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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

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.

Department of the Treasury  
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 10-01-2020 , and ending 09-30-2021

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

C Name of organization  
FLAGLER HOSPITAL INC

Doing business as

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

400 HEALTH PARK BLVD

City or town, state or province, country, and ZIP or foreign postal code  
ST AUGUSTINE, FL 32086

D Employer identification number  
59-0675143

E Telephone number  
(904) 825-4400

G Gross receipts \$ 350,500,074

F Name and address of principal officer:  
BRENDA BAKER  
400 HEALTH PARK BLVD  
ST AUGUSTINE, FL 32086

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.FLAGLERHOSPITAL.ORG

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

L Year of formation: 1906

M State of legal domicile: FL

Part I

Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:  
BECOME A TOTAL CARE ENTERPRISE THAT ADVANCES THE PHYSICAL, SOCIAL, AND ECONOMIC HEALTH OF THE COMMUNITIES WE SERVE.

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)

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

5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

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

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶27,420

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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

2022-08-12  
Date

BRENDA BAKER CFO  
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2022-08-12

Check ☐ if self-employed

PTIN P00796388

Firm's name ▶ PLANTE & MORAN PLLC

Firm's EIN ▶ 38-1357951

Firm's address ▶ 250 S HIGH ST SUITE 100  
COLUMBUS, OH 43215

Phone no. (614) 849-3000

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 (2020)

**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:

PROVIDE THE BEST PATIENT EXPERIENCE WITH THE BEST STAFF.

**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 \$ 248,640,436 including grants of \$ 542,810 ) (Revenue \$ 339,904,712 )  
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 ▶ 248,640,436

**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> Yes	
<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>	No
<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>	Yes
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<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>	No
<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>	No
<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>	419
<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** (2020)

**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	<b>1a</b> 13		
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	<b>1b</b> 12		
<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?	<b>2</b>		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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<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?	<b>7a</b>		No
<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?	<b>7b</b>		No
<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?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	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	<b>9</b>		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?	<b>10a</b>	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?	<b>10b</b>	
<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?	<b>11a</b>	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	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	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	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	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	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
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?	<b>16a</b>	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?	<b>16b</b>	Yes

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-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:  
▶MIKE O'DONNELL 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 (904) 819-5259

## 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 ☐

**a** 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.

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<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>								5,215,364	0	684,503

**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 ► **86**

	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>	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>	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>		No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
FIRST COAST HEART & VAS 3901 UNIVERSITY BLVD JACKSONVILLE, FL 32216	MEDICAL SERVICES	20,210,156
STELLAR GROUP 2900 HARTLEY RD JACKSONVILLE, FL 32257	MEDICAL SERVICES	15,162,247
FIRST CITY HOSPITALIST GROUP 400 HEALTH PARK BLVD SAINT AUGUSTINE, FL 32086	MEDICAL SERVICES	2,857,957
CANCER SPECIALISTS OF NORTH FLORIDA 7015 AC SKINNER PARKWAY JACKSONVILLE, FL 32256	MEDICAL SERVICES	2,507,796
CARDIOTHORACIC & VASCULAR SURGICAL ASSOC 1824 KING STREET JACKSONVILLE, FL 32204	MEDICAL SERVICES	935,325

**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 ► **72**



**Part VIII**      **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>						
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>						
	<b>d</b> Related organizations . . . . .	<b>1d</b>	774,747					
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	2,860,394					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>						
	<b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .	<b>1g</b>						
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		3,635,141					
	<b>Program Service Revenue</b>			Business Code				
<b>2a</b> NET PATIENT SERVICE REVENUE . . . . .		623000	333,679,086	333,679,086				
<b>b</b> ANCILLARY SERVICES . . . . .		623000	6,250,004	6,250,004				
<b>c</b> OSC REVENUE . . . . .		623000	-24,378	-24,378				
<b>d</b> . . . . .								
<b>e</b> . . . . .								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f. . . . . ▶		339,904,712						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,487,304			2,487,304		
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . ▶							
	<b>5</b> Royalties . . . . . ▶							
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>6a</b>	3,562,671					
		<b>b</b> Less: rental expenses . . . . .	<b>6b</b>					208,695
	<b>c</b> Rental income or (loss) . . . . .	<b>6c</b>	3,353,976					
	<b>d</b> Net rental income or (loss) . . . . . ▶		3,353,976			3,353,976		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other					
		<b>7a</b>	453,806					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					0
	<b>c</b> Gain or (loss) . . . . .	<b>7c</b>	453,806	-3,054				
	<b>d</b> Net gain or (loss) . . . . . ▶		450,752			450,752		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
		<b>b</b> Less: direct expenses . . . . .	<b>8b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶							
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
		<b>b</b> Less: direct expenses . . . . .	<b>9b</b>					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶							
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	1,126					
<b>b</b> Less: cost of goods sold . . . . .		<b>10b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶		1,126			1,126			
Miscellaneous Revenue		Business Code						
<b>11a</b> PATIENT RECORD TRANSCRIPTION . . . . .		900099	188,984			188,984		
<b>b</b> QUEST LAB TESTS . . . . .		541380	64,051		64,051			
<b>c</b> SEMA LAB TESTS . . . . .		541380	1,950		1,950			
<b>d</b> All other revenue . . . . .			200,329			200,329		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			455,314					
<b>12 Total revenue.</b> See instructions . . . . . ▶			350,288,325	339,904,712	66,001	6,682,471		

**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> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	542,810	542,810		
<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 . . . . .	3,051,723		3,051,723	
<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 . . . . .	93,950,186	77,143,710	16,806,476	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	3,715,301	3,188,349	526,952	
<b>9</b> Other employee benefits . . . . .	11,278,646	10,762,527	516,119	
<b>10</b> Payroll taxes . . . . .	7,545,996	6,001,182	1,544,814	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	481,407	2,649	478,758	
<b>c</b> Accounting . . . . .	128,400		128,400	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	56,987,908	37,717,495	19,270,413	
<b>12</b> Advertising and promotion . . . . .	1,459,514	323,106	1,136,408	
<b>13</b> Office expenses . . . . .	2,776,941		2,776,941	
<b>14</b> Information technology . . . . .	5,615,985		5,615,985	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	3,767,533	1,605,839	2,145,864	15,830
<b>17</b> Travel . . . . .	142,899	43,120	99,779	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	8,450,672	6,640,533	1,808,653	1,486
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	23,610,448	18,553,076	5,053,219	4,153
<b>23</b> Insurance . . . . .	4,547,680		4,547,680	
<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	51,006,977	50,202,400	804,577	
<b>b</b> BAD DEBT EXPENSE	19,757,740	19,757,740		
<b>c</b> OSC EXPENSES	86,809	85,328	1,481	
<b>d</b> UBI TAX	2,895	2,895		
<b>e</b> All other expenses	27,104,220	16,067,677	11,030,592	5,951
<b>25</b> Total functional expenses. Add lines 1 through 24e	326,012,690	248,640,436	77,344,834	27,420
<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. 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) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		76,525,346	<b>1</b>	42,942,428	
	<b>2</b>	Savings and temporary cash investments . . . . .		47,647,636	<b>2</b>	40,779,394	
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .		31,287,663	<b>4</b>	45,101,354	
	<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 . . . . .		2,994,049	<b>7</b>	4,170,356	
	<b>8</b>	Inventories for sale or use . . . . .		8,250,382	<b>8</b>	7,728,056	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		3,316,810	<b>9</b>	3,927,648	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	510,462,321			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	282,748,591	215,758,488	<b>10c</b>	227,713,730
	<b>11</b>	Investments—publicly traded securities . . . . .		88,140,228	<b>11</b>	103,409,312	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		3,827,559	<b>12</b>	3,660,856	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		3,981,867	<b>13</b>	6,026,056	
	<b>14</b>	Intangible assets . . . . .		24,439,604	<b>14</b>	24,439,604	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		38,007,241	<b>15</b>	58,016,976	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		544,176,873	<b>16</b>	567,915,770		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		48,876,867	<b>17</b>	44,680,339	
	<b>18</b>	Grants payable . . . . .			<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		3,813,234	<b>19</b>	3,722,457	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		222,665,098	<b>20</b>	219,884,486	
	<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 . . . . .		13,049,464	<b>23</b>	14,981,106	
	<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		52,079,130	<b>25</b>	44,631,604	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		340,483,793	<b>26</b>	327,899,992	
<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 . . . . .		203,693,080	<b>27</b>	240,015,778	
	<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> . . . . .		203,693,080	<b>32</b>	240,015,778	
<b>33</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		544,176,873	<b>33</b>	567,915,770		

**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>	350,288,325
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	326,012,690
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	24,275,635
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	203,693,080
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	12,047,063
<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>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	240,015,778

**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 _____ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<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? 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?	Yes	
<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.	Yes	

# Additional Data

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

Form 990 (2020)

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

SINCE ITS FOUNDING IN 1889, OUR PRIVATE, NOT-FOR-PROFIT FACILITY HAS GROWN INTO A DIVERSE CLINICAL ENTERPRISE THAT IS CONSISTENTLY RECOGNIZED NATIONALLY FOR CLINICAL EXCELLENCE BY HEALTHGRADES, TRUVEN, AND OTHER COMPARATIVE QUALITY DATA ORGANIZATIONS. HOSPITAL SERVICES ARE PROVIDED TO INPATIENTS AND OUTPATIENTS, INCLUDING CHARITY CARE TO THE INDIGENT AND OTHER PATIENTS. PLEASE SEE SCHEDULE H FOR DETAILS ON COMMUNITY BENEFITS.

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TODD NEVILLE ..... CHAIRMAN	1.00 ..... 0.00	X		X				0	0	0
CHRIS KAMINSKI ..... VICE CHAIR	1.00 ..... 0.00	X		X				0	0	0
ASHFAQ KUDIA ..... DIRECTOR & MEDICAL STAFF PRESIDENT	1.00 ..... 0.00	X		X				0	0	0
FRED FRANKLIN ..... SECRETARY	1.00 ..... 0.00	X		X				0	0	0
FERRIS GEORGE ..... DIRECTOR & FCHA PRESIDENT	1.00 ..... 0.00	X		X				0	0	0
BILL ABARE ..... TREASURER	1.00 ..... 0.00	X		X				0	0	0
WILLIAM KOPF ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
MATT BAKER ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
STUART SOROKA MD ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
RAY MATUZA ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN PONDER-STANSEL ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
ANDREW CRENEISHAW ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
JOHN DELANEY ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
GREGORY OXFORD ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
KAREN TAYLOR ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
LEN TUCKER ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
LEN WEEKS ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
JASON P BARRETT ..... PRESIDENT/CEO	50.00 ..... 2.00			X				571,702	0	93,601
MIGUEL A MACHADO ..... CMO	50.00 ..... 0.00			X				459,453	0	25,539
CARLTON DEVOOGHT ..... SEVP/CAO	50.00 ..... 2.00			X				390,240	0	57,721

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MURRAY S MARSH JR ..... CFO (TO NOV 2020)	50.00 ..... 2.00			X				328,036	0	77,933
MELISSA CECIL ..... CIO	50.00 ..... 2.00			X				180,084	0	37,598
DAVID RICE MD ..... EVP/CPE	50.00 ..... 0.00			X				0	0	0
VINCENT JOHNSON ..... EVP/COO	50.00 ..... 2.00			X				0	0	0
BRENDA BAKER ..... EVP/CFO	50.00 ..... 2.00			X				0	0	0
TODD BATENHORST ..... VP OF PRIMARY & AMBULATORY CARE	50.00 ..... 0.00				X			360,123	0	63,144
NANGELA PULSFUS ..... EVP/COO	50.00 ..... 0.00				X			260,879	0	59,999
DONALD R CRIST ..... VP OF OPERATIONS	50.00 ..... 0.00				X			250,191	0	47,317
JOHN FRANKS ..... EVP	50.00 ..... 0.00				X			237,986	0	32,806
MICHAEL HALL ..... ADMINISTRATOR	50.00 ..... 0.00				X			182,991	0	54,702



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DONNA WAGNER ..... ADMINISTRATOR	50.00 ..... 0.00				X			158,076	0	7,557
TRAVIS J THOMAS ..... DEVELOPER-CLINICAL DATA ANALYTICS	50.00 ..... 0.00					X		195,062	0	0
BERNARD BROOKS ..... SR DATA SCIENTIST	50.00 ..... 0.00					X		161,071	0	0
SARAH M MARKER ..... CLINICAL SPECIALIST	50.00 ..... 0.00					X		152,655	0	0
MICHELLE PAULO ..... ADMINISTRATOR	50.00 ..... 0.00					X		148,701	0	0
STEPHEN B HALL ..... CLINICAL SPECIALIST	50.00 ..... 0.00					X		146,972	0	0
JOSEPH S GORDY ..... CEO (FORMER)	0.00 ..... 0.00						X	260,775	0	9,932
JULIA CLICK ..... CHIEF HUMAN RESOURCE OFFICER (FORMER)	0.00 ..... 0.00						X	273,336	0	26,617
JEFFREY A HURLEY ..... CHIEF HUMAN RESOURCE OFFICER (FORMER)	0.00 ..... 0.00						X	264,257	0	80,777
CHRISTOPHER SCHMIDT ..... VICE PRESIDENT OF QUALITY MANAGEMENT (FORMER)	0.00 ..... 0.00						X	232,774	0	9,260

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

2020

Open to Public Inspection

Name of the organization  
FLAGLER HOSPITAL INC

Employer identification number  
59-0675143

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

The organization is not a private foundation because it is: (For lines 1 through 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 (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 (or fiscal year beginning in) ►		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 6, column (f) divided by line 11, column (f)) . . . . .	14
15	Public support percentage for 2019 Schedule A, Part II, line 14 . . . . .	15
16a	<b>33 1/3% support test—2020.</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—2019.</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—2020.</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—2019.</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 (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2020.** 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—2019.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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.		
<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? 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.		

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)? 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).		

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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

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 (see instructions):		
<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 lines 2a and 2b 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? 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.		
<b>b</b> Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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.		
<b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b 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? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

<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 ( <i>explain in Part VI</i> ). <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 (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 (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 ( <i>explain in detail in Part VI</i> ):		
<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 0.015 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 0.035	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by Line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020:		
a	From 2015. . . . .		
b	From 2016. . . . .		
c	From 2017. . . . .		
d	From 2018. . . . .		
e	From 2019. . . . .		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, 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 2020. 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 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016. . . . .		
b	Excess from 2017. . . . .		
c	Excess from 2018. . . . .		
d	Excess from 2019. . . . .		
e	Excess from 2020. . . . .		



**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

2020

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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> (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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (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? .....	Yes		586,806
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....		No	
<b>j</b>	Total. Add lines 1c through 1i .....			586,806
<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>2a</b>	
<b>a</b>	Current year .....	<b>2b</b>	
<b>b</b>	Carryover from last year .....	<b>2c</b>	
<b>c</b>	Total .....	<b>3</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	<b>4</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>5</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions) .....		

**Part IV Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1:	DURING THE TAX YEAR, THE ORGANIZATION ENGAGED A PROFESSIONAL LOBBYIST TO MONITOR LEGISLATION DIRECTLY AFFECTING NOT-FOR-PROFIT HOSPITALS/RURAL COMMUNITY PROVIDERS.

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
FLAGLER HOSPITAL INC

Employer identification number  
59-0675143

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" 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 FASB 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 FASB 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 FASB 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) 2020

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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	4,064,225	4,064,200	4,655,297	4,391,344	4,009,626
b Contributions . . . . .	50	25	4,573		
c Net investment earnings, gains, and losses				271,053	381,717
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .			595,670	7,100	
f Administrative expenses . . . . .					
g End of year balance . . . . .	4,064,275	4,064,225	4,064,200	4,655,297	4,391,344

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 100.000 %

c

Term endowment ▶ 0 %

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)		No
3a(ii)	Yes	
3b	Yes	

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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 . . . . .		43,002,825		43,002,825
b Buildings . . . . .		188,563,212	111,057,470	77,505,742
c Leasehold improvements		6,693,409	5,445,692	1,247,717
d Equipment . . . . .		213,577,889	159,614,725	53,963,164
e Other . . . . .		58,624,986	6,630,704	51,994,282
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				227,713,730

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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 AFFILIATES	44,178,693
(2) LONG-TERM RECOVERIES	9,404,873
(3) RIGHT OF USE ASSETS	4,433,410
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	58,016,976

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	
(2) CAPITAL LEASE LIABILITY	19,918,981
(3) MEDICARE ACCELERATED PAYMENTS	24,712,623
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	44,631,604

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	342,786,343
<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>	12,047,063
<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>	-19,757,740
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-7,710,677
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	350,497,020
<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>	-208,695
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-208,695
<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>	350,288,325

**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>	306,463,645
<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>	208,695
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	208,695
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	306,254,950
<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>	19,757,740
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	19,757,740
<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>	326,012,690

**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:** 59-0675143  
**Name:** FLAGLER HOSPITAL INC

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4:	THE ORGANIZATION'S ENDOWMENT CONSISTS OF FOUR INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENTS ARE ALL DONOR-RESTRICTED AND INTERNALLY CONTROLLED. FLAGLER HEALTH CARE FOUNDATION, A RELATED ORGANIZATION, HOLDS THESE ENDOWMENTS FOR BENEFIT OF FLAGLER HOSPITAL, INC. INVESTMENTS CONTAIN AMOUNTS TO BE HELD IN PERPETUITY, THE DIVIDEND AND INTEREST INCOME FROM WHICH IS EXPENDABLE TO SUPPORT HEALTHCARE SERVICES, AND THE REMAINING INVESTMENT INCOME, GAINS, AND LOSSES ARE TO ADJUST THE CORPUS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS -19,757,740.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES -208,695.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 208,695.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	PROVISION FOR BAD DEBTS 19,757,740.

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
FLAGLER HOSPITAL INC

Employer identification number  
59-0675143

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

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) . . . . .			5,510,222	74,177	5,436,045	1.780 %
b Medicaid (from Worksheet 3, column a) . . . . .			22,403,247	17,626,062	4,777,185	1.560 %
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			27,913,469	17,700,239	10,213,230	3.340 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4). . . . .	14	33,090	3,543,766	365,421	3,178,345	1.040 %
f Health professions education (from Worksheet 5) . . . . .	14	1,975	506,216		506,216	0.170 %
g Subsidized health services (from Worksheet 6) . . . . .			9,202,987		9,202,987	3.010 %
h Research (from Worksheet 7) . . . . .	1		209,777		209,777	0.070 %
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	7	915	364,351		364,351	0.120 %
j Total. Other Benefits . . . . .	36	35,980	13,827,097	365,421	13,461,676	4.410 %
k Total. Add lines 7d and 7j . . . . .	36	35,980	41,740,566	18,065,660	23,674,906	7.750 %

**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	2	1,046	989,521	978,046	11,475	0 %
<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>	2	1,046	989,521	978,046	11,475	0 %

**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>	19,757,740	
<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>	2,370,929	
<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>	93,623,341	
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	92,970,137	
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	653,204	
<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 type="checkbox"/> Cost to charge ratio	<input checked="" 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)

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

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

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

FLAGLER HOSPITAL

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

1

**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. . . . . 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>20</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>	Yes
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply):	<b>7</b>	Yes
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V</u>		
<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>20</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url): <u>SEE PART V</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)

FLAGLER HOSPITAL			
Name of hospital facility or letter of facility reporting group			
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? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.000000000000 % and FPG family income limit for eligibility for discounted care of 400.000000000000 %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? 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):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): SEE PART V		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): SEE PART V		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): SEE PART V		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> 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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input 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		
j	<input type="checkbox"/> Other (describe in Section C)		

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

FLAGLER HOSPITAL

**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) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <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) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <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 <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <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) <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) <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) <b>e</b> <input type="checkbox"/> Other (describe in Section C) <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 <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <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)**

FLAGLER HOSPITAL

**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

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

[illegible]

**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? 1

Name and address	Type of Facility (describe)
<b>1</b> 1 - FLAGLER OUTPATIENT LAB 156-316 ST HWY 312 260-264 ST AUGUSTINE, FL 32086	OUTPATIENT LAB SATELLITE DRAW STATION
<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>	

**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 7:	EXPENSES WERE CALCULATED USING THE COST-TO-CHARGE RATIO FROM WORKSHEET 2.



# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LN 7 COL(F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$19,757,740. OF THIS TOTAL, FLAGLER HOSPITAL'S PORTION OF BAD DEBT EXPENSE IS \$19,757,740 AND OUTPATIENT SURGERY CENTER OF ST. AUGUSTINE, LLC'S PORTION OF BAD DEBT EXPENSE IS \$0.

Form and Line Reference	Explanation
<p>PART II, COMMUNITY BUILDING ACTIVITIES:</p>	<p>HEALTH PROFESSIONS EDUCATIONFLAGLER HOSPITAL DONATED PAID STAFF HOURS IN ONE-ON-ONE PROGRAMS TO PRECEPT NURSING STUDENTS AND ARNP STUDENTS FROM JACKSONVILLE UNIVERSITY, ST. JOHNS RIVER STATE COLLEGE, UNIVERSITY OF CENTRAL FLORIDA, UNIVERSITY OF FLORIDA, DAYTONA STATE COLLEGE. ADDITIONALLY, STUDENTS IN THE FIELDS OF EMT TRAINING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, MEDICAL ASSISTING, LAB SCIENCES, SOCIAL WORK, HEALTH INFORMATION MANAGEMENT, RADIOVASCULAR TECHNOLOGY, RADIOLOGY, NUCLEAR MEDICINE AND MENTAL HEALTH WERE TRAINED WITH ONE-ON-ONE CONTACT WITH STAFF AT FLAGLER HOSPITAL.FLAGLER HOSPITAL HAS TWO FULL TIME STAFF MEMBERS DEDICATED TO OFFERING CONTINUING MEDICAL EDUCATION TO ALL PHYSICIANS AND CLINICAL PROVIDERS IN THE ST. JOHNS COUNTY COMMUNITY, REGARDLESS OF THEIR AFFILIATION WITH THE HOSPITAL. THIS HELPS ENSURE THAT OUR LOCAL RESIDENTS HAVE ACCESS TO PHYSICIANS AND CLINICAL PROVIDERS WHO ARE UP TO DATE ON THE LATEST ADVANCEMENTS IN MEDICAL CARE. THE CME COORDINATOR FACILITATED 47 PROGRAMS CONSISTING OF GRAND ROUNDS, MEDICAL SOCIETY MEETINGS, WEBCASTS AND ONLINE COMPUTER ACTIVITIES FOR PHYSICIANS AND CLINICAL PROVIDERS DURING THIS FY.RESEARCH FLAGLER HOSPITAL EMPLOYS TWO FULL-TIME EMPLOYEES TO MANAGE A CANCER PATIENT DATABASE, LOG INFORMATION THAT CAN BE USED TO DETECT CANCER EARLIER, IMPROVE TREATMENTS AND ULTIMATELY, INCREASE CANCER SURVIVAL RATE. REGISTRARS DETERMINE A PATIENT'S ELIGIBILITY FOR THE CANCER REGISTRY, RECORD THE PATIENT'S DIAGNOSIS, AND TRACK THEIR TREATMENT PLAN. BY COLLECTING, TRACKING AND EVALUATING THIS DATA, WE ARE ABLE TO ADVANCE OUR KNOWLEDGE ON RISK FACTORS FOR CERTAIN CANCERS. BECAUSE DATA ENTERED IN THE CANCER REGISTRY IS AVAILABLE TO THE PUBLIC, OUTCOMES AND TREATMENT PLANS FOR PATIENTS IN ST. JOHNS COUNTY HAVE AN IMPACT NATION-WIDE. FINANCIAL AND IN-KIND CONTRIBUTIONSFLAGLER HOSPITAL MADE FINANCIAL AND IN-KIND CONTRIBUTIONS TOTALING \$235,715 TO MANY AREA NON-PROFIT ORGANIZATIONS THAT FOCUS ON PROVIDING HEALTH PROGRAMS TARGETING COMMUNITY HEALTH NEEDS THAT WERE IDENTIFIED THROUGH THE ST. JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT. ONE OF THE BIGGEST DETERMINANTS OF HEALTH THAT COMMUNITY ORGANIZATIONS HAVE INFLUENCE ON IS ACCESS TO HEALTHCARE. DURING THIS LAST FISCAL YEAR, FLAGLER HOSPITAL GAVE A \$50,000 GRANT TO THE ST. JOHNS COUNCIL ON AGING TO PROVIDE STAFF TO ASSIST SENIOR CITIZENS IN ST. JOHNS COUNTY IN APPLYING FOR FREE OR REDUCED RATE PRESCRIPTION DRUGS FROM PHARMACEUTICAL COMPANIES. THIS PROGRAM CONTINUES TO SERVE OVER 300 SENIORS. BECAUSE THE GRANT PROVIDED PAID STAFF TO RUN THIS PROGRAM, COUNCIL ON AGING VOLUNTEERS WERE ABLE TO FOCUS OVER 600 VOLUNTEER HOURS ON COUNSELING, CLIENT NOTIFICATION AND DOCTOR'S OFFICE VISITS TO HELP EXPEDITE PAPERWORK. COA WAS ALSO ABLE TO UTILIZE GRANT MONEY TO FUND THEIR MEALS ON WHEELS PROGRAM AND PRESCRIPTION DRUG PROGRAM FOR THE YEAR OF 2021.FLAGLER HOSPITAL ALSO DONATED MEETING ROOMS AND IN SOME CASES FOOD/CATERING CHARGES FOR VARIOUS NON-PROFIT, SUPPORT AND SELF-HELP GROUPS IN THE COMMUNITY. THIS TOTALED OVER \$3,000 USING A \$3/HOUR CHARGE FOR EACH MEETING SPACE, A FIGURE BASED ON THE SQUARE FOOTAGE OF THE HOSPITAL. COMMUNITY BUILDING ACTIVITIESFLAGLER HOSPITAL DONATED PAID STAFF TIME FOR EMPLOYEES WHO SERVED ON VARIOUS BOARDS FOR COMMUNITY EVENTS AND COMMITTEES WHICH OFFERED COMMUNITY SUPPORT, COALITION BUILDING WITH OTHER AGENCIES AND HEALTH AND WELFARE PROVIDERS, AND COMMUNITY HEALTH IMPROVEMENTS ADVOCACY. THROUGH A PARTNERSHIP WITH THE HOSPITAL, THE ST. JOHNS COUNTY SCHOOL DISTRICT CREATED THE FLAGLER HOSPITAL ACADEMY OF MEDICAL AND HEALTH CAREERS AT PEDRO MENENDEZ HIGH SCHOOL IN 2007-2008. IT IS OPEN TO STUDENTS THROUGHOUT THE SCHOOL SYSTEM. IT FOCUSES ON PROVIDING SKILLS AND EXPERIENCE NECESSARY TO ATTAIN ENTRY LEVEL JOBS IN HEALTH, MEDICAL AND RELATED FIELDS, AND PROVIDES ACADEMIC PREPARATION TO CONTINUE TRAINING THROUGH CLINICAL EXPERIENCE, COMMUNITY COLLEGE AND UNIVERSITY PROGRAMS. THE ACADEMY HAD 268 STUDENTS WITH 72 THIRD YEAR STUDENTS ROTATING THROUGH VARIOUS DEPARTMENTS AT THE HOSPITAL FOR TRAINING. THE LIFE INSTITUTE WORKS CLOSELY WITH THE SCHOOL DISTRICT TO ADMINISTER THE ACADEMY. A SCHOLARSHIP WAS DONATED TO A STUDENT IN THE PROGRAM FOR FURTHER EDUCATION, GIVEN WITH NO EXPECTATION OF THE STUDENT HAVING TO WORK FOR FLAGLER HOSPITAL UPON COMPLETION OF SCHOOL.COMMUNITY SUPPORTST JOHNS VOLUNTEERS IS A PROGRAM THAT IS NOW HOUSED WITHIN THE COMMUNITY HEALTH IMPROVEMENT DEPARTMENT. DURING THIS FISCAL YEAR, ST JOHNS VOLUNTEERS WAS RUN AS A PROGRAM OF CARE CONNECT. IN JUNE 2019, THE NON-PROFIT STATUS WAS DISSOLVED AND THE PROGRAM WAS ABSORBED BY FLAGLER HOSPITAL. ST JOHNS VOLUNTEERS HOSTS A WEBSITE THAT CONNECTS VOLUNTEERS TO NON-PROFIT VOLUNTEER OPPORTUNITIES IN THE COUNTY. ST JOHNS VOLUNTEERS HAS 77 NONPROFIT PARTNERS AND 2,890 USERS AND OVER 150 VOLUNTEER OPPORTUNITIES AS OF APRIL 2021. IN ADDITION, FLAGLER HOSPITAL DEDICATES A ROOM NEAR THE EMERGENCY DEPARTMENT AVAILABLE 24/7/365 ONLY FOR RAPE VICTIMS AND CHILD PRO</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES:	<p>PROTECTION CASE INTERVIEW, STAFFED BY BETTY GRIFFIN HOUSE. EXAMS ARE PROVIDED BY SEXUAL ASSAULT NURSE EXAMINERS, TRAINED IN THE FORENSIC COLLECTION OF EVIDENCE WHILE PROVIDING COMPASSIONATE MEDICAL CARE TO RAPE VICTIMS. THIS INITIATIVE INVOLVED MEMBERS OF THE ST. JOHNS COUNTY TASK FORCE AGAINST DOMESTIC AND SEXUAL VIOLENCE, INCLUDING FH, SJC SHERIFF'S OFFICE, ST. AUGUSTINE POLICE DEPARTMENT, ST. AUGUSTINE BEACH POLICE DEPT. FL SCHOOL OF THE DEAF AND BLIND POLICE DEPARTMENT, 7TH JUDICIAL CIRCUIT STATE ATTORNEY'S OFFICE AND BETTY GRIFFIN HOUSE, A PUBLIC/PRIVATE PARTNERSHIP. ALONG WITH THE PLUS BUS, THE DEPARTMENT OF COMMUNITY IMPROVEMENT AND OUTREACH CONTINUED VACCINATION PROGRAMS AT VARIOUS LOCATIONS THROUGHOUT 2021. THESE CLINICS INCLUDED VACCINE BOOSTERS. VACCINATION CLINICS WERE CONDUCTED AT BOTH MT. MORIAH BAPTIST CHURCH AND FOR EMPLOYEES OF NORTHRUP GRUMMAN IN ST. AUGUSTINE. COMMUNITY BENEFIT OPERATIONS FLAGLER HOSPITAL HAS A FULL TIME ADMINISTRATOR OF COMMUNITY HEALTH IMPROVEMENT TO COORDINATE HOSPITAL-WIDE COMMUNITY BENEFIT FUNCTIONS IN ACCORDANCE WITH NATIONAL STANDARDS AND PUBLIC REPORTING REQUIREMENTS. THE ADMINISTRATOR OF COMMUNITY HEALTH IMPROVEMENT USES CBISA SOFTWARE TO TRACK AND REPORT COMMUNITY BENEFIT ACTIVITIES AND PROVIDE AN ANNUAL REPORT ON COMMUNITY BENEFIT NUMBERS TO THE DIRECTOR OF ACCOUNTING FOR THE HOSPITAL'S 990 H.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 3:	BASED ON COMPILED HOSPITAL BAD DEBT DATA FOR THE FISCAL YEAR, WE ARE ESTIMATING THAT 50% OF THE TOTAL CHARGES FOR PATIENT ACCOUNTS THAT WENT TO BAD DEBT AND SCORED BETWEEN 201% - 400% (OR THAT WERE NOT SCORED) WOULD HAVE QUALIFIED FOR FINANCIAL ASSISTANCE IF PATIENT WOULD HAVE COMPLIED WITH THE HOSPITALS FINANCIAL ASSISTANCE POLICY OR HAD BEEN ABLE TO BE PRESUMPTIVELY SCORED. 50% OF THE CHARGES MULTIPLIED BY THE AVERAGE AGB (24%) EQUAL THE ESTIMATED COST.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>COMMUNITY HEALTH IMPROVEMENT SERVICES:IN ADDITION TO NEEDS ASSESSED BY THE HEALTH LEADERSHIP COUNCIL, FLAGLER HOSPITAL IS IN A POSITION TO KNOW THE OTHER HEALTH ISSUES WHICH COST THE COMMUNITY AND ITS CITIZENS THE MOST TIME AND MONEY. WHILE DEATH FROM DIABETES IS ON THE DECLINE, INCIDENCE OF DIABETES IS RISING, DUE TO OBESITY CAUSED BY DIET AND LIFESTYLE. FLAGLER HOSPITAL CONTINUED TO PARTNER WITH THE WILDFLOWER CLINIC, A NON-PROFIT DEDICATED TO PROVIDING FREE MEDICAL AND DENTAL CARE TO QUALIFYING ST. JOHNS COUNTY RESIDENTS, TO ESTABLISH WILDFLOWER CHRONIC CARE CLINIC (CCC). THE CHRONIC CARE CLINIC PROVIDES INVALUABLE CARE TO UNINSURED, CHRONICALLY ILL, LOW-INCOME RESIDENTS OF ST. JOHNS COUNTY. THE FLAGLER CCC FOCUSES ON CHRONIC DISEASE MANAGEMENT, WITH AN EMPHASIS ON DIABETES MANAGEMENT. THIS CLINIC IS AVAILABLE TO ANY PATIENT WITH AN UNMANAGED, CHRONIC CONDITION WHO MEETS THE GOOD SAMARITAN HEALTH CENTERS PATIENT QUALIFICATIONS. PATIENTS RECEIVE SERVICES FREE OF CHARGE.THE CHRONIC CARE CLINIC IS STAFFED WITH A NURSE PRACTITIONER, WHO IS AVAILABLE BY PHONE, PAGER, AND EMAIL, 24 HOURS A DAY/7 DAYS A WEEK. ALL CHRONIC CARE CLINIC PATIENTS ARE PROVIDED WITH HER CONTACT INFORMATION AND INSTRUCTED TO CONTACT HER DIRECTLY IF THEY HAVE ANY QUESTIONS OR CONCERNS BETWEEN VISITS, ESPECIALLY IF THEY ARE NOT FEELING WELL. THROUGH TELEMEDICINE OR ADDITIONAL VISITS BETWEEN SCHEDULED APPOINTMENTS, THE NURSE PRACTITIONER CAN ADD OR ADJUST MEDICATIONS, ORDER LAB WORK, AND MANAGE ANY SITUATIONS FOR WHICH A PATIENT MAY HAVE OTHERWISE RESORTED TO THE FLAGLER HOSPITAL EMERGENCY CARE CENTER FOR A NON-EMERGENT VISIT. BY PAIRING 24-HOUR ACCESS TO A NURSE PRACTITIONER WITH ACCESS TO MEDICATIONS THAT WOULD BE OTHERWISE UNAFFORDABLE AND EDUCATION ABOUT THEIR CHRONIC ILLNESSES, THE WILDFLOWER CHRONIC CARE CLINIC HAS EFFECTIVELY KEPT COUNTLESS PATIENTS FROM SEEKING CARE IN THE FLAGLER HOSPITAL EMERGENCY CARE CENTER. IN ADDITION, PER THE 2020 COMMUNITY HEALTH ASSESSMENT, ACCESS TO CARE ON EVENING AND WEEKEND WAS LISTED AS THE SECOND HIGHEST BARRIER TO CARE. WILDFLOWER CONDUCTS CLINICS DURING BOTH WEEKEND AND EVENING HOURS TO ADDRESS THIS ISSUE. IN 2021 WILDFLOWER CLINIC HAS PROVIDED WELL OVER 4,000 DIFFERENT INTERACTIONS IN THE FORM OF MEDICAL SERVICES TO ITS PATIENTS. SERVICES INCLUDE PLUS BUS CLINICS, CARDIOLOGY SERVICES, LABORATORY SERVICES, PATHOLOGY, MAMMOGRAPHY, PHARMACEUTICAL, PATHOLOGY, THERAPY, AND RADIOLOGY SERVICES COMBINED. DURING THE LAST FISCAL YEAR, FLAGLER HOSPITAL HAS PROVIDED THE WILDFLOWER CLINIC WITH \$447,947 IN FREE LABORATORY SERVICES.THE HEART CENTER AT FLAGLER HOSPITAL PROVIDES A CRITICAL SERVICE TO RESIDENTS OF ST. JOHNS COUNTY AND THE SURROUNDING AREAS. FLAGLER HOSPITAL'S STATE-OF-THE-ART HEALTHCARE ENCOMPASSES THE ENTIRE CONTINUUM OF CARE FOR HEART PATIENTS, INCLUDING CLOSE COLLABORATION WITH ST. JOHNS COUNTY FIRE RESCUE, INCLUDING TRANSMISSION OF EKGS DIRECTLY FROM AMBULANCE TO HOSPITAL, CARDIAC CATHETER LABS, WORLD-CLASS PHYSICIANS AND STAFF, QUALITY ASSURANCE PLANS, AND COMMUNITY OUTREACH AND EDUCATION PROGRAMS. ONCE A PATIENT IS DISCHARGED WITH A DIAGNOSIS OF HEART FAILURE, A NURSE CARE COORDINATOR FOLLOWS UP WITH THE PATIENT TO REVIEW DISCHARGE MEDICATIONS, VITAL SIGNS, THE IMPORTANCE OF WEIGHT MANAGEMENT AND FLUID RESTRICTIONS. ONCE IN THE HOME, THE NURSE PRACTITIONER REVIEWS THE FOODS THAT ARE IN THE PATIENT'S HOMES AND DISCUSSES HOW THAT FOOD SHOULD BE USED IN THE DIET OR NOT USED AT ALL. SHE USES CUPS THAT ARE IN THE PATIENT'S HOUSE TO SHOULD HOW MUCH FLUID SHOULD GO IN AND HOW MANY A DAY SHOULD BE USED. THIS OFFERS THE PATIENT A PRACTICAL APPROACH TO CARING FOR THEMSELVES AT HOME. THIS SERVICE COMES AT NO CHARGE TO THE PATIENT AND HELPS THEM UNDERSTAND WHAT THE DOCTOR EXPECTS FROM THEM. THIS SERVICE GOES BEYOND HOSPITAL EDUCATION AND IS TRUE COMMUNITY/ HOME EDUCATION. FLAGLER HOSPITAL ALSO PARTNERED WITH THE CITY OF ST. AUGUSTINE AND BOLT TO LAUNCH AN E-BIKER SERVICE IN DOWNTOWN ST. AUGUSTINE DURING 2021. IN AN EFFORT TO ADVANCE PHYSICAL HEALTH AND ECONOMIC HEALTH, FLAGLER HELPED PURCHASE 110 ELECTRIC BIKES THAT CAN BE RENTED BY VISITORS AND RESIDENTS ALIKE. THE PROGRAM ALSO ASSISTS WITH THE HEAVY MOBILITY PROBLEMS ASSOCIATED WITH ST. AUGUSTINE.</p>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 4:	SEE AUDITED FINANCIAL STATEMENTS PAGES 8, 10

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 8:	THE MEDICARE REVENUE AND ALLOWABLE COSTS ON LINES 5 AND 6, RESPECTIVELY, WERE TAKEN FROM THE MEDICARE COST REPORT. TOTAL REVENUE RECEIVED FROM MEDICARE IS THE REIMBURSEMENT ALLOWED, BEFORE REDUCTION OF CO-PAY AMOUNTS, LESS SEQUESTRATION AND ANY OTHER REDUCTIONS ASSOCIATED WITH VALUE BASED PURCHASING REDUCTIONS AS PER THE COST REPORT WORKSHEETS E PART A AND B. MEDICARE ALLOWABLE COSTS RELATING TO PAYMENTS ARE TAKEN FROM THE PART A AND PART B EXPENSES AS DETERMINED BY THE COST REPORT STEP DOWN AND COST APPORTIONMENT METHODOLOGY ON WORKSHEETS D-1 AND D PART V, PLUS THE 65% REDUCTION APPLIED TO MEDICARE BAD DEBTS. THE ENTIRE SHORTFALL IS REPORTED AS COMMUNITY BENEFIT. WE DO NOT RECEIVE ENOUGH IN MEDICARE REIMBURSEMENTS TO COVER OUR COSTS ASSOCIATED WITH THE PROVISION OF THESE SERVICES, YET WE CONTINUE TO PROVIDE MEDICARE SERVICES TO OUR COMMUNITY REGARDLESS OF THE REIMBURSEMENT LEVELS. THEREFORE, WE FEEL JUSTIFIED IN REPORTING THIS AS PART OF OUR COMMUNITY BENEFIT.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B:	<p>1.) FLAGLER HOSPITAL BUSINESS OFFICE STAFF REVIEW UNPAID PATIENT ACCOUNTS ON A REGULAR BASIS TO IDENTIFY THOSE ACCOUNTS THAT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE. ATTEMPTS TO CLASSIFY THESE PARTICULAR INDIVIDUALS START AT THE TIME THAT THEY ARE STILL IN-HOUSE. PATIENTS ARE ALSO CONTACTED AFTER DISCHARGE THROUGH PHONE CALLS OR MAIL. COMPLIANT INDIVIDUALS WHO MEET THE HOSPITAL'S FINANCIAL ASSISTANCE GUIDELINES ARE GRANTED THE APPROPRIATE DISCOUNT BASED ON WHERE THEY FALL IN RELATION TO THE FEDERAL POVERTY GUIDELINES. MANY PATIENTS DUE TO FAILURE TO PRODUCE THE APPROPRIATE DOCUMENTATION RECEIVE A REDUCED NON-COMPLIANT HOSPITAL ADJUSTMENT. THESE PARTICULAR INDIVIDUALS MAY HAVE RECEIVED A HIGHER WRITE-OFF IF THEY WERE IN FACT COMPLIANT. 2.) REGARDLESS OF THE PATIENTS' FINANCIAL CLASS OR STATUS, IF A BILL REMAINS UNPAID FOR MORE THAN 120 DAYS FROM THE DATE IT WAS FIRST MAILED TO THE PATIENT, AND REASONABLE COLLECTION ATTEMPTS HAVE FAILED, THE DEBT IS SENT TO A PRIMARY BAD DEBT COLLECTION AGENCY FOR FURTHER COLLECTION EFFORTS.</p>



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	<p>ST. JOHNS COUNTY IS FORTUNATE TO HAVE STRONG AND PROACTIVE LEADERSHIP WITHIN ITS PUBLIC HEALTH SYSTEM, AND A HISTORY OF SUCCESSFUL COLLABORATION. CHAMPIONED BY FLAGLER HOSPITAL AND THE FLORIDA DEPARTMENT OF HEALTH IN ST. JOHNS COUNTY, THE ST. JOHNS COUNTY HEALTH LEADERSHIP COUNCIL WAS ESTABLISHED IN 2010 FOR THE SPECIFIC PURPOSE OF BRINGING TOGETHER KEY LEADERS FROM THE LOCAL COMMUNITY TO ASSESS AND ADDRESS THE HEALTH NEEDS OF OUR RESIDENTS. IN MAY 2014, THE ST. JOHNS COUNTY HEALTH LEADERSHIP COUNCIL ACHIEVED NATIONAL ROLE MODEL STATUS, WHEN IT WAS SELECTED BY THE UNIVERSITY OF KENTUCKY (UK) COLLEGE OF PUBLIC HEALTH TO BE INCLUDED IN A NATION-WIDE STUDY OF HIGHLY SUCCESSFUL PUBLIC HEALTH COLLABORATIVE. THE PURPOSE OF THE UK STUDY WAS TO IDENTIFY, COMPARE AND CONTRAST EXCEPTIONAL MODELS OF COLLABORATION INVOLVING COMMUNITY HOSPITALS, PUBLIC HEALTH DEPARTMENTS AND OTHER STAKEHOLDERS, WHO SHARE A COMMITMENT TO IMPROVING COMMUNITY HEALTH, AND TO DETERMINE THE KEY LESSONS LEARNED FROM THEIR EXPERIENCES. THE ST. JOHNS COUNTY HEALTH LEADERSHIP COUNCIL WAS ONE OF ONLY TWELVE COLLABORATIVES SELECTED BY THE UK STUDY TEAM FROM OVER 150 NATIONAL APPLICATIONS. FLAGLER HOSPITAL'S CEO, VP OF MARKETING AND STRATEGY, AND ADMINISTRATOR OF COMMUNITY HEALTH IMPROVEMENT, ALONG WITH REPRESENTATIVES FROM 41 OTHER AGENCIES PARTICIPATED IN THIS HIGHLY COLLABORATIVE EFFORT WITH FLAGLER HOSPITAL IN THE FOREFRONT OF EVERY PHASE FROM DEVELOPING SURVEY QUESTIONS, CREATING SURVEY TOOLS, IDENTIFYING FOCUS GROUPS, ANALYZING DATA, ESTABLISHING ACTION PLANS AND REVIEWING RESULTS. SEE NARRATIVE ON PART V FOR PART V, SECTION B, LINE 6B FOR A LISTING OF THE MEMBERSHIP ORGANIZATIONS AND REPRESENTATIVES. TO IMPLEMENT THE FINDINGS AND GOALS DETERMINED THROUGH THE CHNA, THE MAPP PROCESS USES A THREE YEAR CYCLE WITH EACH IDENTIFIED NEED HAVING AN "OWNER" TO TRACK PROGRESS. WHILE VARIOUS MEMBERS OF THE HEALTH LEADERSHIP COUNCIL TOOK "OWNERSHIP" OF VARIOUS ASPECTS OF THE HEALTH NEEDS ASSESSMENT'S IMPLEMENTATION, FLAGLER HOSPITAL PARTICIPATES IN EACH PART OF IMPLEMENTATION. THE SHARED VISION AND COMMON VALUES OF MEMBERS PROVIDE A FRAMEWORK FOR PURSUING THE LONG RANGE GOALS, SO FLAGLER HOSPITAL IS PROUD TO PARTNER WITH MANY MEMBERS OF THE HEALTH LEADERSHIP COUNCIL, IN ORDER TO BROADEN COMMUNITY PARTICIPATION. FLAGLER HOSPITAL ACKNOWLEDGES AND AGREES WITH THE SPECIFIED GOALS OF THE CHNA. A COMMUNITY BALANCED SCORECARD WAS CREATED TO TRACK AND EVALUATE EACH OF THE STRATEGIC OBJECTIVES AND ACTS AS THE COMMUNITY HEALTH IMPROVEMENT PLAN. THE CRITERIA AND RATIONALE FOR EACH OF THE OBJECTIVES AND GOALS IS CONTAINED ON PAGE 21 OF THE PUBLISHED "2020 COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN".</p>

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 4:	<p>ST. JOHNS COUNTY IS PART OF THE JACKSONVILLE METROPOLITAN AREA AND ENCOMPASSES APPROXIMATELY 680 SQUARE MILES OF LAND IN NORTHEAST FLORIDA, SITUATED BETWEEN THE ST. JOHNS RIVER AND MORE THAN 40 MILES OF BEACHES ALONG THE ATLANTIC COAST. AT THE TIME OF PUBLICATION FOR THIS REPORT, THE U.S. CENSUS BUREAU 2019 POPULATION ESTIMATE FOR ST. JOHNS COUNTY, FL IS 264,762. SINCE 2010, ST. JOHNS COUNTY IS ASCRIBED AS THE HEALTHIEST COUNTY OF 67 COUNTIES IN FLORIDA FOR OVERALL HEALTH FACTORS AND HEALTH OUTCOMES IN THE 2020 COUNTY HEALTH RANKINGS REPORT. ST. JOHNS COUNTY SCHOOL DISTRICT RANKS FIRST OF 67 DISTRICTS IN FLORIDA IN TOTAL FLORIDA COMPREHENSIVE ASSESSMENT TEST POINTS. THE CITY OF ST. AUGUSTINE, THE COUNTY SEAT AND NATION'S "OLDEST CITY," ATTRACTED ABOUT 6.3 MILLION VISITORS TO THE COUNTY IN 2017. POPULATION AND AGE DISTRIBUTIONST. JOHNS COUNTY'S POPULATION NEARLY TRIPLED BETWEEN THE YEARS 1990 AND 2016, THIS BEING A POPULATION INCREASE OF OVER 180%. GROWTH FOR ST. JOHNS COUNTY IS OCCURRING AT A RATE THREE TIMES FASTER THAN FLORIDA AND ALMOST SIX TIMES FASTER THAN THE NATION. THE U.S. CENSUS BUREAU ESTIMATES ST. JOHNS COUNTY'S POPULATION FOR 2016 TO BE 235,087 (51.2% FEMALE), AN ESTIMATED 3.7% HIGHER THAN THE 2015 ESTIMATE. ST. JOHNS COUNTY, FL WAS ASCRIBED THE 15TH FASTEST GROWING COUNTY AMONG THE 100 FASTEST GROWING COUNTIES WITH 10,000 OR MORE POPULATION IN THE NATION BETWEEN 2010 AND 2016. USING 2016 ESTIMATES, THE U.S. BUREAU OF ECONOMIC AND BUSINESS RESEARCH PROJECTS ST. JOHNS COUNTY'S POPULATION WILL GROW TO 287,027 BY 2025. ST. JOHNS COUNTY AND FLORIDA HAVE SIMILAR POPULATION AGE DISTRIBUTIONS. HOWEVER, WHEN COMPARED TO THE STATE, ST. JOHNS COUNTY HAS A SLIGHTLY HIGHER PROPORTION OF PEOPLE WITHIN THE GROUP OF PEOPLE FROM 10 YEARS OF AGE TO 19 YEARS OF AGE AND THE ALSO WITHIN THE GROUP OF PEOPLE FROM 35 YEARS OF AGE TO 69 YEARS OF AGE. COMPARING THE 2010 AND 2016 POPULATION AGE DISTRIBUTION ESTIMATES REVEALS AN AGING POPULATION; BETWEEN 2010 AND 2016, ST. JOHNS COUNTY EXPERIENCED HIGHEST POPULATION GROWTH AMONG PEOPLE 65 YEARS OF AGE TO 69 YEARS OF AGE (2.4%), FOLLOWED BY PEOPLE 50 YEARS OF AGE TO 54 YEARS OF AGE (1.1%) AND 40 YEARS OF AGE TO 44 YEARS OF AGE (1.0%). ACCORDING TO THE U.S. CENSUS BUREAU, APPROXIMATELY 19.3% OF ST. JOHNS COUNTY'S POPULATION WAS 65 YEARS OF AGE OR OLDER IN 2016, A SLIGHTLY LOWER PROPORTION THAN THE STATE (19.9%) BUT HIGHER THAN THE NATION (15.2%). VULNERABLE POPULATIONS PERSONS WITH ACCESS AND FUNCTIONAL NEEDS INCLUDE PERSONS WITH PHYSICAL, COGNITIVE, OR DEVELOPMENTAL DISABILITIES, PERSONS WITH LIMITED ENGLISH PROFICIENCY, GEOGRAPHICALLY OR CULTURALLY ISOLATED PERSONS, AND MEDICALLY OR CHEMICALLY DEPENDENT PERSONS. RECENT DISASTERS HAVE SHOWN THE NEED TO BETTER DEVELOP STRATEGIES FOR MEETING THE NEEDS OF MOST AT-RISK POPULATIONS TO PREVENT ADVERSE HEALTH OUTCOMES DURING OR FOLLOWING A DISASTER.</p>

# 990 Schedule H, Supplemental Information

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

**Additional Data**

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

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <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	FLAGLER HOSPITAL INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 WWW.FLAGLERHEALTH.ORG	X	X					X			

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

Form and Line Reference	Explanation
FLAGLER HOSPITAL	<p>PART V, SECTION B, LINE 5: THE YEAR-LONG PROCESS FOR THE 2020 COMMUNITY HEALTH NEEDS ASSESSMENT UTILIZED A COMMUNITY-WIDE STRATEGIC PLANNING PROCESS CALLED "MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS OR "MAPP", WHICH WAS DEVELOPED BY THE NATIONAL ASSOCIATION OF CITY AND COUNTY HEALTH OFFICIALS AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION. THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS PLANNED BY THE HEALTH LEADERSHIP COUNCIL AS A COLLECTION OF DATA GATHERED TO IDENTIFY AND ANALYZE HEALTH STATUS, HEALTH FACTORS AND HEALTH OUTCOMES WITHIN THE COMMUNITY. USING MAPP GUIDELINES, FOCUS GROUPS WERE FORMED TO DETERMINE HOW RESIDENTS FELT ABOUT THE QUALITY OF LIFE IN ST. JOHNS COUNTY. THESE FOCUS GROUPS WERE FACILITATED BY LEADERS OF THE HEALTH LEADERSHIP COUNCIL WITH THE INTENT OF COVERING A VARIETY OF GEOGRAPHIC AND DEMOGRAPHIC SECTORS OF THE COUNTY. SECOND, A SURVEY WAS DISPERSED COUNTY-WIDE AND MADE AVAILABLE ONLINE. THIS DATA AND DATA FROM THE NATIONAL AND STATE COUNTY HEALTH RANKINGS AND HEALTHY PEOPLE 2020, SERVED AS A BASIS FOR THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). NOTE: THE COMPLETE "COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN" IS PUBLISHED AND AVAILABLE ON THE FLAGLER HOSPITAL WEBSITE: <a href="https://www.flaglerhealth.org/patients-visitors.aspx">HTTPS://WWW.FLAGLERHEALTH.ORG/PATIENTS-VISITORS.ASPX</a>.IN TOTAL, FLAGLER HOSPITAL AND THE ST. JOHNS COUNTY HEALTH LEADERSHIP COUNCIL FACILITATED 8 COMMUNITY FOCUS GROUPS WITH A TOTAL OF 50 PARTICIPANTS TO GAIN A BETTER UNDERSTANDING OF PERCEPTIONS OF COMMUNITY STRENGTHS, NEEDS AND HEALTH CONCERNS. A COMMUNITY-WIDE SURVEY WAS USED TO GATHER RESIDENTS' THOUGHTS AND CONCERNS ABOUT THE QUALITY OF LIFE AND HEALTHCARE SERVICES IN ST. JOHNS COUNTY. THE SURVEY WAS MADE WIDELY AVAILABLE THROUGH WEB-BASED SURVEYS WHICH WERE EMAILED AND PROMOTED ON SOCIAL MEDIA SOURCES THROUGH THE FLAGLER HEALTH+/FLAGLER HOSPITAL SOCIAL MEDIA OUTLETS. 517 SURVEYS WERE COMPLETED. THE FOCUS ON COVID-19 BY BOTH THE HOSPITAL AND THE DEPARTMENT OF HEALTH RESULTED IN FEWER RESOURCES WITH THE ABILITY TO DEVOTE TIME AND PERSONNEL TO GATHER INFORMATION IN PERSON. FURTHERMORE, THE PUBLIC GATHERINGS FOR FOCUS GROUPS ARE NOT ENCOURAGED AT THIS TIME. IN ADDITION TO THE COMMUNITY SURVEY, AGGREGATE DATA FROM CONNECT+ IS USED TO DETERMINE COMMUNITY NEEDS AND GAPS IN SERVICES BASED ON THE NEEDS AND GOALS VOICED BY COMMUNITY CLIENTS.SURVEY RESPONDENTS REPRESENTED ALL ST. JOHNS COUNTY, FL ZIP CODES. THE HIGHEST PROPORTION OF SURVEYS WERE COMPLETED BY RESIDENTS OF THE 32084 (25%) AND 32086 (25%) ZIP CODES OF THE COUNTY. RESPONDENTS WERE MOSTLY HOME OWNERS (83%) AND THE MAJORITY HAD LIVED IN ST. JOHNS COUNTY FOR MORE THAN 10 YEARS (58%). THERE WERE NO SURVEY RESPONDENTS THAT REPORTED BEING HOMELESS HOWEVER 4 DID NOT ANSWER THE QUESTION, AND 6 ANSWERED "PREFER NOT TO ANSWER". USING MOSTLY A DIGITAL SURVEY, HINDERED OUR ABILITY TO REACH THE HOMELESS POPULATION, ALTHOUGH ATTEMPTS WERE MADE TO USE THE FREE CLINIC TO REACH THOSE WHO ARE UNDERSERVED. RESPONDE</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
FLAGLER HOSPITAL	<p>NTS WERE OVERWHELMINGLY FEMALE (85%) AND MARRIED OR IN A DOMESTIC PARTNERSHIP (70%). AS MENTIONED ABOVE, ST JOHNS COUNTY IS NOT VERY RACIALLY DIVERSE. ABOUT 83% OF ST JOHNS COUNTY RESIDENTS ARE WHITE AND THE SURVEY REFLECTED ABOUT 92% OF RESPONDENTS ARE WHITE. ATTEMPTS WERE MADE TO SHARE THE SURVEY THROUGH SOCIAL MEDIA TO ALL MEMBERS OF THE COMMUNITY AND TO OBTAIN A DIVERSE OUTLOOK BUT DUE TO CONSTRAINTS WITH RESOURCES DUE TO COVID-19, THE RACIAL DIVERSITY OF SURVEY RESPONDENTS WAS LESS THAN IDEAL. INFORMATION GATHERED THROUGH CARE CONNECT+ PROVIDES A MORE DIVERSE ANALYSIS OF COMMUNITY NEEDS. ALSO REFLECTING THE COMMUNITY AT LARGE, ABOUT 60% OF RESPONDENTS ARE 18-64 (COMPARED TO POPULATION OF 58% 18-64). THE MEDIAN HOUSEHOLD INCOME OF ST. JOHNS COUNTY IS \$82,252 WHICH IS REFLECTED IN OUR RESPONDENTS WHO MOSTLY MAKE OVER \$50,000 (60%). 73% OF SURVEY RESPONDENTS REPORTED DEGREE FROM HIGHER EDUCATION (ASSOCIATES OR HIGHER) AND ABOUT 45% OF RESIDENTS OVER 25 HAVE A BACHELOR'S OR HIGHER. A NEW SURVEY AND RESULTING REPORT WERE CREATED IN DECEMBER OF 2020 WHICH WILL BE SHOWN IN TAX YEAR 2021. THE WEBSITE FOR THIS REPORT IS SHOWN HERE FOR REFERENCE: <a href="https://www.flaglerhealth.org/community-health-improvement/community-benefit-planning/st-johns-county-health-needs-assessment/">HTTPS://WWW.FLAGLERHEALTH.ORG/COMMUNITY-HEALTH-IMPROVEMENT/COMMUNITY-BENEFIT-PLANNING/ST-JOHNS-COUNTY-HEALTH-NEEDS-ASSESSMENT/</a>.</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
FLAGLER HOSPITAL	PART V, SECTION B, LINE 6B: ANASTASIA MOSQUITO CONTROL DISTRICT- SJCAZALEA HEALTHBETTY GRIFFIN CENTERCHILDREN'S HOME SOCIETY OF FLORIDACLINTON HEALTH MATTERS INITIATIVECOMMUNITY HOSPICE AND PALLIATIVE CARECOMMUNITY MANAGEMENT & CONSULTINGEPIC BEHAVIORAL HEALTHCAREFLAGLER HOSPITALFLORIDA ARMY RESERVE NATIONAL GUARDFLORIDA DEPARTMENT OF HEALTH IN ST. JOHNS COUNTYGOOD SAMARITAN HEALTH CENTERS/WILDFLOWER CLINICHEALTH PLANNING COUNCIL OF NORTHEAST FLORIDAST JOHNS RIVER RURAL HEALTH NETWORKNEW MT. MORIAH CHRISTIAN MINISTRYNORTHEAST FLORIDA HEALTHY START COALITIONPACT PREVENTION COALITION OF ST. JOHNS COUNTYST. JOHNS COUNTY HEALTH AND HUMAN SERVICESST. AUGUSTINE BEACH POLICE DEPARTMENTST. AUGUSTINE YOUTH SERVICESST. JOHNS COUNTY ADMINISTRATIONST. JOHNS COUNTY BOARD OF COUNTY COMMISSIONERSST. JOHNS COUNTY COUNCIL ON AGINGST. JOHNS COUNTY EMERGENCY MANagementsJC HEALTH AND HUMAN SERVICES ADVISORY COUNCILST. JOHNS COUNTY MEDICAL SOCIETYST. JOHNS COUNTY SCHOOL DISTRICTSJC HEAD START PROGRAM/EARLY CHILDHOOD SERVICESST. JOHNS COUNTY SHERIFF'S OFFICEST. JOHNS RIVER STATE COLLEGEST. VINCENT'S MOBILE HEALTH OUTREACH MINISTRYSTEWART MARCHMAN - ACT BEHAVIORAL HEALTHCARETHE SONTAG FOUNDATIONTOBACCO FREE ST. JOHNSYMCA OF FLORIDA'S FIRST COAST



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

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

Form and Line Reference	Explanation
FLAGLER HOSPITAL	PART V, SECTION B, LINE 7D: FLAGLER HOSPITAL UTILIZED A VARIETY OF APPROACHES TO INFORM THE COMMUNITY ON THE RESULTS OF THE 2017 ST. JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT. FLAGLER HOSPITAL INVESTED IN PRINTING 300 HARD COPIES OF THE 147-PAGE PUBLICATION. THESE COPIES WERE PROVIDED TO ALL ST. JOHNS COUNTY HEALTH LEADERSHIP COUNCIL MEMBERS AND DISPLAYED ON-SITE AT EACH MEMBER AGENCY. FLAGLER HOSPITAL ALSO PRINTED 50 LARGE-FONT VERSIONS OF THE CHNA FOR VISUALLY IMPAIRED COMMUNITY MEMBERS THAT WERE DISTRIBUTED TO THE ST. JOHNS COUNTY COUNCIL ON AGING AND LOCAL LIBRARIES.

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

Form and Line Reference	Explanation
FLAGLER HOSPITAL	<p>PART V, SECTION B, LINE 11: REDUCE CHRONIC DISEASE MORBIDITY AND MORTALITYCHRONIC DISEASE WAS RESPONSIBLE FOR OVER 55% OF ALL DEATHS IN ST. JOHNS COUNTY IN 2020. CANCER IS THE LEAD ING CAUSE OF DEATH IN ST. JOHNS COUNTY, WITH BREAST, COLON AND LUNG CANCER IDENTIFIED AS B EING THE MOST COMMON TYPES AMONG RESIDENTS. AMONG SURVEY RESPONDENTS, CANCER WAS GIVEN HIG H PRIORITY IN PERCEPTION OF CONCERN.TO RAISE AWARENESS ABOUT THE BENEFITS OF PREVENTION AN D EARLY DETECTION OF CANCER, FLAGLER HOSPITAL PARTICIPATED IN OVER 25 HEALTH FAIRS, PROVID ING ST. JOHNS COUNTY RESIDENTS WITH UP-TO-DATE SCREENING GUIDELINES AND THE BENEFITS OF A HEALTHY LIFESTYLE. FURTHER, A THREE YEAR FLAGLER CANCER INSTITUTE COMMUNITY NEEDS ASSESSME NT WAS COMPLETED, WHICH IDENTIFIED THE FOLLOWING AREAS OF NEED WITHIN THE COMMUNITY: MAMMO GRAPHY SCREENING RATES, AGE-ADJUSTED CANCER DEATH RATE FOR BLACK ST. JOHNS COUNTY RESIDENT S, AND TIME BETWEEN LUNG CANCER DIAGNOSES TO TREATMENT.CANCER PREVENTION PROGRAMS INCLUDED PRESENTATIONS FOR LOCAL CHURCHES AND CIVIC GROUPS, LUNG CANCER AWARENESS EVENTS, COLORECT AL CANCER PREVENTION AND AWARENESS EVENTS AND A SKIN CANCER PREVENTION PROGRAM. IN ADDITIO N, FLAGLER HOSPITAL PARTNERED WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS GOOD SAMARITAN, W ILDFLOWER CLINIC, AMERICAN CANCER SOCIETY, LUNG CANCER ALLIANCE, PINK UP THE PACE AND UNIT Y OUTREACH TO PROMOTE CANCER AWARENESS AND EARLY DETECTION THROUGHOUT THE COMMUNITY.BREAST CANCER PROGRAM:AS A NAPBC-ACCREDITED CENTER, FLAGLER HOSPITAL IS COMMITTED TO MAINTAINING LEVELS OF EXCELLENCE IN THE DELIVERY OF COMPREHENSIVE, PATIENT-CENTERED, MULTIDISCIPLINAR Y CARE RESULTING IN HIGH-QUALITY CARE FOR PATIENTS WITH BREAST DISEASE. PATIENTS CAN BE CO NFIDENT THAT THEIR BREAST CARE TEAM INCLUDES HEALTH CARE PROFESSIONALS FROM A VARIETY OF D ISCIPLINES WHO ARE COMMITTED TO WORKING TOGETHER TO PROVIDE THE BEST CARE AVAILABLE THROUGH H THEIR ENTIRE COURSE OF TREATMENT. PATIENTS RECEIVING CARE AT A NAPBC-ACCREDITED CENTER A LSO HAVE ACCESS TO INFORMATION ON CLINICAL TRIALS AND NEW TREATMENT OPTIONS, GENETIC COUNS ELING, AND PATIENT-CENTERED SERVICES INCLUDING PSYCHOSOCIAL SUPPORT, REHABILITATION SERVIC ES AND SURVIVORSHIP CARE. TO ASSIST PATIENTS THROUGH THEIR JOURNEY, THE FLAGLER BREAST CAR E PROGRAM HAS AN ONCOLOGY NURSE NAVIGATOR WHO HELPS PATIENTS FROM THE TIME THERE IS A SUSP ICION OF BREAST CANCER UNTIL TREATMENT IS CONCLUDED AND BEYOND TO SURVIVORSHIP. THE NAVIGA TOR IS DEDICATED TO PROVIDING PATIENTS WITH KNOWLEDGEABLE AND COMPASSIONATE SUPPORT; FACIL ITATING COMMUNICATION BETWEEN THE PATIENT AND PHYSICIANS IN ORDER TO DECREASE FRAGMENTATIO N OF CARE; AND PROVIDING PATIENTS AND FAMILY MEMBERS WITH INFORMATION ON COMMUNITY-BASED R ESOURCES. THE NAVIGATOR ALSO PARTICIPATES IN COMMUNITY EVENTS, EDUCATING WOMEN ON THE BENE FITS OF EARLY DETECTION AND PREVENTION. IN 2021 THE ONCOLOGY NURSE NAVIGATOR FOLLOWED 224 BREAST CANCER PATIENTS. CANCER PROGRAM:THE CANCER PROGRAM AT FLAGLER HOSPITAL IS ACCREDITE D BY THE COMMISSION ON CANCER</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
FLAGLER HOSPITAL	(COC), A QUALITY PROGRAM OF THE AMERICAN COLLEGE OF SURGEONS (ACS). TO EARN VOLUNTARY COC ACCREDITATION, A CANCER PROGRAM MUST MEET COC QUALITY CARE STANDARDS, BE EVALUATED EVERY THREE YEARS THROUGH A SURVEY PROCESS, AND MAINTAIN LEVELS OF EXCELLENCE IN THE DELIVERY OF COMPREHENSIVE PATIENT-CENTERED CARE. THE COC ACCREDITATION PROGRAM PROVIDES THE FRAMEWORK FOR FLAGLER HOSPITAL TO IMPROVE ITS QUALITY OF PATIENT CARE THROUGH VARIOUS CANCER-RELATED PROGRAMS THAT FOCUS ON THE FULL SPECTRUM OF CANCER CARE INCLUDING PREVENTION, EARLY DIAGNOSIS, CANCER STAGING, OPTIMAL TREATMENT, REHABILITATION, LIFE-LONG FOLLOW-UP FOR RECURRENT DISEASE, AND END-OF-LIFE CARE. WHEN PATIENTS RECEIVE CARE AT A COC FACILITY, THEY ALSO HAVE ACCESS TO INFORMATION ON CLINICAL TRIALS AND NEW TREATMENTS, GENETIC COUNSELING, AND PATIENT-CENTERED SERVICES INCLUDING PSYCHOSOCIAL SUPPORT, REHABILITATION SERVICES AND SURVIVORSHIP CARE. TO HELP GUIDE PATIENTS THROUGH THEIR JOURNEY FLAGLER HOSPITAL HAS ONCOLOGY NURSE NAVIGATORS THAT FOLLOW PATIENTS WITH LUNG CANCER, BREAST CANCER, PROSTATE CANCER, ESOPHAGEAL CANCER AND HEAD & NECK CANCERS. IN 2021 THE ONCOLOGY NURSE NAVIGATORS SUPPORTED OVER 450 PATIENTS IN OUR COMMUNITY. FLAGLER HOSPITAL MAINTAINS A CANCER RESOURCE CENTER, OPEN TO ALL IN THE COMMUNITY, ALONG WITH A WIG AND PROSTHESIS CLOSET. THERE IS A FREE COMPUTER KIOSK FOR THE DISSEMINATION OF HEALTH INFORMATION. IT IS STAFFED BY OUR CANCER EDUCATION AND SUPPORT COORDINATOR AND VOLUNTEERS EACH WEEKDAY FROM 8:00 UNTIL 4:00. THE CANCER RESOURCE CENTER IS ALSO UTILIZED BY VARIOUS CANCER SUPPORT GROUPS. LUNG CANCER: REALIZING THAT CIGARETTE SMOKING IS THE NUMBER ONE RISK FACTOR FOR LUNG CANCER, FLAGLER HOSPITAL CONTINUES TO MAINTAIN A SMOKE FREE FACILITY, INCLUDING PARKING LOTS AND LEASED PROPERTIES. FLAGLER HOSPITAL ALSO IMPLEMENTED A TOBACCO SCREENING PROTOCOL THROUGHOUT THE HOSPITAL. UPON ADMISSION, EACH PATIENT IS ASKED IF THEY SMOKE OR USE TOBACCO IN ANY OTHER FORM. THIS INFORMATION IS USED TO TRIGGER A CONSULT FROM THE CARDIOPULMONARY DEPARTMENT, FROM A MEMBER OF THE "QUIT TEAM". QUIT TEAM MEMBERS VERIFY THE PATIENTS WHO USE TOBACCO AND PROVIDE COUNSELING ON TOBACCO CESSATION. IF THE PATIENT IS INTERESTED IN QUITTING, THEY ARE GIVEN INFORMATION ON FREE TOBACCO CESSATION PROGRAMS OFFERED THROUGH FLAGLER HOSPITAL. THE QUIT TEAM ALSO EDUCATED FLAGLER STAFF AND MEDICAL PERSONNEL ON THE IMPORTANCE OF THE MESSAGE THAT CESSATION OPPORTUNITIES ARE BOTH VALUABLE AND EFFICACIOUS. FLAGLER HOSPITAL PARTNERS WITH NORTHEAST FLORIDA AREA HEALTH EDUCATION CENTER TO PROVIDE ACCESS TO THE "QUIT SMOKING NOW" SMOKING CESSATION PROGRAM. QUIT SMOKING NOW IS A FREE COURSE THAT CONSISTS OF GROUP SESSIONS FACILITATED BY THE CARDIOPULMONARY DEPARTMENT AND HELD IN THE FLAGLER HOSPITAL WELLNESS CENTER. CLASSES TAKE PLACE ONE PER WEEK FOR 1 HOUR, OVER A SIX-WEEK PERIOD. DURING 2021 THE TOO LS TO QUIT CLASS AT FLAGLER WAS ABLE TO SEE 20 PARTICIPANTS WHO WERE PROVIDED WITH CESSATION EDUCATION COMBINED WITH SUP

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

Form and Line Reference	Explanation
FLAGLER HOSPITAL	PORTIVE MEASURES TO STOP SMOKING. LOZENGES, PATCHES, AND GUMS ARE SOME OF THE THERAPIES PR OVIDED IN ADDITION TO STRESS MANAGEMENT TECHNIQUES, EDUCATION REGARDING TRIGGERS TO USE, A ND PERCEPTION EDUCATION TO SMOKING CESSATION. THE ADMINISTRATOR OF COMMUNITY HEALTH IMPROV EMENT SERVES ON THE BOARD OF DIRECTORS OF THE TOBACCO FREE ST. JOHNS PARTNERSHIP, A COMMUN ITY-WIDE LOCALLY ORGANIZED GROUP COLLECTIVELY WORKING TOWARDS ELIMINATING INITIATION AND U SE OF TOBACCO AMONG ST. JOHNS COUNTY RESIDENTS, SUPPORTING POLICY CHANGE AND EDUCATING DEC ISION MAKERS ABOUT THE IMPACT OF TOBACCO ON THE LIVES OF ST. JOHNS COUNTY RESIDENTS AND VI SITORS. SEE LATER PART OF SCHEDULE H, PART V FOR CONTINUATION.

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

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

Form and Line Reference	Explanation
FLAGLER HOSPITAL	PART V, SECTION B, LINE 15E: CONTACT INFORMATION IS IN THE PLAIN LANGUAGE SUMMARY LOCATED ON THE HOSPITAL WEBSITE: <a href="https://www.flaglerhospital.org/financial-services/fap-plain-language-summary.aspx">HTTPS://WWW.FLAGLERHOSPITAL.ORG/FINANCIAL-SERVICES/FAP-PLAIN-LANGUAGE-SUMMARY.ASPX</a> : THERE ARE MANY WAYS TO FIND INFORMATION ABOUT THE FAP APPLICATION PROCESS, OR GET COPIES OF THE FAP OR FAP APPLICATION FORM. TO APPLY FOR FINANCIAL ASSISTANCE YOU MAY: DOWNLOAD THE INFORMATION ONLINE AT FLAGLERHOSPITAL.ORG, KEY WORDS FINANCIAL ASSISTANCE REQUEST THE INFORMATION IN WRITING BY MAIL OR BY VISITING THE FLAGLER HOSPITAL BUSINESS OFFICE AT 100 WHETSTONE PLACE, SUITE 100 ST. AUGUSTINE, FL 32086 REQUEST THE INFORMATION BY CALLING (904) 819-4539 AVAILABILITY OF TRANSLATIONSTHE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND THE PLAIN LANGUAGE SUMMARY ARE OFFERED IN ENGLISH AND SPANISH. FLAGLER HOSPITAL MAY ELECT TO FURNISH TRANSLATION AIDS, TRANSLATION GUIDES, OR PROVIDE ASSISTANCE THROUGH USE OF QUALIFIED BILINGUAL INTERPRETER BY REQUEST. FOR INFORMATION ABOUT FLAGLER HOSPITAL'S FINANCIAL ASSISTANCE PROGRAM AND TRANSLATION SERVICES, PLEASE CALL A REPRESENTATIVE AT (904) 819-4539.

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUED:	<p>REDUCE SUBSTANCE ABUSE:FLAGLER HOSPITAL MAINTAINS A CANCER RESOURCE CENTER, OPEN TO ALL IN THE COMMUNITY, ALONG WITH A WIG AND PROSTHESES CLOSET. THERE IS A FREE COMPUTER KIOSK FOR THE DISSEMINATION OF HEALTH INFORMATION. IT IS STAFFED BY OUR CANCER EDUCATION AND SUPPORT COORDINATOR AND VOLUNTEERS EACH WEEKDAY FROM 8:00 UNTIL 4:00. THE CANCER RESOURCE CENTER IS ALSO UTILIZED BY VARIOUS CANCER SUPPORT GROUPS. JUST AS WAS FOUND IN THE 2014 ST. JOHN S COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT, THE ISSUE OF SUBSTANCE ABUSE WAS LISTED AS THE #1 IMPORTANT HEALTH PROBLEMS BY SURVEY RESPONDENTS IN THE 2020 CHNA. THIS INCLUDES BINGE DRINKING, UNDERAGE DRINKING, CIGARETTE AND MARIJUANA AND OTHER DRUG USE. FLAGLER HOSPITAL'S DIRECTOR OF BEHAVIORAL HEALTH SERVICES WORKS CLOSELY WITH EPIC COMMUNITY SERVICES (EPIC WAS CREATED TO PROVIDE SUBSTANCE ABUSE PREVENTION, INTERVENTION, OUTPATIENT TREATMENT AND AFTERCARE SERVICES), PACT, (PREVENTION, ACTION, CHOICES AND TEAMWORK) PREVENTION SERVICES (WHICH ADVOCATES FOR PREVENTION FOR YOUTH), TOBACCO FREE ST. JOHNS AND OTHER GROUPS SUCH AS LAW ENFORCEMENT ON THIS ISSUE. ST. JOHNS COUNTY CONTINUES TO RANK IN THE TOP 5 COUNTIES IN FLORIDA FOR BINGE DRINKING. THE ST. JOHNS COUNTY BEHAVIORAL HEALTH CONSORTIUM CONTINUES TO WORK TOWARDS FINDING A WAY TO GET THESE IMPORTANT HEALTH SERVICES AVAILABLE FOR REFERRAL IN OUR SERVICE AREA. FLAGLER HOSPITAL CONTINUES TO PROVIDE A YEARLY \$150,000 DONATION IN SUPPORT OF EPIC BEHAVIORAL HEALTHCARE'S 16-BED RECOVERY CENTER. THE EPIC RECOVERY CENTER (ERC) OPENED IN JANUARY, 2014, FILLING THE NEED FOR AN INPATIENT TREATMENT CENTER IN ST. JOHNS COUNTY. THE ERC OFFERS SEVERAL TYPES OF SUBSTANCE USE DISORDER TREATMENT SERVICES INCLUDING DETOXIFICATION, OUTPATIENT THERAPY, RESIDENTIAL TREATMENT, AND THE MARS (MEDICALLY- ASSISTED RECOVERY SERVICES) PROGRAM. IN THE PAST 7.5 YEARS, THE ERC HAS HAD 5,495 ADMISSIONS AND IN THE PAST FEW YEARS, 43% OF ALL DETOX ADMISSIONS WERE RELATED TO OPIATE USE.THE MAJORITY OF EPIC RECOVERY CENTER'S PATIENTS LIVE IN POVERTY (78%), HAVE NO INSURANCE, OR INSURANCE WITH POOR BEHAVIORAL HEALTH BENEFITS, WHICH MAKES FLAGLER HOSPITAL'S SUPPORT ESSENTIAL TO PROVIDING THIS MUCH NEEDED SERVICE TO THE COMMUNITY. THE EPIC RECOVERY CENTER HAS BECOME THE CORNERSTONE OF THE ADDICTION TREATMENT SYSTEM OF CARE IN ST. JOHNS COUNTY SERVING SOME OF THE MOST VULNERABLE FLORIDIANS UNINSURED, HOMELESS, THOSE INVOLVED IN THE CHILD WELFARE SYSTEM, CRIMINALLY JUSTICE INVOLVED, AND/OR SUFFERING FROM MULTIPLE CHRONIC HEALTH CONDITIONS. INCREASE ACCESS TO DENTAL CARE:ACCESS TO DENTAL CARE HAS LONG BEEN AN ISSUE IN ST. JOHNS COUNTY, AS IT IS ACROSS THE STATE. RESPONDENTS OF THE 2020 ST. JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT REPORTED DENTAL/ORAL CARE AS ONE OF THE TOP HEALTH SERVICE THAT IS DIFFICULT TO OBTAIN. A MAJOR THEME OF ALL FOCUS GROUPS WAS A NEED FOR IMPROVED ACCESS TO DENTAL CARE. TO ADDRESS THIS NEED, FLAGLER HOSPITAL, THE WILDFLOWER CLINIC, AND THE ST. JOHNS COUNTY HEALTH LEA</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUED:	<p>DEPARTMENT COUNCIL WORKED TOGETHER TO PROVIDE SOLUTIONS. DURING THE ASSESSMENT YEAR 765 DENTAL CASES CAME TO THE FLAGLER HOSPITAL EMERGENCY DEPARTMENT FOR DENTAL CARE, HIGHLIGHTING THE NEED. THE GOOD SAMARITAN WILDFLOWER CLINIC IS THE ONLY CLINIC OFFERING BOTH FREE DENTAL AND FREE HEALTH CARE IN ST. JOHNS COUNTY. FLAGLER CONTINUES TO BE A MAJOR CORPORATE SPONSOR OF THE WILDFLOWER CLINIC AND WORKS CLOSELY WITH THE CLINIC TO SHORTEN THE TIME BETWEEN THE INITIAL CRISIS (FLAGLER ER VISIT) AND FOLLOW-UP CARE. WITH THE HELP OF GRANTS FROM FLAGLER HOSPITAL, AND OTHER COMMUNITY ORGANIZATIONS, THE WILDFLOWER CLINIC STAFF HAS BEGUN OFFERING REGULAR DENTAL WALK-IN CLINICS EVERY WEEK. WITH CONTINUED COLLABORATION BETWEEN THE WILDFLOWER CLINIC AND FLAGLER HOSPITAL'S EMERGENCY DEPARTMENT ON COORDINATING CARE BETWEEN UNINSURED ST. JOHNS COUNTY RESIDENTS, FLAGLER HOSPITAL EMERGENCY ROOM VISITS FOR DENTAL EMERGENCIES HAVE CONTINUED TO DROP BY OVER 10% EACH FISCAL YEAR. DURING 2021, WILDFLOWER CLINIC SAW 1,493 DENTAL PATIENTS. BUILDING ON THIS SUCCESSFUL PARTNERSHIP, FH+ AND WILDFLOWER CONTINUE TO OPTIMIZE THIS TRANSITION AND FOLLOW-UP PROCESS FROM THE HOSPITAL EMERGENCY ROOM TO THE WILDFLOWER DENTAL CLINIC. INCREASE ACCESS TO MENTAL HEALTH CARE: WITH DEPRESSION AND ANXIETY RANKED AS THE #2 HEALTH PROBLEMS IN ST. JOHNS COUNTY, THE 2020 CHNA REVEALED THAT ACCESS TO MENTAL HEALTH SERVICES CONTINUES TO BE AN ISSUE. IN ADDITION, MENTAL HEALTH COUNSELING WAS REPORTED TO BE THE #1 MOST DIFFICULT TO OBTAIN SERVICE BY SURVEY RESPONDENTS. IN RESPONSE TO AN IDENTIFIED CRITICAL NEED FOR OUTPATIENT MENTAL HEALTH SERVICES IN ST. JOHNS COUNTY, FLAGLER HOSPITAL INTRODUCED AN INTENSIVE OUTPATIENT PROGRAM. THIS PROGRAM WAS SPECIFICALLY DESIGNED TO SUPPORT PATIENTS AFTER BEING RELEASED FROM INPATIENT CARE. THE PROGRAM'S PRIMARY GOAL OF IMPROVING QUALITY OF LIFE AND REDUCE SYMPTOMS TO PREVENT RELAPSE IS ACCOMPLISHED THROUGH GROUP THERAPY, MEDICATION AND SYMPTOM MANAGEMENT AND INDIVIDUAL PSYCHOTHERAPY. ALL NEW PATIENTS PARTICIPATE IN A FORMAL CLINICAL EVALUATION PERFORMED BY A MULTI-DISCIPLINARY TEAM. THIS EVALUATION HELPS THE TEAM DEVELOP A TREATMENT PLAN THAT REFLECTS EACH PATIENT'S INDIVIDUAL STRENGTHS, LIMITATIONS AND GOALS FOR TREATMENT. EVERY PATIENT'S GOALS ARE REVIEWED AND UPDATED WEEKLY IN TEAM MEETINGS AND INDIVIDUAL SESSIONS. MEDICAL STAFF FROM THE INTENSIVE OUTPATIENT PROGRAM ATTENDS COMMUNITY EVENTS TO RAISE AWARENESS ABOUT MENTAL HEALTH AND TO INFORM THE COMMUNITY ON AVAILABLE RESOURCES. A SCHOLARSHIP IS AVAILABLE FOR EACH SESSION, TO ENSURE THAT ACCESS TO MENTAL HEALTH SERVICES IS NEVER DEPENDENT UPON A PATIENT'S ABILITY TO PAY. FLAGLER HOSPITAL IS COMMITTED TO COLLABORATION WITH COMMUNITY PARTNERS TO ADDRESS EACH NEED IDENTIFIED DURING THE 2020 CHNA. TO INCREASE ACCESS TO MENTAL HEALTH CARE, THIS COLLABORATION CENTERS ON COORDINATION AND LINKAGE OF MENTAL HEALTH SERVICES BETWEEN FLAGLER HOSPITAL AND COMMUNITY OUTPATIENT PROVIDERS. FLAGLER HOSPITAL CONTINUES TO WORK WITH ST</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUED:	AUGUSTINE YOUTH SERVICES TO SUPPORT THE COUNTY-WIDE MOBILE CRISIS RESPONSE TEAM (MCRT). TH E TEAM'S MISSION IS TO PROVIDE AN ASSESSMENT AT THE FIRST SIGNS OF CHILD BEHAVIORAL RISK T O PREVENT SERIOUS MENTAL ISSUES FROM DEVELOPING. THE TEAM ALSO PROVIDES IMMEDIATE ACCESS T O MENTAL HEALTH SERVICES AND ALLOW THE OPPORTUNITY FOR FAMILIES TO SELECT A SOLUTION THAT WORKS BEST FOR THEM. THE ULTIMATE GOAL OF THE MOBILE CRISIS RESPONSE TEAM PROGRAM IS TO DI VERT CHILDREN FROM COSTLY EMERGENCY SERVICES AND ESTABLISH GREATER COORDINATION OF CARE TH AT WILL SERVE THE FAMILY BEYOND THE INITIAL CRISIS. THE MCRT CONSISTS OF THREE STATE LICEN SED CLINICIANS, A CERTIFIED CASE MANAGER AND A STATE LICENSED REGISTERED NURSE. AS OF 2021 THE MCRT HAS RESPONDED TO AND PROVIDED ASSESSMENTS AND WRAPAROUND SERVICES FOR OVER 1,400 ST JOHNS COUNTY YOUTH. 82% OF BAKER ACTS WERE DIVERTED. WITH HOSPITALS AVERAGING \$3,900, THE MCRT ASSESSMENTS SAVED OUR COMMUNITY OVER \$4.5 MILLION.



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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUED:	<p>INCREASE USE OF AVAILABLE TRANSPORTATION:FROM THE FOCUSES GROUPS CONDUCTED AS PART OF THE 2020 COMMUNITY HEALTH NEEDS ASSESSMENT, LACK OF TRANSPORTATION WAS IDENTIFIED AS A DIRECT BARRIER TO HEALTHCARE. FURTHERMORE, SURVEY RESULTS SHOWED A NEGATIVE INCREASE IN THE PERCE NTAGE OF RESPONDENTS THAT RANKED TRANSPORTATION AS A BARRIER TO CARE, FROM 12.2% IN 2017 T O 10.69% IN 2020. TRANSPORTATION HAS BEEN A FOCUS IN ST. JOHNS COUNTY FOR OVER 15 YEARS. T HE 2005 ST. JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED IMPROVING ACCESS TO HEALTH SERVICES IN OUTLYING AREAS OF ST. JOHNS COUNTY THROUGH COORDINATION OF PUBLIC TRANS PORTATION AS A HIGH-PRIORITY COMMUNITY NEED. SINCE THAT TIME, A COMMUNITY-WIDE EFFORT TO I MPROVE PUBLIC TRANSPORTATION IN ST. JOHNS COUNTY HAS PICKED UP MOMENTUM. THE ST. JOHNS COU NTY COUNCIL ON AGING, INC. (COA) SERVES AS THE COMMUNITY TRANSPORTATION COORDINATOR FOR ST . JOHNS COUNTY. THE COA PROVIDES DOOR-TO-DOOR NON-EMERGENCY MEDICAL TRANSPORTATION SERVICE S TO AMBULATORY AND WHEELCHAIR BOUND CLIENTS WITHIN THE ST. JOHNS COUNTY SERVICE AREA. THE SUNSHINE BUS COMPANY (A DIVISION OF THE COA) IS ST. JOHNS COUNTY'S PUBLIC BUS SERVICE. SI NCE ITS INCEPTION IN 2006, THE SUNSHINE BUS COMPANY HAS CONTINUED TO EXPANDED SERVICES TO BETTER SERVE THE COMMUNITY, WITH THE ADDITION OF NEW ROUTES AND AN INCREASED NUMBER OF DAI LY TRIPS. THE 2020 ST. JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT FEEDBACK SHOWED THE CONTINUED NEED FOR A FOCUS ON TRANSPORTATION. IN 2019, FLAGLER HOSPITAL SUPPORTED THE STRA TEGIC OBJECTIVE OF "INCREASE USE OF AVAILABLE TRANSPORTATION OPTIONS" BY PARTNERING WITH T HE ST. JOHNS COUNTY HEALTH LEADERSHIP COUNCIL TO PROVIDE TRANSPORTATION TRAINING TO 14 COM MUNITY ORGANIZATIONS. THIS EDUCATION IS OFFERED TO BOTH COMMUNITY MEMBERS, AND HEALTHCARE PROVIDERS, IN EFFORT TO RAISE AWARENESS AND INCREASE UTILIZATION. IN ADDITION TO SUPPORTIN G PUBLIC TRANSPORTATION INITIATIVES, FLAGLER HEALTH+ HAS ALSO PARTNERED WITH UBER HEALTH T O PROVIDE TRANSPORTATION TO AND FROM DOCTORS' APPOINTMENTS. THIS SERVICE IS AVAILABLE TO C OMMUNITY RESIDENTS, REGARDLESS OF WHETHER OR NOT THE DOCTOR IS AFFILIATED WITH FLAGLER HEA LTH+. IN FY21, CARE CONNECT PAID FOR OVER \$15,000 IN UBER OR TAXI RIDES TO MEDICAL APPOINT MENTS FOR THE COMMUNITY.INCREASE ACCESS TO TAILORED PHYSICAL AND NUTRITIONAL EDUCATION:ADU LT OBESITY IS THE THIRD LARGEST CONCERN ACCORDING TO RESPONDENTS OF THE 2020 COMMUNITY HEA LTH ASSESSMENT. ALTHOUGH ST. JOHN'S COUNTY RANKS IN THE TOP OF FLORIDA'S HEALTHIEST COUNTI ES, THE NEED IS STILL PERCEIVED BY THE COMMUNITY, AS WELL AS DESIRED GIVEN A GROWING POPUL ATION. 56% OF ST. JOHN'S COUNTY RESIDENTS ARE BETWEEN THE AGES OF 20-64, WHILE 19% ARE OVE R THE AGE OF 65. FOR THIS REASON, ST. JOHN'S COUNTY SHOWED PROMISE IN BENEFITTING FROM TAIL ORED FITNESS COURSES MADE AVAILABLE AT FLAGLER HOSPITAL. CURRENTLY, BEGINNER'S TAI-CHI, YO GA FOR YOUNG ONES, CHAIR YOGA, AND RESTORATIVE YOGA ARE ALL OFFERED TO COMMUNITY MEMBERS. IN ADDITION, FLAGLER HAS PROVI</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUED:	<p>DED MANY OTHER EDUCATIONAL OPPORTUNITIES IN THE FORM OF COOKING DEMONSTRATIONS, DIABETES EDUCATION, AND NUTRITION WORKSHOPS.SINCE 2020, ST. JOHN'S COUNTY HAS INCREASED TO RANK SECOND HIGHEST IN THE STATE FOR HEALTH BEHAVIORS AS WELL AS SHOWN IMPROVEMENT IN PHYSICAL ENVIRONMENT. CARE CONNECT - CONNECTING PEOPLE TO RESOURCES:CARE CONNECT+ IS A PROGRAM OF THE HOSPITAL THAT WAS STARTED IN 2017. THIS COMMUNITY ALLIANCE WAS ESTABLISHED TO CONNECT AREA RESIDENTS IN NEED WITH AVAILABLE SERVICE AND ADDRESS SOCIAL DETERMINANTS OF HEALTH IN A COORDINATED WAY THROUGHOUT ALL OF ST JOHNS COUNTY. BY ALIGNING COMMUNITY RESOURCES INTO A SINGLE ACCESS POINT, CARE CONNECT INCREASES COORDINATION AND ACCESS OF AVAILABLE RESOURCES. THE PROGRAM HELPS CONNECT PEOPLE TO PRIMARY CARE SERVICE, DENTAL SERVICE, PRESCRIPTION ASSISTANCE, RENTAL AND UTILITY ASSISTANCE, TRANSPORTATION ASSISTANCE, HOMELESS PREVENTION SERVICES, ACCESS TO LOCAL FOOD BANKS AND COMMUNITY RESOURCE NAVIGATION AND CASE MANAGEMENT SERVICES. RATHER THAN SIMPLY REFER PEOPLE TO SERVICES, CARE CONNECT COMMUNITY HEALTH ASSOCIATES, FOLLOW EACH CLIENT UNTIL ALL NEEDS HAVE BEEN MET. IF SERVICES ARE NOT AVAILABLE IN THE COMMUNITY, CARE CONNECT TRACKS GAPS IN SERVICE TO DEVELOP THOSE SERVICES WITH COMMUNITY PARTNERS. CARE CONNECT INCREASES ACCESS TO HEALTH PROVIDERS, DENTAL PROVIDERS, MENTAL HEALTH PROVIDERS, SOCIAL SERVICES AND TRANSPORTATION THROUGH A COORDINATED HUB. IN FISCAL YEAR 2021, 3756 CLIENTS WERE PART OF THE CARE CONNECT HUB AND WERE MATCHED WITH SERVICES, WHILE 6,682 PATIENTS WERE SERVED IN TOTAL. IN SEPTEMBER, 2019, FLAGLER HEALTH+ IMPLEMENTED AN INNOVATIVE MODEL TO INCREASE ACCESS TO BEHAVIORAL HEALTH PROVIDERS FOR STUDENTS ACROSS ST. JOHNS COUNTY THROUGH A PARTNERSHIP WITH THE ST. JOHNS COUNTY SCHOOL DISTRICT. THE B.R.A.V.E. PROGRAM STANDS FOR BEING RESILIENT AND VOICING EMOTIONS. THROUGH BRAVE, CARE CONNECT+ SERVES AS THE HUB FOR STUDENT HEALTH REFERRALS FOR ALL 39 SCHOOLS IN THE ST JOHNS SCHOOL DISTRICT. DURING FY 2020, THERE WAS A 66% DECREASE IN THE LENGTH OF TIME FROM REFERRAL TO FIRST APPOINTMENT AND A 160% INCREASE IN THE NUMBER OF STUDENTS CONNECTED TO A BEHAVIORAL HEALTH PROVIDER. DURING THE SPRING AND SUMMER MONTHS OF 2020, WHEN THE COVID PANDEMIC AFFECTED IN-PERSON PROVIDER APPOINTMENTS, CARE CONNECT FINANCIALLY AND ADMINISTRATIVELY SUPPORTED THE LAUNCH OF A TELEMEDICINE PLATFORM WITH PROVIDERS TO MAINTAIN STUDENT AND ADULT MENTAL HEALTH APPOINTMENTS. CARE CONNECT HAS CONTINUED THIS INITIATIVE THROUGH THE YEAR 2021.P LUS BUS:FLAGLER HOSPITAL HAS ALSO MADE IT POSSIBLE TO REACH UNDERSERVED POPULATIONS WITHIN THE COMMUNITY WHO DO NOT NECESSARILY HAVE ACCESS TO CARE. THROUGH THE USE OF THEIR MOBILE HEALTH UNIT, OR PLUS BUS, A NUMBER OF PATIENTS WHO WOULD NOT HAVE BEEN SEEN WERE PROVIDED WITH A WIDE ARRAY OF SERVICES THAT ADDRESSED DIFFERENT ASPECTS OF THEIR HEALTH. IN ADDITION, THESE INDIVIDUALS WERE OFFERED CARE COORDINATION SUCH AS TRANSPORTATION ASSISTANCE. THE PLUS BUS HAS OPERATED IN PAR</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUED:	<p>TNERSHIP WITH OTHER COMMUNITY AGENCIES, AS WELL AS INDEPENDENTLY SEEKING OPPORTUNITIES TO AID PATIENTS WHO ARE LOW INCOME, AT HIGH-RISK, HOMELESS, OR THOSE WHO DO NOT HAVE ADEQUATE ACCESS TO CARE. WITH THIS DEMOGRAPHIC IN MIND, THE FOLLOWING CLINICS WERE PUT IN PLACE ON A MONTHLY ROTATING SCHEDULE:DINING WITH DIGNITY FLORIDA IS HOME TO THE THIRD LARGEST HOME LESS POPULATION IN THE UNITED STATES PER THE FLORIDA COALITION TO END HOMELESSNESS. ACCORD ING TO THE CONTINUUM OF CARE, HOMELESSNESS IN ST. JOHN'S COUNTY IS UP 4% SINCE 2018. MANY OF THESE INDIVIDUALS (ABOUT 19%) ARE ALSO EXPERIENCING LONG-TERM DISABILITY AND NEED ACCES S TO MEDICAL CARE. FOR THIS REASON, THE PLUS BUS VISITED DINING WITH DIGNITY EACH MONTH. I N PARTNERSHIP WITH WILDFLOWER CLINIC AND HOME AGAIN, HOMELESS INDIVIDUALS ARE FED HOT MEAL S AND SEEN ONCE A MONTH ON THE BUS FOR PRIMARY CARE. RESOURCE COORDINATION IS PROVIDED AS WELL. HASTINGS FOOD BANK THE PLUS BUS AT FLAGLER HOSPITAL HAS ALSO TEAMED UP WITH WILDFLOW ER CLINIC TO PROVIDE WEEKLY WALK-UP SERVICES IN HASTINGS, FL. THIS SERVICES IS PROVIDED IN COMBINATION WITH A LOCAL FOOD DISTRIBUTION PROGRAM AND PROVIDES PRIMARY CARE FOR UNDERINS URED PATIENTS IN THE MOST RURAL PARTS OF ST. JOHN'S COUNTY.BETTY GRIFFIN WOMAN'S SHELTER T HE PLUS BUS WAS ALSO ABLE TO WORK WITH WILDFLOWER TO IDENTIFY A NEED TO BRING PRIMARY CARE TO WOMEN SEEKING SHELTER FROM ABUSIVE SITUATIONS. DURING THE FISCAL YEAR OF 2021, THE PLU S BUS CONDUCTED A MONTHLY CLINIC AT THE BETTY GRIFFIN WOMAN'S SHELTER IN ST. AUGUSTINE, FL . FAMILY WORSHIP CENTER - THE FOOD INSECURITY RATE IN ST. JOHN'S COUNTY IS AT 20.6% FOR CH ILDREN AND 13.5% OVERALL ACCORDING TO FEEDING NORTH EAST FLORIDA. FOR THIS REASON, THE PLU S BUS COMBINED PRIMARY HEALTH WITH A LARGE FOOD DISTRIBUTION AT FAMILY WORSHIP CENTER IN S T. AUGUSTINE, FL. THIS CLINIC WAS HELD MONTHLY. WILDFLOWER CLINIC TREATED WALK-ONS AND SCH EDULED PATIENTS. IN TOTAL, THE PLUS BUS TREATED OVER 100 PATIENTS DURING 2021 FOR PRIMARY CARE IN COMBINATION WITH WILDFLOWER CLINIC. A VAST MAJORITY OF THESE PATIENTS WERE UNDERIN SURED, WERE HOMELESS, WERE AT HIGH RISK FOR HOMELESS, LOW SOCIOECONOMIC STATUS, OR EXPERIE NCE CHRONIC DISEASE. SOME OF THESE PATIENTS WERE SEEN MULTIPLE TIMES ON THE PLUS BUS, WHIC H MAINTAINED ITS GOAL OF THWARTING UNNECESSARY USE OF THE ER AS PRIMARY CARE.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<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
PART V, SECTION B, LINE 7A:	<a href="https://www.flaglerhealth.org/patients-visitors/">HTTPS://WWW.FLAGLERHEALTH.ORG/PATIENTS-VISITORS/</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<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
PART V, SECTION B, LINE 7B:	<a href="https://www.flaglerhealth.org/community-health-improvement/community-benefit-planning/st-johns-county-health-needs-assessment/">HTTPS://WWW.FLAGLERHEALTH.ORG/COMMUNITY-HEALTH-IMPROVEMENT/COMMUNITY-BENEFIT-PLANNING/ST-JOHNS-COUNTY-HEALTH-NEEDS-ASSESSMENT/</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<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
PART V, SECTION B, LINE 10A	<a href="https://www.flaglerhealth.org/patients-visitors/">HTTPS://WWW.FLAGLERHEALTH.ORG/PATIENTS-VISITORS/</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<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
PART V, SECTION B, LINE 16A:	<a href="https://www.flaglerhealth.org/financial-services/financial-assistance-policy-application/">HTTPS://WWW.FLAGLERHEALTH.ORG/FINANCIAL-SERVICES/FINANCIAL-ASSISTANCE-POLICY-APPLICATION/</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<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
PART V, SECTION B, LINE 16B:	<a href="https://www.flaglerhealth.org/financial-services/financial-counseling-financial-assistance-policy/">HTTPS://WWW.FLAGLERHEALTH.ORG/FINANCIAL-SERVICES/FINANCIAL-COUNSELING-FINANCIAL-ASSISTANCE-POLICY/</a>



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<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
PART V, SECTION B, LINE 16C:	<a href="https://www.flaglerhealth.org/financial-services/fap-plain-language-summary/">HTTPS://WWW.FLAGLERHEALTH.ORG/FINANCIAL-SERVICES/FAP-PLAIN-LANGUAGE-SUMMARY/</a>

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

2020

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service  
Name of the organization  
FLAGLER HOSPITAL INC

Employer identification number

59-0675143

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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 . . . . . 12

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

**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:	THE FLAGLER HEALTH CARE FOUNDATION, A SUPPORTING ORGANIZATION OF THE HOSPITAL, REPORTS ITS FINANCIAL ACTIVITIES TO THE CFO OF FLAGLER HOSPITAL. THE HOSPITAL HAS A COMMUNITY BENEFITS GROUP THAT WORKS WITH ST. JOHNS COUNTY TO DETERMINE GRANT RECIPIENTS AND MONITOR THE USE OF FUNDS.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPIC BEHAVIORAL HEALTH 17 ST JOHNS MEDICAL PARK DR ST AUGUSTINE, FL 32086	59-1502582	501(C)(3)	150,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
THE PLAYERS PO BOX 206 PONTE VEDRA BEACH, FL 32004	52-0999206	501(C)(3)	87,860				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
K9S FOR WARRIORS 114 CAMP K9 ROAD PONTE VEDRA, FL 32081	27-5219467	501(C)(3)	85,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
BOYS AND GIRLS CLUB OF NE FLORIDA 555 W 25TH STREET JACKSONVILLE, FL 32206	59-6167630	501(C)(3)	50,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST JOHNS COUNCIL ON AGING 180 MARINE ST ST AUGUSTINE, FL 32084	59-1525829	501(C)(3)	50,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501(C)(3)	25,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SHE IS FIERCE 24 SOUTH DIXIE HIGHWAY ST AUGUSTINE, FL 32084	47-4695657	501(C)(3)	25,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
BEACHES GO GREEN 320 1ST STREET NORTH SUITE 701 JACKSONVILLE BEACH, FL 32250	83-1560070	501(C)(3)	22,950				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST AUGUSTINE AMPHITHEATRE ST JOHNS COUNTY BOARD OF COUNTY 1340C A1A SOUTH ST AUGUSTINE, FL 32080	59-3674978	501(C)(3)	15,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
OCEAN PALM ELEMENTARY PTO 355 LANDRUM LANE PONTE VEDRA BEACH, FL 32082	59-3385075	501(C)(3)	10,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
ST JOHNS COUNTY SCHOOL DISTRICT 40 ORANGE ST ST AUGUSTINE, FL 32084	84-1452282	501(C)(3)	10,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
JACKSONVILLE FC 2850 HODGES BLVD JACKSONVILLE, FL 32224	59-2881219	501(C)(3)	6,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
GOOD LAD SOCCER LLC 409 SPANISH CREEK DR PONTE VEDRA, FL 32081	83-2249321	N/A	6,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2020
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization FLAGLER HOSPITAL INC		Employer identification number 59-0675143

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 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 type="checkbox"/> Health or social club dues or initiation fees		
<input 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		No
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed 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:		5a	No
a The organization?	5b		No
b Any related organization?	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:		6a	No
a The organization?	6b		No
b Any related organization?	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	Yes
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 III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PROVIDES GROSS UP PAYMENTS FOR THE VALUE OF THE DISABILITY INSURANCE POLICY PREMIUMS TO CERTAIN OFFICERS, REPORTED ON THE OFFICERS' FORM W-2.
PART I, LINES 4A-B	JULIA CLICK RECEIVED \$245,894 & CHRIS SCHMIDT RECEIVED \$91,483 AS SEVERANCE PAYMENT. THE ORGANIZATION CONTRIBUTED \$368,723 IN TOTAL TO A 457(F)/(B) PLAN FOR JASON BARRETT, GINA MANGUS, DON CHRIST, MELISSA CECIL, CARLTON DEVOUGHT & MIGUEL MACHADO.
PART I, LINE 7	BONUSES ARE BASED ON PERFORMANCE METRICS SET AT THE BEGINNING OF THE PERFORMANCE YEAR. THE BOARD HAS APPROVAL RIGHTS FOR THE FINAL AMOUNT PAID AT THE END OF THE PERFORMANCE YEAR.

Additional Data

Software ID:

Software Version:

EIN: 59-0675143

Name: FLAGLER HOSPITAL INC

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JASON P BARRETT PRESIDENT/CEO	(i)	557,143	0	14,559	92,300	1,301	665,303	0
	(ii)	0	0	0	0	0	0	0
1MIGUEL A MACHADO CMO	(i)	454,453	5,000	0	18,300	7,239	484,992	0
	(ii)	0	0	0	0	0	0	0
2CARLTON DEVOOGHT SEVP/CAO	(i)	385,240	5,000	0	37,800	19,921	447,961	0
	(ii)	0	0	0	0	0	0	0
3TODD BATENHORST VP OF PRIMARY & AMBULATORY CARE	(i)	360,123	0	0	57,300	5,844	423,267	0
	(ii)	0	0	0	0	0	0	0
4MURRAY S MARSH JR CFO (TO NOV 2020)	(i)	323,036	5,000	0	62,050	15,883	405,969	0
	(ii)	0	0	0	0	0	0	0
5JEFFREY A HURLEY CHIEF HUMAN RESOURCE OFFICER (FORMER)	(i)	258,565	5,000	692	60,109	20,668	345,034	0
	(ii)	0	0	0	0	0	0	0
6NANGELA PULSFUS EVP/COO	(i)	255,187	5,000	692	40,727	19,272	320,878	0
	(ii)	0	0	0	0	0	0	0
7JULIA CLICK CHIEF HUMAN RESOURCE OFFICER (FORMER)	(i)	0	0	273,336	12,769	13,848	299,953	0
	(ii)	0	0	0	0	0	0	0
8DONALD R CRIST VP OF OPERATIONS	(i)	232,301	5,000	12,890	24,258	23,059	297,508	0
	(ii)	0	0	0	0	0	0	0
9JOHN FRANKS EVP	(i)	220,675	5,000	12,311	12,885	19,921	270,792	0
	(ii)	0	0	0	0	0	0	0
10JOSEPH S GORDY CEO (FORMER)	(i)	160,775	0	100,000	9,623	309	270,707	0
	(ii)	0	0	0	0	0	0	0
11CHRISTOPHER SCHMIDT VICE PRESIDENT OF QUALITY MANAGEMENT	(i)	114,401	0	118,373	8,851	409	242,034	0
	(ii)	0	0	0	0	0	0	0
12MICHAEL HALL ADMINISTRATOR	(i)	179,586	0	3,405	35,430	19,272	237,693	0
	(ii)	0	0	0	0	0	0	0
13MELISSA CECIL CIO	(i)	170,748	5,000	4,336	14,539	23,059	217,682	0
	(ii)	0	0	0	0	0	0	0
14TRAVIS J THOMAS DEVELOPER-CLINICAL DATA ANALYTICS	(i)	191,422	0	3,640	0	0	195,062	0
	(ii)	0	0	0	0	0	0	0
15DONNA WAGNER ADMINISTRATOR	(i)	157,384	0	692	7,557	0	165,633	0
	(ii)	0	0	0	0	0	0	0
16BERNARD BROOKS SR DATA SCIENTIST	(i)	161,071	0	0	0	0	161,071	0
	(ii)	0	0	0	0	0	0	0
17SARAH M MARKER CLINICAL SPECIALIST	(i)	152,655	0	0	0	0	152,655	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FLAGLER HOSPITAL INC

Supplemental Information on Tax-Exempt Bonds

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

► 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

2020

Open to Public  
Inspection

Employer identification number

59-0675143

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-2146640		09-28-2017	71,400,000	SEE PART VI		X		X		X

Part II Proceeds

				A		B		C		D	
1	Amount of bonds retired . . . . .										
2	Amount of bonds legally defeased . . . . .										
3	Total proceeds of issue . . . . .				71,400,000						
4	Gross proceeds in reserve funds . . . . .										
5	Capitalized interest from proceeds . . . . .										
6	Proceeds in refunding escrows . . . . .										
7	Issuance costs from proceeds . . . . .				338,361						
8	Credit enhancement from proceeds . . . . .										
9	Working capital expenditures from proceeds . . . . .										
10	Capital expenditures from proceeds . . . . .				592,158						
11	Other spent proceeds . . . . .				53,517,222						
12	Other unspent proceeds . . . . .				16,952,259						
13	Year of substantial completion . . . . .				2019						
				Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2019, a current refunding issue)? . . . . .			X							
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2019, an advance refunding issue)? . . . . .				X						
16	Has the final allocation of proceeds been made? . . . . .				X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .			X							

Part III Private Business Use

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

**Part III Private Business Use** (Continued)

		<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b>	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</b>	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b>	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b>	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b>	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0 %							
<b>5</b>	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0 %							
<b>6</b>	Total of lines 4 and 5 . . . . .	0 %							
<b>7</b>	Does the bond issue meet the private security or payment test? . . . .		X						
<b>8a</b>	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b>	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .								
<b>c</b>	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b>	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X						

**Part IV Arbitrage**

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



**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
PART I, LINE A, COLUMN F:	CURRENT REFUNDING OF SERIES 2010A AND SERIES 2010B BONDS, FINANCING OF FACILITIES IMPROVEMENT PROJECTS AND EQUIPMENT ACQUISITIONS.

Return Reference	Explanation
PART I, LINE B, COLUMN F:	CURRENT REFUNDING OF SERIES 2012B AND ADVANCE REFUNDING OF SERIES 2017A BONDS, EXTINGUISHING THE 2014 BANK LOAN, FINANCING OF FACILITIES IMPROVEMENT PROJECTS AND EQUIPMENT ACQUISITIONS.

Return Reference	Explanation
PART II, LINE 11, COLUMN B:	BOND PROCEEDS APPLIED TOWARD CURRENT REFUNDING OF SERIES 2012A AND SERIES 2012B BONDS IN FULL .

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

2020

Open to Public Inspection

Name of the organization  
FLAGLER HOSPITAL INC

Employer identification number  
59-0675143

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) THOMPSON BAKER AGENCY INC	MATT BAKER, CHAIRMAN, IS MAJORITY SHAREHOLDER OF THOMPSON BAKER AGENCY INC.	2,085,554	INSURANCE PAYMENTS		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service  
Name of the organization  
FLAGLER 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

**2020**

**Open to Public  
Inspection**

**Employer identification number**

59-0675143

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTANT AND REVIEWED AND APPROVED BY INTERNAL MANAGEMENT AND SHARED WITH EACH BOARD MEMBER PRIOR TO FILING.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUIRES ALL TRUSTEES TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY. ANY CONFLICTS THAT DEVELOP AFTER SUBMISSION MUST BE DISCLOSED IN WRITING TO BOARD OF TRUSTEES. EXISTING CONFLICTS OF INTEREST MAY REQUIRE ABSTAINING FROM DISCUSSING OR VOTING UPON MATTERS RELATED TO OR AFFECTED BY THE CONFLICT, OR RECUSING ONESELF FROM PARTICIPATING IN RELATED MATTERS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION PACKAGE FOR THE CEO POSITION IS SET BY THE BOARD EXECUTIVE COMMITTEE, WHICH SERVES AS THE COMPENSATION COMMITTEE. INDEPENDENT SALARY SURVEYS ARE OBTAINED FROM INDUSTRY EXPERTS TO DETERMINE COMPENSATION AND BENEFITS. THOSE INDEPENDENT SALARY SURVEYS ARE ALSO USED TO DEVELOP COMPENSATION PACKAGES FOR THE SENIOR MANAGEMENT TEAM ANNUALLY. THE COMPENSATION COMMITTEE EVALUATES THE DATA, THEN DEBATES AND DOCUMENTS ITS RECOMMENDATION OF REASONABLE COMPENSATION. THE COMPENSATION PACKAGE FOR THE CEO POSITION IS APPROVED BY THE FULL BOARD OF DIRECTORS.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	PHOTOCOPIES OF THE ORGANIZATION'S FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICES. THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 23,807,188. MANAGEMENT AND GENERAL EXPENSES 18,015,097. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 41,822,285. PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 13,910,307. MANAGEMENT AND GENERAL EXPENSES 1,255,316. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 15,165,623.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization  
FLAGLER HOSPITAL INC

Employer identification number  
59-0675143

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OUTPATIENT SURGERY CENTER OF ST AUGUSTINE LLC 1 ORTHOPAEDIC PL ST AUGUSTINE, FL 32086 20-2047704	OUTPATIENT SURGERY	FL	-16,590	450,621	FLAGLER HEALTH ENTERPRISE
(2) FLAGLER HEALTH NETWORK LLC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 82-1579477	INVESTMENT HOLDING	FL	-453,010	-122,888	FLAGLER HOSPITAL INC
(3) FLAGLER HEALTH ENTERPRISES LLC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 82-1588529	INVESTMENT HOLDING	FL	-208,801	14,908,347	FLAGLER 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.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FLAGLER HEALTH CARE FOUNDATION INC 400 HEALTH PARK BLVD  ST AUGUSTINE, FL 32086 59-2440537	SUPPORTING ORGANIZATION	FL	501(C)(3)	LINE 12A, I	FLAGLER HOSPITAL	Yes	
(2) FLAGLER HOME CARE LLC 301 HEALTH PARK BLVD  ST AUGUSTINE, FL 32086 82-1562462	HOME CARE SERVICES	FL	501(C)(3)	LINE 10	FLAGLER HEALTH NETWORK LLC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> CF MANAGEMENT ADMINISTRATIVE COMPANY LLC 30 TURIN TERRACE ST AUGUSTINE, FL 32092 84-3559295	HEALTHCARE	FL	N/A					No		Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> FLAGLER HEALTH SERVICES INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 59-2484352	REAL ESTATE LEASING	FL	FLAGLER HOSPITAL INC	C	1,383,205	2,525,077	100.000 %	Yes	
<b>(2)</b> HEALTH PARK OWNERS ASSOCIATION 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 59-2869538	PROPERTY MANAGEMENT	FL	FLAGLER HOSPITAL INC	C	8,887	572,209	100.000 %	Yes	
<b>(3)</b> ANDERSON GIBBS CONDOMINIUM ASSOC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 59-3223458	PROPERTY MANAGEMENT	FL	FLAGLER HOSPITAL INC	C			100.000 %	Yes	
<b>(4)</b> FLAGLER PROFESSIONAL HEALTH CARE SERVICES INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 36-4860252	HEALTHCARE	FL	FLAGLER HOSPITAL INC	C	24,724,515	8,679,401	100.000 %	Yes	

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b> Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b> Yes	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b> Yes	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b> Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b> Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) 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: 59-0675143  
Name: FLAGLER HOSPITAL INC

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
FLAGLER HEALTH CARE FOUNDATION INC	C	774,747	FMV
FLAGLER HEALTH SERVICES INC	J	510,853	FMV
FLAGLER HEALTH CARE FOUNDATION INC	M	931,183	FMV
FLAGLER HEALTH SERVICES INC	Q	3,297	FMV
FLAGLER PROFESSIONAL HEALTH SERVICES INC	P	12,864,588	FMV
FLAGLER HEALTH CARE FOUNDATION INC	A	36,006	FMV
FLAGLER HEALTH CARE FOUNDATION INC	Q	21,142	FMV
FLAGLER HOME CARE LLC	P	368,785	FMV