE FILING ORGANIZATION. |



## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation   |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FILING ORGANIZATION'S CURRENT YEAR FORM 990 WAS REVIEWED BY THE BOARD CHAIRMAN, BOARD FINANCE COMMITTEE CHAIR, CEO AND BY THE CFO PRIOR TO ITS FILING WITH THE IRS. THE REVIEW CONDUCTED BY THE BOARD CHAIRMAN, BOARD FINANCE COMMITTEE CHAIR, CEO AND THE CFO 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 SCHEDULE S. |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                             | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | <p>THE CONFLICT OF INTEREST POLICY OF THE FILING ORGANIZATION APPLIES TO MEMBERS OF ITS BOARD OF DIRECTORS AND ITS PRINCIPAL OFFICERS (TO BE KNOWN AS INTERESTED PERSONS). IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, 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 INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE FILING ORGANIZATION IS A CHARITABLE ORGANIZATION THAT MUST PRIMARILY ENGAGE IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS EXEMPT PURPOSES. THE FILING ORGANIZATION'S CONFLICT OF INTEREST POLICY ALSO REQUIRES THAT PERIODIC REVIEWS SHALL BE CONDUCTED TO ENSURE THAT THE FILING ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES.</p> |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>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. |



**990 Schedule O, Supplemental Information**

| Return<br>Reference                            | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | THE FILING ORGANIZATION IS A PART OF THE SYSTEM OF HEALTHCARE ORGANIZATIONS KNOWN AS ADVENTHEALTH. THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS OF ADVENTHEALTH AND OF THE ADVENTHEALTH "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 ADVENTHEALTH ON A CONSOLIDATED BASIS AND FOR THE GROUPING OF ADVENTHEALTH SUBSIDIARIES COMPRISING THE "OBLIGATED GROUP". THE FILING ORGANIZATION DOES NOT GENERALLY MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. |



**990 Schedule O, Supplemental Information**

| Return<br>Reference     | Explanation  |
|-------------------------|--|
| PART VII,<br>SECTION A: | FOR THOSE BOARD OF DIRECTOR MEMBERS (NOT INCLUDING PHYSICIAN MEMBERS OF THE BOARD), OFFICE R(S) AND KEY EMPLOYEES WHO DEVOTE LESS THAN FULL-TIME TO THE FILING ORGANIZATION (BASED UP ON 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 WERE PROVIDED IN CONJUNCTION WITH THAT PERSON'S RESPONSIBILITIES AND ROLES IN SERVING IN AN EXECUTIVE LEADERSHIP POSITION AS AN EMPLOYEE OF ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION. PHYSICIAN MEMBERS OF THE BOARD OF DIRECTORS RECEIVED COMPENSATION FROM RELATED ORGANIZATIONS AS A RESULT OF PROVIDING VARIOUS MEDICAL SERVICES TO THOSE RELATED ENTITIES. |



# 990 Schedule O, Supplemental Information

| Return<br>Reference                | Explanation  |
|------------------------------------|--|
| PART VII,<br>LINES 7A, B<br>AND C: | THE AMOUNTS SHOWN IN PART VII, LINES 7A(I) AND 7C(I) OF THE FORM 990 REPRESENT AN ALLOCAT<br>ED SHARE OF CAPITAL GAIN/(LOSS) FROM A SYSTEM WIDE, CORPORATE ADMINISTERED, INVESTMENT PRO<br>GRAM. |



## 990 Schedule O, Supplemental Information

| Return<br>Reference               | Explanation  |
|-----------------------------------|--|
| FORM 990,<br>PART IX,<br>LINE 11G | <p>PAYMENTS TO HEALTHCARE PROFESSIONALS: PROGRAM SERVICE EXPENSES 6,614,701. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 6,614,701. PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 3,491,896. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,491,896. PURCHASED MEDICAL SERVICES: PROGRAM SERVICE EXPENSES 9,242,565. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 9,242,565. ENVIRONMENTAL SERVICES: PROGRAM SERVICE EXPENSES 1,517,501. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,517,501. TRANSCRIPTION SERVICES: PROGRAM SERVICE EXPENSES 418,486. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 418,486. RECRUITING: PROGRAM SERVICE EXPENSES 129,210. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 129,210. FOOD SERVICE CONTRACTS: PROGRAM SERVICE EXPENSES 3,942. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,942. MISCELLANEOUS PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 297,461. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 297,461. ADVENTHEALTH MANAGEMENT FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 3,103,686. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,103,686. BILLING &amp; COLLECTION SERVICES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 3,692,653. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,692,653. EHR MANAGEMENT FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 12,521. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 12,521. ADVENTHEALTH SHARED SERVICE FEE: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 1,722,130. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,722,130.</p> |



# 990 Schedule O, Supplemental Information

| Return<br>Reference | Explanation  |
|---------------------|--|
| PART X,<br>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. |



## 990 Schedule O, Supplemental Information

| Return<br>Reference              | Explanation  |
|----------------------------------|--|
| FORM 990,<br>PART XI,<br>LINE 9: | ALLOC. FROM TAX EXEMPT PARENT WITH RESPECT TO DEBT -73,336. TRANSFER TO TAX EXEMPT PARENT<br>-2,761,664. RESTRICTED GIFTS 238,012. TRANSFER FOR EXPENSES -97,500. ASC 842 LEASE ACCOUNT<br>ING ADJUSTMENTS -312,097. |



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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
FLETCHER HOSPITAL INC

Employer identification number  
56-0543246

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) APPALACHIAN THERAPY SERVICES LLC<br>100 HOSPITAL DRIVE<br>HENDERSONVILLE, NC 28792<br>20-2463851 | INACTIVE                | NC   | 0                   | 0                         | FLETCHER HOSPITAL INC            |
| (2) SUMMIT HEALTH PARTNERS LLC<br>100 HOSPITAL DRIVE<br>HENDERSONVILLE, NC 28792<br>81-2722973       | INACTIVE                | NC   | 0                   | 0                         | FLETCHER HOSPITAL INC            |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |

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

See Additional Data Table

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



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

See Additional Data Table

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

**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.

See Additional Data Table

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



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

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

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

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

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

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

**d** Loans or loan guarantees to or for related organization(s) . . . . .

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

No

1s

No

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

See Additional Data Table

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |



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

[illegible]



**Part VII**      **Supplemental Information**

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

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |



Additional Data

Software ID:

Software Version:

EIN: 56-0543246

Name: FLETCHER HOSPITAL INC

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

| (a)<br>Name, address, and EIN of related organization             | (b)<br>Primary activity                              | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                  | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|--|--|----------------------------|---|---|---|----|
|   |  |  |                            |   |   | Yes   | No |
| 187 PR 4060<br>LAMPASAS, TX 76550<br>27-1858033                   | OPERATION OF RURAL HEALTH CLINICS & MEDICAL SERVICES | FL   | 501(C)(3)                  | LINE 3  | METROPLEX ADVENTIST HOSPITAL INC                  | Yes   |    |
| 9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>48-0868859     | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                 | KS   | 501(C)(3)                  | LINE 7  | SHAWNEE MISSION MEDICAL CENTER INC                | Yes   |    |
| 770 WEST GRANADA BLVD 319<br>ORMOND BEACH, FL 32174<br>83-3768458 | INACTIVE   | FL   | 501(C)(3)                  | LINE 12A, I   | MEMORIAL HLTH SYSTEMS INC                         | Yes   |    |
| 770 WEST GRANADA BLVD 304<br>ORMOND BEACH, FL 32174<br>83-3748461 | INACTIVE   | FL   | 501(C)(3)                  | LINE 12A, I   | MEMORIAL HLTH SYSTEMS INC                         | Yes   |    |
| 3100 E FLETCHER AVE<br>TAMPA, FL 33613<br>59-3231322              | INACTIVE   | FL   | 501(C)(3)                  | LINE 12A, I   | UNIVERSITY COMMUNITY HOSPITAL INC                 | Yes   |    |
| 900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>84-1817046         | INACTIVE   | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP       | Yes   |    |
| 40100 US HIGHWAY 27 N<br>DAVENPORT, FL 33837<br>84-1793121        | OPERATION OF HOSPITAL & RELATED SERVICES             | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP       | Yes   |    |
| 410 SOUTH 11TH STREET<br>LAKE WALES, FL 33853<br>83-4672945       | OPERATION OF HOSPITAL & RELATED SERVICES             | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP       | Yes   |    |
| 1301 S MAIN STREET<br>OTTAWA, KS 66067<br>83-0976641              | OPERATION OF HOSPITAL & RELATED SERVICES             | KS   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH MID-AMERICA INC                    | Yes   |    |
| 671 LAKE WINYAH DRIVE<br>ORLANDO, FL 32803<br>59-3069793          | EDUCATION/OPERATION OF SCHOOL                        | FL   | 501(C)(3)                  | LINE 2  | ADVENTIST HLTH SYSTEMSUNBELT INC                  | Yes   |    |
| 14055 RIVEREDGE DRIVE<br>TAMPA, FL 33637<br>47-1881744            | INACTIVE   | FL   | 501(C)(3)                  | LINE 10   | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP       | Yes   |    |
| 14055 RIVEREDGE DRIVE STE 250<br>TAMPA, FL 33637<br>84-3225135    | IMAGING & TESTING                                    | FL   | 501(C)(3)                  | LINE 12A, I   | ADVENTHEALTH WEST FLORIDA AMBULATORY SERVICES INC | Yes   |    |
| 500 REMINGTON BLVD<br>BOLINGBROOK, IL 60440<br>65-1219504         | OPERATION OF HOSPITAL & RELATED SERVICES             | IL   | 501(C)(3)                  | LINE 3  | ADVENTIST MIDWEST HEALTH                          | Yes   |    |
| 730 COURTLAND STREET<br>ORLANDO, FL 32804<br>20-5774723           | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY     | FL   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE CENTERS INC                     | Yes   |    |
| 701 WINTHROP AVENUE<br>GLENDALE HEIGHTS, IL 60139<br>36-3208390   | OPERATION OF HOSPITAL & RELATED SERVICES             | IL   | 501(C)(3)                  | LINE 3  | ADVENTIST MIDWEST HEALTH                          | Yes   |    |
| 9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>52-1347407     | SUPPORT OF AFFILIATED HOSPITAL                       | KS   | 501(C)(3)                  | LINE 12C, III-FI                                    | ADVENTIST HLTH SYSTEMSUNBELT INC                  | Yes   |    |
| 2601 NAVISTAR DR BLDG 4 FINANCE<br>LISLE, IL 60532<br>36-4138353  | OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES  | IL   | 501(C)(3)                  | LINE 3  | AHS MIDWEST MANAGEMENT INC                        | Yes   |    |
| 900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-2170012         | MANAGEMENT SERVICES                                  | FL   | 501(C)(3)                  | LINE 12A, I   | N/A   |   | No |
| 1035 RED BUD ROAD<br>CALHOUN, GA 30701<br>58-1425000              | OPERATION OF HOSPITAL & RELATED SERVICES             | GA   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP       | Yes   |    |
| 900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-1479658         | 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 |   |  |                            |   |   |   |    |
|--|---|--|----------------------------|---|---|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                             | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity            | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |   | Yes   | No |
| 11801 S FREEWAY<br>BURLESON, TX 76028<br>74-2578952                                | LEASING PERSONNEL TO AFFILIATED HOSPITAL            | TX   | 501(C)(3)                  | LINE 12C, III-FI                                    | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes   |    |
| 120 NORTH OAK STREET<br>HINSDALE, IL 60521<br>36-2276984                           | OPERATION OF HOSPITAL & RELATED SERVICES            | IL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes   |    |
| 2601 NAVISTAR DR BLDG 4 FINANCE<br>LISLE, IL 60532<br>81-1105774                   | OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES | IL   | 501(C)(3)                  | LINE 3  | AHS MIDWEST MANAGEMENT INC                  | Yes   |    |
| 2601 NAVISTAR DR BLDG 4 FINANCE<br>LISLE, IL 60532<br>36-3354567                   | OPERATION OF PHYSICIAN PRACTICE MGMT                | IL   | 501(C)(3)                  | LINE 12A, I   | ADVENTIST MIDWEST HEALTH                    | Yes   |    |
| 1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>74-2621825                      | PROVIDE OFFICE SPACE - MEDICAL PROFESSIONALS        | TX   | 501(C)(3)                  | LINE 12C, III-FI                                    | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes   |    |
| 305 E OAK STREET<br>APOPKA, FL 32703<br>51-0605694                                 | LEASE TO RELATED ORGANIZATION                       | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>38-1359189                          | INACTIVE  | MI   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes   |    |
| 401 PALMETTO STREET<br>NEW SMYRNA BEACH, FL 32168<br>59-1054892                    | VOLUNTEER SUPPORT SERVICES                          | FL   | 501(C)(3)                  | LINE 10   | N/A   |   | No |
| 500 REMINGTON BLVD<br>BOLINGBROOK, IL 60440<br>90-0494445                          | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                | IL   | 501(C)(3)                  | LINE 7  | MIDWEST HLTH FOUNDATION                     |   | No |
| 950 HIGHPOINT DRIVE<br>HOPKINSVILLE, KY 42240<br>20-5782342                        | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY    | KY   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 301 HUGULEY BLVD<br>BURLESON, TX 76028<br>20-5782243                               | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY    | TX   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 1333 WEST MAIN<br>PRINCETON, KY 42445<br>51-0605680                                | LEASE TO RELATED ORGANIZATION                       | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>45-3739929                      | SUPPORT OPERATION OF HOSPITAL                       | TX   | 501(C)(3)                  | LINE 12A, I   | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes   |    |
| 250 S CHICKASAW TRAIL<br>ORLANDO, FL 32825<br>51-0605681                           | LEASE TO RELATED ORGANIZATION                       | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 1220 THIRD AVENUE WEST<br>DURAND, WI 54736<br>39-1365168                           | OPERATION OF HOSPITAL & RELATED SERVICES            | WI   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes   |    |
| 730 COURTLAND STREET<br>ORLANDO, FL 32804<br>51-0605682                            | LEASE TO RELATED ORGANIZATION                       | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 107 BOYLES DRIVE<br>RUSSELLVILLE, KY 42276<br>20-5782260                           | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY    | KY   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 7350 DAIRY ROAD<br>ZEPHYRHILLS, FL 33540<br>51-0605684                             | LEASE TO RELATED ORGANIZATION                       | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 250 S CHICKASAW TRAIL<br>ORLANDO, FL 32825<br>20-5774748                           | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY    | FL   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>58-2171011                          | INACTIVE  | GA   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes   |    |



| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |  |   |    |
|--|---|--|----------------------------|---|--|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                             | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity               | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |  | Yes   | No |
| 100 HOSPITAL DRIVE<br>HENDERSONVILLE, NC 28792<br>56-0543246                       | OPERATION OF HOSPITAL & RELATED SVCS                | NC   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM<br>SUNBELT HLTHCARE CORP | Yes   |    |
| 3355 E SEMORAN BLVD<br>APOPKA, FL 32703<br>20-5774761                              | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY    | FL   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE<br>CENTERS INC               | Yes   |    |
| 13100 FORT KING ROAD<br>DADE CITY, FL 33525<br>82-2567308                          | OPERATION OF HOSPITAL & RELATED SVCS                | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM<br>SUNBELT HLTHCARE CORP | Yes   |    |
| 770 WEST GRANADA BLVD 101<br>ORMOND BEACH, FL 32174<br>46-2354804                  | OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC            | Yes   |    |
| 2600 WESTHALL LANE 4TH FLOOR<br>MAITLAND, FL 32751<br>59-3214635                   | OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC            | Yes   |    |
| 1500 SW 1ST AVENUE<br>OCALA, FL 34471<br>82-4372339                                | OPERATION OF HOSPITAL & RELATED SVCS                | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM<br>SUNBELT HLTHCARE CORP | Yes   |    |
| 12470 TELECOM DR 100<br>TAMPA, FL 33637<br>46-2021581                              | OPERATION OF PHYSICIAN PRACTICES & MEDICAL SERVICES | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM<br>SUNBELT HLTHCARE CORP | Yes   |    |
| 1000 WATERMAN WAY<br>TAVARES, FL 32778<br>59-3140669                               | OPERATION OF HOSPITAL & RELATED SERVICES            | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM<br>SUNBELT HLTHCARE CORP | Yes   |    |
| 7050 GALL BLVD<br>ZEPHYRHILLS, FL 33541<br>59-2108057                              | OPERATION OF HOSPITAL & RELATED SERVICES            | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH<br>SYSTEMSUNBELT INC            | Yes   |    |
| 2600 WESTHALL LANE 4TH FLOOR<br>MAITLAND, FL 32751<br>55-0789387                   | IMAGING & TESTING                                   | FL   | 501(C)(3)                  | LINE 3  | FLORIDA HOSPITAL<br>MEDICAL GROUP INC          | Yes   |    |
| 485 NORTH KELLER ROAD 250<br>MAITLAND, FL 32751<br>47-2180518                      | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY    | FL   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE<br>CENTERS INC               | Yes   |    |
| 701 WINTHROP AVENUE<br>GLENDALE HEIGHTS, IL 60139<br>36-3926044                    | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                | IL   | 501(C)(3)                  | LINE 7  | MIDWEST HLTH<br>FOUNDATION                     |   | No |
| 1395 S PINELLAS AVE<br>TARPON SPRINGS, FL 34689<br>59-2106043                      | FUND-RAISING FOR TAX-EXEMPT HOSPITAL/FOUNDATION     | FL   | 501(C)(3)                  | LINE 12C, III-FI                                    | N/A  |   | No |
| 1395 S PINELLAS AVE<br>TARPON SPRINGS, FL 34689<br>59-3690149                      | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                | FL   | 501(C)(3)                  | LINE 7  | N/A  |   | No |
| 120 NORTH OAK STREET<br>HINSDALE, IL 60521<br>52-1466387                           | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                | IL   | 501(C)(3)                  | LINE 7  | MIDWEST HLTH<br>FOUNDATION                     |   | No |
| 480 W CENTRAL PARKWAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-2935928                 | OPERATION OF HOSPICE                                | FL   | 501(C)(3)                  | LINE 10   | THE COMFORTER HEALTH<br>CARE GROUP INC         | Yes   |    |
| 485 NORTH KELLER ROAD 250<br>MAITLAND, FL 32751<br>20-8023411                      | THERAPY SERVICES TO TAX EXEMPT NURSING HOMES        | KS   | 501(C)(3)                  | LINE 12B, II  | SUNBELT HLTH CARE<br>CENTERS INC               | Yes   |    |
| 5101 S WILLOW SPRINGS RD<br>LA GRANGE, IL 60525<br>30-0247776                      | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                | IL   | 501(C)(3)                  | LINE 7  | MIDWEST HLTH<br>FOUNDATION                     |   | No |
| 485 NORTH KELLER ROAD 250<br>MAITLAND, FL 32751<br>81-3923985                      | LEASE TO RELATED ORGANIZATION                       | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE<br>CENTERS INC               | Yes   |    |
| 305 MEMORIAL MEDICAL PKWY 212<br>DAYTONA BEACH, FL 32117<br>31-1771522             | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                | FL   | 501(C)(3)                  | LINE 7  | N/A  |   | No |



| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |  |   |    |
|--|---|--|----------------------------|---|--|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                           | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity               | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |  | Yes   | No |
| 301 MEMORIAL MEDICAL PARKWAY<br>DAYTONA BEACH, FL 32117<br>59-0973502              | OPERATION OF HOSPITAL & RELATED SERVICES          | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEMS<br>SUNBELT INC          | Yes   |    |
| 701 WEST PLYMOUTH AVENUE<br>DELAND, FL 32720<br>59-3256803                         | OPERATION OF HOSPITAL & RELATED SERVICES          | FL   | 501(C)(3)                  | LINE 3  | MEMORIAL HLTH SYSTEMS<br>INC                   | Yes   |    |
| 60 MEMORIAL MEDICAL PARKWAY<br>PALM COAST, FL 32164<br>59-2951990                  | OPERATION OF HOSPITAL & RELATED SERVICES          | FL   | 501(C)(3)                  | LINE 3  | MEMORIAL HLTH SYSTEMS<br>INC                   | Yes   |    |
| 210 MARIE LANGDON DRIVE<br>MANCHESTER, KY 40962<br>61-0594620                      | OPERATION OF HOSPITAL & RELATED SERVICES          | KY   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM<br>SUNBELT HLTHCARE CORP | Yes   |    |
| 9700 WEST 62ND STREET<br>MERRIAM, KS 66203<br>36-4595806                           | LEASE TO RELATED ORGANIZATION                     | KS   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE<br>CENTERS INC               | Yes   |    |
| 2201 S CLEAR CREEK ROAD<br>KILLEEN, TX 76549<br>74-2225672                         | OPERATION OF HOSPITAL & RELATED SERVICES          | TX   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM<br>SUNBELT HLTHCARE CORP | Yes   |    |
| 2201 S CLEAR CREEK ROAD<br>KILLEEN, TX 76549<br>11-3762050                         | PHYSICIAN HLTHCARE SERVICES TO THE COMMUNITY      | TX   | 501(C)(3)                  | LINE 3  | METROPLEX ADVENTIST<br>HOSPITAL INC            | Yes   |    |
| 120 NORTH OAK STREET<br>HINSDALE, IL 60521<br>35-2230515                           | SUPPORT OF SUBSIDIARY FOUNDATIONS                 | IL   | 501(C)(3)                  | LINE 12B, II  | N/A  |   | No |
| 500 BECK LANE<br>MAYFIELD, KY 42066<br>20-5782320                                  | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY  | KY   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE<br>CENTERS INC               | Yes   |    |
| 485 NORTH KELLER ROAD 250<br>MAITLAND, FL 32751<br>90-0866024                      | PROVISION OF SUPPORT TO THE NURSING HOME DIVISION | GA   | 501(C)(3)                  | LINE 12B, II  | SUNBELT HLTH CARE<br>CENTERS INC               | Yes   |    |
| 9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>43-1224729                      | SUPPORT HLTH CARE SERVICES                        | MO   | 501(C)(3)                  | LINE 12D, III-O                                     | ADVENTIST HLTH MID-AMERICA INC                 | Yes   |    |
| 301 MEMORIAL MEDICAL PARKWAY<br>DAYTONA BEACH, FL 32117<br>59-1721962              | VOLUNTEER SUPPORT SERVICES                        | FL   | 501(C)(3)                  | LINE 12C, III-FI                                    | N/A  |   | No |
| 485 NORTH KELLER ROAD 250<br>MAITLAND, FL 32751<br>81-3165729                      | LEASE TO RELATED ORGANIZATION                     | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE<br>CENTERS INC               | Yes   |    |
| 6501 WEST 75TH STREET<br>OVERLAND PARK, KS 66204<br>20-5774821                     | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY  | KS   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE<br>CENTERS INC               | Yes   |    |
| 950 HIGHPOINT DRIVE<br>HOPKINSVILLE, KY 42240<br>51-0605686                        | LEASE TO RELATED ORGANIZATION                     | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE<br>CENTERS INC               | Yes   |    |
| 2600 BRUCE B DOWNS BLVD<br>WESLEY CHAPEL, FL 33544<br>20-8488713                   | OPERATION OF HOSPITAL & RELATED SERVICES          | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM<br>SUNBELT HLTHCARE CORP | Yes   |    |
| 9100 E MINERAL CIRCLE<br>CENTENNIAL, CO 80112<br>84-0438224                        | OPERATION OF HOSPITAL & RELATED SERVICES          | CO   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM<br>SUNBELT HLTHCARE CORP | Yes   |    |
| 1333 WEST MAIN<br>PRINCETON, KY 42445<br>20-5782272                                | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY  | KY   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE<br>CENTERS INC               | Yes   |    |
| 601 E ROLLINS STREET<br>ORLANDO, FL 32803<br>59-1191045                            | PROVISION OF HLTHCARE SERVICES                    | FL   | 501(C)(3)                  | LINE 10   | ADVENTIST HLTH SYSTEM<br>SUNBELT HLTHCARE CORP | Yes   |    |
| 900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>26-3789368                          | HLTHCARE QUALITY SERVICES                         | FL   | 501(C)(3)                  | LINE 12A, I   | ADVENTIST HLTH SYSTEM<br>SUNBELT HLTHCARE CORP | Yes   |    |



| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |  |  |                            |   |   |   |    |
|--|--|--|----------------------------|---|---|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                                    | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity            | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |  |  |                            |   |   | Yes   | No |
| 485 NORTH KELLER ROAD 250<br>MAITLAND, FL 32751<br>20-8040875                      | PROVIDE ADMINISTRATIVE SUPPORT TO TAX EXEMPT NURSING HOMES | FL   | 501(C)(3)                  | LINE 12B, II  | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 7995 E PRENTICE AVE 204<br>GREENWOOD VILLAGE, CO 80111<br>84-0745018               | FUND-RAISING FOR TAX-EXEMPT HOSPITAL                       | CO   | 501(C)(3)                  | LINE 7  | N/A   |   | No |
| 2201 S CLEAR CREEK ROAD<br>KILLEEN, TX 76549<br>46-1656773                         | SUPPORT OPERATION OF HOSPITAL                              | TX   | 501(C)(3)                  | LINE 12A, I   | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes   |    |
| 683 EAST THIRD STREET<br>RUSSELLVILLE, KY 42276<br>51-0605691                      | LEASE TO RELATED ORGANIZATION                              | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 1900 MEDICAL PARKWAY<br>SAN MARCOS, TX 78666<br>51-0605693                         | LEASE TO RELATED ORGANIZATION                              | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 1900 MEDICAL PARKWAY<br>SAN MARCOS, TX 78666<br>20-5782224                         | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY           | TX   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 6501 WEST 75TH STREET<br>OVERLAND PARK, KS 66204<br>48-0952508                     | LEASE TO RELATED ORGANIZATION                              | KS   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 485 NORTH KELLER ROAD 250<br>MAITLAND, FL 32751<br>81-3914908                      | LEASE TO RELATED ORGANIZATION                              | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 9100 W 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>48-0637331                      | OPERATION OF HOSPITAL & RELATED SERVICES                   | KS   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH MID-AMERICA INC              | Yes   |    |
| 38250 A AVENUE<br>ZEPHYRHILLS, FL 33542<br>51-0605679                              | LEASE TO RELATED ORGANIZATION                              | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 401 PALMETTO STREET<br>NEW SMYRNA BEACH, FL 32168<br>47-3793197                    | OPERATION OF HOSPITAL & RELATED SERVICES                   | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes   |    |
| 1055 SAXON BLVD<br>ORANGE CITY, FL 32763<br>59-3281591                             | MEDICAL OFFICE BUILDING FOR HOSPITAL                       | FL   | 501(C)(3)                  | LINE 12A, I   | SOUTHWEST VOLUSIA HLTHCARE CORP             | Yes   |    |
| 1055 SAXON BLVD<br>ORANGE CITY, FL 32763<br>59-3149293                             | OPERATION OF HOSPITAL & RELATED SERVICES                   | FL   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes   |    |
| 1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>20-8814408                      | PHYSICIAN HLTHCARE SERVICES TO THE COMMUNITY               | TX   | 501(C)(3)                  | LINE 3  | ADVENTIST HLTH SYSTEMSUNBELT INC            | Yes   |    |
| 718 GOODWIN LANE<br>LEITCHFIELD, KY 42754<br>20-5782288                            | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY           | KY   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 305 EAST OAK STREET<br>APOPKA, FL 32703<br>20-5774856                              | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY           | FL   | 501(C)(3)                  | LINE 10   | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 485 NORTH KELLER ROAD 250<br>MAITLAND, FL 32751<br>58-1473135                      | MANAGEMENT SERVICES  | TN   | 501(C)(3)                  | LINE 12B, II  | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes   |    |
| 900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>59-2219301                          | FUND RAISING FOR AFFILIATED TAX-EXEMPT HOSPITALS           | FL   | 501(C)(3)                  | LINE 7  | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes   |    |
| 1395 S PINELLAS AVE<br>TARPON SPRINGS, FL 34689<br>59-0898901                      | OPERATION OF HOSPITAL & RELATED SERVICES                   | FL   | 501(C)(3)                  | LINE 3  | UNIVERSITY COMMUNITY HOSPITAL INC           | Yes   |    |
| 301 HUGULEY BLVD<br>BURLESON, TX 76028<br>51-0605677                               | LEASE TO RELATED ORGANIZATION                              | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |



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

| (a)<br>Name, address, and EIN of related organization             | (b)<br>Primary activity                          | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity            | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|--|---|----------------------------|--|---|---|----|
|   |  |   |                            |  |   | Yes   | No |
| 718 GOODWIN LANE<br>LEITCHFIELD, KY 42754<br>51-0605678           | LEASE TO RELATED ORGANIZATION                    | GA  | 501(C)(3)                  | LINE 12C, III-FI                                       | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 605 MONTGOMERY ROAD<br>ALTAMONTE SPRINGS, FL 32714<br>27-1857940  | LEASE TO RELATED ORGANIZATION                    | FL  | 501(C)(3)                  | LINE 12C, III-FI                                       | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes   |    |
| 60 MEMORIAL MEDICAL PARKWAY<br>PALM COAST, FL 32164<br>59-2486582 | VOLUNTEER SUPPORT SERVICES                       | FL  | 501(C)(3)                  | LINE 12C, III-FI                                       | N/A   |   | No |
| 485 NORTH KELLER ROAD 250<br>MAITLAND, FL 32751<br>47-2219363     | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY | FL  | 501(C)(3)                  | LINE 10  | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 9700 WEST 62ND STREET<br>MERRIAM, KS 66203<br>20-5774890          | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY | KS  | 501(C)(3)                  | LINE 10  | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 3100 E FLETCHER AVE<br>TAMPA, FL 33613<br>59-2554889              | FUND-RAISING FOR TAX-EXEMPT HOSPITAL             | FL  | 501(C)(3)                  | LINE 12A, I  | N/A   |   | No |
| 3100 E FLETCHER AVE<br>TAMPA, FL 33613<br>59-1113901              | OPERATION OF HOSPITAL & RELATED SERVICES         | FL  | 501(C)(3)                  | LINE 3   | ADVENTIST HLTH SYSTEM SUNBELT HLTHCARE CORP | Yes   |    |
| 13601 BRUCE B DOWNS BLVD STE 110<br>TAMPA, FL 33613<br>59-3686109 | HOME HEALTH SERVICES                             | GA  | 501(C)(3)                  | LINE 10  | WEST FLORIDA HEALTH INC                     | Yes   |    |
| 500 BECK LANE<br>MAYFIELD, KY 42066<br>51-0605676                 | LEASE TO RELATED ORGANIZATION                    | GA  | 501(C)(3)                  | LINE 12C, III-FI                                       | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 38250 A AVENUE<br>ZEPHYRHILLS, FL 33542<br>20-5774930             | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY | FL  | 501(C)(3)                  | LINE 10  | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |
| 7350 DAIRY ROAD<br>ZEPHYRHILLS, FL 33540<br>20-5774967            | OPERATION OF HOME FOR THE AGED/HLTHCARE DELIVERY | FL  | 501(C)(3)                  | LINE 10  | SUNBELT HLTH CARE CENTERS INC               | Yes   |    |







| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust                        |                            |   |                                     |  |                                 |   |                                |  |    |
|--|----------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity    | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                            |   |                                     |  |                                 |   |                                | Yes  | No |
| ALTAMONTE MEDICAL PLAZA CONDOMINIUM<br>ASSOCIATION INC<br>601 EAST ROLLINS STREET<br>ORLANDO, FL 32803<br>59-2855792             | CONDO ASSOCIATION          | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| APOPKA MEDICAL PLAZA CONDOMINIUM<br>ASSOCIATION INC<br>601 EAST ROLLINS STREET<br>ORLANDO, FL 32803<br>59-3000857                | CONDO ASSOCIATION          | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| CC MOB INC<br>2201 S CLEAR CREEK ROAD<br>KILLEEN, TX 76549<br>74-2616875   | REAL ESTATE RENTAL         | TX  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| CENTRAL TEXAS MEDICAL ASSOCIATES<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>74-2729873                                | INACTIVE                   | TX  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| CENTRAL TEXAS PROVIDERS NETWORK<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>74-2827652                                 | PHYSICIAN HOSPITAL<br>ORG. | TX  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| FLORIDA HOSPITAL FLAGLER MEDICAL<br>OFFICES ASSOCIATION INC<br>60 MEMORIAL MEDICAL PARKWAY<br>PALM COAST, FL 32164<br>26-2158309 | CONDO ASSOCIATION          | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| FLORIDA HOSP HLTH VILLAGE PROPERTY<br>OWNER'S ASSOC INC<br>550 E ROLLINS STREET 7TH FLOOR<br>ORLANDO, FL 32803<br>82-1748255     | CONDO ASSOCIATION          | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| FLORIDA HOSPITAL HEALTHCARE SYSTEM INC<br>101 SOUTHHALL LANE STE 150<br>MAITLAND, FL 32751<br>59-3215680                         | PHSO                       | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| FLORIDA MEDICAL PLAZA CONDOMINIUM<br>ASSOCIATION INC<br>601 EAST ROLLINS STREET<br>ORLANDO, FL 32803<br>59-2855791               | CONDO ASSOCIATION          | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| FLORIDA MEMORIAL HEALTH NETWORK INC<br>(11 - 102419)<br>770 W GRANADA BLVD STE 317<br>ORMOND BEACH, FL 32174<br>59-3403558       | PHYSICIAN HOSPITAL<br>ORG. | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| KISSIMMEE MULTISPECIALTY CLINIC<br>CONDOMINIUM ASSOCIATION INC<br>201 HILDA STREET SUITE 30<br>KISSIMMEE, FL 34741<br>59-3539564 | CONDO ASSOCIATION          | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| LN HEALTH PARTNERS INC<br>550 E ROLLINS STREET 6TH FLOOR<br>ORLANDO, FL 32803<br>81-3556903                                      | INACTIVE                   | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| MIDWEST MANAGEMENT SERVICES INC<br>9100 WEST 74TH STREET<br>SHAWNEE MISSION, KS 66204<br>48-0901551                              | INACTIVE                   | KS  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| NORTH AMERICAN HEALTH SERVICES INC &<br>SUB<br>900 HOPE WAY<br>ALTAMONTE SPRINGS, FL 32714<br>62-1041820                         | LESSOR/HOLDING CO.         | TN  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| ORMOND PROF ASSOCIATES CONDO ASSOC'N<br>INC (430 YEAR END)<br>770 W GRANADA BLVD STE 101<br>ORMOND BEACH, FL 32174<br>59-2694434 | CONDO ASSOCIATION          | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |



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

| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| PARK RIDGE PROPERTY OWNER'S<br>ASSOCIATION INC<br>1 PARK PLACE NAPLES ROAD<br>FLETCHER, NC 28732<br>03-0380531         | CONDO ASSOCIATION       | NC  | FLETCHER<br>HOSPITAL INC            | C  |                                 |   | 100.000 %                      | Yes  |    |
| PORTER AFFILIATED HEALTH SERVICES INC<br>2525 S DOWNING STREET<br>DENVER, CO 80210<br>84-0956175                       | HEALTHCARE SERVICES     | CO  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| SAN MARCOS REGIONAL MRI INC<br>1301 WONDER WORLD DRIVE<br>SAN MARCOS, TX 78666<br>77-0597968                           | HOLDING COMPANY         | TX  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| THE GARDEN RETIREMENT COMMUNITY INC<br>485 NORTH KELLER ROAD STE 250<br>MAITLAND, FL 32751<br>59-3414055               | REAL ESTATE RENTAL      | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| WINTER PARK MEDICAL OFFICE BUILDING I<br>CONDO ASSOC INC<br>601 EAST ROLLINS STREET<br>ORLANDO, FL 32803<br>45-2228478 | CONDO ASSOCIATION       | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |



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

| (a)<br>Name of related organization                                      | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount involved |
|--|---------------------------------|------------------------|--|
| ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION                   | B                               | 1,966,130              | ACTUAL AMOUNT GIVEN                          |
| ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION                   | M                               | 1,794,641              | % OF FACILITY'S OPERATING EXP.               |
| ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION                   | P                               | 7,750,259              | COST   |
| ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION - INSURANCE ALLOC | P                               | 795,534                | COST   |
| ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION DBA AIT           | M                               | 5,543,407              | % OF FACILITY'S OPERATING EXP.               |
| ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION DBA AIT           | P                               | 249,576                | COST   |
| ADVENTIST HEALTH SYSTEM SUNBELT HEALTHCARE CORPORATION - SHARED SERVICES | M                               | 1,722,130              | % OF FACILITY'S OPERATING EXP.               |
| MEMORIAL HOSPITAL INC  | Q                               | 735,278                | COST   |
| SUNSYSTEM DEVELOPMENT CORPORATION DBA ADVENTHEALTH HENDERSONVILLE FNDN   | B                               | 423,306                | ACTUAL AMOUNT GIVEN                          |
| SUNSYSTEM DEVELOPMENT CORPORATION DBA ADVENTHEALTH HENDERSONVILLE FNDN   | C                               | 224,280                | ACTUAL AMOUNT RECEIVED                       |
| SUNSYSTEM DEVELOPMENT CORPORATION DBA ADVENTHEALTH FNDN CENTRAL FL       | B                               | 75,000                 | ACTUAL AMOUNT GIVEN                          |
| ADVENTIST HEALTH SYSTEM GEORGIA INC                                      | Q                               | 1,719,713              | COST   |
| ADVENTIST HEALTH SYSTEM GEORGIA INC                                      | P                               | 831,511                | COST   |
| ADVENTIST HEALTH SYSTEM GEORGIA INC                                      | M                               | 130,281                | COST   |