

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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

C Name of organization
Adventist Care Centers - Courtland Inc

Doing business as
AdventHealth Care Center Orlando North

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

City or town, state or province, country, and ZIP or foreign postal code
Orlando, FL 32804

D Employer identification number
20-5774723

E Telephone number
(407) 975-3800

G Gross receipts \$ 11,645,702

F Name and address of principal officer
Michelle Givens
485 N Keller Rd Suite 250
Maitland, FL 32751

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

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

H(c) Group exemption number ▶ 1071

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

J Website: ▶ www AdventHealth com/skilled-nursing

K Form of organization Corporation Trust Association Other ▶

L Year of formation 2006

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Operation of Home for the Aged/Healthcare Delivery

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) | 8 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 233 |
| 6 Total number of volunteers (estimate if necessary) | 113 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 2,640 |

| | Prior Year | Current Year |
|---|---------------------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 1,646,646 | 1,317,296 |
| 9 Program service revenue (Part VIII, line 2g) | 10,210,741 | 10,308,881 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 312,800 | -15,743 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 12,170,187 | 11,610,434 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0 | 0 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 5,083,133 | 5,339,743 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 6,905,562 | 7,594,701 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 11,988,695 | 12,934,444 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 181,492 | -1,324,010 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 12,297,858 | 9,591,036 |
| 21 Total liabilities (Part X, line 26) | 3,473,283 | 2,119,710 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 8,824,575 | 7,471,326 |

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: ***** Date: 2019-11-11

Lynn C Addiscott Asst Secretary
Type or print name and title

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|------|---|------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| Firm's name ▶ | Firm's EIN ▶ | | Phone no | |
| Firm's address ▶ | | | | |

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Adventist Health System Sunbelt Healthcare Corporation and all its subsidiary organizations were established by the Seventh-Day Adventist Church to bring a ministry of healing and health to the communities served. Our mission is to extend the healing ministry of Christ. The filing organization and healthcare system whose parent is Adventist Health System Sunbelt Healthcare Corporation is known as AdventHealth. AdventHealth seeks to be widely respected as a consumer-focused organization that engages individuals in their health by delivering wholistic, best practice care across a connected, comprehensive continuum of services. With Christ as our example, AdventHealth cares for and nurtures people—our employees, our communities, our healthcare professionals, and those who trust us for care and healing.

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 10,817,937 including grants of \$) (Revenue \$ 10,308,881)
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 ▶ 10,817,937

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|------------|--|-----|-----|
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | 23 | Yes |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | No |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | No |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | 26 | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | No |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | No |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | No |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | 33 | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 | Yes |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Yes |
| b | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b | Yes |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | No |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | No |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |

| | | | | | |
|---|--|------------|-----|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 233 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | | Yes | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | Yes | |
| b | If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> | 3b | | Yes | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | No |
| b | If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | | |
| | Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a | Gross income from members or shareholders | 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | |
| c | Enter the amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | No |
| b | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | 15 | | | No |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | 16 | | | No |

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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; 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; Nigel Hinds 485 N Keller Rd Suite 250 Maitland, FL 32751 (407) 975-3005

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

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

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

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

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

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Johnson Sandra K Board Chairman | 0 10 50 00 | X | | | | | | 0 | 1,532,107 | 158,640 |
| (2) Anderson Roger Director (End 5/18) | 0 10 0 20 | X | | | | | | 0 | 0 | 0 |
| (3) Beaulieu Timothy Director (Beg 7/18) | 0 10 0 20 | X | | | | | | 0 | 200 | 0 |
| (4) Dixon Daryl Director (Beg 7/18) | 0 10 0 20 | X | | | | | | 0 | 200 | 0 |
| (5) Evans G Thomas Director (End 12/18) | 0 10 0 20 | X | | | | | | 0 | 200 | 0 |
| (6) Givens Michelle R Director/President/CEO | 1 00 50 00 | X | | X | | | | 0 | 870,247 | 104,405 |
| (7) Johnson Penny Director (Beg 1/18) | 0 10 50 00 | X | | | | | | 0 | 718,432 | 129,941 |
| (8) McDonald Raymond Andrew Director | 0 10 0 20 | X | | | | | | 0 | 200 | 0 |
| (9) Seifert Lewis Director (End 1/18) | 0 10 50 00 | X | | | | | | 0 | 827,832 | 26,364 |
| (10) Thompson Michael J Director (Beg 7/18) | 0 10 50 00 | X | | | | | | 0 | 620,461 | 122,866 |
| (11) Hinds Nigel CFO (Beg 4/18) | 1 00 50 00 | | | X | | | | 0 | 326,584 | 70,017 |
| (12) Johnson Kent R CFO (End 3/18) | 1 00 50 00 | | | X | | | | 0 | 407,907 | 76,235 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

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



| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns . . . | 1a | | | |
| | b Membership dues . . . | 1b | | | |
| | c Fundraising events . . . | 1c | | | |
| | d Related organizations | 1d | 1,317,296 | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | | | |
| | h Total. Add lines 1a-1f | | 1,317,296 | | |

| Program Service Revenue | | | Business Code | | | | |
|--|-------------------------------|--------|---------------|------------|------------|--|--|
| | 2a Net patient revenue | | 623000 | 10,307,640 | 10,307,640 | | |
| b Other revenue | | 623000 | 1,031 | 1,031 | | | |
| c Cafeteria revenue | | 623000 | 210 | 210 | | | |
| d _____ | | | | | | | |
| e _____ | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 10,308,881 | | | | |

| | | | | | | | |
|--|---|----------------|---------------|------------|---|---------|---------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 19,525 | | | 19,525 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | b Less rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | b Less cost or other basis and sales expenses | 7,222 | 28,046 | | | | |
| | c Gain or (loss) | -7,222 | -28,046 | | | | |
| | d Net gain or (loss) | | | -35,268 | | | -35,268 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | b Less direct expenses | b | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | | | | |
| Miscellaneous Revenue | Business Code | | | | | | |
| 11a _____ | | | | | | | |
| b _____ | | | | | | | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | | | | |
| 12 Total revenue. See Instructions | | | 11,610,434 | 10,308,881 | 0 | -15,743 | |

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 4,552,934 | 4,289,998 | 262,936 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 42,622 | 42,622 | | |
| 9 Other employee benefits | 404,966 | 404,966 | | |
| 10 Payroll taxes | 339,221 | 323,943 | 15,278 | |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 19,821 | | 19,821 | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | 3,695 | | 3,695 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 3,274,223 | 1,546,244 | 1,727,979 | |
| 12 Advertising and promotion | 789 | | 789 | |
| 13 Office expenses | 530,229 | 497,266 | 32,963 | |
| 14 Information technology | 974 | 974 | | |
| 15 Royalties | | | | |
| 16 Occupancy | 1,522,523 | 1,522,523 | | |
| 17 Travel | 1,424 | | 1,424 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,465 | | 1,465 | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 343,535 | 343,535 | | |
| 23 Insurance | 102,288 | 91,388 | 10,900 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Medical supplies | 828,802 | 828,802 | | |
| b State tax indigent asse | 636,856 | 636,856 | | |
| c Repairs & maintenance | 283,242 | 283,242 | | |
| d Dues & subscriptions | 5,992 | | 5,992 | |
| e All other expenses | 38,843 | 5,578 | 33,265 | |
| 25 Total functional expenses. Add lines 1 through 24e | 12,934,444 | 10,817,937 | 2,116,507 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-----------|----------------------|
| Assets | 1 Cash—non-interest-bearing | 50,922 | 1 | 499 |
| | 2 Savings and temporary cash investments | 5,793,525 | 2 | 324,376 |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 1,520,848 | 4 | 1,207,683 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 17,426 | 9 | 16,385 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 8,998,885 | | |
| | b Less accumulated depreciation | 10b 2,002,102 | 4,614,018 | 10c 6,996,783 |
| | 11 Investments—publicly traded securities | | 11 | |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 301,119 | 15 | 1,045,310 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 12,297,858 | 16 | 9,591,036 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,073,317 | 17 | 595,029 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 16,499 | 21 | 27,720 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D | 2,383,467 | 25 | 1,496,961 |
| | 26 Total liabilities. Add lines 17 through 25 | 3,473,283 | 26 | 2,119,710 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 8,824,575 | 27 | 7,471,326 |
| | 28 Temporarily restricted net assets | | 28 | |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 8,824,575 | 33 | 7,471,326 | |
| 34 Total liabilities and net assets/fund balances | 12,297,858 | 34 | 9,591,036 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 11,610,434 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 12,934,444 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -1,324,010 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 8,824,575 |
| 5 | Net unrealized gains (losses) on investments | 5 | -29,243 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 4 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 7,471,326 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 20-5774723

Name: Adventist Care Centers - Courtland Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

Operation of a 120 bed nursing home that provides housing and medical care to elderly residents There were 35,970 resident days in the current year

SCHEDULE A
(Form 990 or 990-EZ)

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 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Adventist Care Centers - Courtland Inc

Employer identification number

20-5774723

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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| | Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-----------|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |

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

| | | | |
|-----------|--|-----------|--|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | |

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|------------|------------|------------|------------|------------|------------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 310,302 | 1,081,775 | 1,377,700 | 1,646,646 | 1,317,296 | 5,733,719 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 11,862,276 | 12,352,119 | 11,597,213 | 10,210,741 | 10,308,881 | 56,331,230 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | 12,172,578 | 13,433,894 | 12,974,913 | 11,857,387 | 11,626,177 | 62,064,949 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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 | | | | | | 0 |
| c | Add lines 7a and 7b | | | | | | 0 |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | 62,064,949 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|------------|------------|------------|------------|------------|------------|
| 9 | Amounts from line 6 | 12,172,578 | 13,433,894 | 12,974,913 | 11,857,387 | 11,626,177 | 62,064,949 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 68,231 | 114,434 | 134,556 | 145,804 | 19,525 | 482,550 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | 68,231 | 114,434 | 134,556 | 145,804 | 19,525 | 482,550 |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | 12,240,809 | 13,548,328 | 13,109,469 | 12,003,191 | 11,645,702 | 62,547,499 |
| 14 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|----------|
| 15 | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.230 % |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | 99.090 % |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|---------|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.770 % |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | 0.910 % |

- 19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? If "Yes," provide detail in Part VI . | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:

Software Version:

EIN: 20-5774723

Name: Adventist Care Centers - Courtland Inc

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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 Adventist Care Centers - Courtland Inc | Employer identification number 20-5774723 |
|--|---|

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? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

| | (a) Filing organization's totals | (b) Affiliated group totals |
|--|----------------------------------|-----------------------------|
|--|----------------------------------|-----------------------------|

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

| | |
|--|--|
| | |
| | |
| | |

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 8,523 |
| j Total Add lines 1c through 1i | | | 8,523 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|-------------------|--|
| Part II-B, Line 1 | Member dues paid to the American Health Care Association & the Florida Health Care Association that represent lobbying activities conducted by these two associations Also payment of \$5040 to Florida Health Care Association toward "Our Florida Promise" program |

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 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Adventist Care Centers - Courtland Inc

Employer identification number
20-5774723

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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

| | Held at the End of the Year | |
|---|-----------------------------|--|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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 | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 5,866,415 | 635,290 | 5,231,125 |
| d Equipment | | 2,875,865 | 1,361,826 | 1,514,039 |
| e Other | | 256,605 | 4,986 | 251,619 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 6,996,783 |

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 _____ | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | |

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

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | |

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) Due from related | 870,197 |
| (2) Receivable from third parties | 175,113 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15) | 1,045,310 |

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 | |
| Due to related | 732,341 |
| Payable to third parties | 500,857 |
| Credit balances in A/R | 117,353 |
| Other liabilities | 146,410 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) | 1,496,961 |

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

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 20-5774723

Name: Adventist Care Centers - Courtland Inc

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part IV, Line 2b | The filing organization holds cash amounts on behalf of its nursing home residents. The residents' funds are always available for the use of residents for personal purchases. |

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part X, Line 2 | <p>The filing organization is a subsidiary organization within AdventHealth. The consolidated financial statements of AdventHealth contain the following FIN 48 (ASC 740) footnote: Please note that dollar amounts are in thousands. Healthcare Corporation and its affiliated organizations, other than North American Health Services, Inc. and its subsidiary (NAHS), are exempt from state and federal income taxes. Accordingly, Healthcare Corporation and its tax-exempt affiliates are not subject to federal, state or local income taxes except for any net unrelated business taxable income. NAHS is a wholly owned, for-profit subsidiary of Healthcare Corporation. NAHS and its subsidiary are subject to federal and state income taxes. NAHS files a consolidated federal income tax return and, where appropriate, consolidated state income tax returns. All taxable income was fully offset by net operating loss carryforwards for federal income tax purposes, as such, there is no provision for current federal or state income tax for the years ended December 31, 2018 and 2017. NAHS also has temporary deductible differences of approximately \$53,000 and \$55,700 at December 31, 2018 and 2017, respectively, primarily as a result of net operating loss carryforwards. At December 31, 2018, NAHS had net operating loss carryforwards of approximately \$54,500, expiring beginning in 2022 through 2026. Deferred taxes have been provided for these amounts, resulting in a net deferred tax asset of approximately \$13,400 and \$14,100 at December 31, 2018 and 2017, respectively. NAHS remeasured its deferred tax assets and liabilities based on the rates at which they are expected to reverse in the future, which is generally 21%. A full valuation allowance has been provided at December 31, 2018 and 2017 to offset the deferred tax asset, since Healthcare Corporation has determined that it is more likely than not that the benefit of the net operating loss carryforwards will not be realized in future years. The Income Taxes Topic of the ASC (ASC 740) prescribes the accounting for uncertainty in income tax positions recognized in financial statements. ASC 740 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken, or expected to be taken, in a tax return. There were no material uncertain tax positions as of December 31, 2018 and 2017. On December 22, 2017, the United States enacted tax reform legislation commonly known as the Tax Cuts and Jobs Act (Act), resulting in significant modifications to existing law. Certain provisions will impact tax-exempt organizations, including revisions to taxes on unrelated business activities, excise taxes on compensation of certain employees, and various other provisions. The regulations necessary to implement the law have not yet been promulgated, and the ultimate outcome of these regulations and the impact to the System cannot be determined presently. The System will continue to</p> |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| Part X, Line 2 | review and assess the impact of the legislation to the consolidated financial statements, but does not expect that the impact will be significant |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Adventist Care Centers - Courtland Inc

Employer identification number
20-5774723

Part I Questions Regarding Compensation

| | | Yes | No | | | | | | | | |
|--|--|--|--|--|--|--|---|--|--|--|--|
| <p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <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 type="checkbox"/> Tax indemnification 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) | | | |
| <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 type="checkbox"/> Tax indemnification 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) | | | | | | | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | | | | | | | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | | | | | | | | |
| <p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table> | <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | | | | | | | | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | | | | | | | | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | | | | | | | | | |
| <p>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</p> | | | | | | | | | | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | | No | | | | | | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | Yes | | | | | | | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p> | 4c | | No | | | | | | | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | | | | | | | |
| <p>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</p> | | | | | | | | | | | |
| <p>a The organization?</p> | 5a | | No | | | | | | | | |
| <p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p> | 5b | | No | | | | | | | | |
| <p>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</p> | | | | | | | | | | | |
| <p>a The organization?</p> | 6a | | No | | | | | | | | |
| <p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p> | 6b | | No | | | | | | | | |
| <p>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</p> | 7 | | No | | | | | | | | |
| <p>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</p> | 8 | | No | | | | | | | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | | | | | | | |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 Johnson Sandra K Board Chairman | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 666,604 | 334,440 | 531,063 | 106,868 | 51,772 | 1,690,747 | 54,263 |
| 2 Givens Michelle R Director/President/CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 394,374 | 198,303 | 277,570 | 68,034 | 36,371 | 974,652 | 41,864 |
| 3 Johnson Penny Director (Beg 1/18) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 485,748 | 160,659 | 72,025 | 80,096 | 49,845 | 848,373 | 33,746 |
| 4 Seifert Lewis Director (End 1/18) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 266,209 | 297,132 | 264,491 | 14,043 | 12,321 | 854,196 | 89,523 |
| 5 Thompson Michael J Director (Beg 7/18) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 464,658 | 114,012 | 41,791 | 74,835 | 48,031 | 743,327 | 21,117 |
| 6 Hinds Nigel CFO (Beg 4/18) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 263,291 | 30,375 | 32,918 | 24,281 | 45,736 | 396,601 | 15,773 |
| 7 Johnson Kent R CFO (End 3/18) | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 281,157 | 101,876 | 24,874 | 29,849 | 46,386 | 484,142 | 13,257 |
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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 3 | <p>The individual who serves as the CEO of the entire nursing home region and other post-acute care services of AdventHealth is appointed and compensated by Adventist Health System Sunbelt Healthcare Corporation (AHSSHC). Compensation and benefits provided to this individual are determined pursuant to policies, procedures, and processes of AHSSHC that are designed to ensure compliance with the intermediate sanctions laws as set forth in IRC Section 4958. AHSSHC has taken steps to ensure that processes are in place to satisfy the rebuttable presumption of reasonableness standard as set forth in Treasury Regulation 53.4958-6 with respect to its active executive-level positions. The AHSSHC Board Compensation Committee (the Committee) serves as the governing body for all executive compensation matters. The Committee is composed of certain members of the Board of Directors (the Board) of AHSSHC. Voting members of the Committee include only individuals who serve on the Board as independent representatives of the community, who hold no employment positions with AHSSHC and who do not have relationships with any of the individuals whose compensation is under their review that impacts their best independent judgment as fiduciaries of AHSSHC. The Committee's role is to review and approve all components of the executive compensation plan of AHSSHC. As an independent governing body with respect to executive compensation, it should be noted that the Committee will often confer in executive sessions on matters of compensation policy and policy changes. In such executive sessions, no members of management of AHSSHC are present. The Committee is advised by an independent third-party compensation advisor. This advisor prepares all the benchmark studies for the Committee. Compensation levels are benchmarked with a national peer group of other not-for-profit healthcare systems and hospitals of similar size and complexity to AdventHealth and each of its affiliated entities. The following principles guide the establishment of individual executive compensation:</p> <ul style="list-style-type: none"> - The salary of the President/CEO of AdventHealth will not exceed the 50th percentile of comparable salaries paid by similarly situated organizations, and - Other executive salaries shall be established using market medians. <p>The compensation philosophy, policies, and practices of AHSSHC are consistent with the organization's faith-based mission and conform to applicable laws, regulations, and business practices. As a faith-based organization sponsored by the Seventh-day Adventist Church (the Church), AHSSHC's philosophy and principles with respect to its executive compensation practices reflect the conservative approach of the Church's mission of service and were developed in counsel with the Church's leadership.</p> |

| Return Reference | Explanation |
|------------------|---|
| Part I, Line 4b | <p>The CEO and CFO of the filing organization are compensated by and on the payroll of Adventist Health System Sunbelt Healthcare Corporation (AHSSHC), the parent organization of a healthcare system known as AdventHealth. In recognition of the contribution that each executive makes to the success of AdventHealth, AdventHealth provides to eligible executive's participation in the AdventHealth Executive FLEX Benefit Program (the Plan). The purpose of the Plan is to offer eligible executives an opportunity to elect from among a variety of supplemental benefits, including a split dollar life insurance policy and long-term care insurance, to individually tailor a benefits program appropriate to each executive's needs. The Plan provides eligible participants a pre-determined benefits allowance credit that is equal to a percentage of the executive's base pay from which is deducted the cost of mandatory and elective employee benefits. The pre-determined benefits allowance credit percentage is approved by the AHSSHC Board Compensation Committee, an independent committee of the Board of Directors of AHSSHC. Any funds that remain after the cost of mandatory and elective benefits are subtracted from the annual pre-determined benefits allowance are contributed, at the employee's option, to either an IRC 457(f) deferred compensation account or to an IRC 457(b) eligible deferred compensation plan. Upon attainment of age 65, all previous 457(f) deferred amounts are paid immediately to the participant and any future employer contributions are made quarterly from the Plan directly to the participant. The Plan documents define an employee who is eligible to participate in the Plan to generally include the Chief Executive Officers of AdventHealth entities and Vice Presidents of all AdventHealth entities whose base salary is at least \$250,000. The Plan provides for a class year vesting schedule (2 years for each class year) with respect to amounts accumulated in the executive's 457(f) deferred compensation account. Distributions could also be made from the executive's 457(f) deferred compensation account upon attainment of age 65 or upon an involuntary separation. The account is forfeited by the executive upon a voluntary separation. In addition to the Plan, AdventHealth has instituted a defined benefit, non-tax-qualified deferred compensation plan for certain executives who have provided lengthy service to AdventHealth and/or to other Seventh-day Adventist Church hospitals or health care institutions. Participation in the plan is offered to AdventHealth executives on a pro-rata schedule beginning with 20 years of service as an employee of AdventHealth and/or another hospital or health care institution controlled by the Seventh-day Adventist Church and who satisfy certain other qualifying criteria. This supplemental executive retirement plan (SERP) was designed to provide eligible executives with the economic equivalent of an annual income beginning at normal retirement age equal to 60% of the average of the participant's three, five or seven highest years of base salary from AdventHealth active employment inclusive of income from all other Seventh-day Adventist Church healthcare employer-financed retirement income sources and investment income earned on those contributions through social security normal retirement age as defined in the plan. The number of years included in highest average compensation is determined by the individual's year of entry to the SERP and by the individual's year of entry to the AdventHealth Executive FLEX Benefit Program. Additionally, AdventHealth has adopted a Senior Executive Death Benefit (SEDB) Plan in recognition of the considerable age and service requirements in the SERP. The SEDB Plan provides a benefit in an amount equal to the amount the executive's benefit would have been under the SERP Plan assuming that, on the date of the executive's death (and not before), the executive satisfied the last of the eligibility requirements of the SERP Plan with present value recognizing an early benefit commencement. An eligible executive becomes a participant in the SEDB Plan if the executive dies prior to termination of employment, provided the executive has not satisfied all of the eligibility requirements of SERP as of the executive's date of death but would have satisfied all of those requirements within five (5) years following death had the executive lived and continued employment. The SEDB Plan was reviewed and approved by the AHSSHC Board Compensation Committee, an independent body of the AHSSHC Board of Directors.</p> <p>Flex Plan Flex Plan/ SERP 457 (b) CYP CY Employer CY Contrib / Distributions* Contrib Distributions* Payment ----- Johnson, Sandra \$110,519 \$67,536 \$412,120 \$0 Givens, Michelle \$53,185 \$52,053 \$197,436 \$0 Johnson, Penny \$65,247 \$40,219 \$0 \$0 Seifert, Lewis \$ 17,922 \$91,775 \$0 \$0 Thompson, Michael \$59,986 \$21,378 \$0 \$0 Hinds, Nigel \$14,932 \$18,760 \$0 \$0 Johnson, Kent \$15,000 \$13,417 \$0 \$0 * Including Investment Earnings</p> |



SCHEDULE O
(Form 990 or 990-EZ)

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 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Department of the Treasury
 Name of the organization
 Adventist Care Centers - Courtland Inc

Employer identification number
 20-5774723

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Part V, Line 1a | <p>The parent corporation and sole top-tier member of Adventist Care Centers-Courtland, Inc (the filing organization) is Adventist Health System Sunbelt Healthcare Corporation (AHSSHC) AHSSHC is a Florida, not-for-profit corporation that is exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3) AHSSHC has established a shared service center to centralize the Accounts Payable (A/P) function for all AHSSHC subsidiary organizations During 2018, the filing organization transitioned its A/P function from its parent corporation and sole member, Sunbelt Health Care Centers, Inc (SHCC), to AHSSHC The filing organization has entered "0" in Part V, Line 1a because the filing organization does not issue Form 1099 returns, rather, all such returns were filed by and under the names and EIN of SHCC (prior to the transition to AHSSHC shared services) and AHSSHC (subsequent to transition to AHSSHC shared services) as the payors subject to the information reporting requirements of Section 6041 The facts and circumstances support a position that SHCC and AHSSHC, as payors on behalf of its subsidiary organizations in a shared service environment, will have sufficient management and oversight in connection with the subsidiary organizations' payments to meet the standard set forth in Treas Reg Section 1.6041-1(e) SHCC and going forward, AHSSHC, will not merely be making payments at the direction of its subsidiary organizations Accordingly, SHCC and AHSSHC are considered the payors subject to the information reporting requirements of Section 6041</p> |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, Part VI, Section A, line 7b | SHCC, as the sole member of the filing organization, has certain reserved powers as set forth in the Bylaws of the filing organization. These reserved powers include the following: a) to appoint and remove the Directors and all officers and administrators of the filing organization, b) to adopt, amend, restate, and repeal the Articles of Incorporation or Bylaws of the filing organization, c) to set limits and terms for the borrowing of funds, d) to approve or disapprove the annual operating and capital budgets of the filing organization, and e) to direct the placement of funds and capital of the filing organization. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Section B, line 11b | The filing organization's current year Form 990 was reviewed by the Board Chairman, Board Finance Committee Chair, CEO and by the CFO prior to its filing with the IRS. The review conducted by the Board Chairman, Board Finance Committee Chair, CEO and the CFO did not include the review of any supporting workpapers that were used in preparation of the current year Form 990, but did include a review of the entire Form 990 and all supporting schedules. |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|---|
| Form 990, Part VI, Section C, line 19 | <p>The filing organization is a part of the system of healthcare organizations known as AdventHealth. The audited consolidated financial statements of AdventHealth and of the AdventHealth "Obligated Group" are filed annually with the Municipal Securities Rulemaking Board (MSRB). The "Obligated Group" is a group of AHSSHC subsidiaries that are jointly and severally liable under a Master Trust Indenture that secures debt primarily issued on a tax-exempt basis. Unaudited quarterly financial statements prepared in accordance with Generally Accepted Accounting Principles (GAAP) are also filed with MSRB for AdventHealth on a consolidated basis and for the grouping of AdventHealth subsidiaries comprising the "Obligated Group". The filing organization does not generally make its governing documents or conflict of interest policy available to the public.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|---|
| Part VII, Section A | For those Board of Director members and officers who devote less than full-time to the filing organization (based upon the average number of hours per week shown in column (B) on page 7 of the return) the compensation amounts shown in columns (E) and (F) on page 7 were provided in conjunction with that person's responsibilities and roles in serving in an executive leadership position as an employee of Adventist Health System Sunbelt Healthcare Corporation |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------|---|
| Part VIII, Line 7c | The amount shown in Part VIII, Line 7c(i) of the Form 990 represents an allocated share of capital gain/(loss) from a system wide, corporate administered, investment program |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------|--|
| Form 990, Part IX, line 11g | <p>Payments to Healthcare Professionals Program service expenses 48,300 Management and general expenses 0 Fundraising expenses 0 Total expenses 48,300 Professional fees Program service expenses 82,094 Management and general expenses 0 Fundraising expenses 0 Total expenses 82,094 Purchased medical services Program service expenses 1,349,965 Management and general expenses 0 Fundraising expenses 0 Total expenses 1,349,965 Environmental services Program service expenses 6,170 Management and general expenses 0 Fundraising expenses 0 Total expenses 6,170 Transcription services Program service expenses 13 Management and general expenses 0 Fundraising expenses 0 Total expenses 13 Recruiting Program service expenses 5,052 Management and general expenses 0 Fundraising expenses 0 Total expenses 5,052 Miscellaneous Purchased Services Program service expenses 54,650 Management and general expenses 0 Fundraising expenses 0 Total expenses 54,650 AdventHealth Shared Services fees Program service expenses 0 Management and general expenses 2,163 Fundraising expenses 0 Total expenses 2,163 AdventHealth management fees Program service expenses 0 Management and general expenses 1,725,816 Fundraising expenses 0 Total expenses 1,725,816</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|-------------|
| Form 990, Part XI, line 9 | Rounding 4 |

990 Schedule O, Supplemental Information

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

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

- ▶ 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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Care Centers - Courtland Inc

Employer identification number

20-5774723

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

See Additional Data Table

| (a) 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 |
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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 | |
| (1) Clear Creek MOB Ltd 2201 S Clear Creek Rd Killeen, TX 76549 74-2609195 | Real Estate | TX | N/A | | | | | | | | | |
| (2) Florida Hospital DMERT LLC 500 Winderley Place Ste 324 Maitland, FL 32751 20-2392253 | Medical Equipment | FL | N/A | | | | | | | | | |
| (3) Florida Hospital Home Infusion LLP 500 Winderley Place Ste 226 Maitland, FL 32751 59-3142824 | Home Infusion Services | FL | N/A | | | | | | | | | |
| (4) Functional Neurosurgical Ambulatory Surgery Ctr LLC 11 W Dry Creek Circle 120 Littleton, CO 80120 46-4426708 | Surgery Center | CO | N/A | | | | | | | | | |
| (5) Princeton Homecare Services LLC 1050 Forrer Blvd Kettering, OH 45420 81-4196648 | Operation of Home Health Agency | FL | N/A | | | | | | | | | |
| (6) San Marcos MRI LP 1330 Wonder World Dr Ste 202 San Marcos, TX 78666 77-0597972 | Imaging & Testing | TX | N/A | | | | | | | | | |
| (7) The Bariatric Center of Kansas City LLC (628-123118) 9100 W 74th Street Merriam, KS 66204 82-3025378 | Surgery Center | KS | N/A | | | | | | | | | |

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

See Additional Data Table

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) Sunbelt Health Care Centers Inc | M | 1,725,816 | Cost Plus Appropriate Margin |
| (2) Adventist Health System Sunbelt Inc dba AdventHealth Orlando | C | 1,317,296 | Cash Value Received |
| (3) Courtland Health Care Properties Inc | K | 1,257,000 | Cost Plus Appropriate Margin |
| (4) Sunbelt Health Care Centers Inc | S | 550,000 | Amount Received |
| (5) Resource Personnel Inc | P | 233,020 | Cost |
| | | | |

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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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: 20-5774723
Name: Adventist Care Centers - Courtland Inc

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|--|---|--|----------------------------|---|---|--|----|
| | | | | | | Yes | No |
| 9100 W 74th Street Shawnee Mission, KS 66204 48-0868859 | Fund-raising for Tax-exempt hospital | KS | 501(c)(3) | Line 7 | Shawnee Mission Medical Center Inc | Yes | |
| 671 Lake Winyah Drive Orlando, FL 32803 59-3069793 | Education/Operation of School | FL | 501(c)(3) | Line 2 | Adventist Hlth SystemSunbelt Inc | Yes | |
| 1301 S Main Street Ottawa, KS 66067 83-0976641 | Operation of Hospital & Related Services | KS | 501(c)(3) | Line 3 | Adventist Hlth Mid-America Inc | Yes | |
| 500 Remington Blvd Bolingbrook, IL 60440 65-1219504 | Operation of Hospital & Related Services | IL | 501(c)(3) | Line 3 | Adventist Midwest Health | Yes | |
| 730 Courtland Street Orlando, FL 32804 20-5774723 | Operation of Home for the Aged/Hlthcare Delivery | FL | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 701 Winthrop Avenue Glendale Heights, IL 60139 36-3208390 | Operation of Hospital & Related Services | IL | 501(c)(3) | Line 3 | Adventist Midwest Health | Yes | |
| 9100 W 74th Street Shawnee Mission, KS 66204 52-1347407 | Support of Affiliated Hospital | KS | 501(c)(3) | Line 12c, III-FI | Adventist Hlth SystemSunbelt Inc | Yes | |
| 2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 36-4138353 | Operation of Physician Practices & Medical Services | IL | 501(c)(3) | Line 3 | AHS Midwest Management Inc | Yes | |
| 900 Hope Way Altamonte Springs, FL 32714 59-2170012 | Management Services | FL | 501(c)(3) | Line 12a, I | N/A | | No |
| 1035 Red Bud Road Calhoun, GA 30701 58-1425000 | Operation of Hospital & Related Services | GA | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 900 Hope Way Altamonte Springs, FL 32714 59-1479658 | Operation of Hospital & Related Services | FL | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 11801 S Freeway Burleson, TX 76028 74-2578952 | Leasing Personnel to Affiliated Hospital | TX | 501(c)(3) | Line 12c, III-FI | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 120 North Oak Street Hinsdale, IL 60521 36-2276984 | Operation of Hospital & Related Services | IL | 501(c)(3) | Line 3 | Adventist Hlth SystemSunbelt Inc | Yes | |
| 2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 81-1105774 | Operation of Physician Practices & Medical Services | IL | 501(c)(3) | Line 3 | AHS Midwest Management Inc | Yes | |
| 2601 Navistar Dr Bldg 4 Finance Lisle, IL 60532 36-3354567 | Operation of Physician Practice Mgmt | IL | 501(c)(3) | Line 12a, I | Adventist Midwest Health | Yes | |
| 1301 Wonder World Drive San Marcos, TX 78666 74-2621825 | Provide Office Space - Medical Professionals | TX | 501(c)(3) | Line 12c, III-FI | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 305 E Oak Street Apopka, FL 32703 51-0605694 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 900 Hope Way Altamonte Springs, FL 32714 38-1359189 | Inactive | MI | 501(c)(3) | Line 3 | Adventist Hlth SystemSunbelt Inc | Yes | |
| 500 Remington Blvd Bolingbrook, IL 60440 90-0494445 | Fund-raising for Tax-exempt hospital | IL | 501(c)(3) | Line 7 | Midwest Hlth Foundation | | No |
| 950 Highpoint Drive Hopkinsville, KY 42240 20-5782342 | Operation of Home for the Aged/Hlthcare Delivery | KY | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|---|--|----------------------------|---|---|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 301 Huguley Blvd Burleson, TX 76028 20-5782243 | Operation of Home for the Aged/Hlthcare Delivery | TX | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 1333 West Main Princeton, KY 42445 51-0605680 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 1301 Wonder World Drive San Marcos, TX 78666 45-3739929 | Support Operation of Hospital | TX | 501(c)(3) | Line 12a, I | Adventist Hlth SystemSunbelt Inc | Yes | |
| 250 S Chickasaw Trail Orlando, FL 32825 51-0605681 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 1220 Third Avenue West Durand, WI 54736 39-1365168 | Operation of Hospital & Related Services | WI | 501(c)(3) | Line 3 | Adventist Hlth SystemSunbelt Inc | Yes | |
| 730 Courtland Street Orlando, FL 32804 51-0605682 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 107 Boyles Drive Russellville, KY 42276 20-5782260 | Operation of Home for the Aged/Hlthcare Delivery | KY | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 7350 Dairy Road Zephyrhills, FL 33540 51-0605684 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 250 S Chickasaw Trail Orlando, FL 32825 20-5774748 | Operation of Home for the Aged/Hlthcare Delivery | FL | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 900 Hope Way Altamonte Springs, FL 32714 58-2171011 | Inactive | GA | 501(c)(3) | Line 3 | Adventist Hlth SystemSunbelt Inc | Yes | |
| 100 Hospital Drive Hendersonville, NC 28792 56-0543246 | Operation of Hospital & Related Svcs | NC | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 3355 E Semoran Blvd Apopka, FL 32703 20-5774761 | Operation of Home for the Aged/Hlthcare Delivery | FL | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 13100 Fort King Road Dade City, FL 33525 82-2567308 | Operation of Hospital & Related Svcs | FL | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 770 West Granada Blvd 101 Ormond Beach, FL 32174 46-2354804 | Operation of Physician Practices & Medical Services | FL | 501(c)(3) | Line 3 | Adventist Hlth SystemSunbelt Inc | Yes | |
| 2600 Westhall Lane 4th Floor Maitland, FL 32751 59-3214635 | Operation of Physician Practices & Medical Services | FL | 501(c)(3) | Line 3 | Adventist Hlth SystemSunbelt Inc | Yes | |
| 1500 SW 1st Avenue Ocala, FL 34471 82-4372339 | Operation of Hospital & Related Svcs | FL | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 12470 Telecom Dr 100 Tampa, FL 33637 46-2021581 | Operation of Physician Practices & Medical Services | FL | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 1000 Waterman Way Tavares, FL 32778 59-3140669 | Operation of Hospital & Related Services | FL | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 7050 Gall Blvd Zephyrhills, FL 33541 59-2108057 | Operation of Hospital & Related Services | FL | 501(c)(3) | Line 3 | Adventist Hlth SystemSunbelt Inc | Yes | |
| 2600 Westhall Lane 4th Floor Maitland, FL 32751 55-0789387 | Imaging & Testing | FL | 501(c)(3) | Line 3 | Florida Hospital Medical Group Inc | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|--|--|----------------------------|---|---|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 485 North Keller Road 250 Maitland, FL 32751 47-2180518 | Operation of Home for the Aged/Hlthcare Delivery | FL | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 701 Winthrop Avenue Glendale Heights, IL 60139 36-3926044 | Fund-raising for Tax-exempt hospital | IL | 501(c)(3) | Line 7 | Midwest Hlth Foundation | | No |
| 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-2106043 | Fund-raising for Tax-exempt hospital/foundation | FL | 501(c)(3) | Line 12c, III-FI | N/A | | No |
| 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-3690149 | Fund-raising for Tax-exempt hospital | FL | 501(c)(3) | Line 7 | N/A | | No |
| 120 North Oak Street Hinsdale, IL 60521 52-1466387 | Fund-raising for Tax-exempt hospital | IL | 501(c)(3) | Line 7 | Midwest Hlth Foundation | | No |
| 480 W Central Parkway Altamonte Springs, FL 32714 59-2935928 | Operation of Hospice | FL | 501(c)(3) | Line 10 | The Comforter Health Care Group Inc | Yes | |
| 480 W Central Parkway Altamonte Springs, FL 32714 27-1858033 | Inactive | FL | 501(c)(3) | Line 7 | The Comforter Health Care Group Inc | Yes | |
| 485 North Keller Road 250 Maitland, FL 32751 20-8023411 | Therapy services to tax exempt nursing homes | KS | 501(c)(3) | Line 12b, II | Sunbelt Hlth Care Centers Inc | Yes | |
| 5101 S Willow Springs Rd La Grange, IL 60525 30-0247776 | Fund-raising for Tax-exempt hospital | IL | 501(c)(3) | Line 7 | Midwest Hlth Foundation | | No |
| 485 North Keller Road 250 Maitland, FL 32751 81-3923985 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 305 Memorial Medical Pkwy 212 Daytona Beach, FL 32117 31-1771522 | Fund-raising for Tax-exempt hospital | FL | 501(c)(3) | Line 7 | N/A | | No |
| 301 Memorial Medical Parkway Daytona Beach, FL 32117 59-0973502 | Operation of Hospital & Related Services | FL | 501(c)(3) | Line 3 | Adventist Hlth SystemSunbelt Inc | Yes | |
| 701 West Plymouth Avenue Deland, FL 32720 59-3256803 | Operation of Hospital & Related Services | FL | 501(c)(3) | Line 3 | Memorial Hlth Systems Inc | Yes | |
| 60 Memorial Medical Parkway Palm Coast, FL 32164 59-2951990 | Operation of Hospital & Related Services | FL | 501(c)(3) | Line 3 | Memorial Hlth Systems Inc | Yes | |
| 210 Marie Langdon Drive Manchester, KY 40962 61-0594620 | Operation of Hospital & Related Services | KY | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 9700 West 62nd Street Merriam, KS 66203 36-4595806 | Lease to Related Organization | KS | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 2201 S Clear Creek Road Killeen, TX 76549 74-2225672 | Operation of Hospital & Related Services | TX | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 2201 S Clear Creek Road Killeen, TX 76549 11-3762050 | Physician Hlthcare services to the community | TX | 501(c)(3) | Line 3 | Metroplex Adventist Hospital Inc | Yes | |
| 120 North Oak Street Hinsdale, IL 60521 35-2230515 | Support of subsidiary Foundations | IL | 501(c)(3) | Line 12b, II | N/A | | No |
| 500 Beck Lane Mayfield, KY 42066 20-5782320 | Operation of Home for the Aged/Hlthcare Delivery | KY | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|--|--|----------------------------|---|---|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 485 North Keller Road 250 Maitland, FL 32751 90-0866024 | Provision of support to the nursing home division | GA | 501(c)(3) | Line 12b, II | Sunbelt Hlth Care Centers Inc | Yes | |
| 9100 W 74th Street Shawnee Mission, KS 66204 43-1224729 | Support Hlth Care Services | MO | 501(c)(3) | Line 12d, III-O | Adventist Hlth Mid-America Inc | Yes | |
| 301 Memorial Medical Parkway Daytona Beach, FL 32117 59-1721962 | Volunteer support services | FL | 501(c)(3) | Line 12c, III-FI | N/A | | No |
| 485 North Keller Road 250 Maitland, FL 32751 81-3165729 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 6501 West 75th Street Overland Park, KS 66204 20-5774821 | Operation of Home for the Aged/Hlthcare Delivery | KS | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 950 Highpoint Drive Hopkinsville, KY 42240 51-0605686 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 2600 Bruce B Downs Blvd Wesley Chapel, FL 33544 20-8488713 | Operation of Hospital & Related Services | FL | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 9100 E Mineral Circle Centennial, CO 80112 84-0438224 | Operation of Hospital & Related Services | CO | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 1333 West Main Princeton, KY 42445 20-5782272 | Operation of Home for the Aged/Hlthcare Delivery | KY | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 601 E Rollins Street Orlando, FL 32803 59-1191045 | Provision of Hlthcare Services | FL | 501(c)(3) | Line 10 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 900 Hope Way Altamonte Springs, FL 32714 26-3789368 | Hlthcare Quality Services | FL | 501(c)(3) | Line 12a, I | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 485 North Keller Road 250 Maitland, FL 32751 20-8040875 | Provide administrative support to tax exempt nursing homes | FL | 501(c)(3) | Line 12b, II | Sunbelt Hlth Care Centers Inc | Yes | |
| 7995 E Prentice Ave 204 Greenwood Village, CO 80111 84-0745018 | Fund-raising for Tax-exempt hospital | CO | 501(c)(3) | Line 7 | N/A | | No |
| 2201 S Clear Creek Road Killeen, TX 76549 46-1656773 | Support Operation of Hospital | TX | 501(c)(3) | Line 12a, I | Adventist Hlth SystemSunbelt Inc | Yes | |
| 683 East Third Street Russellville, KY 42276 51-0605691 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 1900 Medical Parkway San Marcos, TX 78666 51-0605693 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 1900 Medical Parkway San Marcos, TX 78666 20-5782224 | Operation of Home for the Aged/Hlthcare Delivery | TX | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 6501 West 75th Street Overland Park, KS 66204 48-0952508 | Lease to Related Organization | KS | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 485 North Keller Road 250 Maitland, FL 32751 81-3914908 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 9100 W 74th Street Shawnee Mission, KS 66204 48-0637331 | Operation of Hospital & Related Services | KS | 501(c)(3) | Line 3 | Adventist Hlth Mid-America Inc | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|--|--|----------------------------|---|---|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 38250 A Avenue Zephyrhills, FL 33542 51-0605679 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 401 Palmetto Street New Smyrna Beach, FL 32168 47-3793197 | Operation of Hospital & Related Services | FL | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 1055 Saxon Blvd Orange City, FL 32763 59-3281591 | Medical Office Building for Hospital | FL | 501(c)(3) | Line 12a, I | Southwest Volusia Hlthcare Corp | Yes | |
| 1055 Saxon Blvd Orange City, FL 32763 59-3149293 | Operation of Hospital & Related Services | FL | 501(c)(3) | Line 3 | Adventist Hlth SystemSunbelt Inc | Yes | |
| 1301 Wonder World Drive San Marcos, TX 78666 20-8814408 | Physician Hlthcare services to the community | TX | 501(c)(3) | Line 3 | Adventist Hlth SystemSunbelt Inc | Yes | |
| 718 Goodwin Lane Leitchfield, KY 42754 20-5782288 | Operation of Home for the Aged/Hlthcare Delivery | KY | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 305 East Oak Street Apopka, FL 32703 20-5774856 | Operation of Home for the Aged/Hlthcare Delivery | FL | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 485 North Keller Road 250 Maitland, FL 32751 58-1473135 | Management Services | TN | 501(c)(3) | Line 12b, II | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 900 Hope Way Altamonte Springs, FL 32714 59-2219301 | Fund Raising for Affiliated Tax-Exempt Hospitals | FL | 501(c)(3) | Line 7 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 1395 S Pinellas Ave Tarpon Springs, FL 34689 59-0898901 | Operation of Hospital & Related Services | FL | 501(c)(3) | Line 3 | University Community Hospital Inc | Yes | |
| 301 Huguley Blvd Burleson, TX 76028 51-0605677 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 718 Goodwin Lane Leitchfield, KY 42754 51-0605678 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 605 Montgomery Road Altamonte Springs, FL 32714 27-1857940 | Lease to Related Organization | FL | 501(c)(3) | Line 12c, III-FI | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 60 Memorial Medical Parkway Palm Coast, FL 32164 59-2486582 | Volunteer support services | FL | 501(c)(3) | Line 12c, III-FI | N/A | | No |
| 485 North Keller Road 250 Maitland, FL 32751 47-2219363 | Operation of Home for the Aged/Hlthcare Delivery | FL | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 9700 West 62nd Street Merriam, KS 66203 20-5774890 | Operation of Home for the Aged/Hlthcare Delivery | KS | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 3100 E Fletcher Ave Tampa, FL 33613 59-2554889 | Fund-raising for Tax-exempt hospital | FL | 501(c)(3) | Line 12a, I | N/A | | No |
| 3100 E Fletcher Ave Tampa, FL 33613 59-3231322 | Inactive | FL | 501(c)(3) | Line 12a, I | University Community Hospital Inc | Yes | |
| 3100 E Fletcher Ave Tampa, FL 33613 59-1113901 | Operation of Hospital & Related Services | FL | 501(c)(3) | Line 3 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |
| 14055 Riveredge Drive Tampa, FL 33637 47-1881744 | Holding Company | FL | 501(c)(3) | Line 10 | Adventist Hlth System Sunbelt Hlthcare Corp | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|--|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| 13601 Bruce B Downs Blvd Ste 110 Tampa, FL 33613 59-3686109 | Home Health Services | GA | 501(c)(3) | Line 10 | West Florida Health Inc | Yes | |
| 500 Beck Lane Mayfield, KY 42066 51-0605676 | Lease to Related Organization | GA | 501(c)(3) | Line 12c, III-FI | Sunbelt Hlth Care Centers Inc | Yes | |
| 38250 A Avenue Zephyrhills, FL 33542 20-5774930 | Operation of Home for the Aged/Hlthcare Delivery | FL | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |
| 7350 Dairy Road Zephyrhills, FL 33540 20-5774967 | Operation of Home for the Aged/Hlthcare Delivery | FL | 501(c)(3) | Line 10 | Sunbelt Hlth Care Centers Inc | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) Altamonte Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855792 | Condo Association | FL | N/A | C | | | | Yes | |
| (1) Apopka Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-3000857 | Condo Association | FL | N/A | C | | | | Yes | |
| (2) CC MOB Inc 2201 S Clear Creek Road Killeen, TX 76549 74-2616875 | Real Estate Rental | TX | N/A | C | | | | Yes | |
| (3) Central Texas Medical Associates 1301 Wonder World Drive San Marcos, TX 78666 74-2729873 | Inactive | TX | N/A | C | | | | Yes | |
| (4) Central Texas Providers Network 1301 Wonder World Drive San Marcos, TX 78666 74-2827652 | Physician Hospital Org | TX | N/A | C | | | | Yes | |
| (5) Florida Hospital Flagler Medical Offices Association Inc 60 Memorial Medical Parkway Palm Coast, FL 32164 26-2158309 | Condo Association | FL | N/A | C | | | | Yes | |
| (6) Florida Hosp Hlth Village Property Owner's Assoc Inc 550 E Rollins Street 7th Floor Orlando, FL 32803 82-1748255 | Condo Association | FL | N/A | C | | | | Yes | |
| (7) Florida Hospital Healthcare System Inc 101 Southhall Lane Ste 150 Maitland, FL 32751 59-3215680 | PHSO | FL | N/A | C | | | | Yes | |
| (8) Florida Medical Plaza Condominium Association Inc 601 East Rollins Street Orlando, FL 32803 59-2855791 | Condo Association | FL | N/A | C | | | | Yes | |
| (9) Florida Memorial Health Network Inc 770 W Granada Blvd Ste 317 Ormond Beach, FL 32174 59-3403558 | Physician Hospital Org | FL | N/A | C | | | | Yes | |
| (10) Kissimmee Multispecialty Clinic Condominium Association Inc 201 Hilda Street Suite 30 Kissimmee, FL 34741 59-3539564 | Condo Association | FL | N/A | C | | | | Yes | |
| (11) LN Health Partners Inc 550 E Rollins Street 6th Floor Orlando, FL 32803 81-3556903 | Inactive | FL | N/A | C | | | | Yes | |
| (12) Midwest Management Services Inc 9100 West 74th Street Shawnee Mission, KS 66204 48-0901551 | Inactive | KS | N/A | C | | | | Yes | |
| (13) North American Health Services Inc & Sub 900 Hope Way Altamonte Springs, FL 32714 62-1041820 | Lessor/Holding Co | TN | N/A | C | | | | Yes | |
| (14) Ormond Prof Associates Condo Assoc'n Inc (430 year end) 770 W Granada Blvd Ste 101 Ormond Beach, FL 32174 59-2694434 | Condo Association | FL | N/A | C | | | | Yes | |

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

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