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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

C Name of organization
Winter Haven Hospital Inc

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
Winter Haven, FL 33881

F Name and address of principal officer:
Glenn Waters
2985 Drew Street
Clearwater, FL 33759

D Employer identification number
59-0724462

E Telephone number
(863) 293-1121

G Gross receipts \$ 401,038,170

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

J Website: www.baycare.org/hospitals/winter-haven-hospital

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

L Year of formation: 1926

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
To improve the health of all we serve through community-owned health care services that set the standard for high-quality, compassionate care.

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

3 Number of voting members of the governing body (Part VI, line 1a) 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 12

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 2,722

6 Total number of volunteers (estimate if necessary) 172

7a Total unrelated business revenue from Part VIII, column (C), line 12 282,776

7b Net unrelated business taxable income from Form 990-T, line 39 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 2,752,900

9 Program service revenue (Part VIII, line 2g) 368,188,373

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,306,407

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 5,061,187

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 379,308,867

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 5,000

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 140,102,186

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 202,765,781

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 342,872,967

19 Revenue less expenses. Subtract line 18 from line 12 36,435,900

Expenses

20 Total assets (Part X, line 16) 344,138,861

21 Total liabilities (Part X, line 26) 137,062,206

22 Net assets or fund balances. Subtract line 21 from line 20 207,076,655

Net Assets or Fund Balances

Beginning of Current Year End of Year

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
Ron Beamon VP, CFO - BayCare Hospital Div

2020-10-23
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Firm's name [CROWE LLP](#) Firm's EIN [35-0921680](#)

Firm's address [401 East Las Olas Blvd Suite 1100](#) Phone no. (954) 202-8600

Fort Lauderdale, FL 333014230

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO IMPROVE THE HEALTH OF ALL WE SERVE THROUGH COMMUNITY-OWNED HEALTH CARE SERVICES THAT SET THE STANDARD FOR HIGH-QUALITY, COMPASSIONATE CARE.

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 299,862,664 including grants of \$ 0) (Revenue \$ 365,673,881)
See Additional Data


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

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 299,862,664

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

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

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

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Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	14	
1b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

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:
 ▶Janice Polo EVP & CFO 2985 Drew Street Clearwater, FL 33759 (727) 820-8021

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 ☐

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

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

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

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,348,995	3,099,370	499,898

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 **▶ 87**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NV2A GROUP LLC 9100 S DADELAND BLVD MIAMI, FL 33156	construction services	15,960,308
HOSPITAL MEDICINE ASSOCIATES PO BOX 634850 CINCINNATI, OH 452604850	medical services	5,159,424
GE PRECISION HEALTHCARE LLC 3000 N GRANDVIEW BLVD WAUKESHA, WI 53188	Medical Equipment	4,227,420
BERGLUND CONSTRUCTION COMPANY 8410 S SOUTH CHICAGO AVE CHICAGO, IL 60617	construction services	2,656,329
OB HOSPITALIST GROUP LLC 777 LOWNDES HILL RD GREENVILLE, SC 296072131	medical services	1,957,472

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 **▶ 78**

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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					
	e Government grants (contributions)	1e	5,846,535				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,349,323				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f		7,195,858				
Program Service Revenue	Business Code						
	2a MEDICARE / MEDICAID PMNT	622110	199,659,418	199,659,418			
	b HOSPITAL PATIENT CARE	622110	165,036,599	164,787,017	249,582		
	c RENTAL INCOME FROM AFFILIATES	531190	453,597	453,597			
	d PREMIER PURCHASING PARTNERS	900099	45,537	40,374	5,163		
	e						
	f All other program service revenue.		0	0	0		
g Total. Add lines 2a-2f.		365,195,151					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,965,228		28,031	2,937,197	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a	1,094,627				
		b Less: rental expenses	6b	0			
		c Rental income or (loss)	6c	1,094,627	0		
	d Net rental income or (loss)		1,094,627			1,094,627	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a	22,618,958	305,991			
		b Less: cost or other basis and sales expenses	7b	20,959,006			
		c Gain or (loss)	7c	1,659,952	305,991		
	d Net gain or (loss)		1,965,943			1,965,943	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a				
	b Less: direct expenses		8b				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19		9a				
	b Less: direct expenses		9b				
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold		10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a CAFETERIA		722514	1,183,627			1,183,627	
b MISCELLANEOUS REVENUE		621990	478,730	478,730			
c							
d All other revenue			0	0	0	0	
e Total. Add lines 11a-11d			1,662,357				
12 Total revenue. See instructions			380,079,164	365,419,136	282,776	7,181,394	

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,269,063		1,269,063	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	129,622,453	128,615,629	1,006,824	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	4,625,118	4,589,193	35,925	
9 Other employee benefits	12,391,457	12,295,208	96,249	
10 Payroll taxes	9,158,811	9,052,940	105,871	
11 Fees for services (non-employees):				
a Management				
b Legal	47,405		47,405	
c Accounting	7,563		7,563	
d Lobbying	3,454	3,454		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	237,343	237,343		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	24,094,432	23,350,688	743,744	0
12 Advertising and promotion	323,875	323,375	500	
13 Office expenses	5,667,991	2,527,265	3,140,726	
14 Information technology	1,450,103	956,719	493,384	
15 Royalties				
16 Occupancy	5,920,496	5,227,028	693,468	
17 Travel	876,947	564,319	312,628	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,501,520	2,501,520		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,032,713	15,800,099	232,614	
23 Insurance	6,484,465	6,484,465		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE AND REPAIRS	4,407,705	4,407,705		
b MEDICAL SUPPLIES	70,301,130	70,301,130		
c MANAGEMENT FEES	39,865,884		39,865,884	
d BAD DEBT EXPENSE	255,533	255,533		
e All other expenses	17,755,249	12,369,051	5,386,198	0
25 Total functional expenses. Add lines 1 through 24e	353,300,710	299,862,664	53,438,046	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		8,596	1	8,741	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		34,967,377	4	36,959,879	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	0	
	7	Notes and loans receivable, net		4,679,266	7	6,933,545	
	8	Inventories for sale or use		9,157,438	8	9,430,914	
	9	Prepaid expenses and deferred charges		1,976,930	9	2,173,543	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	308,127,043			
	b	Less: accumulated depreciation	10b	104,400,934	174,564,776	10c	203,726,109
	11	Investments—publicly traded securities		91,536,745	11	99,515,312	
	12	Investments—other securities. See Part IV, line 11		0	12		
	13	Investments—program-related. See Part IV, line 11		15,576,990	13	17,339,337	
	14	Intangible assets		7,439,000	14	6,920,000	
	15	Other assets. See Part IV, line 11		4,231,743	15	4,997,552	
16	Total assets. Add lines 1 through 15 (must equal line 34)		344,138,861	16	388,004,932		
Liabilities	17	Accounts payable and accrued expenses		19,662,260	17	21,262,510	
	18	Grants payable			18		
	19	Deferred revenue		76,578	19	73,378	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	0	
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		117,323,368	25	126,788,089	
	26	Total liabilities. Add lines 17 through 25		137,062,206	26	148,123,977	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		206,110,256	27	238,914,556	
	28	Net assets with donor restrictions		966,399	28	966,399	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		207,076,655	32	239,880,955	
33	Total liabilities and net assets/fund balances		344,138,861	33	388,004,932		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	380,079,164
2	Total expenses (must equal Part IX, column (A), line 25)	2	353,300,710
3	Revenue less expenses. Subtract line 2 from line 1	3	26,778,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	207,076,655
5	Net unrealized gains (losses) on investments	5	8,037,641
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,011,795
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	239,880,955

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

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

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-0724462
Name: Winter Haven Hospital Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

WINTER HAVEN HOSPITAL, INC. (WHH) IS A FULL-SERVICE 519 BED COMMUNITY HOSPITAL. DURING 2019, WHH PROVIDED INPATIENT CARE TO 21,596 PATIENTS, TREATED 79,694 PATIENTS IN THE EMERGENCY DEPARTMENT, AND DELIVERED 1,952 BABIES. THROUGH EFFORTS OF THE MEDICAL ASSISTANCE PROGRAM AND THE HOSPITAL'S CHARITY CARE PROGRAM, WHH SAW A NET COMMUNITY BENEFIT EXPENSE TOTALING APPROXIMATELY \$46.8 MILLION. THE HOSPITAL ALSO PROVIDED OTHER COMMUNITY SERVICES TOTALING OVER \$4.6 MILLION. REFER TO SCHEDULE H FOR ADDITIONAL INFORMATION.

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			
CHARLES MCPHERSON	1.0									
TRUSTEE/VICE CHAIR	..... 0	X		X				0	0	0
CHIP TUCKER	1.0									
TRUSTEE/SECRETARY	..... 0	X		X				0	0	0
DON INGRAM	1.0									
TRUSTEE/CHAIR	..... 1.0	X		X				0	0	0
ROBERT CARTER	1.0									
TRUSTEE/TREASURER	..... 0	X		X				0	0	0
AL CASSIDY	1.0									
TRUSTEE	..... 0	X						0	0	0
ALAN GUSTAFSON	1.0									
TRUSTEE	..... 0	X						0	0	0
ANGELA FALCONETTI	1.0									
TRUSTEE	..... 0	X						0	0	0
CINDY ALEXANDER	1.0									
TRUSTEE	..... 0	X						0	0	0
CINDY HENRY	1.0									
TRUSTEE	..... 0	X						0	0	0
EDGAR WILLARD	1.0									
TRUSTEE	..... 0	X						41,424	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			
JUAN RIVERA	1.0									
TRUSTEE	..... 0	X						0	0	0
MARK BOSTICK	1.0									
TRUSTEE	..... 0	X						0	0	0
RICHARD STRAUGHN	1.0									
TRUSTEE/PAST CHAIR	..... 0	X						0	0	0
TODD DANTZLER	1.0									
TRUSTEE	..... 0	X						0	0	0
GLENN WATERS	1.0									
EVP, COO BAYCARE	..... 63.0			X				0	1,722,143	62,974
RONALD BEAMON	1.0									
VP, CFO BAYCARE HOSP DIV	..... 58.0			X				0	467,400	71,631
CAROL KOEPEL-OLSEN	45.0									
VP, PATIENT SVCS/CNO POLK	..... 0				X			335,604	0	88,111
LAURIE SHANK	45.0									
DIRECTOR SURGICAL SERVICES WHH	..... 0				X			156,441	0	22,680
STEPHEN NIERMAN	45.0									
PRES WINTER HAVEN HOSP	..... 0.0				X			582,013	0	60,348
GLENN WYSOCK	45.0									
MANAGER, PHARMACY	..... 0					X		206,401	0	23,661

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

[illegible]

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Winter Haven Hospital Inc

Employer identification number
59-0724462

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. 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 ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. 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 ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. 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 ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. 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 ▶ <input type="checkbox"/>						
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 ▶ <input type="checkbox"/>						

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-0724462
Name: Winter Haven 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

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 Winter Haven Hospital Inc	Employer identification number 59-0724462
---	--

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		8,800
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		3,454
j	Total. Add lines 1c through 1i			12,254
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Lines 1b, 1g. Lobbying activities performed by employee concerning healthcare issues. 1i. Dues were paid to American Health Information Management Association, Florida Medical Association, Florida Society of Health, 340B Health and American Hospital Association. These associations use a portion of their respective dues to conduct lobbying activities.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Winter Haven Hospital Inc

Employer identification number
59-0724462

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

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

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

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

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

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

☐

	Amount
1c	
1d	
1e	
1f	

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	14,280,000		14,280,000
b	Buildings	170,962,936	43,267,706	127,695,230
c	Leasehold improvements	84,565,237	61,126,458	23,438,779
d	Equipment	38,318,870	6,770	38,312,100
e	Other			
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			203,726,109

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

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	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	126,788,089

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 ☒

Schedule D (Form 990) 2019

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

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

1	Total revenue, gains, and other support per audited financial statements	1	381,561,448
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	381,561,448
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-1,482,284
c	Add lines 4a and 4b	4c	-1,482,284
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	380,079,164

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

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

1	Total expenses and losses per audited financial statements	1	353,300,710
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	353,300,710
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	353,300,710

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: 19010655
Software Version: 2019v5.0
EIN: 59-0724462
Name: Winter Haven Hospital Inc

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	MANAGEMENT BELIEVES THAT ALL TAX POSITIONS TAKEN WITH RESPECT TO EXEMPT STATUS ISSUES AND UBTI ISSUES, IF EXAMINED BY THE IRS WITH FULL KNOWLEDGE OF ALL MATERIAL FACTS, ARE MORE LIKELY THAN NOT TO BE SUSTAINED. THEREFORE, THE FULL BENEFITS OF THE TAX POSITIONS TAKEN ARE RECOGNIZED IN THE FINANCIAL STATEMENTS.

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	GRANTS - 145560 PREMIER INCENTIVES - 45538 CHANGE IN FOUNDATION EARNINGS - -1672643 GAIN ON SALE OF ASSETS - -739

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Winter Haven Hospital Inc

Employer identification number
59-0724462

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			15,402,000
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			15,402,000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Schedule F, Part I, Line 3(f)	THE FIRST LISTED AMOUNT UNDER EUROPE (\$3,417,000) REPRESENTS THE MARKET VALUE OF INVESTMENTS, THE SECOND LISTED AMOUNT UNDER EUROPE (\$14,000) REPRESENTS INVESTMENT RELATED EXPENSE PAID. THE INVESTMENTS ARE REPORTED AT YEAR END MARKET VALUES AND EXPENSES ARE REPORTED AT WHAT WAS ACTUALLY PAID.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-0724462
Name: Winter Haven Hospital Inc

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		9,347,000
East Asia and the Pacific			Investments		1,402,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Investments		3,417,000
Europe (Including Iceland and Greenland)			Investments		14,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Investments		95,000
North America (Canada & Mexico only)			Investments		672,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America			Investments		421,000
Sub-Saharan Africa			Investments		34,000

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Winter Haven Hospital Inc

Employer identification number
59-0724462

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 25000 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input 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.	3a	Yes
		3b	No
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	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)			12,421,079	0	12,421,079	3.52 %
b Medicaid (from Worksheet 3, column a)			53,881,140	21,676,745	32,204,395	9.12 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,611,502	1,472,874	2,138,628	0.61 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	69,913,721	23,149,619	46,764,102	13.25 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			631,244	0	631,244	0.18 %
f Health professions education (from Worksheet 5)			1,630,578	0	1,630,578	0.46 %
g Subsidized health services (from Worksheet 6)			2,294,426	0	2,294,426	0.65 %
h Research (from Worksheet 7)			56,124	0	56,124	0.02 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			21,201	0	21,201	0.01 %
j Total. Other Benefits	0	0	4,633,573	0	4,633,573	1.31 %
k Total. Add lines 7d and 7j	0	0	74,547,294	23,149,619	51,397,675	14.56 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support			4,460	0	4,460	0 %
4 Environmental improvements			54,358	0	54,358	0.02 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development			270	0	270	0 %
9 Other					0	0 %
10 Total	0	0	59,088	0	59,088	0.02 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	255,533	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	134,859	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	76,474,397
6 Enter Medicare allowable costs of care relating to payments on line 5	6	85,028,503
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-8,554,106
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
WINTER HAVEN HOSPITAL INC**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
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <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		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <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)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 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): https://baycare.org/hospitals/winter-haven-hospital/about-us/community-health-needs	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>needs</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? https://baycare.org/hospitals/winter-haven-hospital/about-us/community-health-needs	10	Yes
a If "Yes" (list url): <u>needs</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

WINTER HAVEN HOSPITAL INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> % and FPG family income limit for eligibility for discounted care of <u>0.0</u> %		
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 checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	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):	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 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):	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://baycare.org/billing-and-insurance/financial-assistance</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://baycare.org/billing-and-insurance/financial-assistance</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://baycare.org/billing-and-insurance/financial-assistance</u>		
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**

WINTER HAVEN HOSPITAL INC

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

WINTER HAVEN HOSPITAL INC

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
22		
23		No
24		No

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

[illegible]

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

Name and address	Type of Facility (describe)
1 CENTER FOR BEHAVIORAL HEALTH -POLK COUNTY 1201 FIRST STREET SOUTH WINTER HAVEN, FL 33880	OUTPATIENT BEHAVIORAL HEALTH CENTER
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7	WINTER HAVEN HOSPITAL OPERATES IN THE STATE OF FLORIDA, WHICH DOES NOT REQUIRE ITS COMMUNITY BENEFIT REPORT TO BE FILED WITH THE STATE GOVERNMENT. THE COMMUNITY BENEFIT REPORT IS PREPARED AND MADE AVAILABLE TO THE PUBLIC.

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health (continued)	<p>The Faith Community Nursing (FCN) Program of Polk County works with local faith organizations to promote whole-person wellness within their congregations and at other non-profits in our surrounding communities. The FCN program is committed to educating registered nurses and lay people to implement health ministry within their local congregation. Presently, there are partnerships with 11 faith community nurses and 10 congregational health promoters. The FCN program is part of Pastoral Care. During April, Advance Directive documents and education was promoted within hospital to our congregational partners and other community nonprofits. Winter Haven Hospital provided Mental Health First Aid trainings in 2019. Adult and youth focused courses were taught by licensed mental health counselors. This training provides community leaders and others to recognize and respond to signs of mental health distress and substance abuse disorders. The Faith Community Nursing team coordinated trainings for 35 community and faith-based leaders. In addition, trainings were held for 62 parole and probation officers from Circuit 10 - Office of Community Corrections, Florida Department of Corrections. BayCare's Community Health team develops community partnerships with area agencies, creating collaborative efforts that bring health services directly into area neighborhoods. As a result, Community Health participated in 321 events and programs in 2019 and was able to promote better health to more than 7,015 people. For more than 20 years, St. Joseph's Children's Wellness and Safety Center has been committed to keeping kids and families healthy, safe and informed through a multifaceted outreach approach focusing on community education, unintentional injury prevention, children's health and wellness and legislative advocacy. In 2019, the Children's Wellness and Safety Center educated more than 90,942 children and their families through community programs and events across BayCare's footprint. Support and education are also provided in the form of support groups, classes, and community lectures at WHH and WHWH. Topics include cancer, diabetes, caregiver and expecting parents/pediatric education, support and safety. WHWH provides infant/child car-seat safety checks on a regular basis to the community. In addition, WHH hosted Melanoma Monday, a skin cancer screening event in May of 2019. 50 people attended the event. In partnership with Tobacco-Free Florida, WHH provides space for their smoking cessation classes. Nine classes were held in 2019. BayCare's Clinical Research Operations Teams provide specialized staffing support to Principal Investigators across BayCare Health System in the conduct of clinical research involving human subjects. The primary purpose is to increase access opportunities for participation in clinical research by both clinicians and patients in an effort to provide life-changing care for patients today and to advance the science of medicine for future generations. Cutting-edge inpatient and outpatient studies focus on pharmaceutical and device trials, infectious diseases including HIV, and pediatric and adult trials including investigational research in hematology, oncology, cardiology and tissue banking studies. In 2019, Winter Haven Hospital worked with neighboring not-for-profit hospitals and the Florida Department of Health-Polk to complete a Community Health Needs Assessment (CHNA). The CHNA provides information on the unmet and emerging health needs as identified through available local, state and national data-and most importantly, the assessment is intended to be inclusive of the thoughts and ideas of members of the communities we serve. We engaged residents, community leaders, and other key advocates throughout each phase of the assessment. Data was collected using a robust, 75 question community survey which was deployed onsite at many community organizations across the county. In addition, data was gathered from key informant surveys and focus groups. In July, a county-wide prioritization meeting was held with community members to rank the needs identified in the collected data. Top priority areas identified included Behavioral Health (Mental Health and Substance Use), Access to Health Services, and Exercise, Nutrition and Weight. An implementation plan to address these top three needs was approved by the Board of Trustees in December. Volunteer Activities Throughout the year, WHH and its team members contribute to the health of our community in a variety of other ways including blood drives; donation of school supplies and a Christmas gift program to assure children of disadvantaged families enjoy the holiday. In 2019, Winter Haven Hospital's 159 volunteers contributed 22,358 hours of volunteer service. Beginning in 1938, the Winter Haven Hospital Auxiliary has found many ways to contribute directly to the welfare of the hospital, its patients and the community at large. Striving to maintain the highest</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of Community Health (continued)	standards of conduct, the Auxiliary and volunteers, provide a healthful, safe, caring environment for staff visitors and patients. Our volunteers offer assistance at the patient information desks, gift shops, patient registration, activities cart as well as light clerical support.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Eligibility criteria for free or discounted care	<p>PATIENTS WHO ARE UNINSURED OR UNDERINSURED AND CANNOT PAY FOR HOSPITAL SERVICES ARE ELIGIBLE FOR CHARITY CONSIDERATION. THESE PATIENTS ARE SCREENED BY DESIGNATED TEAM MEMBERS IN OUR FINANCIAL ASSISTANCE DEPARTMENT. THE AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA) DEFINES CHARITY ELIGIBILITY AT 200 PERCENT OF THE FEDERAL POVERTY GUIDELINES, UNLESS THE TOTAL HOSPITAL BILL IS MORE THAN 25 PERCENT OF THE PATIENT'S ANNUAL INCOME. MEDICAID RECIPIENTS WHO HAVE EXCEEDED THEIR COVERAGE LIMITS ARE ALSO CONSIDERED FOR CHARITY CARE. WINTER HAVEN HOSPITAL, INC GOES ABOVE AND BEYOND THE AHCA REQUIREMENTS BY PROVIDING ADDITIONAL "HARDSHIP" CHARITY FOR PATIENTS WHO ARE AT 250 PERCENT OF THE FEDERAL POVERTY GUIDELINES. IN ADDITION, AN UNINSURED DISCOUNT OF 40% IS AUTOMATICALLY GIVEN TO ANY PATIENT WHO DOES NOT HAVE INSURANCE COVERAGE OR BENEFITS. THERE IS NO INCOME OR ASSET TEST REQUIRED FOR THE UNINSURED DISCOUNT. PATIENTS RECEIVE AN ADDITIONAL 10% DISCOUNT IF THE ACCOUNT IS PAID WITHIN 30 DAYS. Presumptive financial assistance decisions for uninsured ER patients may be determined based on third party analytics, using a credit inquiry process, under the following circumstances: * Uninsured accounts of patients not seen by the Financial Assistance team or without a current financial assistance application on file * The reported federal poverty level (FPL) of the patient meets the criteria for financial assistance (250%)</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	BayCare Health System, Inc.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	Heart Function Clinic: \$146,765 Maternal Fetal Medicine Program \$613,711

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Bad Debt Expense excluded from financial assistance calculation	255533

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	FINANCIAL ASSISTANCE AND MEANS-TESTED GOVERNMENT PROGRAMS COSTS (LINES A THROUGH D) ARE DETERMINED USING OUR COST ACCOUNTING SYSTEM, WHICH CAPTURES ALL INPATIENTS AND OUTPATIENTS, INCLUDING EMERGENCY ROOM PATIENTS. THE SYSTEM ALSO CAPTURES ALL PATIENT PAY TYPES - PRIVATE INSURANCE, MEDICARE, MEDICAID, UNINSURED AND SELF-PAY. THE COSTS HAVE BEEN OFFSET BY ANY PAYMENTS RECEIVED FROM MEDICAID OR ANY OTHER UNCOMPENSATED CARE PROGRAM. OTHER BENEFITS AT COST (LINES E THROUGH J, AS WELL AS AMOUNTS REPORTED IN PART II) WERE COMPILED BY THE COMMUNITY HEALTH DEPARTMENT USING THE CATHOLIC HEALTH ASSOCIATION GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFITS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	WINTER HAVEN HOSPITAL SUPPORTS ACTIVITIES THAT PROMOTE THE HEALTH AND WELLBEING OF COMMUNITY MEMBERS THROUGH COMMUNITY SUPPORT, ENVIRONMENTAL IMPROVEMENTS, COALITION BUILDING, AND WORKFORCE DEVELOPMENT. THIS INCLUDES: - FUNDING SUPPORT FOR ORGANIZATIONS SUCH AS, THE ROTARY CLUB, FLORENCE VILLA COMMUNITY DEVELOPMENT CORPORATION, AND POLK STATE COLLEGE FOUNDATION, THAT ADDRESS THE ROOT CAUSES OF HEALTH AND SAFETY ISSUES AND PROMOTE ECONOMIC STABILITY - RECYCLING COSTS FOR DISPOSABLE ITEMS - TEAM MEMBER TIME DEDICATED TO COALITION BUILDING WITH VARIOUS COMMUNITY GROUPS TO IMPROVE BEHAVIORAL HEALTH OUTCOMES - TEAM MEMBER TIME DEDICATED TO WORKING WITH HEALTH CARE OBSERVERS INTERESTED IN PURSUING A CAREER IN THE MEDICAL FIELD

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	BAD DEBT EXPENSE IS REPORTED AS TOTAL BAD DEBT FOR THE FACILITY. THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS POTENTIALLY ELIGIBLE FOR FINANCIAL ASSISTANCE IS CALCULATED AS A CHARGE RATIO, DERIVED FROM DATA SAMPLING. THE RESULTING CHARGE RATIO IS THEN APPLIED TO TOTAL BAD DEBT ACCOUNTS OF THE ORGANIZATION, WHICH CALCULATES THE BAD DEBT ATTRIBUTABLE TO FINANCIAL ASSISTANCE. THE STATE OF FLORIDA REQUIRES THE PATIENT TO PROVIDE CERTAIN DOCUMENTATION IN ORDER TO QUALIFY FOR FINANCIAL ASSISTANCE. IN CASES WHERE THE PATIENT HAS NOT RESPONDED TO HOSPITAL REQUESTS OR BILLING STATEMENT ALERTS, THOSE ACCOUNTS ARE PROCESSED AS BAD DEBT, IF UNPAID.

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	SEE NARRATIVE TO PART III, LINE 2.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	THE ORGANIZATION'S FINANCIAL STATEMENTS INCLUDE A FOOTNOTE THAT DESCRIBES BAD DEBT EXPENSE ON PAGE 12 OF THE BAYCARE HEALTH SYSTEM, INC. AND AFFILIATES NOTES TO COMBINED FINANCIAL STATEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	<p>COST REPORTS WERE USED TO REPORT MEDICARE ALLOWABLE COSTS. MEDICARE DEFINES ALLOWABLE COSTS AS THOSE APPROPRIATE AND HELPFUL IN DEVELOPING AND MAINTAINING THE OPERATION OF PATIENT CARE FACILITIES AND ACTIVITIES. IT SPECIFICALLY EXCLUDES CERTAIN COSTS THAT ARE NOT DIRECTLY RELATED TO PATIENT CARE. THE HOSPITAL INCURS ADDITIONAL EXPENSE RELATED TO THE PROVISION OF CARE TO MEDICARE PATIENTS THAT MEDICARE HAS DEEMED NON-ALLOWABLE. THIS ADDITIONAL EXPENSE INCLUDES COSTS OF PHYSICIAN SERVICES (EMERGENCY ON-CALL FEES, HOSPITALIST PROGRAM, RECRUITMENT, ETC.), ADVERTISING COSTS, CAFETERIA COSTS FOR MEALS SOLD TO VISITORS, ETC. THE HOSPITAL ATTEMPTS TO COLLECT COINSURANCE AND DEDUCTIBLES FROM MEDICARE BENEFICIARIES. TO THE EXTENT COLLECTION EFFORTS ARE UNSUCCESSFUL, MEDICARE REIMBURSES THE HOSPITAL AT 65% OF UNPAID AMOUNTS. THE FOLLOWING TABLE RECONCILES THE SURPLUS OR SHORTFALL FROM LINE 7 TO THE ACTUAL SURPLUS OR SHORTFALL. THE ADDITIONAL COSTS WERE ALLOCATED TO MEDICARE BASED UPON MEDICARE'S PERCENTAGE OF TOTAL ALLOWABLE COSTS. THE UNPAID COINSURANCE/DEDUCTIBLES WERE ESTIMATED USING HISTORICAL COLLECTION RESULTS. ANY SHORTFALL AMOUNTS HAVE NOT BEEN TREATED AS COMMUNITY BENEFIT. LINE 7 SURPLUS OR (SHORTFALL) (\$8,554,106) ADDITIONAL NON-ALLOWABLE COSTS AND UNPAID/NON-REIMBURSED COINSURANCE/DEDUCTIBLES (\$9,662,455) TOTAL SURPLUS OR (SHORTFALL) (\$18,216,561)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	PATIENTS WHO ARE UNABLE TO PAY ARE ENCOURAGED BY BAYCARE HEALTH SYSTEM REPRESENTATIVES, VIA PERSONAL INTERVIEWS, SIGNAGE ON PATIENT BILLING STATEMENTS, BROCHURES OR CUSTOMER SERVICE PHONE CALLS, TO SUBMIT FINANCIAL INFORMATION TO THE FINANCIAL ASSISTANCE DEPARTMENT TO DETERMINE ELIGIBILITY FOR PROGRAMS, SUCH AS COUNTY, MEDICAID, DISABILITY, VICTIMS OF CRIME, CHARITY, ETC. FOR THOSE PATIENTS WHO PROVIDE ALL THE NECESSARY DOCUMENTATION AND QUALIFY FOR CHARITY ACCORDING TO THE FINANCIAL ASSISTANCE POLICY, (DEFINED IN PART I, LINE 3C), the PATIENT's ACCOUNT BALANCE WOULD BE WRITTEN OFF COMPLETELY TO CHARITY AND NOT BILLED TO THE PATIENT. Since the charity care policy is 100% for patients who are eligible, there is no remaining patient portion; therefore, there would never be a situation where a patient is known to qualify for financial assistance but is experiencing collection actions.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- WINTER HAVEN HOSPITAL, INC.: Line 16a URL: https://baycare.org/billing-and-insurance/financial-assistance ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- WINTER HAVEN HOSPITAL, INC.: Line 16b URL: https://baycare.org/billing-and-insurance/financial-assistance ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- WINTER HAVEN HOSPITAL, INC.: Line 16c URL: https://baycare.org/billing-and-insurance/financial-assistance ;

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>WINTER HAVEN HOSPITAL, INC IS COMMITTED TO MEETING THE NEEDS OF THE COMMUNITY IT SERVES. OUR QUALITY PHILOSOPHY IS MODELED AROUND UNDERSTANDING OUR CUSTOMERS' NEEDS AND EMPLOYING STRATEGIES TO ADDRESS THOSE NEEDS IN A COMPREHENSIVE MANNER. WINTER HAVEN HOSPITAL, INC ADDRESSES COMMUNITY HEALTH STATUS ASSESSMENTS BY ACCESSING EXISTING THIRD PARTY DATABASES PROFILING HEALTH STATUS INFORMATION FOR GEOGRAPHIES IT SERVES. THE ASSESSMENTS PROVIDE A PROFILE OF HEALTH STATUS INDICATORS IN COMPARISON TO STATE AVERAGES AND, IF AVAILABLE, NATIONAL BENCHMARKS. WINTER HAVEN HOSPITAL, INC. recognizes the importance of hearing from those they serve. Along with collecting generally available data, WINTER HAVEN HOSPITAL, INC. conducts a community-based survey to allow for community residents' voices to be heard as well as informed decision making related to health priorities. IN ADDITION, WINTER HAVEN HOSPITAL, INC CONDUCTS PHYSICIAN COMMUNITY NEEDS STUDIES THAT OUTLINE PHYSICIAN DEFICITS BY SPECIALTY FOR THE GEOGRAPHIC AREA SERVED. STUDIES ARE ALSO CONDUCTED TO IDENTIFY GAPS IN GEOGRAPHIC ACCESS TO SERVICES SUCH AS PRIMARY CARE, OUTPATIENT SERVICES AND INPATIENT SERVICES. ALL OF THE ABOVE PROCESSES OCCUR ON AN ONGOING BASIS TO ASSIST WINTER HAVEN HOSPITAL, INC IN DEVELOPING INITIATIVES AND PROGRAMS/SERVICES TO ADDRESS IDENTIFIED HEALTH CARE NEEDS IN THE COMMUNITIES IT SERVES.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>WINTER HAVEN HOSPITAL, INC'S FINANCIAL ASSISTANCE TEAM MEMBERS ARE DEDICATED TO ASSISTING PATIENTS IN OBTAINING ASSISTANCE THROUGH FEDERAL, STATE AND LOCAL GOVERNMENT PROGRAMS OR THROUGH THE BAYCARE HEALTH SYSTEM, INC FINANCIAL ASSISTANCE POLICY. SIGNAGE AND BROCHURES ARE AVAILABLE, AS WELL AS TEAM MEMBERS WHOSE FULL RESPONSIBILITY IS TO ASSIST PATIENTS IN THE EMERGENCY ROOM AND ON INPATIENT UNITS. THE FINANCIAL ASSISTANCE TEAM INTERVIEWS PATIENTS FOR ALL AVAILABLE PROGRAMS, ASSISTS THE PATIENTS IN COMPLETING APPLICATIONS TO GOVERNMENT AGENCIES AND FOR HOSPITAL CHARITY CARE, ADVISES PATIENTS REGARDING AVAILABLE COMMUNITY RESOURCES FOR HEALTH CARE, REVIEWS AND APPROVES PATIENT REQUESTS FOR CHARITY CARE, AND PROVIDES EDUCATION AND SUPPORT TO THE PATIENT THROUGHOUT THE ASSISTANCE PROCESS. IN ADDITION TO THE AFOREMENTIONED COMPREHENSIVE PROCESS, WINTER HAVEN HOSPITAL, INC ALSO INFORMS AND EDUCATES PATIENTS WHO MAY BE BILLED FOR PATIENT CARE, BUT MAY BE ELIGIBLE FOR CHARITY OR OTHER PROGRAMS, VIA PATIENT BILLING STATEMENTS AND CUSTOMER SERVICE REPRESENTATIVE CALLS. THE GOAL IN USING THESE VARIOUS MEANS IS TO EFFECTIVELY COMMUNICATE WITH THE ENTIRE PATIENT POPULATION SO THEY ARE INFORMED AND EDUCATED ABOUT THEIR ELIGIBILITY FOR ASSISTANCE.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>Winter Haven Hospital and Winter Haven Women's Hospital are acute care facilities serving parts of Polk and Highlands Counties. The average household income of \$68,741 in this area falls \$14,649 below the state average and \$24,966 below the national average; 12.2% of households have annual household income below \$15,000 per year. The population served is predominantly Caucasian with 93.4% being high school or higher educated. Hispanics are the second largest ethnic group representing 21.8% of the population and 14.9% are African American. Winter Haven Hospital is part of BayCare Health System that serves west central Florida. The area served by Winter Haven Hospitals has 7 acute care hospitals including Winter Haven Hospital and Winter Haven Women's Hospital. Of these, 6 hospitals are Not-for-Profit. The service area for Winter Haven and Winter Haven Women's hospital includes parts of Polk and Highland counties which have two federally designated as medically underserved areas/populations. The service area served by Winter Haven Hospitals is expected to grow 6.5% in population over the next 5 years. This is higher than the expected growth rate of 3.3% for the United States. The over 65 population is expected to grow 14.9% in the next five years. Based on Florida inpatient discharge data for the period of 10/01/18-9/30/19, the payer mix for the geographic area consists of 52.6% Medicare/Medicare HMO, 17.5% Medicaid/Medicaid HMO, 16.8% Commercial Insurance, 7.9% Self pay/Non-Pay, and 5.1% Other.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>Winter Haven Hospital Our mission at Winter Haven Hospital as part of BayCare Health System is to improve the health of all we serve through community-owned services that set the standard for high-quality compassionate care. By focusing on education and prevention, we strive to create a healthier community and lower health care expenditures. Winter Haven Hospital, Inc., located in Winter Haven, Florida, includes a 447-bed acute care hospital and a 61-bed obstetric/gynecological specialty hospital, respectively referred to as Winter Haven Hospital and Winter Haven Women's Hospital. Winter Haven Hospital (WHH) was established in 1926, and today concentrates in the treatment of heart disease, behavioral health, cancer, stroke, and orthopedic conditions. The hospital also provides emergency care, outpatient diabetes education; endoscopy and surgical services; cardiac, neurological, orthopedic, and pulmonary rehabilitation; and imaging services. Winter Haven Women's Hospital (WHWH), built in 1987 and located approximately 1.5 miles south of WHH, includes a level II neonatal intensive care unit and an outpatient breast and imaging center. Services include on-site continuous obstetric coverage, maternal fetal medicine appointments and lactation consultations. Community Involvement WHH involves community members as an essential component of its Board of Trustees. The trustees donate their time, talents and support; assist with policy formulation, decision making and oversight; and hail from a wide range of industry including transportation, law, real estate, construction, county government, finance and tertiary education. The hospital enables its leaders to participate in organizations that benefit the well-being of the community including the Winter Haven Economic Development Council, the Rotary Club of Winter Haven and the Winter Haven Chamber of Commerce. Conduit for Using Donated Funds BayCare has received funding from Allegany Franciscan Ministries to provide capacity and support to our Faith Community Nursing program to reduce unnecessary hospital utilization and improve health outcomes for participants. Annual funding of \$160,000 supports this work across BayCare Health System. BayCare has also received funding from Allegany Franciscan Ministries to provide assistance to those who face financial barriers in getting their needed prescription medications. Medication assistance coordinators work with patients to determine if there are vouchers available or work with the patient's doctor to see if a more cost effective alternative medication is available. Annual funding of \$65,000 provides support for this program across BayCare Health System. Through funding from the Polk County Indigent Health Care Program, Winter Haven Hospital's Center for Behavioral Health created a "Specialized Community Care Team (SCCT)." The SCCT is for adults with mental health difficulties that affect their daily functioning. Services provided at-home therapy, medication management, and resource referrals to help the patient attain wellness, resiliency and self-sufficiency. In addition, the Polk County Indigent Healthcare Division provides transportation to those who cannot access transport to their outpatient mental health services. Economic Impact: There are 2,289 extraordinary WHH team members and more than 360 physicians who together bring the WHH mission to life. WHH is a member of the Central Florida Economic Development Council, Main Street Winter Haven, the Lake Alfred Chamber of Commerce and the Haines City Chamber of Commerce. By inviting the next generation of health care workers to learn from the skill and expertise of our current team members, WHH provides valuable benefit to the community. In 2019, 934 students from Polk State College, Southeastern University, Florida Southern College, University of South Florida, Concorde Career College, Keiser University, Grand Canyon University and others received education, guidance and encouragement from clinical rotations, mentorships, and practicums at WHH. In 2019, approximately \$1.2 million in resources provided education to students as well as stipends. In addition, WHH provides an ASHP-accredited pharmacy residency program. The 12-month training allows residents to collaborate with medical staff, work with patients and partner with nursing. The program expanded to four residents in June 2018 with all four graduating in June of 2019. WHH clinical pharmacists have helped prepare graduates for practice in diverse clinical settings, become board-certified, and to continue training in a second-year program. Good Neighbors Winter Haven Hospital helps in funding the Neighborhood Services Center by covering the costs of a full-time staff member and provides funding for new equipment for the center. The Neighborhood Services Center provides support for low-income seniors in helping address basic health and social needs. Recognition In 2019, WHH received five recognitions. The nursing dep</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>Department earned a Pathway to Excellence designation from the American Nurses Credentialing Center, the largest certification body in the country for advanced nursing registered nurses. WHH's Center for Wound Care and Hyperbaric Medicine received a Center of Distinction award from Healogics, which provides advanced wound care. Winter Haven Women's Hospital achieved Baby-Friendly designation from the Florida Breastfeeding Coalition for its encouragement of education and implementation of breastfeeding among new mothers. The Florida State University College of Medicine Family Medicine Residency at BayCare Health System at Winter Haven Hospital has received accreditation from the Accreditation Council for Graduate Medical Education (ACGME). The hospital's Diabetes Prevention Program earned preliminary recognition by the Centers of Disease Control and Prevention for its work in educating the community about avoiding diabetes through lifestyle changes. Responding to Needs Winter Haven Hospital formally contracted with Florida State University in 2017 to begin offering Graduate Medical Education for family health physicians. The program will provide additional health access in our community and help recruit family health physicians to practice in the area. This was in direct response to health disparities in the WHH service area. In 2018, WHH started construction of the training facility, and worked with FSU to hire a program director. WHH's 2019 expenses for the program were over \$400,000. The County's Indigent Health Care program is also contributing funds to the service. Through BayCare's partnership with Family Healthcare Foundation, Winter Haven Hospital hosts a health care navigator to help anyone navigate or enroll in the health insurance marketplace under the Affordable Care Act, or other types of coverage such as Medicaid and Medicare disability. Since December 2005, WHH has provided free lab, X-ray and pulmonary function testing to patients of the Haley Center, a free clinic in Winter Haven. In 2019, Financial Assistance team members at Winter Haven Hospital screened uninsured and under-insured ER patients and inpatients at the bedside for multiple Medicaid programs and county health care plans, then assisted with the completion of applications in addition to providing education and continuous support through the process. Across BayCare, our Financial Assistance team members touched approximately 75,000 lives in 2019, providing support in overcoming barriers to accessing health care. Winter Haven Hospital hosts a Cancer Resource Room, which offers support to navigate cancer diagnosis and treatment as well as needs associated with life after remission such as spiritual, emotional, healthy eating and follow-up guidelines. (CONTINUED)</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>BayCare Health System, headquartered in Clearwater, Florida, is a leading, not-for-profit health care system that connects individuals and families to a wide range of services at 15 hospitals and hundreds of other convenient locations throughout the Tampa Bay and West Central Florida regions. Inpatient and outpatient services include acute care, primary care, imaging, laboratory, behavioral health, home care and urgent care. BayCare's 2019 Report to the Community can be viewed at BayCare.org/AnnualReport. BayCare's 15 hospitals are BayCare Alliant, Bartow Regional Medical Center, Mease Countryside, Mease Dunedin, Morton Plant, Morton Plant North Bay, St. Anthony's, St. Joseph's, St. Joseph's Children's, St. Joseph's Women's, St. Joseph's-North, St. Joseph's-South, South Florida Baptist, Winter Haven and Winter Haven Women's. (In certain cases, hospital locations with the same tax identification and state license number are listed as one facility on Form 990, Schedule H, consistent with IRS reporting guidelines.) BayCare was founded in 1997 after leaders of several of the area's independent, not-for-profit hospitals began discussing ways to ensure that high-quality, not-for-profit health care would remain a viable option for the Tampa Bay community for decades to come. The founding hospitals agreed to sacrifice some of their autonomy to be operated by a new entity, BayCare. With \$4.4 billion in operating revenue in 2019, BayCare is now a fully integrated health system dedicated to providing high-quality, compassionate care to all we serve, regardless of their ability to pay. BayCare has 3,482 hospital beds, 18 urgent care centers, 5 surgery centers, 12 outpatient imaging facilities, 124 physician practice locations and 33 walk-in care facilities in Publix supermarkets. BayCare annually generates \$8.5 billion in economic benefit for the region and state. BayCare is one of the largest employers in the Tampa Bay area, with 29,045 team members. During 2019, BayCare provided \$647 million in benefits for its employees, including more than \$193.8 million in retirement, \$184.5 million in health insurance, \$155.7 million in paid time off and \$52 million in education and development. In 2019 BayCare received numerous local, national and international workplace awards, including Fortune magazine's 100 Best Companies to Work For; Becker's Healthcare's 150 Top Places to Work in Healthcare; and Training magazine's global, all-industries Training Top 125. In 2019, BayCare provided \$461 million in total Community Benefit, including \$319 million in Medicaid and other income-based programs, \$103 million in traditional charity care and \$39 million in unbilled community services, all measured in unreimbursed costs. Also in 2019, BayCare led an unprecedented collaboration with other area hospital systems and local departments of health to conduct an in-depth Community Health Needs Assessment (CHNA) that determined that the three most pressing health needs in the West Central Florida region are 1) mental health and substance abuse, 2) access to health care services, and 3) exercise, nutrition and weight. BayCare and its CHNA partners formed the All4HealthFL Collaborative to create programs to address those top health needs. BayCare's financial strength, the efficiencies gained from its operating model, its visionary leadership, the hard work of its team members, and its determination to provide exceptional care to its patients helped BayCare reach a ranking in the top 20% of large U.S. health systems from IBM Watson Health last year. Twenty-three years after it was created, BayCare is achieving the goal of its founders to preserve the provision of not-for-profit health care for the communities of the Tampa Bay region, and it is fulfilling its Mission as an organization to "improve the health of all we serve through community-owned services that set the standard for high-quality, compassionate care."</p>

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-0724462
Name: Winter Haven Hospital Inc

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		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	WINTER HAVEN HOSPITAL INC 200 AVENUE F NE WINTER HAVEN, FL 33881 https://baycare.org/hospitals/winter-haven-hospital/patients-and-visitors 3974	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
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - WINTER HAVEN HOSPITAL, INC.. TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS ALSO IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY WINTER HAVEN HOSPITAL; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. IN ALL, 82 COMMUNITY STAKEHOLDERS IN THE WINTER HAVEN HOSPITAL SERVICE AREA TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, AS OUTLINED ON PAGE 10 OF THE CHNA. SEVERAL OF THE PARTICIPANTS RESPONDING TO THE SURVEY REPRESENT ORGANIZATIONS WHICH WORK WITH LOW-INCOME, MINORITY OR OTHER MEDICALLY UNDERSERVED POPULATIONS.
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - WINTER HAVEN HOSPITAL, INC.. CHNA was conducted with the following hospital facilities: 1. ST. ANTHONY'S HOSPITAL, INC. 2. MORTON PLANT HOSPITAL ASSOCIATION, INC. 3. TRUSTEES OF MEASE HOSPITAL, INC. 4. ST. JOSEPH'S HOSPITAL, INC. 5. SOUTH FLORIDA BAPTIST HOSPITAL, INC. 6. WINTER HAVEN HOSPITAL, INC. 7. BARTOW REGIONAL MEDICAL CENTER, INC. 8. BayCare Alliant Hospital, INC.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Facility , 1 - WINTER HAVEN HOSPITAL, INC.. Winter Haven Hospital is concentrating efforts during the 2020-2022 time period to address the following significant health needs of our community as identified in the most recent CHNA: * Access to health services * Behavioral Health (Mental Health and Substance Use) * Exercise, Nutrition and Weight WINTER HAVEN HOSPITAL'S Implementation plan DESCRIBES specific activities that are underway to address these significant health needs during the 2020-2022 time period. Although the majority of the overarching goals, objectives and efforts will focus on these top three focus areas, Winter Haven Hospital remains committed to supporting positive advancements in addressing diabetes, heart disease and stroke, while addressing the focus area of exercise, nutrition and weight. There were five additional health focus areas identified through the CHNA. These were: * Cancer * Immunization and infectious disease * Maternal, fetal and infant health * Oral health * Respiratory disease These remaining health needs are significant, but they're not directly addressed in 2020-2022 health improvement plan strategies. However, they'll continue to be impacted through existing hospital strategies for clinical excellence and Winter Haven Hospital partnerships within the community, including the Florida Department of Health and community organizations who may be in a better position to address these health issues.
Schedule H, Part V, Section B, Line 13 Facility , 1	Facility , 1 - WINTER HAVEN HOSPITAL. PATIENTS MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE ON THE FULL BALANCE OF THEIR ACCOUNT IF THE HOSPITAL BILL EXCEEDS 25% OF THEIR ANNUAL INCOME.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 18d Facility , 1	Facility , 1 - WINTER HAVEN HOSPITAL. LIEN ACTION RELATED TO COLLECTIONS IS LIMITED TO PATIENTS INVOLVING AUTO LIABILITY INSURANCE.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Winter Haven Hospital Inc		Employer identification number 59-0724462

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part 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
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The filing organization does not use any of the options listed in Schedule J, Part I, Line 3 to establish the compensation of the CEO/Executive Director. However, the related organization, BayCare Health System Inc, uses Compensation committee, Independent compensation consultant, Written employment contract, Compensation survey or study and Approval by the board or compensation committee as a means to establish the CEO's compensation of the filing organization.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	BayCare Health System provides two nonqualified deferred compensation plans to executive level employees: Executive Nonqualified Defined Contribution Plan The plan provides for annual credits of a specified percentage of an eligible participant's eligible compensation paid in a plan year and interest credits. Plan participants vest in increasing percentages based on years of service. Further, a participant shall become fully vested upon the participant's death, total and permanent disability or due to involuntary separation of employment other than for cause, or upon reaching retirement age. Payments made during employment are made for required tax withholding and reduce the participant's account balance. Distribution of the vested account balance occurs upon termination of employment. The plan is frozen for the participants hired after 1.1.2018. Supplemental Executive Retirement Plan The plan provides for annual credits to the participant's company contribution account of a specified percentage of an eligible participant's eligible compensation paid in a plan year and investment income credits. Plan participants vest on January 1 of the fifth Plan Year following the Plan Year for which the contribution was made. Further, a participant shall become fully vested upon the participant's death, total and permanent disability or due to involuntary separation of employment other than for cause, or upon reaching retirement age. Distribution of the vested amounts shall be made no later than the earlier of 90 days following the date the amounts become vested or the March 15th following the Plan Year in which the participant became vested. Amounts accrued, vested and distributed for plan participants are provided below. Ronald Beamon - Participated in a supplemental nonqualified deferred compensation plan. He had \$31,360 of nonvested benefits accrue during 2019. This amount is included in Part II (C) Retirement and other deferred compensation. Glenn Waters - Participated in a supplemental nonqualified deferred compensation plan. He had \$286,780 in benefits vest in 2019. This amount is included in Part II (B)(iii) Other Compensation. The plan made cash distribution of \$112,848 in 2019. Stephen Nierman - Participated in a supplemental nonqualified deferred compensation plan. He had \$109,689 in benefits vest in 2019. This amount is included in Part II (B)(iii) Other compensation. The plan made cash distribution of \$43,162 in 2019. Carol Koeppe-Olsen - Participated in a supplemental nonqualified deferred compensation plan. She had \$49,632 of nonvested benefits accrue during 2019. This amount is included in Part II (C) Retirement and other deferred compensation. Carl Tremonti - Participated in a supplemental nonqualified deferred compensation plan. He had \$159,463 in benefits vest in 2019. This amount is included in Part II (B)(iii) Other compensation. The plan made cash distribution of \$62,749 in 2019.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 59-0724462
Name: Winter Haven 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				
1 CARL TREMONTI FORMER VP, CFO BAYCARE HOSP DIV	(i)	0	0	0	0	0	0	0
	(ii)	416,544	138,632	187,318	14,165	13,182	769,841	67,134
1 JOEL THOMAS FORMER VP COMMUNITY HEALTH/MRKTG/FNDTN	(i)	0	0	0	0	0	0	0
	(ii)	158,484	150	8,699	8,425	18,795	194,553	0
2 JENNIFER BLANK DIR, EMERGENCY SVCS/NURSE STAFFING WHH	(i)	150,268	16,751	2,028	8,133	15,636	192,816	0
	(ii)	0	0	0	0	0	0	0
3 RONALD BEAMON VP, CFO BAYCARE HOSP DIV	(i)	0	0	0	0	0	0	0
	(ii)	369,649	80,805	16,946	43,556	28,075	539,031	0
4 GLENN WATERS EVP, COO BAYCARE	(i)	0	0	0	0	0	0	0
	(ii)	955,203	441,696	325,244	20,330	42,644	1,785,117	56,588
5 STEPHEN NIERMAN PRES WINTER HAVEN HOSP	(i)	354,030	106,774	121,209	28,002	32,346	642,361	28,700
	(ii)	0	0	0	0	0	0	0
6 CAROL KOEPPPEL-OLSEN VP, PATIENT SVCS/CNO POLK	(i)	245,670	74,443	15,491	62,879	25,232	423,715	0
	(ii)	0	0	0	0	0	0	0
7 LAURIE SHANK DIRECTOR SURGICAL SERVICES WHH	(i)	136,573	16,851	3,017	7,484	15,196	179,121	0
	(ii)	0	0	0	0	0	0	0
8 JACQUES VASCONCELLOS DIR, OPERATIONS WHH	(i)	186,075	22,071	10,006	10,296	20,758	249,206	0
	(ii)	0	0	0	0	0	0	0
9 VINCENT GATTO DIR/CHIEF MEDICAL OFFICER - WHH	(i)	269,500	15,975	1,814	6,195	1,088	294,572	0
	(ii)	0	0	0	0	0	0	0
10 KEITH HAMM PHARMACY OPERATIONS COORD	(i)	164,940	760	8,203	8,803	21,014	203,720	0
	(ii)	0	0	0	0	0	0	0
11 WALTER LUPKE DIR, CLIN DECISION SUPP WINTER HAVEN HOSP	(i)	147,948	19,716	11,057	8,241	15,762	202,724	0
	(ii)	0	0	0	0	0	0	0
12 GLENN WY SOCK MANAGER, PHARMACY	(i)	182,393	14,064	9,944	9,916	13,745	230,062	0
	(ii)	0	0	0	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Winter Haven Hospital Inc

Employer identification number
59-0724462

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

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

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

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

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

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) EMILY TUCKER	FAMILY MEMBER OF CHIP TUCKER	76,633	EMILY TUCKER IS A FAMILY MEMBER OF CHIP TUCKER, A DIRECTOR OF THE FILING ORGANIZATION. EMILY TUCKER WAS PAID REASONABLE COMPENSATION AS AN EMPLOYEE OF THE FILING ORGANIZATION.		No

Part V Supplemental Information

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

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

Department of the Treasury

Internal Revenue Service
Name of the organization
Winter Haven Hospital Inc**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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

59-0724462

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 1a Number in Box 3 of Form 1096	THE TOTAL NUMBER FROM BOX 3 OF FORM 1096 IS REPORTED BY BAYCARE HEALTH SYSTEM, INC, EIN 59-2796965, A RELATED ORGANIZATION THAT PROCESSES FORMS 1099 FOR ITS AFFILIATES. SUCH REPORTING ALIGNS THE FORM 1096, BOX 3 REPORTING TO THE ISSUING EIN.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process for determining compensation	<p>THE FILING ORGANIZATION DOES NOT DIRECTLY COMPENSATE SOME OF ITS TOP MANAGEMENT EMPLOYEES; RATHER COMPENSATION IS PAID BY A RELATED ORGANIZATION THAT FOLLOWS THE COMPENSATION POLICY OF THE INDEPENDENT COMPENSATION COMMITTEE, APPOINTED BY THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE'S PURPOSE IS TO PROVIDE OVERSIGHT FOR THE ORGANIZATION'S EXECUTIVE COMPENSATION PROGRAM, REVIEW AND APPROVE COMPENSATION AND BENEFITS FOR ALL "DISQUALIFIED PERSONS" SUBJECT TO THE INTERMEDIATE SANCTIONS REGULATIONS ISSUED UNDER SECTION 4958 OF THE INTERNAL REVENUE CODE (INCLUDING THE CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER & CHIEF FINANCIAL OFFICER, OTHER SYSTEM AND ENTITY EXECUTIVES, AND OTHER DISQUALIFIED PERSONS AS DEFINED IN THE INTERMEDIATE SANCTIONS REGULATIONS (I.E., VOTING MEMBERS OF THE GOVERNING BODY, FAMILY MEMBERS, FORMER OFFICERS), AND ESTABLISH THE COMPENSATION PHILOSOPHY FOR ALL OTHER EXECUTIVES. THIS COMMITTEE ENGAGES NATIONALLY RECOGNIZED COMPENSATION CONSULTANTS TO ASSIST THEM IN REVIEW OF EXECUTIVE COMPENSATION. THE COMPENSATION CONSULTANTS PROVIDE A REVIEW OF EACH VICE PRESIDENT AND ABOVE IN THE SYSTEM TO DETERMINE IF THAT EMPLOYEE'S COMPENSATION IS REASONABLE WHEN COMPARED AGAINST MARKET STANDARDS. THE DATA REVIEWED COMES FROM COMPENSATION STUDIES THAT INCLUDE COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THE ORGANIZATION KEEPS CONTEMPORANEOUS MINUTES OF THE COMPENSATION COMMITTEES MEETINGS AND DECISIONS. EXTERNAL CONSULTANTS REVIEW COMPENSATION EVERY OTHER YEAR, THE LAST REVIEW OCCURING IN 2019, BUT THE COMPENSATION COMMITTEE REGULARLY MONITORS COMPENSATION AND ALL OTHER PROCEDURES ARE FOLLOWED ANNUALLY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process for determining compensation	SEE NARRATIVE FOR PART VI, LINE 15A

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Al Cassidy - Business relationship, RICHARD STRAUGHN - Business relationship, CINDY HENRY - Business relationship, CHARLES MCPHERSON - Business relationship, MARK BOSTICK - Business relationship, DON INGRAM - Business relationship, CHIP TUCKER - Business relationship, TODD DANTZLER - Business relationship, ALAN GUSTAFSON - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	THE CORPORATION SHALL HAVE ONE MEMBER WHICH SHALL BE BAYCARE HEALTH SYSTEM, INC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	VOTING TRUSTEES AS FOLLOWS: (I) EIGHT TRUSTEES APPOINTED BY THE SOLE MEMBER. CONSTITUTING THE MEMBERS OF THE BOARD SHALL BE FOURTEEN MEMBERS, UPON PRIOR CONSULTATION WITH THE MID-FLORIDA MEDICAL SERVICES, INC. ACTING IN ITS CAPACITY OF BEING THE SOLE MEMBER OF MID FLORIDA MEDICAL SERVICES FOUNDATION, INC. (MFMS FOUNDATION) AND (II) SIX TRUSTEES APPOINTED BY THE MFMS FOUNDATION DESIGNEE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	<p>THE SOLE MEMBER SHALL HAVE THE RIGHT TO MAKE ALL DECISIONS REGARDING THE GOVERNANCE, STRATEGY, FINANCES AND OPERATIONS OF THE CORPORATION, INCLUDING, WITHOUT LIMITATION, THE EXCLUSIVE AUTHORITY TO AUTHORIZE, APPROVE, AND/OR PERFORM THE FOLLOWING: (A)THE APPROVAL OF THE CORPORATION'S STRATEGIC PLAN, OPERATING BUDGETS AND CAPITAL BUDGETS; (B)THE APPROVAL OF THE CORPORATION'S PHILOSOPHY, MISSION STATEMENT AND PURPOSES; (C)THE ADDITION, DELETION OR RECONFIGURATION OF THE SERVICES AMONG THE CORPORATION AND ITS AFFILIATES; (D)THE ESTABLISHMENT OF THE FEES AND CHARGES ON BEHALF OF THE CORPORATION; (F)THE APPROVAL OF NON-BUDGETED EXPENDITURES AND INCURRENCE OF INDEBTEDNESS ABOVE LIMITS APPROVED BY THE SOLE MEMBER'S GOVERNING BOARD FROM TIME TO TIME; (G)THE HIRING, FIRING, DISCIPLINE AND DISCHARGE OF THE CORPORATION'S PRESIDENT; (H)THE PURCHASE, SALE, TRANSFER, LEASE, LOAN, OR OTHER ENCUMBRANCE OF THE CORPORATION'S ASSETS ABOVE A CERTAIN THRESHOLD APPROVED BY THE SOLE MEMBER'S GOVERNING BOARD FROM TIME TO TIME; (I)THE TERMINATION OR MATERIAL MODIFICATION OF THE BOSTICK HEART CENTER, CASSITY CANCER CENTER, OR THE CENTER FOR ROBOTIC SURGERY AFTER THE SEVENTH ANNIVERSARY OF THE EFFECTIVE DATE OF THESE AMENDED AND RESTATED BYLAWS; (J)AMENDMENT OF THESE BYLAWS AND THE CORPORATIONS ARTICLES OF INCORPORATION; (K)THE FILING OF A VOLUNTARY PETITION IN BANKRUPTCY OR OTHER APPLICATION FOR JUDICIAL RELIEF FROM THE CREDITORS OF THE CORPORATION; AND (L)THE DEVELOPMENT OR ACQUISITION OF NEW FACILITIES AND/OR THE CLOSURE OR RELOCATION OF ANY FACILITY OPERATED BY THE CORPORATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The form 990 is prepared by the organization and reviewed by the CFO as well as the organization's paid preparer. Prior to filing with the IRS, a final copy of the form 990 is made available to the entire Board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>WINTER HAVEN HOSPITAL, INC HAS TWO SEPARATE CONFLICT OF INTEREST PROCEDURES; ONE THAT RELATES TO BOARD MEMBERS AND ANOTHER THAT RELATES TO NON-BOARD MEMBER EMPLOYEES. BOTH GROUPS ARE REQUIRED ON AN ANNUAL BASIS TO COMPLETE, SIGN AND FILE AN ANNUAL DISCLOSURE STATEMENT DETAILING EXISTING OR POTENTIAL CONFLICTS OF INTERESTS. DISCLOSURE REQUIREMENTS OF BOARD AND COMMITTEE MEMBERS PRIOR TO ANY AND ALL BOARD OR COMMITTEE MEETINGS, EACH BOARD/COMMITTEE MEMBER SHALL REVIEW THE MEETING AGENDA FOR ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. IN THE EVENT AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ASSOCIATED WITH ANY AGENDA ITEM IS CONCLUDED BY A BOARD/COMMITTEE MEMBER AFTER SUCH REVIEW, THE IMPACTED BOARD/COMMITTEE MEMBER SHALL INFORM THE BOARD/COMMITTEE CHAIRPERSON OF THE CONFLICT IN ADVANCE OF THE MEETING. REQUIRED ACTION AFTER DISCLOSURE OF THE BOARD/COMMITTEE MEMBER'S ACTUAL OR POTENTIAL CONFLICT TO THE BOARD/COMMITTEE CHAIRPERSON AS SET FORTH ABOVE, THE FOLLOWING PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST WILL BE ADHERED TO BY EACH BOARD AND ALL COMMITTEES WITHOUT EXCEPTION: 1. THE BOARD/COMMITTEE CHAIRPERSON SHALL, UPON DISCLOSURE BY AN IMPACTED BOARD/COMMITTEE MEMBER, HAVE THE DISCRETION (BASED UPON THE SEVERITY OF THE ACTUAL OR POTENTIAL CONFLICT) TO EXCUSE THE IMPACTED BOARD/COMMITTEE MEMBER FROM THE BOARD/COMMITTEE DISCUSSIONS ON THAT AGENDA ITEM. 2. REGARDLESS OF WHETHER THE IMPACTED BOARD/COMMITTEE MEMBER IS ASKED TO LEAVE THE ROOM DURING THE AGENDA ITEM DISCUSSION, THE BOARD/COMMITTEE CHAIRPERSON SHALL NOTIFY ALL BOARD/COMMITTEE MEMBERS OF THE ACTUAL OR POTENTIAL CONFLICT OF INTEREST SO EVERYONE IS AWARE OF THE SAID CONFLICT BEFORE ANY DISCUSSIONS AND/OR VOTE ON THE MATTER. 3. THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE BAYCARE ENTITY CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM AN INDIVIDUAL OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. 4. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY AVAILABLE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE BAYCARE ENTITY'S BEST INTEREST, AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO BAYCARE. AN INTERESTED BOARD/COMMITTEE SHALL NOT VOTE, PARTICIPATE IN, INFLUENCE, OR ATTEMPT TO INFLUENCE ANY DETERMINATION OR PROCEEDINGS. AS REQUESTED BY THE BOARD/COMMITTEE CHAIRPERSON, THE INTERESTED BOARD/COMMITTEE MEMBER MAY, HOWEVER, RESPOND TO QUESTIONS POSED BY THE BOARD/COMMITTEE REGARDING THE CONTRACT OR TRANSACTION. ANY SUCH CONTRACT OR TRANSACTION MUST BE AUTHORIZED BY A VOTE OF AT LEAST TWO-THIRDS (2/3) OF THE BOARD/ COMMITTEE MEMBERS ENTITLED TO VOTE AT A MEETING AT WHICH A QUORUM WAS PRESENT. ANY INTERESTED BOARD/COMMITTEE MEMBER MAY NOT BE COUNTED IN DETERMINING THE EXISTENCE OF A QUORUM. 5. THE MINUTES OF THE BOARD AND ALL COMMITTEES SHALL REFLECT THE FOLLOWING: A. THE NAME(S) OF THE BOARD/COMMITTEE MEMBER(S) WHO DISCLOSED OR WAS OTHERWISE FOUND TO HAVE AN ACTUAL OR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE ACTUAL OR POSSIBLE CONFLICT OF INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD/COMMITTEE CHAIRPERSON'S DECISION AS TO WHETHER A CONFLICT OF INTEREST, IN FACT, EXISTED. B. THE NAMES OF THE BOARD/COMMITTEE MEMBERS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORD OF ANY VOTES TAKEN ON THE SUBJECT AT ISSUE. C. THE INTERESTED BOARD/COMMITTEE MEMBER'S REMOVAL FROM THE ROOM (IF REQUESTED BY THE CHAIRPERSON), EXCLUSION FROM VOTING AND PARTICIPATION IN DISCUSSIONS, AND THE EXISTENCE OF A PROPER QUORUM. FOR EMPLOYEES, THE REVIEW OF CONFLICTS OF INTEREST OR POTENTIAL CONFLICTS GOES TO THE CONFLICT OF INTEREST DETERMINATION COMMITTEE. THIS COMMITTEE CONSISTS OF THE BAYCARE CHIEF COMPLIANCE OFFICER, THE CORPORATE RESPONSIBILITY OFFICERS, AND THE BAYCARE VICE PRESIDENT OF TEAM RESOURCES. THIS COMMITTEE SHALL DETERMINE IF AN ACTUAL CONFLICT EXISTS AND ANY ACTION REQUIRED TO ADDRESS THE CONFLICT OF INTEREST SITUATION.</p>

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Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF ITS AFFILIATE, BAYCARE HEALTH SYSTEM, INC. THE CONSOLIDATED FINANCIAL STATEMENTS OF BAYCARE HEALTH SYSTEM, INC. ARE AVAILABLE THROUGH EMMA FOR BOND INVESTORS. THE ORGANIZATION'S ARTICLES OF INCORPORATION AND AMENDMENTS THERETO ARE MADE AVAILABLE TO THE PUBLIC BY THE FILING OF THOSE DOCUMENTS WITH THE FLORIDA DEPARTMENT OF STATE AND CAN BE LOCATED AT SUNBIZ.ORG. THE ORGANIZATION'S OTHER GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	- Total Revenue: , Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN NET ASSETS OF FOUNDATION - 6554783; TRANSFER TO WH PHYSICIANS - -8566578;

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Winter Haven Hospital Inc

Employer identification number
59-0724462

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

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) BC PURCHASING PARTNERS LLC 8731 FL MINING TAMPA, FL 336341259 64-0950837	GROUP PURCHING	FL	NA	Related				No			No	
(2) BC SURGERY CTR LLC 8452 118TH A N LARGO, FL 337745007 46-0591430	SURGERY CENTE	FL	BAYCARE	N/A				No			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
(1) BCHS INSURANCE INC 2985 DREW ST CLEARWATER, FL 337593012 68-0587533	CAPTIVE INSURANCE	FL	BAYCARE	C Corporation	0	0	0 %	Yes	
(2) MEDSPECIALISTS INC 2985 DREW ST CLEARWATER, FL 337593012 68-0587533	PAYROLL SRVCS	FL	BAYCARE	C Corporation	0	0	0 %	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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

No

1o

Yes

1p

No

1q

No

1r

Yes

1s

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2019

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: 19010655
Software Version: 2019v5.0
EIN: 59-0724462
Name: Winter Haven Hospital Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
2985 DREW ST CLEARWATER, FL 337593012 59-2796965	HEALTH SRVCS	FL	501(c)(3)	Type I	NA		No
7809 MASSACHUSETTS AVE NEW PORT RICHEY, FL 346533028 59-1371752	HEALTH SRVCS	FL	501(c)(3)	7	BCHS	Yes	
2985 DREW ST CLEARWATER, FL 337593012 59-2697770	EMERG ASSIST	FL	501(c)(3)	10	BAYCARE	Yes	
8452 118TH AVE NORTH LARGO, FL 337735007 59-3582520	HOME HLTH SRV	FL	501(c)(3)	10	BAYCARE	Yes	
900 CARILLON PKWY SUITE 406 ST PETERSBURG, FL 337161121 59-3279573	HEALTH SRVCS	FL	501(c)(3)	10	BCHS	Yes	
200 AVE F NORTHEAST WINTER HAVEN, FL 338814131 23-7190109	VOLUNTEER SRV	FL	501(c)(3)	Type I	NA		No
200 AVE F NORTHEAST WINTER HAVEN, FL 338814131 03-0406130	FUNDRAISING	FL	501(c)(3)	PF	NA		No
300 S PARK PLACE BLVD CLEARWATER, FL 337594931 59-3140335	PHYSICIANS	FL	501(c)(3)	10	BCHS	Yes	
2200 OSPREY BLVD BARTOW, FL 338303308 47-5387418	HOSPITAL	FL	501(c)(3)	3	BCHS	Yes	
2985 DREW STREET CLEARWATER, FL 337593012 81-0795815	MCR ADVANTAGE	FL	501(c)(4)		BCHS	Yes	
2985 DREW ST CLEARWATER, FL 337593012 83-2099849	POTENTIAL HOSPITAL	FL			BCHS	Yes	

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
BAYCARE MEDICAL GROUP INC	B	7,914,210	FMV
BEHAVIORAL HEALTH MANAGEMENT SERVICES INC	B	939,481	FMV
BARTOW REGIONAL MEDICAL CENTER INC	O	1,185,421	FMV
BAYCARE MEDICAL GROUP INC	O	62,774	FMV
BAYCARE HOME CARE INC	O	64,801	FMV
BAYCARE MEDICAL GROUP INC	R	333,585	FMV
BAYCARE BEHAVIORAL HEALTH INC	R	170,046	FMV