



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

PROVIDE THE BEST PATIENT EXPERIENCE WITH THE BEST STAFF

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

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

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

If "Yes," describe these changes on Schedule O

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

<b>4a</b>	(Code )	(Expenses \$ 213,318,854	including grants of \$ 215,890 )	(Revenue \$ 276,063,850 )
See Additional Data				

<b>4b</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4c</b>	(Code )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$ )
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<b>4e</b>	<b>Total program service expenses</b> ▶	213,318,854
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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b>	No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b>	No

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 431	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> 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 . . . . .		<b>2a</b>	2,113			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</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)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> 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 . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		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**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year	15	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	14	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
<b>6</b>	Did the organization have members or stockholders?		No
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	Yes	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		No

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records.  
 ►MURRAY MARSH JR 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 (904) 825-4400

## 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 ☐

1

● 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

[illegible]

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

[illegible]

<b>1b Sub-Total</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>			
<b>d Total (add lines 1b and 1c)</b>	4,264,654	0	570,400

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 63

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

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
FIRST COAST HEART & VAS 3901 UNIVERSITY BLVD JACKSONVILLE, FL 32216	MEDICAL	4,064,258
FIRST CITY HOSPITALIST GROUP 400 HEALTH PARK BLVD SAINT AUGUSTINE, FL 32086	MEDICAL	2,382,267
CANCER SPECIALISTS OF NORTH FLORIDA 7015 AC SKINNER PARKWAY JACKSONVILLE, FL 32256	MEDICAL	1,303,210
J GREG DENT MD & ASSOCIATES 400 HEALTH PARK BLVD SAINT AUGUSTINE, FL 32086	MEDICAL	937,983
CARDIOTHORACIC & VASCULAR SURGICAL ASSOC 1824 KING STREET JACKSONVILLE, FL 32204	MEDICAL	849,715

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 58



Form 990 (2018)		Page 9					
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	203,237				
	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 . . . . .		203,237				
Program Service Revenue			Business Code				
	2a NET PATIENT SERVICE REVENUE . . . . .		623000	274,303,626	274,303,626		
	b ANCILLARY SERVICES . . . . .		623000	1,760,224	1,760,224		
	c . . . . .						
	d . . . . .						
	e . . . . .						
	f All other program service revenue . . . . .						
	9 Total. Add lines 2a-2f . . . . .		276,063,850				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . .			4,964,577			4,964,577
	4 Income from investment of tax-exempt bond proceeds . . . . .						
	5 Royalties . . . . .						
			(i) Real	(ii) Personal			
	6a Gross rents . . . . .		2,887,483				
	b Less rental expenses . . . . .		222,515				
	c Rental income or (loss) . . . . .		2,664,968				
	d Net rental income or (loss) . . . . .			2,664,968			2,664,968
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory . . . . .		50,027,051	26,344			
	b Less cost or other basis and sales expenses . . . . .		49,427,593	0			
	c Gain or (loss) . . . . .		599,458	26,344			
	d Net gain or (loss) . . . . .			625,802			625,802
	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	156,882			
b Less cost of goods sold . . . . .		b	68,215				
c Net income or (loss) from sales of inventory . . . . .			88,667			88,667	
Miscellaneous Revenue . . . . .		Business Code					
11a OSC REVENUE . . . . .		623000	4,857,967		4,857,967		
b PATIENT RECORD TRANSCRIPTION . . . . .		900099	165,733			165,733	
c QUEST LAB TESTS . . . . .		541380	158,565		158,565		
d All other revenue . . . . .			360,690			360,690	
e Total. Add lines 11a-11d . . . . .			5,542,955				
12 Total revenue. See Instructions . . . . .			290,154,056	276,063,850	5,016,532	8,870,437	

Form 990 (2018)

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	215,890	215,890		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	2,960,512		2,960,512	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	81,715,069	70,922,305	10,792,764	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	2,980,771		2,980,771	
<b>9</b> Other employee benefits.	9,332,397	171,855	9,160,542	
<b>10</b> Payroll taxes.	6,256,833	5,430,443	826,390	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	699,890		699,890	
<b>c</b> Accounting.	120,100		120,100	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	177,896		177,896	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	44,677,947	28,228,716	16,449,231	
<b>12</b> Advertising and promotion.	1,065,244	312,877	752,367	
<b>13</b> Office expenses.	3,286,628	1,192,631	2,093,997	
<b>14</b> Information technology.	5,195,793		5,195,793	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	4,711,014	2,846,801	1,864,213	
<b>17</b> Travel.	608,856	84,495	524,361	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.				
<b>20</b> Interest.	4,123,416	3,240,965	876,057	6,394
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	21,923,437	17,231,821	4,647,769	43,847
<b>23</b> Insurance.	4,254,314	3,433,437	820,877	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MEDICAL SUPPLIES	42,849,927	42,849,697	230	
<b>b</b> BAD DEBT EXPENSE	16,795,867	16,795,867		
<b>c</b> OSC EXPENSES	4,335,891	3,704,455	631,436	
<b>d</b> INDIGENT TAX	3,034,882	3,034,882		
<b>e</b> All other expenses	13,799,431	13,621,717	177,714	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	275,122,005	213,318,854	61,752,910	50,241
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

			(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	13,712,041	<b>1</b>	19,476,367
	<b>2</b>	Savings and temporary cash investments . . . . .	17,819,961	<b>2</b>	1,186,741
	<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .	28,028,631	<b>4</b>	30,988,752
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b>	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 . . . . .		<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .	2,310,761	<b>7</b>	1,591,431
	<b>8</b>	Inventories for sale or use . . . . .	7,636,048	<b>8</b>	8,258,147
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	1,869,555	<b>9</b>	2,726,030
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	406,872,520		
	<b>b</b>	Less: accumulated depreciation	235,897,198		
			155,978,378	<b>10c</b>	170,975,322
	<b>11</b>	Investments—publicly traded securities . . . . .	76,248,181	<b>11</b>	82,144,919
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .	6,826,129	<b>12</b>	4,531,474
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .	2,166,825	<b>13</b>	5,752,310
	<b>14</b>	Intangible assets . . . . .	24,439,604	<b>14</b>	24,439,604
<b>15</b>	Other assets. See Part IV, line 11 . . . . .	15,502,398	<b>15</b>	24,946,836	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	352,538,512	<b>16</b>	377,017,933	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	33,718,337	<b>17</b>	31,777,039
	<b>18</b>	Grants payable . . . . .		<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .	3,587,819	<b>19</b>	3,951,082
	<b>20</b>	Tax-exempt bond liabilities . . . . .	129,847,529	<b>20</b>	123,382,433
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .	4,151,248	<b>23</b>	5,619,315
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	0	<b>25</b>	16,180,164
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	171,304,933	<b>26</b>	180,910,033
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b>	Unrestricted net assets	181,233,579	<b>27</b>	196,107,900
	<b>28</b>	Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b>	Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	181,233,579	<b>33</b>	196,107,900	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	352,538,512	<b>34</b>	377,017,933	

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	290,154,056
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	275,122,005
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	15,032,051
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	181,233,579
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-157,730
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	196,107,900

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

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

# Additional Data

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

Form 990 (2018)

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

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM KOPF ..... CHAIRMAN	1 00 ..... 0 00	X		X				0	0	0
TODD NEVILLE ..... VICE-CHAIRMAN	1 00 ..... 0 00	X		X				0	0	0
MATT BAKER ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
STUART SOROKA MD ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
JAMES GRIMES MD ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
RAY MATUZA ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
SUSAN PONDER-STANSEL ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
BRAD RUNK ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
KAREN TAYLOR ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
LEN TUCKER ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEN WEEKS ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
SUSAN YARIAN MD ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
CHRIS KAMIENSKI ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
FRED FRANKLIN ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
BILL ABARE ..... DIRECTOR	1 00 ..... 0 00	X						0	0	0
JASON P BARRETT ..... PRESIDENT/CEO	40 00 ..... 2 00			X				608,690	0	96,457
MURRAY S MARSH JR ..... CFO	40 00 ..... 2 00			X				318,325	0	72,747
CARLTON DEVOOGHT ..... CAO	40 00 ..... 0 06			X				319,015	0	45,259
DONALD R CRIST ..... VP OF OPERATIONS	40 00 ..... 0 50				X			239,518	0	42,204
MICHAEL HALL ..... ADMINISTRATOR	40 00 ..... 0 50				X			181,578	0	25,260

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANGELA CHRISTENSEN ..... ADMINISTRATOR	40 00 ..... 0 50				X			158,942	0	14,491
NANGELA PULSFUS ..... ADMINISTRATOR	40 00 ..... 0 50				X			187,932	0	46,867
DONNA WAGNER ..... ADMINISTRATOR	40 00 ..... 0 50				X			163,912	0	9,060
MICHAEL C SANDERS ..... CHIEF MEDICAL INFORMATICS	40 00 ..... 0 00					X		349,731	0	17,600
MIGUEL A MACHADO ..... EVP, CHIEF MEDICAL OFFICER	40 00 ..... 0 06					X		454,437	0	23,348
JULIA CLICK ..... EVP, CHIEF HUMAN RESOURCES	40 00 ..... 0 00					X		254,336	0	50,994
GREGORY A GIBSON ..... PHYSICIAN	40 00 ..... 0 00					X		229,901	0	27,410
JEFFREY A HURLEY ..... DIRECTOR OF RISK MANAGEMENT	40 00 ..... 0 00					X		246,088	0	71,591
JOSEPH GORDY ..... CEO - PART YEAR	40 00 ..... 0 00						X	416,078	0	27,112
MARY K MANTESE ..... FORMER CHIEF NURSING OFFICER	0 00 ..... 0 00						X	136,171	0	0



<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b>
		<b>Open to Public Inspection</b>

Department of the Treasury Internal Revenue Service	<b>Name of the organization</b> FLAGLER HOSPITAL INC	<b>Employer identification number</b> 59-0675143
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**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		
<b>Total</b>						

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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	

**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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

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

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in 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>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in 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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 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: 59-0675143  
Name: FLAGLER HOSPITAL INC

Part VI

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

Facts And Circumstances Test



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

**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 FLAGLER HOSPITAL INC	Employer identification number 59-0675143
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**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)	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		521,833
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?		No	
<b>j</b>	Total. Add lines 1c through 1i			521,833
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
FLAGLER HOSPITAL INC

Employer identification number  
59-0675143

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	4,655,297	4,391,344	4,009,626	3,581,146	3,895,387
b Contributions . . . . .	4,573			225,328	
c Net investment earnings, gains, and losses		271,053	381,717	203,153	-314,241
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	595,670	7,100			
f Administrative expenses . . . . .					
g End of year balance . . . . .	4,064,200	4,655,297	4,391,344	4,009,626	3,581,146

2

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

a

Board designated or quasi-endowment ▶

0 %

b

Permanent endowment ▶

100 000 %

c

Temporarily restricted endowment ▶

0 %

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

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		11,240,781		11,240,781
b Buildings . . . . .		163,614,449	95,447,245	68,167,204
c Leasehold improvements		6,271,085	5,143,797	1,127,288
d Equipment . . . . .		192,129,609	131,048,437	61,081,172
e Other . . . . .		33,616,596	4,257,719	29,358,877
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				170,975,322

Schedule D (Form 990) 2018

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 AFFILIATES	15,957,533
(2) LONG-TERM RECOVERIES	8,989,303
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	24,946,836

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		
CAPITAL LEASE LIABILITY	16,180,164	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	16,180,164	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	273,349,933
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-157,730
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-16,759,227
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-16,916,957
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	290,266,890
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	177,896
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-290,730
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-112,834
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	290,154,056

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	258,475,612
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	290,730
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	290,730
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	258,184,882
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	177,896
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	16,759,227
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	16,937,123
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	275,122,005

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation



**Additional Data**

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

**Supplemental Information**

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

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	PROVISION FOR BAD DEBTS -16,759,227

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	COST OF GOODS SOLD -68,215 RENTAL EXPENSES -222,515

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	COST OF GOODS SOLD 68,215 RENTAL EXPENSES 222,515

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PROVISION FOR BAD DEBTS 16,759,227

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

FLAGLER HOSPITAL INC

Employer identification number

59-0675143

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			6,992,916	741,773	6,251,143	2 420 %
b Medicaid (from Worksheet 3, column a)			20,135,809	16,529,206	3,606,603	1 400 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			27,128,725	17,270,979	9,857,746	3 820 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	13	6,072	2,022,518		2,022,518	0 780 %
f Health professions education (from Worksheet 5)	15	1,817	557,163		557,163	0 220 %
g Subsidized health services (from Worksheet 6)			7,537,314		7,537,314	2 920 %
h Research (from Worksheet 7)	1		209,323		209,323	0 080 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	11		417,367		417,367	0 160 %
j Total. Other Benefits	40	7,889	10,743,685		10,743,685	4 160 %
k Total. Add lines 7d and 7j	40	7,889	37,872,410	17,270,979	20,601,431	7 980 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support	2	6,587	592,531	560,792	31,739	0.010 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members	1	22	15,396		15,396	0.010 %
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy	1	25	3,399		3,399	0 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>	4	6,634	611,326	560,792	50,534	0.020 %

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

**Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	16,759,197	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>	939,298	
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	87,939,779
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	90,857,801
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-2,918,022
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

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

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

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

**1**

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

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



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

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>17</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b> Yes	
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url) <u>SEE PART V</u>		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b> Yes	
<b>a</b> If "Yes" (list url) <u>SEE PART V</u>		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

FLAGLER HOSPITAL			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %			
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input checked="" type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

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

FLAGLER HOSPITAL

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

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FLAGLER HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

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

[illegible]

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 1

Name and address	Type of Facility (describe)
<b>1</b> 1 - FLAGLER OUTPATIENT LAB 156-316 ST HWY 312 260-264 ST AUGUSTINE, FL 32086	OUTPATIENT LAB SATELLITE DRAW STATION
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7	EXPENSES WERE CALCULATED USING THE COST-TO-CHARGE RATIO FROM WORKSHEET 2
PART I, LN 7 COL(F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$16,759,197 OF THIS TOTAL, FLAGLER HOSPITAL'S PORTION OF BAD DEBT EXPENSE IS \$16,795,867 AND OUTPATIENT SURGERY CENTER OF ST AUGUSTINE, LLC'S PORTION OF BAD DEBT EXPENSE IS -\$36,670

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>HEALTH PROFESSIONS EDUCATIONFLAGLER HOSPITAL DONATED PAID STAFF HOURS IN ONE-ON-ONE PROGRAMS TO PRECEPT NURSING STUDENTS AND ARNP STUDENTS FROM JACKSONVILLE UNIVERSITY, ST JOHNS RIVER STATE COLLEGE, UNIVERSITY OF CENTRAL FLORIDA, UNIVERSITY OF FLORIDA, DAYTONA STATE COLLEGE ADDITIONALLY, STUDENTS IN THE FIELDS OF EMT TRAINING, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, MEDICAL ASSISTING, LAB SCIENCES, SOCIAL WORK, HEALTH INFORMATION MANAGEMENT, CARDIOVASCULAR TECHNOLOGY, RADIOLOGY, NUCLEAR MEDICINE AND MENTAL HEALTH WERE TRAINED WITH ONE-ON-ONE CONTACT WITH STAFF AT FLAGLER HOSPITAL FLAGLER HOSPITAL HAS A FULL TIME STAFF MEMBER DEDICATED TO OFFERING CONTINUING MEDICAL EDUCATION TO ALL PHYSICIANS IN THE ST JOHNS COUNTY COMMUNITY, REGARDLESS OF THEIR AFFILIATION WITH THE HOSPITAL THIS HELPS ENSURE THAT OUR LOCAL RESIDENTS HAVE ACCESS TO PHYSICIANS WHO ARE UP TO DATE ON THE LATEST ADVANCEMENTS IN MEDICAL CARE THE CME COORDINATOR WORKED WITH PHYSICIANS TO PRESENT 53 PROGRAMS OF GRAND ROUNDS, MEDICAL SOCIETY MEETINGS, WEBCASTS DURING THIS FY RESEARCHFLAGLER HOSPITAL EMPLOYS TWO FULL-TIME EMPLOYEES TO MANAGE A CANCER PATIENT DATABASE, LOG INFORMATION THAT CAN BE USED TO DETECT CANCER EARLIER, IMPROVE TREATMENTS AND ULTIMATELY, INCREASE CANCER SURVIVAL RATE REGISTRARS DETERMINE A PATIENT'S ELIGIBILITY FOR THE CANCER REGISTRY, RECORD THE PATIENT'S DIAGNOSIS, AND TRACK THEIR TREATMENT PLAN BY COLLECTING, TRACKING AND EVALUATING THIS DATA, WE ARE ABLE TO ADVANCE OUR KNOWLEDGE ON RISK FACTORS FOR CERTAIN CANCERS BECAUSE DATA ENTERED IN THE CANCER REGISTRY IS AVAILABLE TO THE PUBLIC, OUTCOMES AND TREATMENT PLANS FOR PATIENTS IN ST JOHNS COUNTY HAVE AN IMPACT NATION-WIDE FINANCIAL AND IN-KIND CONTRIBUTIONSFLAGLER HOSPITAL MADE FINANCIAL AND IN-KIND CONTRIBUTIONS TOTALING \$383,891 TO MANY AREA NON-PROFIT ORGANIZATIONS THAT FOCUS ON PROVIDING HEALTH PROGRAMS TARGETING COMMUNITY HEALTH NEEDS THAT WERE IDENTIFIED THROUGH THE ST JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT ONE OF THE BIGGEST DETERMINANTS OF HEALTH THAT COMMUNITY ORGANIZATIONS HAVE INFLUENCE ON IS ACCESS TO HEALTHCARE DURING THIS LAST FISCAL YEAR, FLAGLER HOSPITAL GAVE A \$50,000 GRANT TO THE ST JOHNS COUNCIL ON AGING TO PROVIDE STAFF TO ASSIST SENIOR CITIZENS IN ST JOHNS COUNTY IN APPLYING FOR FREE OR REDUCED RATE PRESCRIPTION DRUGS FROM PHARMACEUTICAL COMPANIES THIS PROGRAM CONTINUES TO SERVE OVER 300 SENIORS BECAUSE THE GRANT PROVIDED PAID STAFF TO RUN THIS PROGRAM, COUNCIL ON AGING VOLUNTEERS WERE ABLE TO FOCUS OVER 600 VOLUNTEER HOURS ON COUNSELING, CLIENT NOTIFICATION AND DOCTOR'S OFFICE VISITS TO HELP EXPEDITE PAPERWORK FLAGLER HOSPITAL ALSO DONATED MEETING ROOMS AND IN SOME CASES FOOD/CATERING CHARGES FOR VARIOUS NON-PROFIT, SUPPORT AND SELF-HELP GROUPS IN THE COMMUNITY THIS TOTALED OVER \$3,000 USING A \$3/HOUR CHARGE FOR EACH MEETING SPACE, A FIGURE BASED ON THE SQUARE FOOTAGE OF THE HOSPITAL COMMUNITY BUILDING ACTIVITIESFLAGLER HOSPITAL DONATED PAID STAFF TIME FOR EMPLOYEES WHO SERVED ON VARIOUS BOARDS FOR COMMUNITY EVENTS AND COMMITTEES WHICH OFFERED COMMUNITY SUPPORT, COALITION BUILDING WITH OTHER AGENCIES AND HEALTH AND WELFARE PROVIDERS, AND COMMUNITY HEALTH IMPROVEMENTS ADVOCACY THROUGH A PARTNERSHIP WITH THE HOSPITAL, THE ST JOHNS COUNTY SCHOOL DISTRICT CREATED THE FLAGLER HOSPITAL ACADEMY OF MEDICAL AND HEALTH CAREERS AT PEDRO MENENDEZ HIGH SCHOOL IN 2007-2008 IT IS OPEN TO STUDENTS THROUGHOUT THE SCHOOL SYSTEM IT FOCUSES ON PROVIDING SKILLS AND EXPERIENCE NECESSARY TO ATTAIN ENTRY LEVEL JOBS IN HEALTH, MEDICAL AND RELATED FIELDS, AND PROVIDES ACADEMIC PREPARATION TO CONTINUE TRAINING THROUGH CLINICAL EXPERIENCE, COMMUNITY COLLEGE AND UNIVERSITY PROGRAMS NOW IN ITS 12TH YEAR, THE ACADEMY HAD 42 THIRD YEAR STUDENTS ROTATING THROUGH VARIOUS DEPARTMENTS AT THE HOSPITAL FOR TRAINING, FOR A COMBINED TOTAL OF 5040 HOURS STUDENTS SHADOWED IN THE LAB, RADIOLOGY, PHARMACY, OPERATING ROOM, PHYSICAL AND OCCUPATIONAL THERAPY, IN ADDITION TO MULTIPLE NURSING UNITS COMMUNITY SUPPORTST JOHNS VOLUNTEERS IS A PROGRAM THAT IS NOW HOUSED WITHIN THE COMMUNITY HEALTH IMPROVEMENT DEPARTMENT DURING THIS FISCAL YEAR, ST JOHNS VOLUNTEERS WAS RUN AS AN INDEPENDENT NON-PROFIT WHICH WAS FULLY SUPPORTED BY FLAGLER HOSPITAL THROUGH GRANTS IN JUNE 2019, THE NON-PROFIT STATUS WAS DISSOLVED AND THE PROGRAM WAS ABSORBED BY FLAGLER HOSPITAL ST JOHNS VOLUNTEERS HOSTS A WEBSITE THAT CONNECTS VOLUNTEERS TO NON-PROFIT VOLUNTEER OPPORTUNITIES IN THE COUNTY ST JOHNS VOLUNTEERS HAS 72 NONPROFIT PARTNERS AND 2,013 USERS AND OVER 150 VOLUNTEER OPPORTUNITIES AS OF APRIL 2020</p>
PART III, LINE 3	<p>BASED ON COMPILED HOSPITAL BAD DEBT DATA FOR FY 19, WE ARE ESTIMATING THAT 50% OF TOTAL CHARGES FOR THE 3,203 PATIENT ACCOUNTS THAT SCORED BETWEEN 200-400% OR THAT WERE NOT SCORED WOULD HAVE QUALIFIED FOR FINANCIAL ASSISTANCE IF THEY WOULD HAVE COMPLIED WITH THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY OR HAD BEEN ABLE TO BE PRESUMPTIVELY SCORED</p>



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4	AUDITED FINANCIAL STATEMENTS PAGES 8, 10
PART III, LINE 8	<p>THE MEDICARE REVENUE AND ALLOWABLE COSTS ON LINES 5 AND 6, RESPECTIVELY, WERE TAKEN FROM THE MEDICARE COST REPORT TOTAL REVENUE RECEIVED FROM MEDICARE IS THE REIMBURSEMENT ALLOWED, BEFORE REDUCTION OF CO-PAY AMOUNTS, LESS SEQUESTRATION AND ANY OTHER REDUCTIONS ASSOCIATED WITH VALUE BASED PURCHASING REDUCTIONS AS PER THE COST REPORT WORKSHEETS E PART A AND B MEDICARE ALLOWABLE COSTS RELATING TO PAYMENTS ARE TAKEN FROM THE PART A AND PART B EXPENSES AS DETERMINED BY THE COST REPORT STEP DOWN AND COST APPORTIONMENT METHODOLOGY ON WORKSHEETS D-1 AND D PART V, PLUS THE 65% REDUCTION APPLIED TO MEDICARE BAD DEBTS THE ENTIRE SHORTFALL IS REPORTED AS COMMUNITY BENEFIT WE DO NOT RECEIVE ENOUGH IN MEDICARE REIMBURSEMENTS TO COVER OUR COSTS ASSOCIATED WITH THE PROVISION OF THESE SERVICES, YET WE CONTINUE TO PROVIDE MEDICARE SERVICES TO OUR COMMUNITY REGARDLESS OF THE REIMBURSEMENT LEVELS THEREFORE, WE FEEL JUSTIFIED IN REPORTING THIS AS PART OF OUR COMMUNITY BENEFIT</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	<p>1 ) FLAGLER HOSPITAL BUSINESS OFFICE STAFF REVIEW UNPAID PATIENT ACCOUNTS ON A REGULAR BASIS TO IDENTIFY THOSE ACCOUNTS THAT MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE ATTEMPTS TO CLASSIFY THESE PARTICULAR INDIVIDUALS START AT THE TIME THAT THEY ARE STILL IN-HOUSE PATIENTS ARE ALSO CONTACTED AFTER DISCHARGE THROUGH PHONE CALLS OR MAIL COMPLIANT INDIVIDUALS WHO MEET THE HOSPITAL'S FINANCIAL ASSISTANCE GUIDELINES ARE GRANTED THE APPROPRIATE DISCOUNT BASED ON WHERE THEY FALL IN RELATION TO THE FEDERAL POVERTY GUIDELINES MANY PATIENTS DUE TO FAILURE TO PRODUCE THE APPROPRIATE DOCUMENTATION RECEIVE A REDUCED NON-COMPLIANT HOSPITAL ADJUSTMENT THESE PARTICULAR INDIVIDUALS MAY HAVE RECEIVED A HIGHER WRITE-OFF IF THEY WERE IN FACT COMPLIANT 2 ) REGARDLESS OF THE PATIENTS' FINANCIAL CLASS OR STATUS, IF A BILL REMAINS UNPAID FOR MORE THAN 120 DAYS FROM THE DATE IT WAS FIRST MAILED TO THE PATIENT, AND REASONABLE COLLECTION ATTEMPTS HAVE FAILED, THE DEBT IS SENT TO A PRIMARY BAD DEBT COLLECTION AGENCY FOR FURTHER COLLECTION EFFORTS</p>
PART VI, LINE 2	<p>ST JOHNS COUNTY IS FORTUNATE TO HAVE STRONG AND PROACTIVE LEADERSHIP WITHIN ITS PUBLIC HEALTH SYSTEM, AND A HISTORY OF SUCCESSFUL COLLABORATION CHAMPIONED BY FLAGLER HOSPITAL AND THE FLORIDA DEPARTMENT OF HEALTH IN ST JOHNS COUNTY, THE ST JOHNS COUNTY HEALTH LEADERSHIP COUNCIL WAS ESTABLISHED IN 2010 FOR THE SPECIFIC PURPOSE OF BRINGING TOGETHER KEY LEADERS FROM THE LOCAL COMMUNITY TO ASSESS AND ADDRESS THE HEALTH NEEDS OF OUR RESIDENTS IN MAY 2014, THE ST JOHNS COUNTY HEALTH LEADERSHIP COUNCIL ACHIEVED NATIONAL ROLE MODEL STATUS, WHEN IT WAS SELECTED BY THE UNIVERSITY OF KENTUCKY (UK) COLLEGE OF PUBLIC HEALTH TO BE INCLUDED IN A NATION-WIDE STUDY OF HIGHLY SUCCESSFUL PUBLIC HEALTH COLLABORATIVE THE PURPOSE OF THE UK STUDY WAS TO IDENTIFY, COMPARE AND CONTRAST EXCEPTIONAL MODELS OF COLLABORATION INVOLVING COMMUNITY HOSPITALS, PUBLIC HEALTH DEPARTMENTS AND OTHER STAKEHOLDERS, WHO SHARE A COMMITMENT TO IMPROVING COMMUNITY HEALTH, AND TO DETERMINE THE KEY LESSONS LEARNED FROM THEIR EXPERIENCES THE ST JOHNS COUNTY HEALTH LEADERSHIP COUNCIL WAS ONE OF ONLY TWELVE COLLABORATIVES SELECTED BY THE UK STUDY TEAM FROM OVER 150 NATIONAL APPLICATIONS FLAGLER HOSPITAL'S CEO, VP OF PATIENT ENGAGEMENT AND DIRECTOR OF COMMUNITY HEALTH IMPROVEMENT, ALONG WITH REPRESENTATIVES FROM 41 OTHER AGENCIES PARTICIPATED IN THIS HIGHLY COLLABORATIVE EFFORT WITH FLAGLER HOSPITAL IN THE FOREFRONT OF EVERY PHASE FROM DEVELOPING SURVEY QUESTIONS, CREATING SURVEY TOOLS, IDENTIFYING FOCUS GROUPS, ANALYZING DATA, ESTABLISHING ACTION PLANS AND REVIEWING RESULTS A LISTING OF THE MEMBERSHIP ORGANIZATIONS AND REPRESENTATIVES IS ATTACHED HERETO AS ATTACHMENT A TO IMPLEMENT THE FINDINGS AND GOALS DETERMINED THROUGH THE CHNA, THE MAPP PROCESS USES A THREE YEAR CYCLE WITH EACH IDENTIFIED NEED HAVING AN "OWNER" TO TRACK PROGRESS WHILE VARIOUS MEMBERS OF THE HEALTH LEADERSHIP COUNCIL TOOK "OWNERSHIP" OF VARIOUS ASPECTS OF THE HEALTH NEEDS ASSESSMENT'S IMPLEMENTATION, FLAGLER HOSPITAL PARTICIPATES IN EACH PART OF IMPLEMENTATION THE SHARED VISION AND COMMON VALUES OF MEMBERS PROVIDE A FRAMEWORK FOR PURSUING THE LONG RANGE GOALS, SO FLAGLER HOSPITAL IS PROUD TO PARTNER WITH MANY MEMBERS OF THE HEALTH LEADERSHIP COUNCIL, IN ORDER TO BROADEN COMMUNITY PARTICIPATION FLAGLER HOSPITAL ACKNOWLEDGES AND AGREES WITH THE SPECIFIED GOALS OF THE CHNA A COMMUNITY BALANCED SCORECARD WAS CREATED TO TRACK AND EVALUATE EACH OF THE STRATEGIC OBJECTIVES AND ACTS AS THE COMMUNITY HEALTH IMPROVEMENT PLAN THE CRITERIA AND RATIONALE FOR EACH OF THE OBJECTIVES AND GOALS IS CONTAINED ON PAGE 133 OF THE PUBLISHED "2017 COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN"</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 3	<p>THE HOSPITAL COMMUNICATES ITS CHARITY CARE POLICY, OR PATIENT-FRIENDLY SUMMARY THEREOF, IN THE FOLLOWING WAYS - POSTED ON THE FLAGLER HOSPITAL WEBSITE - POSTED AT THE RECEPTION DESKS IN ALL REGISTRATION AREAS - POSTED AT ALL FINANCIAL COUNSELORS' DESKS WHEN UNINSURED OR UNDERINSURED PATIENTS ARE ADMITTED TO THE HOSPITAL, THEY ARE SCREENED FOR FINANCIAL ASSISTANCE. AT THE TIME OF SCREENING, THE PATIENT IS PROVIDED A FINANCIAL ASSISTANCE APPLICATION TO COMPLETE. THEY ARE THEN ASKED TO SUBMIT THE REQUIRED FINANCIAL DOCUMENTS (I.E., BANK STATEMENTS, PAY STUBS, TAX RETURNS, ETC.) THOSE PATIENTS DISCHARGED PRIOR TO SCREENING ARE CALLED BY THE BUSINESS OFFICE AND ARE SCREENED OVER THE PHONE. THE PATIENT IS INFORMED OF THE ELIGIBILITY REQUIREMENTS AND THE FINANCIAL DOCUMENTS NEEDED FOR VERIFICATION. UNINSURED PATIENTS TREATED IN THE EMERGENCY DEPARTMENT WHO MEET CERTAIN CRITERIA ARE SCREENED BY PHONE BY THE BUSINESS OFFICE. THE PATIENT IS INFORMED OF THE ELIGIBILITY REQUIREMENTS AND THE FINANCIAL DOCUMENTS NEEDED. A SEPARATE SCREENING IS PERFORMED TO DETERMINE ELIGIBILITY FOR COUNTY PROGRAMS AND MEDICAID. IN ADDITION, THE HOSPITAL UTILIZES A THIRD-PARTY VENDOR TO SCREEN SELF-PAY PATIENTS FOR POSSIBLE DISCOUNTS AND FINANCIAL ASSISTANCE OPTIONS. FOR DETAILS, PLEASE SEE THE RESPONSE TO PART I, LINE 3C ABOVE.</p>
PART VI, LINE 4	<p>ST. JOHNS COUNTY IS PART OF THE JACKSONVILLE METROPOLITAN AREA AND ENCOMPASSES APPROXIMATELY 680 SQUARE MILES OF LAND IN NORTHEAST FLORIDA, SITUATED BETWEEN THE ST. JOHNS RIVER AND MORE THAN 40 MILES OF BEACHES ALONG THE ATLANTIC COAST. ACCORDING TO 2015 U.S. CENSUS DATA, THERE ARE 243,812 RESIDENTS IN FLAGLER HOSPITAL'S DEFINED COMMUNITY OF ST. JOHNS COUNTY SINCE 2010. ST. JOHNS COUNTY IS ASCRIBED AS THE HEALTHIEST COUNTY OF 67 COUNTIES IN FLORIDA FOR OVERALL HEALTH FACTORS AND HEALTH OUTCOMES IN THE 2017 COUNTY HEALTH RANKINGS REPORT. ST. JOHNS COUNTY SCHOOL DISTRICT RANKS FIRST OF 67 DISTRICTS IN FLORIDA IN TOTAL FLORIDA COMPREHENSIVE ASSESSMENT TEST POINTS. THE CITY OF ST. AUGUSTINE, THE COUNTY SEAT AND NATION'S "OLDEST CITY," ATTRACTED ABOUT 6.8 MILLION VISITORS TO THE COUNTY IN 2016. POPULATION AND AGE DISTRIBUTION: ST. JOHNS COUNTY'S POPULATION NEARLY TRIPLED BETWEEN THE YEARS 1990 AND 2016, THIS BEING A POPULATION INCREASE OF OVER 180%. GROWTH FOR ST. JOHNS COUNTY IS OCCURRING AT A RATE THREE TIMES FASTER THAN FLORIDA AND ALMOST SIX TIMES FASTER THAN THE NATION. THE U.S. CENSUS BUREAU ESTIMATES ST. JOHNS COUNTY'S POPULATION FOR 2016 TO BE 235,087 (51.2% FEMALE), AN ESTIMATED 3.7% HIGHER THAN THE 2015 ESTIMATE. ST. JOHNS COUNTY, FL WAS ASCRIBED THE 15TH FASTEST GROWING COUNTY AMONG THE 100 FASTEST GROWING COUNTIES WITH 10,000 OR MORE POPULATION IN THE NATION BETWEEN 2010 AND 2016. USING 2016 ESTIMATES, THE U.S. BUREAU OF ECONOMIC AND BUSINESS RESEARCH PROJECTS ST. JOHNS COUNTY'S POPULATION WILL GROW TO 287,027 BY 2025. ST. JOHNS COUNTY AND FLORIDA HAVE SIMILAR POPULATION AGE DISTRIBUTIONS. HOWEVER, WHEN COMPARED TO THE STATE, ST. JOHNS COUNTY HAS A SLIGHTLY HIGHER PROPORTION OF PEOPLE WITHIN THE GROUP OF PEOPLE FROM 10 YEARS OF AGE TO 19 YEARS OF AGE AND THE ALSO WITHIN THE GROUP OF PEOPLE FROM 35 YEARS OF AGE TO 69 YEARS OF AGE. COMPARING THE 2010 AND 2016 POPULATION AGE DISTRIBUTION ESTIMATES REVEALS AN AGING POPULATION, BETWEEN 2010 AND 2016, ST. JOHNS COUNTY EXPERIENCED HIGHEST POPULATION GROWTH AMONG PEOPLE 65 YEARS OF AGE TO 69 YEARS OF AGE (2.4%), FOLLOWED BY PEOPLE 50 YEARS OF AGE TO 54 YEARS OF AGE (1.1%) AND 40 YEARS OF AGE TO 44 YEARS OF AGE (1.0%). ACCORDING TO THE U.S. CENSUS BUREAU, APPROXIMATELY 19.3% OF ST. JOHNS COUNTY'S POPULATION WAS 65 YEARS OF AGE OR OLDER IN 2016, A SLIGHTLY LOWER PROPORTION THAN THE STATE (19.9%) BUT HIGHER THAN THE NATION (15.2%). VULNERABLE POPULATIONS: PERSONS WITH ACCESS AND FUNCTIONAL NEEDS INCLUDE PERSONS WITH PHYSICAL, COGNITIVE, OR DEVELOPMENTAL DISABILITIES, PERSONS WITH LIMITED ENGLISH PROFICIENCY, GEOGRAPHICALLY OR CULTURALLY ISOLATED PERSONS, AND MEDICALLY OR CHEMICALLY DEPENDENT PERSONS. RECENT DISASTERS HAVE SHOWN THE NEED TO BETTER DEVELOP STRATEGIES FOR MEETING THE NEEDS OF MOST AT-RISK POPULATIONS TO PREVENT ADVERSE HEALTH OUTCOMES DURING OR FOLLOWING A DISASTER.</p>

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

**Additional Data**

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

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

<b>Section A. Hospital Facilities</b>  (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	FLAGLER HOSPITAL INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 WWW.FLAGLERHOSPITAL.ORG	X	X					X			

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

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

Form and Line Reference	Explanation
FLAGLER HOSPITAL	<p>PART V, SECTION B, LINE 5 THE YEAR-LONG PROCESS FOR THE 2017 COMMUNITY HEALTH NEEDS ASSESSMENT BEGAN IN JULY 2016 AND UTILIZED A COMMUNITY-WIDE STRATEGIC PLANNING PROCESS CALLED "MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS OR "MAPP", WHICH WAS DEVELOPED BY THE NATIONAL ASSOCIATION OF CITY AND COUNTY HEALTH OFFICIALS AND THE CENTERS FOR DISEASE CONTROL AND PREVENTION THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS PLANNED BY THE HEALTH LEADERSHIP COUNCIL AS A COLLECTION OF DATA GATHERED TO IDENTIFY AND ANALYZE HEALTH STATUS, HEALTH FACTORS AND HEALTH OUTCOMES WITHIN THE COMMUNITY USING MAPP GUIDELINES, FOCUS GROUPS WERE FORMED TO DETERMINE HOW RESIDENTS FELT ABOUT THE QUALITY OF LIFE IN ST JOHNS COUNTY THESE FOCUS GROUPS WERE FACILITATED BY LEADERS OF THE HEALTH LEADERSHIP COUNCIL WITH THE INTENT OF COVERING A VARIETY OF GEOGRAPHIC AND DEMOGRAPHIC SECTORS OF THE COUNTY SECOND, A SURVEY WAS DISPERSED COUNTY-WIDE AND MADE AVAILABLE ONLINE THIS DATA AND DATA FROM THE NATIONAL AND STATE COUNTY HEALTH RANKINGS AND HEALTHY PEOPLE 2020, SERVED AS A BASIS FOR THE COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) NOTE THE COMPLETE "COMMUNITY HEALTH NEEDS ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN" IS PUBLISHED AND AVAILABLE ON THE FLAGLER HOSPITAL WEBSITE <a href="https://www.flaglerhospital.org/patients-visitors.aspx">HTTPS //WWW.FLAGLERHOSPITAL.ORG/PATIENTS-VISITORS.ASPX</a> IN TOTAL, FLAGLER HOSPITAL AND THE ST JOHNS COUNTY HEALTH LEADERSHIP COUNCIL FACILITATED 8 COMMUNITY FOCUS GROUPS WITH A TOTAL OF 50 PARTICIPANTS TO GAIN A BETTER UNDERSTANDING OF PERCEPTIONS OF COMMUNITY STRENGTHS, NEEDS AND HEALTH CONCERNS A COMMUNITY-WIDE SURVEY WAS USED TO GATHER RESIDENT'S THOUGHTS AND CONCERNS ABOUT THE QUALITY OF LIFE AND HEALTHCARE SERVICES IN ST JOHNS COUNTY, FL THIS SURVEY WAS MADE WIDELY AVAILABLE TO RESIDENTS BOTH THROUGH WEB-BASED SURVEYS AND PAPER-BASED SURVEYS AVAILABLE AT 42 LOCATIONS THROUGHOUT ST JOHNS COUNTY MARKETING TOOLS TO INCREASE RESIDENT PARTICIPATION CONSISTED OF SOCIAL MEDIA, PRESS-RELEASES, AND COMMUNITY WORD-OF-MOUTH WITH THE HELP OF THE COUNCIL PAPER SURVEYS WERE COLLECTED AND MANUALLY ENTERED IN THE WEB-BASED DATABASE A TOTAL OF 2,721 SURVEYS WERE COLLECTED (1,776 PAPER SURVEYS AND 945 WEB-BASED SURVEYS) MORE THAN 1% OF ST JOHNS COUNTY RESIDENTS RESPONDED TO THIS SURVEY (2,614) THIS REFLECTS AN ACCURACY RATE OF 2% AT A 95% CONFIDENCE LEVEL AND MORE THAN TWICE THE NUMBER OF SURVEYS COLLECTED IN THE PREVIOUS CYCLES (1,189 RESPONSES WERE COLLECTED DURING 2014 CYCLE)</p>

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

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

Form and Line Reference	Explanation
FLAGLER HOSPITAL	PART V, SECTION B, LINE 6B ANASTASIA MOSQUITO CONTROL DISTRICT- SJC AZALEA HEALTH BETTY GRIFFIN CENTER CHILDREN'S HOME SOCIETY OF FLORIDA CLINTON HEALTH MATTERS INITIATIVE COMMUNITY HOSPICE AND PALLIATIVE CARE COMMUNITY MANAGEMENT & CONSULTING EPIC BEHAVIORAL HEALTHCARE FLAGLER HOSPITAL FLORIDA ARMY RESERVE NATIONAL GUARD FLORIDA DEPARTMENT OF HEALTH IN ST JOHNS COUNTY GOOD SAMARITAN HEALTH CENTERS/WILDFLOWER CLINIC HEALTH PLANNING COUNCIL OF NORTHEAST FLORIDA ST JOHNS RIVER RURAL HEALTH NETWORK NEW MT MORIAH CHRISTIAN MINISTRY NORTHEAST FLORIDA HEALTHY START COALITION PACT PREVENTION COALITION OF ST JOHNS COUNTY ST JOHNS COUNTY HEALTH AND HUMAN SERVICES ST AUGUSTINE BEACH POLICE DEPARTMENT ST AUGUSTINE YOUTH SERVICES ST JOHNS COUNTY ADMINISTRATION ST JOHNS COUNTY BOARD OF COUNTY COMMISSIONERS ST JOHNS COUNTY COUNCIL ON AGING ST JOHNS COUNTY EMERGENCY MANAGEMENT SJC HEALTH AND HUMAN SERVICES ADVISORY COUNCIL ST JOHNS COUNTY MEDICAL SOCIETY ST JOHNS COUNTY SCHOOL DISTRICT SJC HEAD START PROGRAM/EARLY CHILDHOOD SERVICES ST JOHNS COUNTY SHERIFF'S OFFICE ST JOHNS RIVER STATE COLLEGE ST VINCENT'S MOBILE HEALTH OUTREACH MINISTRY STEWART MARCHMAN - ACT BEHAVIORAL HEALTHCARE THE SONTAG FOUNDATION TOBACCO FREE ST JOHNS YMCA OF FLORIDA'S FIRST COAST

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

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

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



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

Form and Line Reference	Explanation
FLAGLER HOSPITAL	<p>PART V, SECTION B, LINE 11 REDUCE PERCENTAGE OF LOW BIRTH WEIGHT INFANTS</p> <p>THE PERCENTAGE OF LOW BIRTHWEIGHT INFANTS IN ST JOHNS COUNTY CONTINUES TO BE A DISPARITY AMONG COMMUNITY P OPULATIONS FOR THIS REASON, REDUCING THE PERCENTAGE OF LOW BIRTHWEIGHT INFANTS IN ST JOH NS COUNTY WAS SELECTED AS A STRATEGIC OBJECTIVE</p> <p>CRITICAL ACTIONS INCLUDE THE FORMATION OF A FETAL INFANT MORTALITY REVIEW TEAM AND COORDINATED EFFORTS AMONG COMMUNITY PARTNERS TOWA RDS INCREASING THE PERCENTAGE OF WOMEN RECEIVING FIRST TRIMESTER PRENATAL CARE</p> <p>FLAGLER HO SPITAL'S DIRECTOR OF MATERNITY SERVICES, NEONATAL INTENSIVE CARE MANAGER AND MATERNITY COO RDINATOR CONTINUE TO SERVE ON THE ST JOHNS INFANT MORTALITY TASK FORCE</p> <p>THE TASK FORCE ME ETS QUARTERLY TO ANALYZE MORTALITY RATES FOR NORTHEAST FLORIDA AND DETERMINE LEADING CAUSE S FOR LOW BIRTH WEIGHT TO ACHIEVE BETTER OUTCOMES FOR ST JOHNS COUNTY</p> <p>THIS TASK FORCE IS PART OF THE NE FLORIDA HEALTHY START COALITION, INC</p> <p>THE TASK FORCE IS CURRENTLY WORKING TO PROMOTE HEALTHY PREGNANCY AND PREGNANCY BODY MASS INDEX LEVELS, REDUCE TOBACCO USAGE AM ONG PREGNANT WOMEN AND HELP INCREASE AWARENESS OF THE IMPORTANCE OF INCREASING THE INTERVA L TIME BETWEEN PREGNANCIES FOR HEALTHY OUTCOMES</p> <p>FLAGLER HOSPITAL OFFERS FREE PRE-NATAL YO GA CLASSES TO HELP MOMS STAY IN OPTIMUM HEALTH FOR DELIVERY (OPEN TO ALL ST JOHNS COUNTY MOMS, EVEN IF THEY DON'T PLAN TO DELIVER AT FLAGLER HOSPITAL)</p> <p>REDUCE CHRONIC DISEASE MORB IDITY AND MORTALITY</p> <p>CHRONIC DISEASE WAS RESPONSIBLE FOR OVER 55 6% OF ALL DEATHS IN ST JOH NS COUNTY IN 2016</p> <p>CANCER IS THE LEADING CAUSE OF DEATH IN ST JOHNS COUNTY, WITH BREAST, COLON AND LUNG CANCER IDENTIFIED AS BEING THE MOST COMMON TYPES AMONG RESIDENTS</p> <p>AMONG SUR VEY RESPONDENTS, 17 9% REPORTED CANCER AS THE MOST CONCERNING HEALTH PROBLEM, RANKING FIFT H AMONG ALL RESPONDENTS</p> <p>TO RAISE AWARENESS ABOUT THE BENEFITS OF PREVENTION AND EARLY DET ECTION OF CANCER, FLAGLER HOSPITAL PARTICIPATED IN OVER 25 HEALTH FAIRS, PROVIDING ST JOH NS COUNTY RESIDENTS WITH UP-TO-DATE SCREENING GUIDELINES AND THE BENEFITS OF A HEALTHY LIF ESTYLE</p> <p>FURTHER, A THREE YEAR FLAGLER CANCER INSTITUTE COMMUNITY NEEDS ASSESSMENT WAS COMP LETED, WHICH IDENTIFIED THE FOLLOWING AREAS OF NEED WITHIN THE COMMUNITY</p> <p>MAMMOGRAPHY SCRE ENING RATES, AGE-ADJUSTED CANCER DEATH RATE FOR BLACK ST JOHNS COUNTY RESIDENTS, AND TIME BETWEEN LUNG CANCER DIAGNOSES TO TREATMENT</p> <p>CANCER PREVENTION PROGRAMS INCLUDED PRESENTATI ONS FOR LOCAL CHURCHES AND CIVIC GROUPS, LUNG CANCER AWARENESS EVENTS, COLORECTAL CANCER P REVENTION AND AWARENESS EVENTS AND A SKIN CANCER PREVENTION PROGRAM</p> <p>IN ADDITION, FLAGLER HOSPITAL PARTNERED WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS GOOD SAMARITAN WILDFLOWER CL INIC, AMERICAN CANCER SOCIETY, LUNG CANCER ALLIANCE, PINK UP THE PACE AND UNITY OUTREACH T O PROMOTE CANCER AWARENESS AND EARLY DETECTION THROUGHOUT THE COMMUNITY</p> <p>BREAST CANCER FROM 2014-2016, THE BREAST CANCER AGE-ADJUSTED DEATH RATE WAS 22 4/100,000</p> <p>THIS RATE IS LOWER THAN STATE AND REGIONAL AVERA</p>

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

Form and Line Reference	Explanation
FLAGLER HOSPITAL	<p>GES, AND IDENTICAL TO THE PEER COUNTY STATE AVERAGE IN ORDER TO REDUCE THE TIME FRAME BET WEEN BREAST CANCER DIAGNOSIS AND TREATMENT, A BREAST CANCER PATIENT NAVIGATOR (BCPN) WAS A DDDED TO THE FLAGLER HOSPITAL CANCER INSTITUTE CARE TEAM AND HELPS PATIENTS MOVE THROUGH TH E PROCESS OF BREAST CANCER ALL THE WAY THROUGH DIAGNOSIS, SURGERY, TREATMENT AND RECOVERY THE BREAST CANCER PATIENT NAVIGATOR HELPS PATIENTS FROM THE TIME THERE IS A SUSPICION OF BREAST CANCER UNTIL TREATMENT IS CONCLUDED OUR PATIENT NAVIGATOR NURSE IS A CERTIFIED BRE AST CARE NURSE BCBN AND IS DEDICATED TO THE FOLLOWING PROVIDING PATIENTS WITH KNOWLEDGEABLE AND COMPASSIONATE SUPPORT, FACILITATING COMMUNICATION BETWEEN THE PATIENT AND PHYSICIAN S IN ORDER TO DECREASE FRAGMENTATION OF CARE, AND PROVIDING PATIENTS AND FAMILY MEMBERS WITH INFORMATION ON COMMUNITY-BASED RESOURCES IN THIS FISCAL YEAR, THE BCPN GUIDED OVER 186 PATIENTS THROUGH THEIR CANCER TREATMENT THE BREAST CANCER PATIENT NAVIGATOR PARTICIPATES IN MANY COMMUNITY EVENTS, EDUCATING WOMEN ON THE BENEFITS OF EARLY DETECTION AND THE IMPOR TANCE OF PERFORMING SELF-EXAMINATIONS FLAGLER HOSPITAL CONTINUES TO SUPPORT LOCAL NON-PRO FIT ORGANIZATIONS THAT FOCUS ON THE PREVENTION AND EARLY DETECTION OF BREAST CANCER IN ST JOHNS COUNTY FLAGLER HOSPITAL, IN PARTNERSHIP WITH THE WILDFLOWER CLINIC, HELD A FREE MA MMOGRAM DAY ON SATURDAY, OCTOBER 18, 2018 THIS EVENT WAS OPEN TO ALL UNINSURED ST JOHNS COUNTY WOMEN BETWEEN THE AGES OF 40-64 AT THIS EVENT 29 WOMEN RECEIVED MAMMOGRAMS, HEALTH SCREENINGS, AND INFORMATION ON AVAILABLE COMMUNITY RESOURCES IN OCTOBER, FOR INSURED WOM EN WHOSE SCHEDULE MAY NOT PERMIT THEM TO GET A MAMMOGRAM DURING NORMAL BUSINESS HOURS, FLA GLER HOSPITAL OPENED THE FLAGLER IMAGING CENTER ON A THURSDAY EVENING AND A SATURDAY MORNI NG, WHERE A TOTAL OF 29 MAMMOGRAMS WERE COMPLETED IN ADDITION, FLAGLER HOSPITAL'S CANCER EDUCATION AND SUPPORT CENTER FACILITATES A BREAST CANCER SUPPORT GROUP THAT MEETS ON A MON THLY BASIS COLON CANCER THE ANNUAL COLORECTAL CANCER AWARENESS DAY WAS HELD ON MARCH 4, 2018 THE EVENT WAS COORDINATED BY THE FLAGLER HOSPITAL CANCER EDUCATION AND SUPPORT CENTE R TO PROVIDE INFORMATION ON COLORECTAL CANCER PREVENTION AND SCREENING STRATEGIES THIS EV ENT TOOK PLACE IN THE CANCER EDUCATION AND SUPPORT CENTER AND OVER 85 PEOPLE VISITED THE E VENT AND ANSWERED THE OPTIONAL SURVEY THE INFORMATION PROVIDED WAS BASED ON THE NATIONAL C OMPREHENSIVE CANCER NETWORK (NCCN) COLORECTAL SCREENING GUIDELINES LUNG CANCER REALIZING THAT CIGARETTE SMOKING IS THE NUMBER ONE RISK FACTOR FOR LUNG CANCER, FLAGLER HOSPITAL CON TINUES TO MAINTAIN A SMOKE FREE FACILITY, INCLUDING PARKING LOTS AND LEASED PROPERTIES FL AGLER HOSPITAL ALSO IMPLEMENTED A TOBACCO SCREENING PROTOCOL THROUGHOUT THE HOSPITAL UPON ADMISSION, EACH PATIENT IS ASKED IF THEY SMOKE OR USE TOBACCO IN ANY OTHER FORM THIS INF ORMATION IS USED TO TRIGGER A CONSULT FROM THE CARDIOPULMONARY DEPARTMENT, FROM A MEMBER O F THE "QUIT TEAM" QUIT TEAM M</p>

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

Form and Line Reference	Explanation
FLAGLER HOSPITAL	<p>EMBERS VERIFY THE PATIENTS WHO USE TOBACCO AND PROVIDE COUNSELING ON TOBACCO CESSATION IF THE PATIENT IS INTERESTED IN QUITTING, THEY ARE GIVEN INFORMATION ON FREE TOBACCO CESSATI ON PROGRAMS OFFERED THROUGH FLAGLER HOSPITAL THE QUIT TEAM ALSO EDUCATED FLAGLER STAFF AN D MEDICAL PERSONNEL ON THE IMPORTANCE OF THE MESSAGE THAT CESSATION OPPORTUNITIES ARE BOTH VALUABLE AND EFFICACIOUS FLAGLER HOSPITAL PARTNERS WITH NORTHEAST FLORIDA AREA HEALTH ED UCATION CENTER TO PROVIDE ACCESS TO THE "QUIT SMOKING NOW" SMOKING CESSATION PROGRAM QUIT SMOKING NOW IS A FREE COURSE THAT CONSISTS OF GROUP SESSIONS FACILITATED BY THE CARDIOPUL MONARY DEPARTMENT AND HELD IN THE FLAGLER HOSPITAL WELLNESS CENTER CLASSES TAKE PLACE ONE PER WEEK FOR 1 HOUR, OVER A SIX WEEK PERIOD IN ADDITION TO THE QUIT SMOKING NOW SMOKING CESSATION PROGRAM, FLAGLER HOSPITAL HOSTED TWO LUNG CANCER AWARENESS EVENTS SHINE A LIGHT ON LUNG CANCER WAS HELD IN THE CANCER EDUCATION AND SUPPORT CENTER ON NOVEMBER 17, 2018 THIS IS A NATIONAL EVENT HELD AT DIFFERENT LOCATIONS ACROSS THE NATION THE GOAL IS TO BRI NG ATTENTION, COMPASSION, HOPE AND SUPPORT TO ALL INDIVIDUALS IMPACTED BY LUNG CANCER LAS TLY, THE GREAT AMERICAN SMOKE OUT ALSO TOOK PLACE ON NOVEMBER 17, 2018 THE EVENT WAS HOST ED BY FLAGLER HOSPITAL IN COLLABORATION WITH TOBACCO FREE FLORIDA AND ENCOURAGES SMOKERS T O MAKE A PLAN TO QUIT SMOKING OR PLEDGE TO HELP SOMEONE QUIT SMOKING THE ADMINISTRATOR OF COMMUNITY HEALTH IMPROVEMENT SERVES ON THE BOARD OF DIRECTORS OF THE TOBACCO FREE ST JOHN S PARTNERSHIP, A COMMUNITY-WIDE LOCALLY ORGANIZED GROUP COLLECTIVELY WORKING TOWARDS ELIMI NATING INITIATION AND USE OF TOBACCO AMONG ST JOHNS COUNTY RESIDENTS, SUPPORTING POLICY C HANGE AND EDUCATING DECISION MAKERS ABOUT THE IMPACT OF TOBACCO ON THE LIVES OF ST JOHNS COUNTY RESIDENTS AND VISITORS SEE SUPPLEMENTAL INFORMATION FOR CONTINUATION</p>

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

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

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUED	<p>REDUCE SUBSTANCE ABUSEJUST AS WAS FOUND IN THE 2014 ST JOHNS COUNTY COMMUNITY HEALTH NEED S ASSESSMENT, THE ISSUE OF SUBSTANCE ABUSE WAS LISTED AS THE #1 IMPORTANT HEALTH PROBLEMS BY SURVEY RESPONDENTS IN THE 2017 CHNA THIS INCLUDES BINGE DRINKING, UNDERAGE DRINKING, C IGARETTE AND MARIJUANA AND OTHER DRUG USE FLAGLER HOSPITAL'S DIRECTOR OF BEHAVIORAL HEALT H SERVICES WORKS CLOSELY WITH EPIC COMMUNITY SERVICES (EPIC WAS CREATED TO PROVIDE SUBSTAN CE ABUSE PREVENTION, INTERVENTION, OUTPATIENT TREATMENT AND AFTERCARE SERVICES), PACT, (PR EVENTION, ACTION, CHOICES AND TEAMWORK) PREVENTION SERVICES (WHICH ADVOCATES FOR PREVENTIO N FOR YOUTH), TOBACCO FREE ST JOHNS AND OTHER GROUPS SUCH AS LAW ENFORCEMENT ON THIS ISSU E ST JOHNS COUNTY CONTINUES TO RANK IN THE TOP 5 COUNTIES IN FLORIDA FOR BINGE DRINKING THE ST JOHNS COUNTY BEHAVIORAL HEALTH CONSORTIUM CONTINUES TO WORK TOWARDS FINDING A WAY TO GET THESE IMPORTANT HEALTH SERVICES AVAILABLE FOR REFERRAL IN OUR SERVICE AREA FLAGLE R HOSPITAL CONTINUES TO PROVIDE A YEARLY \$150,000 DONATION IN SUPPORT OF EPIC BEHAVIORAL H EALTHCARE'S 16-BED RECOVERY CENTER THE CENTER OPENED IN JANUARY 2014 AS THE ONLY DETOXIFI CATION CENTER IN ST JOHNS COUNTY IT OFFERS MEDICAL DETOX, SUBSTANCE ABUSE RESIDENTIAL TR EATMENT, SUBSTANCE ABUSE OUTPATIENT TREATMENT, AND MEDICATION MANAGEMENT FOR PEOPLE DIAGNO SED WITH A CO- OCCURRING MENTAL HEALTH DISORDER AFTER 4 YEARS OF SERVING THE COMMUNITY, TH E EPIC RECOVERY CENTER HAS HAD 3,484 ADMISSIONS, WITH APPROXIMATELY 50% OF ALL DETOX ADMIS SIONS RELATED TO OPIATE ABUSE THE MAJORITY OF EPIC RECOVERY CENTER'S PATIENTS LIVE IN POV ERTY ( 78%), HAVE NO INSURANCE, OR INSURANCE WITH POOR BEHAVIORAL HEALTH BENEFITS, WHICH M AKES FLAGLER HOSPITAL'S SUPPORT ESSENTIAL TO PROVIDING THIS MUCH NEEDED SERVICE TO THE COM MUNITY THE EPIC RECOVERY CENTER HAS BECOME THE CORNERSTONE OF THE ADDICTION TREATMENT SYS TEM OF CARE IN ST JOHNS COUNTY SERVING SOME OF THE MOST VULNERABLE FLORIDIANS UNINSURED, HOMELESS, THOSE INVOLVED IN THE CHILD WELFARE SYSTEM, CRIMINALLY JUSTICE INVOLVED, AND/OR SUFFERING FROM MULTIPLE CHRONIC HEALTH CONDITIONS INCREASE ACCESS TO DENTAL CAREACCESS TO DENTAL CARE HAS LONG BEEN AN ISSUE IN ST JOHNS COUNTY, AS IT IS ACROSS THE STATE RESPON DENTS OF THE 2017 ST JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT REPORTED DENTAL/ORAL CARE AS ONE OF THE TOP HEALTH SERVICE THAT IS DIFFICULT TO OBTAIN A MAJOR THEME OF ALL FO CUS GROUPS WAS A NEED FOR IMPROVED ACCESS TO DENTAL CARE TO ADDRESS THIS NEED, FLAGLER HO SPITAL, THE WILDFLOWER CLINIC, AND THE ST JOHNS COUNTY HEALTH LEADERSHIP COUNCIL WORKED T OGETHER TO PROVIDE SOLUTIONS DURING THE ASSESSMENT YEAR 765 DENTAL CASES CAME TO THE FLAG LER HOSPITAL EMERGENCY DEPARTMENT FOR DENTAL CARE, HIGHLIGHTING THE NEED THE GOOD SAMARIT AN WILDFLOWER CLINIC IS THE ONLY CLINIC OFFERING BOTH FREE DENTAL AND FREE HEALTH CARE IN ST JOHNS COUNTY FLAGLER CONTINUES TO BE A MAJOR CORPORATE SPONSOR OF THE WILDFLOWER CLIN IC AND WORKS CLOSELY WITH THE</p>

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUED	CLINIC TO SHORTEN THE TIME BETWEEN THE INITIAL CRISES (FLAGLER ER VISIT) AND FOLLOW UP CAR E WITH THE HELP OF GRANTS FROM FLAGLER HOSPITAL, AND OTHER COMMUNITY ORGANIZATIONS, THE W ILDFLOWER CLINIC STAFF HAS BEGUN OFFERING REGULAR DENTAL WALK- IN CLINICS EVERY WEEK WITH CONTINUED COLLABORATION BETWEEN THE WILDFLOWER CLINIC AND FLAGLER HOSPITAL'S EMERGENCY DEP ARTMENT ON COORDINATING CARE BETWEEN UNINSURED ST JOHNS COUNTY RESIDENTS, FLAGLER HOSPITA L EMERGENCY ROOM VISITS FOR DENTAL EMERGENCIES HAVE CONTINUED TO DROP BY OVER 10% EACH FIS CAL YEAR FURTHERMORE, DENTAL VISITS TO THE WILDFLOWER CLINIC HAVE INCREASED TO OVER 2,750 VISITS BUILDING ON THIS SUCCESS, PARTNERS CONTINUE TO OPTIMIZE THIS TRANSITION AND FOLLO W-UP PROCESS FROM THE HOSPITAL EMERGENCY ROOM TO THE WILDFLOWER DENTAL CLINIC INCREASE ACC ESS TO MENTAL HEALTH CAREWITH DEPRESSION AND ANXIETY RANKED AS THE #2 HEALTH PROBLEMS IN S T JOHNS COUNTY, THE 2017 CHNA REVEALED THAT ACCESS TO MENTAL HEALTH SERVICES CONTINUES TO BE AN ISSUE IN ADDITION, MENTAL HEALTH COUNSELING WAS REPORTED TO BE THE #2 MOST DIFFICU LT TO OBTAIN SERVICE BY SURVEY RESPONDENTS IN RESPONSE TO AN IDENTIFIED CRITICAL NEED FOR OUTPATIENT MENTAL HEALTH SERVICES IN ST JOHNS COUNTY, FLAGLER HOSPITAL INTRODUCED AN INTE NSIVE OUTPATIENT PROGRAM THIS PROGRAM WAS SPECIFICALLY DESIGNED TO SUPPORT PATIENTS AFTER BEING RELEASED FROM INPATIENT CARE THE PROGRAM'S PRIMARY GOAL OF IMPROVING QUALITY OF LI FE AND REDUCE SYMPTOMS TO PREVENT RELAPSE IS ACCOMPLISHED THROUGH GROUP THERAPY, MEDICATIO N AND SYMPTOM MANAGEMENT AND INDIVIDUAL PSYCHOTHERAPY ALL NEW PATIENTS PARTICIPATE IN A F ORMAL CLINICAL EVALUATION PERFORMED BY A MULTI-DISCIPLINARY TEAM THIS EVALUATION HELPS TH E TEAM DEVELOP A TREATMENT PLAN THAT REFLECTS EACH PATIENT'S INDIVIDUAL STRENGTHS, LIMITATIO NS AND GOALS FOR TREATMENT EVERY PATIENT'S GOALS ARE REVIEWED AND UPDATED WEEKLY IN TEA M MEETINGS AND INDIVIDUAL SESSIONS MEDICAL STAFF FROM THE INTENSIVE OUTPATIENT PROGRAM AT TENDS COMMUNITY EVENTS TO RAISE AWARENESS ABOUT MENTAL HEALTH AND TO INFORM THE COMMUNITY ON AVAILABLE RESOURCES A SCHOLARSHIP IS AVAILABLE FOR EACH SESSION, TO ENSURE THAT ACCESS TO MENTAL HEALTH SERVICES IS NEVER DEPENDENT UPON A PATIENT'S ABILITY TO PAY FLAGLER HOS PITAL IS COMMITTED TO COLLABORATION WITH COMMUNITY PARTNERS TO ADDRESS EACH NEED IDENTIFIE D DURING THE 2017 CHNA TO INCREASE ACCESS TO MENTAL HEALTH CARE, THIS COLLABORATION CENTE RS ON COORDINATION AND LINKAGE OF MENTAL HEALTH SERVICES BETWEEN FLAGLER HOSPITAL AND COMM UNITY OUTPATIENT PROVIDERS FLAGLER HOSPITAL CONTINUES TO WORK WITH ST AUGUSTINE YOUTH SER VICES TO SUPPORT THE COUNTY-WIDE MOBILE CRISIS RESPONSE TEAM (MCRT) THE TEAM'S MISSION IS TO PROVIDE AN ASSESSMENT AT THE FIRST SIGNS OF CHILD BEHAVIORAL RISK TO PREVENT SERIOUS M ENTAL ISSUES FROM DEVELOPING THE TEAM ALSO PROVIDES IMMEDIATE ACCESS TO MENTAL HEALTH SER VICES AND ALLOW THE OPPORTUNITY FOR FAMILIES TO SELECT A SOLUTION THAT WORKS BEST FOR THEM THE ULTIMATE GOAL OF THE MOB

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUED	ILE CRISIS RESPONSE TEAM PROGRAM IS TO DIVERT CHILDREN FROM COSTLY EMERGENCY SERVICES AND ESTABLISH GREATER COORDINATION OF CARE THAT WILL SERVE THE FAMILY BEYOND THE INITIAL CRISI S THE MCRT CONSISTS OF THREE STATE LICENSED CLINICIANS, A CERTIFIED CASE MANAGER AND A ST ATE LICENSED REGISTERED NURSE TO DATE THE MCRT HAS RESPONDED TO AND PROVIDED ASSESSMENTS AND WRAPAROUND SERVICES FOR OVER 1,400 ST JOHNS COUNTY YOUTH 82% OF BAKER ACTS WERE DIVER TED WITH HOSPITALS AVERAGING \$3,900, THE MCRT ASSESSMENTS SAVED OUR COMMUNITY OVER \$4 5 M ILLION

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUED	<p>INCREASE USE OF AVAILABLE TRANSPORTATIONFROM THE FOCUSES GROUPS CONDUCTED AS PART OF THE 2 017 COMMUNITY HEALTH NEEDS ASSESSMENT, A FOCUS OF "A NEED FOR TRANSPORTATION" WAS OBSERVED AS A PRIMARY THEME FROM FOCUSES GROUPS. FURTHERMORE, SURVEY RESULTS SHOWED A POSITIVE INC REASE IN THE PERCENTAGE OF RESPONDENTS THAT RANKED TRANSPORTATION AS A BARRIER TO CARE, FR OM 7 9% IN 2011 TO 9 7% IN 2014 AND 12 2% IN 2017. TRANSPORTATION HAS BEEN A FOCUS IN ST J OHNS COUNTY FOR OVER 15 YEARS. THE 2005 ST JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT IDENTIFIED IMPROVING ACCESS TO HEALTH SERVICES IN OUTLYING AREAS OF ST JOHNS COUNTY THRO UGH COORDINATION OF PUBLIC TRANSPORTATION AS A HIGH-PRIORITY COMMUNITY NEED. SINCE THAT TI ME, A COMMUNITY-WIDE EFFORT TO IMPROVE PUBLIC TRANSPORTATION IN ST JOHNS COUNTY HAS PICKE D UP MOMENTUM. THE ST JOHNS COUNTY COUNCIL ON AGING, INC (COA) SERVES AS THE COMMUNITY T RANSPORTATION COORDINATOR FOR ST JOHNS COUNTY. THE COA PROVIDES DOOR-TO-DOOR NON-EMERGENC Y MEDICAL TRANSPORTATION SERVICES TO AMBULATORY AND WHEELCHAIR BOUND CLIENTS WITHIN THE ST JOHNS COUNTY SERVICE AREA. THE SUNSHINE BUS COMPANY (A DIVISION OF THE COA) IS ST JOHNS COUNTY'S PUBLIC BUS SERVICE. SINCE ITS INCEPTION IN 2006, THE SUNSHINE BUS COMPANY HAS CO NTINUED TO EXPANDED SERVICES TO BETTER SERVE THE COMMUNITY, WITH THE ADDITION OF NEW ROUTE S AND AN INCREASED NUMBER OF DAILY TRIPS. THE 2017 ST JOHNS COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT FEEDBACK SHOWED THE CONTINUED NEED FOR A FOCUS ON TRANSPORTATION. THIS YEAR, F LAGLER HOSPITAL SUPPORTED THE STRATEGIC OBJECTIVE OF "INCREASE USE OF AVAILABLE TRANSPORTA TION OPTIONS" BY PARTNERING WITH THE ST JOHNS COUNTY HEALTH LEADERSHIP COUNCIL TO PROVIDE TRANSPORTATION TRAINING TO 14 COMMUNITY ORGANIZATIONS. THIS EDUCATION IS OFFERED TO BOTH COMMUNITY MEMBERS, AND HEALTHCARE PROVIDERS, IN EFFORT TO RAISE AWARENESS AND INCREASE UTI LIZATION. CARE CONNECT CONNECTING PEOPLE TO RESOURCESCARE CONNECT IS A PROGRAM OF THE HOSP ITAL THAT WAS STARTED IN 2017. THIS COMMUNITY ALLIANCE WAS ESTABLISHED TO CONNECT AREA RES IDENTS IN NEED WITH AVAILABLE SERVICE AND ADDRESS SOCIAL DETERMINANTS OF HEALTH IN A COORD INATED WAY THROUGHOUT ALL OF ST JOHNS COUNTY. BY ALIGNING COMMUNITY RESOURCES INTO A SINGL E ACCESS POINT, CARE CONNECT INCREASES COORDINATION AND ACCESS OF AVAILABLE RESOURCES. THE PROGRAM HELPS CONNECT PEOPLE TO PRIMARY CARE SERVICE, DENTAL SERVICE, PRESCRIPTION ASSIST ANCE, RENTAL AND UTILITY ASSISTANCE, TRANSPORTATION ASSISTANCE, HOMELESS PREVENTION SERVIC ES, ACCESS TO LOCAL FOOD BANKS AND COMMUNITY RESOURCE NAVIGATION AND CASE MANAGEMENT SERVI CES. RATHER THAN SIMPLY REFER PEOPLE TO SERVICES, CARE CONNECT COMMUNITY HEALTH ASSOCIATES , FOLLOW EACH CLIENT UNTIL ALL NEEDS HAVE BEEN MET. IF SERVICES ARE NOT AVAILABLE IN THE C OMMUNITY, CARE CONNECT TRACKS GAPS IN SERVICE TO DEVELOP THOSE SERVICES WITH COMMUNITY PAR TNERS. CARE CONNECT INCREASES ACCESS TO HEALTH PROVIDERS, DENTAL PROVIDERS, MENTAL HEALTH PROVIDERS, SOCIAL SERVICES AND</p>



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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 11 CONTINUED	TRANSPORTATION THROUGH A COORDINATED HUB IN FISCAL YEAR 2019, 680 CLIENTS ENTERED THE CA RE CONNECT HUB AND WERE MATCHED WITH SERVICES

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A	<a href="https://www.flaglerhospital.org/patients-visitors.aspx">HTTPS //WWW FLAGLERHOSPITAL ORG/PATIENTS-VISITORS ASPX</a>

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7B	<a href="http://stjohns.floridahealth.gov/programs-and-services/community-health-planning-and-statistics/community-health-assessments/2017-cha.html">HTTP //STJOHNS FLORIDAHEALTH GOV/PROGRAMS-AND-SERVICES/COMMUNITY-HEALTH-PLANNING-AND-STATISTICS/COMMUNITY-HEALTH-ASSESSMENTS/2017-CHA HTML</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 10A	HTTPS //WWW FLAGLERHOSPITAL ORG/PATIENTS-VISITORS ASPX

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 16A	<a href="https://www.flaglerhospital.org/financial-services/charity-care-and-financial-assistance-policy.aspx">HTTPS //WWW FLAGLERHOSPITAL ORG/FINANCIAL-SERVICES/CHARITY-CARE-AND-FINANCIAL-ASSISTANCE-POLICY ASPX</a>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B, LINE 16B	<a href="https://www.flaglerhospital.org/documents/attestation-charity-application.pdf">HTTPS //WWW FLAGLERHOSPITAL ORG/DOCUMENTS/ATTESTATION-CHARITY-APPLICATION PDF</a>

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 16C	<a href="https://www.flaglerhospital.org/financial-services/fap-plain-language-summary.aspx">HTTPS //WWW FLAGLERHOSPITAL ORG/FINANCIAL-SERVICES/FAP-PLAIN-LANGUAGE-SUMMARY ASPX</a>

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

**Schedule I**  
**(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
FLAGLER HOSPITAL INC

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

**Employer identification number**  
59-0675143

**Part I** General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ **Yes** ☐ **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II** Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 10

**3** Enter total number of other organizations listed in the line 1 table . . . . . 0



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE FLAGLER HEALTH CARE FOUNDATION, A SUPPORTING ORGANIZATION OF THE HOSPITAL, REPORTS ITS FINANCIAL ACTIVITIES TO THE CFO OF FLAGLER HOSPITAL. THE HOSPITAL HAS A COMMUNITY BENEFITS GROUP THAT WORKS WITH ST. JOHNS COUNTY TO DETERMINE GRANT RECIPIENTS AND MONITOR THE USE OF FUNDS.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLAGLER COLLEGE 74 KING ST ST AUGUSTINE, FL 32084	59-1157081	501(C)(3)	10,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
ALL AMERICAN AIR CHARITABLE FOUNDATION 425 TRADE WIND LANE ST AUGUSTINE, FL 32080	27-4254657	501(C)(3)	11,500				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INVESTING IN KIDS (INK) 40 ORANGE ST ST AUGUSTINE, FL 32084	84-1452282	501(C)(3)	16,500				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
JACKSONVILLE FC INC 2850 HODGES BLVD JACKSONVILLE, FL 32224	59-2881219	501(C)(3)	17,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOC 1101 NORTHCHASE PKWY MARIETTA, GA 30067	13-5613797	501(C)(3)	17,500				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
ST JOHNS VOLUNTEERS 1 NEWS PLACE ST AUGUSTINE, FL 32086	61-1767988	501(C)(3)	27,861				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF NE FLORIDA 555 W 25TH STREET JACKSONVILLE, FL 32206	59-6167630	501(C)(3)	50,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
PGA TOUR INC 100 PGA TOUR BLVD PONTE VEDRA BEACH, FL 32082	59-2774423	501(C)(3)	12,500				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALPHA-OMEGA MIRACLE HOME INC 1797 OLD MOULTRIE ROAD ST AUGUSTINE, FL 32084	65-0318958	501(C)(3)	6,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE
CROOKSHANK ELEMENTARY SCHOOL 1455 NORTH WHITNEY STREET ST AUGUSTINE, FL 32084	23-7103373	501(C)(3)	8,000				OPERATIONAL SUPPORT AND PROGRAM ASSISTANCE

Schedule J (Form 990)	<div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</div>	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization FLAGLER HOSPITAL INC	Employer identification number 59-0675143
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Part I Questions Regarding Compensation		Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax 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)		
<b>b</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		<b>1b</b> Yes	
<b>2</b> 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?		<b>2</b>	No
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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			
<b>a</b> Receive a severance payment or change-of-control payment?		<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<b>4b</b> Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>			
<b>5</b> 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			
<b>a</b> The organization?		<b>5a</b>	No
<b>b</b> Any related organization?		<b>5b</b>	No
If "Yes," on line 5a or 5b, describe in Part III			
<b>6</b> 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			
<b>a</b> The organization?		<b>6a</b>	No
<b>b</b> Any related organization?		<b>6b</b>	No
If "Yes," on line 6a or 6b, describe in Part III			
<b>7</b> 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		<b>7</b> Yes	
<b>8</b> 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		<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		<b>9</b>	

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

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

[illegible]



**Part III**   **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION PROVIDES GROSS UP PAYMENTS FOR THE VALUE OF THE DISABILITY INSURANCE POLICY PREMIUMS TO CERTAIN OFFICERS, REPORTED ON THE OFFICERS' FORM W-2

Return Reference	Explanation
PART I, LINES 4A-B	MARY MANTESE RECEIVED A SEVERANCE PAYMENT OF \$136,171 THE ORGANIZATION CONTRIBUTED \$35,000 TO A 457(F) PLAN FOR JASON BARRETT THE ORGANIZATION CONTRIBUTED \$17,700 TO A 457(F) PLAN FOR CARLTON DEVOOGHT

Return Reference	Explanation
PART I, LINE 7	BONUSES ARE BASED ON PERFORMANCE METRICS SET AT THE BEGINNING OF THE PERFORMANCE YEAR THE BOARD HAS APPROVAL RIGHTS FOR THE FINAL AMOUNT PAID AT THE END OF THE PERFORMANCE YEAR



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JASON P BARRETT PRESIDENT/CEO	(i)	520,045	88,285	360	89,100	7,357	705,147	0
	(ii)	0	0	0	0	0	0	0
MURRAY S MARSH JR CFO	(i)	292,312	25,000	1,013	60,100	12,647	391,072	0
	(ii)	0	0	0	0	0	0	0
CARLTON DEVOOGHT CAO	(i)	283,738	35,000	277	34,247	11,012	364,274	0
	(ii)	0	0	0	0	0	0	0
DONALD R CRIST VP OF OPERATIONS	(i)	219,114	12,500	7,904	24,548	17,656	281,722	0
	(ii)	0	0	0	0	0	0	0
MICHAEL HALL ADMINISTRATOR	(i)	170,633	10,000	945	10,577	14,683	206,838	0
	(ii)	0	0	0	0	0	0	0
ANGELA CHRISTENSEN ADMINISTRATOR	(i)	147,434	10,000	1,508	8,743	5,748	173,433	0
	(ii)	0	0	0	0	0	0	0
NANGELA PULSFUS ADMINISTRATOR	(i)	170,616	12,500	4,816	29,211	17,656	234,799	0
	(ii)	0	0	0	0	0	0	0
DONNA WAGNER ADMINISTRATOR	(i)	153,005	10,000	907	9,060	0	172,972	0
	(ii)	0	0	0	0	0	0	0
MICHAEL C SANDERS CHIEF MEDICAL INFORMATICS	(i)	335,995	12,500	1,236	17,600	0	367,331	0
	(ii)	0	0	0	0	0	0	0
MIGUEL A MACHADO EVP, CHIEF MEDICAL OFFICER	(i)	427,723	25,000	1,714	17,600	5,748	477,785	0
	(ii)	0	0	0	0	0	0	0
JULIA CLICK EVP, CHIEF HUMAN RESOURCES	(i)	218,861	34,421	1,054	33,338	17,656	305,330	0
	(ii)	0	0	0	0	0	0	0
GREGORY A GIBSON PHYSICIAN	(i)	200,697	20,500	8,704	12,727	14,683	257,311	0
	(ii)	0	0	0	0	0	0	0
JEFFREY A HURLEY DIRECTOR OF RISK MANAGEMENT	(i)	231,277	12,500	2,311	56,383	15,208	317,679	0
	(ii)	0	0	0	0	0	0	0
JOSEPH GORDY CEO - PART YEAR	(i)	254,955	100,000	61,123	27,112	0	443,190	0
	(ii)	0	0	0	0	0	0	0
MARY K MANTESE FORMER CHIEF NURSING OFFICER	(i)	0	0	136,171	0	0	136,171	0
	(ii)	0	0	0	0	0	0	0

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

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FLAGLER HOSPITAL INC

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

59-0675143

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-2146640		04-04-2012	30,000,000	SEE PART VI		X		X		X
B ST JOHNS COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-2146640		09-28-2017	71,400,000	SEE PART VI		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired . . . . .										
2	Amount of bonds legally defeased . . . . .										
3	Total proceeds of issue . . . . .	30,000,000		71,400,000							
4	Gross proceeds in reserve funds . . . . .										
5	Capitalized interest from proceeds . . . . .										
6	Proceeds in refunding escrows . . . . .										
7	Issuance costs from proceeds . . . . .			338,361							
8	Credit enhancement from proceeds . . . . .										
9	Working capital expenditures from proceeds . . . . .										
10	Capital expenditures from proceeds . . . . .	30,000,000		592,158							
11	Other spent proceeds . . . . .			53,517,222							
12	Other unspent proceeds . . . . .			16,952,259							
13	Year of substantial completion . . . . .	2012		2019							
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue? . . . . .		X	X							
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X						
16	Has the final allocation of proceeds been made? . . . . .	X			X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X							

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

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

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

Return Reference	Explanation
PART I, LINE A, COLUMN F	FINANCING OF FACILITIES IMPROVEMENT PROJECTS, ACQUISITION AND INSTALLATION OF NEW ELECTRONIC MEDICAL RECORDS SYSTEM



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

Return Reference	Explanation
PART II, LINE 11, COLUMN B	BOND PROCEEDS APPLIED TOWARD CURRENT REFUNDING OF SERIES 2012A AND SERIES 2010B BONDS

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FLAGLER HOSPITAL INC

Employer identification number  
59-0675143

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2

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

3

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

Part II

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

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

Part III

Grants or Assistance Benefiting Interested Persons.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) THOMPSON BAKER AGENCY INC	MATT BAKER, CHAIRMAN, IS MAJORITY SHAREHOLDER OF THOMPSON BAKER AGENCY INC	1,239,707	INSURANCE PAYMENTS		No

**Part V Supplemental Information**

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

Return Reference	Explanation
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<b>SCHEDULE O</b> <b>(Form 990 or 990-EZ)</b>  Department of the Treasury Name of the organization FLAGLER HOSPITAL INC	<b>Supplemental Information to Form 990 or 990-EZ</b> 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 <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047  <div>2018</div> <div>Open to Public Inspection</div>
	Employer identification number  59-0675143	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>DURING THE FISCAL YEAR, THE SOLE MEMBER HAD THE AUTHORITY TO</p> <p>1) ADOPT OR REVISE A STRATEG IC PLAN</p> <p>2) AMEND THE CORPORATION'S ARTICLES OF INCORPORATION OR BYLAWS</p> <p>3) CONDUCT MERGERS, ACQUISITIONS AND SALES OF ALL OR SUBSTANTIAL PART OF CORPORATION'S ASSETS</p> <p>4) LIQUIDATION AND DISSOLUTION</p> <p>5) ELECTION AND REMOVAL OF THE CORPORATION'S OFFICERS AND DIRECTORS INCLUDING THE CHIEF EXECUTIVE OFFICER AND THE CHAIRMAN OF THE CORPORATION'S BOARD OF DIRECTORS</p> <p>6 ) APPROVAL OF CAPITAL AND OPERATING BUDGETS</p> <p>7) ANY ACTIONS AFFECTING THE CORPORATION'S TAX EXEMPT STATUS</p> <p>8) FUNDAMENTAL CHANGES IN MISSION OR DIRECTION</p> <p>9) ENTRY INTO A MATERIAL AGR EEMENT THAT INVOLVE ANNUAL PAYMENTS THAT EXCEED 2% OF THE CORPORATION'S TOTAL ANNUAL BUDGE TED OPERATING EXPENSES, A SIGNIFICANT JOINT VENTURE, PROVIDES MANAGEMENT FOR THE CORPORATI ON'S ANNUAL NET PATIENT REVENUE</p> <p>10) INCURRENCE, REFINANCING, PREPAYMENT OR DEFEASANCE OF D EBT IN THE EXCESS OF THE GREATER OF \$10,000,000 OR 10% OF THE CORPORATION'S OUTSTANDING DE BT</p> <p>11) SECURING A MORTGAGE, DEED OF TRUST, OR OTHER ENCUMBRANCE IN EXCESS OF THE GREATER OF \$10,000,000 OR 10% OF THE CAPITAL BUDGET</p> <p>12) INCURRENCY OF ANY UNBUDGETED CAPITAL EXPEN SE IN EXCESS OF THE GREATER OF \$5,000,000 OR 5% OF THE CORPORATION'S ANNUAL CAPITAL BUDGET</p> <p>13) A CAPITAL EXPENDITURE OVERRUN IN EXCESS OF THE GREATER OF \$5,000,000 OR 5% OF THE BUD GETED CAPITAL EXPENSE</p> <p>14) INCURRENCE OF ANY UNBUDGETED OPERATING EXPENSE IN EXCESS OF 1% O F THE CORPORATION'S TOTAL ANNUAL OPERATING EXPENSES</p> <p>15) SELECTION OF THE CORPORATIONS INDE PENDENT AUDITOR</p> <p>16) ADOPTION OR REVISION OF CHARITABLE CARE POLICIES</p> <p>17) DONATION OF MATER IAL FUNDS TO A PERSON OR ENTITY NOT AFFILIATED WITH THE SOLE MEMBER OR ANY OF ITS SUBSIDIA RIES PROVIDED THAT THE SOLE MEMBER SHALL NOT BE REQUIRED TO REVIEW OR AUTHORIZE CONTRIBUTI ONS TO A LOCAL CHARITY THAT DID NOT EXCEED \$250,000 IN ANY YEAR</p> <p>18) FORMATION OF A NEW MAT ERIAL ENTITY AS A SUBSIDIARY</p> <p>19) ACTIONS TAKEN TO CURE ANY BREACH OF OR FAILURE TO COMPLY WITH COVENANTS IN BOND AND OTHER DEBT AGREEMENTS</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION PACKAGE FOR THE CEO POSITION IS SET AND APPROVED BY THE COMPENSATION COMMITTEE, WHICH CONSISTS OF THE CURRENT AND PAST CHAIRPERSONS OF THE HOSPITAL, FLAGLER HEALTH CARE SYSTEM, AND FLAGLER HEALTH SERVICES BOARDS. INDEPENDENT SALARY SURVEYS ARE OBTAINED FROM INDUSTRY EXPERTS TO DETERMINE COMPENSATION AND BENEFITS. THOSE INDEPENDENT SALARY SURVEYS ARE ALSO USED TO DEVELOP COMPENSATION PACKAGES FOR THE SENIOR MANAGEMENT TEAM. THE COMPENSATION COMMITTEE EVALUATES THE DATA, THEN DEBATES AND DOCUMENTS ITS RECOMMENDATION OF REASONABLE COMPENSATION.



# 990 Schedule O, Supplemental Information

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

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	<p>CONTRACT SERVICES PROGRAM SERVICE EXPENSES 12,665,752 MANAGEMENT AND GENERAL EXPENSES 9,754,853 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 22,420,605 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 2,461,006 MANAGEMENT AND GENERAL EXPENSES 5,023,802 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,484,808 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 12,764,947 MANAGEMENT AND GENERAL EXPENSES 1,525,597 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 14,290,544 OTHER FEES PROGRAM SERVICE EXPENSES 337,011 MANAGEMENT AND GENERAL EXPENSES 144,979 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 481,990</p>

**990 Schedule O, Supplemental Information**

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

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
FLAGLER HOSPITAL INC

Employer identification number  
59-0675143

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OUTPATIENT SURGERY CENTER OF ST AUGUSTINE LLC 1 ORTHOPAEDIC PL ST AUGUSTINE, FL 32086 20-2047704	OUTPATIENT SURGERY	FL	522,076	2,169,208	FLAGLER HEALTH ENTERPRISE
(2) FLAGLER HEALTH NETWORK LLC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 82-1579477	INVESTMENT HOLDING	FL	-51,832	267,789	FLAGLER HOSPITAL INC
(3) FLAGLER HEALTH ENTERPRISES LLC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 82-1588529	INVESTMENT HOLDING	FL	1,522,077	16,389,282	FLAGLER HOSPITAL INC

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)FLAGLER HEALTH CARE FOUNDATION INC 400 HEALTH PARK BLVD  ST AUGUSTINE, FL 32086 59-2440537	SUPPORTING ORGANIZATION	FL	501(C)(3)	LINE 12A, I	FLAGLER HOSPITAL	Yes	
(2)COASTAL COMMUNITY HEALTH INC 841 PRUDENTIAL DR STE 1604  JACKSONVILLE, FL 32207 47-1322041	SUPPORTING ORGANIZATION	FL	501(C)(3)	LINE 12A, I	N/A		No
(3)FLAGLER HOME CARE LLC 301 HEALTH PARK BLVD  ST AUGUSTINE, FL 32086 82-1562462	HOME CARE SERVICES	FL	501(C)(3)	LINE 10	FLAGLER HEALTH NETWORK LLC	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> FLAGLER HEALTH SERVICES INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 59-2484352	REAL ESTATE LEASING	FL	FLAGLER HOSPITAL INC	C	1,820,607	3,772,265	100 000 %	Yes	
<b>(2)</b> HEALTH PARK OWNERS ASSOCIATION 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 59-2869538	PROPERTY MANAGEMENT	FL	FLAGLER HOSPITAL INC	C	55,617	575,115	100 000 %	Yes	
<b>(3)</b> ANDERSON GIBBS CONDOMINIUM ASSOC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 59-3223458	PROPERTY MANAGEMENT	FL	FLAGLER HOSPITAL INC	C			100 000 %	Yes	
<b>(4)</b> FLAGLER PROFESSIONAL HEALTH CARE SERVICES INC 400 HEALTH PARK BLVD ST AUGUSTINE, FL 32086 36-4860252	HEALTHCARE	FL	FLAGLER HOSPITAL INC	C	15,231,997	5,889,924	100 000 %	Yes	

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

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

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

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

1a Yes

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

1b

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 Yes

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 Yes

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

1k

No

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 Yes

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

1p Yes

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

1q Yes

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

1r

No

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

1s

No

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

See Additional Data Table

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

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

[illegible]

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

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

Return Reference	Explanation



Additional Data

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

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	FLAGLER HEALTH CARE FOUNDATION INC	C	203,237	FMV
(1)	FLAGLER HEALTH SERVICES INC	J	412,987	FMV
(2)	FLAGLER HEALTH CARE FOUNDATION INC	M	2,193,535	FMV
(3)	FLAGLER HEALTH SERVICES INC	Q	194,090	FMV
(4)	FLAGLER PROFESSIONAL HEALTH SERVICES INC	P	4,094,658	FMV
(5)	FLAGLER HOME CARE LLC	P	389,937	FMV
(6)	FLAGLER HEALTH CARE FOUNDATION INC	A	37,054	FMV